

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

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Personal and Medical History of Franklin P. Hancock



Whole No. 3252.

Residence, 647½ Canada St. St Paul

Date Admission, 31st January 1893.

Admitted by Dr Kilbourne Hour, 7 PM.

How Sent, John. B. Oliver, Supt, Ramsey County

Sex, male

Age, 38 years

Civil Condition, married

Children, Yes, one; a son of 16 years.

Age Youngest Child,

Occupation, Book-Keeper

Degree Education,

Profession Religion, Not a church member

Habits, very good for past 5 years; rather irregular previous to that

Nativity, Vermont

Physicians Committing, C. Eugene Riggs & A. W. Cumming

Correspondents, 647½ Canada St. St Paul
(wife's present address)

5/1/93
Mrs Mary E. Hancock (sister)
283 Prospect Ave Buffalo N.Y.

No. for Year, 164.

Insane Relatives, ——— Insanity, not hereditary

Cause Exciting, Partly impaired Physical State & disease of nervous system

Cause Predisposing, probably Syphilis & irregular habits

Form, Dementia, following Locomt. Ataxia

Accompanying Bodily Disorder, Yes, Syphilis & tabes dorsalis

Suicidal or Not, Yes

Date of this Attack, 4 weeks ago

Duration, 4 weeks

No. of Attack, 1st

No. of Admissions,

Age First Attack, 38 years

Time of Leaving, 18th December 1895

Time in Hospital, 2 years: 10 mos: 18 Days.

Result, Died. Tabes Dorsalis

EXAMINATION ON ADMISSION.

Exd by Dr Moore, Feb 25/93

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Quite Clear.

Quick or Sluggish, fairly quick, considering his depression

MEMORY:

Past Events, Seems good

Recent Events, Good

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, Good

Own Mental State, Good

Special Subjects, Good

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, } Calm & depressed somewhat,
Indifferent, } at this he talks Quite freely

Exalted,

Depressed, Yes

DELUSIONS:

Systematized or Not, } Probably none
Special Subjects, }
Transitory or Not, }

HALLUCINATIONS: —

ILLUSIONS: —

CONVERSATION:

Coherent or Incoherent, Coherent & answers

Voluble or Reticent, Questions very well, although he seldom speaks, unless spoken to.

Personal and Medical History of Franklin P. Hancock

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 112 pds. NUTRITION, Quite poor

WOUNDS OR ABNORMALITIES, operation on Urethra - still open; abnormalities, None -

TONGUE, Tremors, Coarsely fibrillary Coatings, thick white coat Promptness Movement, fairly prompt

PUPILS, Equality, Right is smaller than left Size, R. is small. L. abnormal

Response Light, Good Accommodation, Yes

SIGHT, Not very good -

HEARING, Sometimes can't hear very well.

CO-ORDINATION, Arms, } Not tested.
Legs, }

TREMORS, Hands, R. is not very steady Tongue, Coarse tremors

Facial Muscles, General,

REFLEXES, Patellar, - o -

Other Reflexes,

ARTICULATION, Hesitating, Extremely Slurred, markedly

FACIAL EXPRESSION, Paretic - Sluggish

SENSIBILITY,

HEART, Seems good

LUNGS, Seem good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, ? Medium, Poor,

SLEEP, Good, Poor, Yes 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, None

Father or Pat. Relations, None

Brothers or Sisters, None

Personal and Medical History of Franklin P. Hancock.

1893

This patient was brought here by deputy-Sheriff Courtain, with the following history. Habits have been very good for the past 5 years; rather irregular previous to that time. Cause of this attack is greatly impaired physical state and disease of nervous system. Form, is acute melancholia, depressed. Has had syphilis, followed by Tabes dorsalis. First symptoms of disease were manifested 4 weeks ago by extreme depression and unreasoning obstinacy. This is 1st attack. Insanity now manifested by extreme depression, & inability to sleep. Is not disposed to injure others. Suicide has been attempted by stabbing with pocket-knife, & also by attempt to strangle. Not filthy or destructive. Has been closely watched for past 2 weeks. Has been treated for pains & bladder trouble, accompanying Tabes. Stricture operated by external urethrotomy, recently bladder washed twice each day.

Feb 1 Feb 1/93. Has restless 1 hour, but slept only 2 hours, last night. Pulse at regular intervals during the night 104. 96. 96. 100. Coughed some & complained of cold. Has very easily disturbed when asleep. Wt today (in underclothing) 103 pds. Ate very little breakfast. Lies in bed. Quiet & depressed. Wound on chest dressed. Purulent matter runs from penis. Says "he wanted to die" - Speech is sluggish

" 2 Says, lately can't talk well, or use hands well. Pupils are unequal. Feb 2/93. Restless for 1 hour, Sleeping 4 hours last night. Lies comparatively quiet in bed. Am. Is about as yesterday. Ate little. Takes chiefly eggnog. Lies in bed in a despondent way - seems to know, but to have lost all hope.

" 3 Feb 3/93. Laid quietly in bed all last night, but slept only 2 hours. Am. There is no change in his condition. Lies perfectly quiet & dull. Feb 4/93. Slept 6 hours last night & was quiet. Yellow mucus, at

" 4 times, ran from his mouth. Am. Is quiet, in bed - all the time. Am. Says he feels "rocky" - Is obstinately constipated; seems somewhat feverish, looks quite emaciated & countenance more distressed.

" 5 Feb 5/93. Last night, was restless for 7 hours, throwing his blankets off & getting out of bed: Sleeping now. Am. Is continually getting out of bed. Bladder washed out yesterday; some sediment, mucus and pus found. Feb 6/93. Was unusually restless all last night & getting out of bed frequently, &

" 6 " 7 slept none at all. Am. Seems somewhat more active; shows signs of irritability &c. Feb 7/93. Remained quietly in bed & slept 8 hours, last night. There was an emission of thick fluid from opening in scrotum. Am. Is badly constipated - no passage since admission. Given medicine.

" 8/9 Feb 8/93. Bowels moved freely this Am. Feb 9/93. Wt (in underclothing) 98½ pounds; a loss of 4½ pds.

" 10 Feb 10/93. Am. Bladder is now acting more naturally. Patient still lies in bed in a quiet, paretic,

" 11/12 depressed condition. Takes only eggnog. Feb 12/93. Takes nourishment very well today.

" 13/14 Feb 14/93. Since last note on this subject, has been uniformly quiet and restful & sleeping 7 to 8 hours, each night. Am. Is again constipated. Passes his urine in bed. Lies quietly there. Ideas seem those of

" 15/16 depression. Feb 16/93. Wt (in underclothing) 96½ pds. a further loss of 2 pounds. Bowels, by aid of

" 17 laxatives, have moved quite freely the past 2 days. Feb 17/93. Patient fails quite slowly, if at all. Answers questions slowly, in a low tone of voice. Urine has a whitish color. Chest wound is about

" 18 healed up & wound in scrotum seems doing well. Feb 18/93. Has today visited by his brother in law -

" 19 Feb 19/93. Wt (in underclothes) 96 pds. loss of ½ pound. Talked today quite freely. Described feelings of disgrace & complication of physical disease growing up around him till he felt that death were preferable & tried suicide. Remembers fairly well. Says he speaks in a low tone partly on account of the difficulty and partly because ashamed. Evidently is sluggish in thinking; & speech also is

Personal and Medical History of Franklin P. Hancock.

Vol 2 3 / 3 2 5 2

DETAILED HISTORY OF SICKNESS OF MR. F. P. Hancock
DIAGNOSIS.

1894 Q 2 E

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP AM	TEMP PM
July 27	7	5	80	88				
28	7	5	108	72				
29	7	5	80	92				
30	7	5	72	92				
31	7	5	92	80				

Refused Liniment Turpes
7 a.m. Gave 1 Salts
No Evacuation Turpentine and Glycerine
22 oz. Fed
1 Quart Kumyss
Slept as an average 5 to 6 nights
Night Temperatures

June 17 June 17/93. Passes his urine in bed a number of times during the day.

(carried to page 188)

1893

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" 8/9 Feb8/93. Bowels moved

" 10 Feb10/93. Am. bladder is

" 12 depressed condition. Take only

" 14 Feb14/93. Urine lastnote on this subje
each night. Am. bagain constipated. Pa

" 16 depression. Feb16/93. Wt (in underclothing) 98
loss of 2 pounds. Bowels, by aid of

" 17 laxatives, have moved quite freely the past 2 days. —/93. Patient fails quite slowly, if at all.
Answers questions slowly, in a low tone of voice. Urine has a whitish cola. Chest wound is about
" 21 healed up + wound in scrotum seems doing well. Feb21/93. Was today visited by his brother in law —
" 24 Feb24/93. Wt (in underclothes) 96 pds. loss of ½ pound. Talked today quite freely. Described feelings
of disgrace + complication of physical disease growing up on him till he felt that death were
preferable + tried suicide. Remembers fairly well. Says he speaks in a low tone partly on account of
the difficulty and partly because ashamed. Evidently is sluggish in thinking; speech also is

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nce more distressed.
t of bed: Sleeping more
diment, mucus
t of bed frequently, +
ability etc. Feb7/93. Re-
n of thick fluid from opening
. Given medicine.
8½ pounds; a loss of 4½ pds.
lies in bed in a quiet, passive,
ment very well today.
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May "

June 17 June 17/93. Passes his urine in bed a number of times, among

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DETAILED HISTORY OF SICKNESS OF MR. Frank P. Hancock
DIAGNOSIS.

1894 C.2.E

DATE	HOUR	PULSE		RESP		TEMP		
July	AM	PM	AM	PM	AM	PM	AM	PM
1	7	5	88	84				
2	7	5	96	96				
3	7	5	92	94				
4	7	5	104					
5		5		80				
6	7	5	96	90				
7	7	5	84	96				
8	7	5	96	86				
9	7	5	92	82				
10	7	5	100	84				
	7							
11	7	5	92	80				
12	7	5	84	86				
13	7	5	96	80				
14	7	5	84	80				
15	7	5	92	80				
16	7	5	98	96				
17	7	5	100	82				
18	7	5	96	82				
19	7	5	100	80				
20	7	5	84	84				
21	7	5	84	78				
22	7	5	100	80				
23	7	5	88	74				
24	7	5	100	78				
25	7	5	100	76				
26	7	5	80	76				

Weight 96 lbs.
Refused dinner except ½ tablespoonful sweetbreads which he bited.
Refused dinner
Refused breakfast and dinner.
Bathed bed sores with alcohol.
Refused dinner
"
"
7:30 A.M. Enema & Bath bed sores with alcohol
7:30 Am Enema, foot pads and Bath
Very restless at 2 PM
Refused dinner
7:30 A.M. Enema & Bath bed sores with alcohol
2:30 P.M. Enema & Bath bed sores
Bowels moved
Refused dinner and supper

1893

This patie
have bee
attack
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" 6

" 7 Slep
married
in scrotum.

" 8/9 Feb8/93. Bowels move

" 10 Feb10/93. Am. Bladder

" 12 depressed condition. Take only

" 14 Feb14/93. Urine last voided at this date,
each night. Am. Is again constipated.

" 16 depression. Feb16/93. Ht (in underclothing) 90

" 17 lacerations, have moved quite freely the past 2 days. 17/93. Patient fails quite slowly, if at all.
Answers questions slowly, in a low tone of voice. Urine has a whitish color. Chest wound is about
healed up & wound in scrotum seems doing well. Feb21/93. Was today visited by his brother in law -

" 24 Feb24/93. Ht (in underclothes) 90 pds. loss of ½ pound. Talked today quite freely. Described feelings
of disgrace & complication of physical disease growing up around him till he felt that death were
preferable & tried suicide. Remembers fairly well. Says he speaks in a low tone partly on account of
the difficulty and partly because ashamed. Evidently is sluggish in thinking; speech shakes a

chest.
his Co-
mucus, at
- Is obsti-
ce more distressed.
of bed: Sleeping more
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of bed frequently, &
ility &c. Feb7/93. Re-
of thick fluid from opening
Given medicine.
pounds; a loss of 4½ pds.
s in bed in a quiet, paretic,
ut very well today.
t and restful & sleeping 7 to 8 hours,
h. Lies quietly there. Ideas seem those of
ther loss of 2 pounds. Bowels, by aid of

May

CLINICAL NOTES IN THE CASE OF F. P. Navarch

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
93 April	24	7.00	92	98.2			
		5.00	86	98.6			
	25	7.00	92	98.6		Eats fairly well.	10 A.M. Gave soap suds enema
		5.00	86	99.2		Slight Passage	
	26	7.00	96	98.4			
		5.00	90	96.8			
	27	7.00	96	97.2			
	1	5.00	80	98.6			
	28	7.00	86	98			
	2	5.00	82	98.2		3.30 Gave enema of soap suds. Bowels moved freely	
	29	7.00	92	98			
		5.00	86	98.6			
	30	7.00	98	98.2			
		5.00	99	98			
May	1	7.00	102	98.6		Gave Enema of soap suds	
		5.00	100	99.4			
	2	7.00	92	98.6			
		5.00	80	98.4		7.30 A.M. Gave Sponge bath	
	3	7.00	82	98.8			
		5.00	82	98.2		5.30 Gave Enema of soap suds	Suds bowels moved -
	4	7.00	96	98			
		5.00	84		22		
	5	7.00	92	98			
		5.00	78		21		
	6	7.00	96	98.2			
		5.00	83		20		
	7	7.00	94				
		5.00	88			11 Bowels moved freely	
	8	7.00	88				
		5.00	82		23		
	9	7.00	86				
		5.00	90				
	10	7.00	96				
		5.00	92			11 Bowels moved freely	
	11	7.00	96			10 PM	
		5.00	82			Complains of Stomach	Bathing him.
	12	7.00	88				Complaining of great pain
		5.00	74				Cause of pain bowel distention
	13	7.00	82				& eating too much & unable to void
		7.00	80				
	14	7.00	80			Ate no breakfast -	Bath.
		5.00	80			Bowels Active	
	15	7.00	74			Weight 84 lbs.	Complains of Stomach. Passis Urine in bed
		5.00	74			A number of times during the day.	
	16	7.00	86			Visited by Bro. Conversed freely with him and seemed	
		5.00	84			to enjoy shaking hands with him.	
	17	7.00	84				
		5.00	82			Enema of Soap Suds bowels moved	
	18	7.00	82				
		5.00	79				
	19	7.00	94			Speaks when spoken to & usually in a very short manner	
		5.00	80			Is continually picking his nose.	
	20	7.00	96			2.30 P.M. Bath.	
		5.00	82				
	21	7.00	86				
		5.00	108				
	22	7.00	114	100.6		Gave Enema of Soap Suds Bowels Have moved.	
		5.00	100	100.2		Weight 85 lbs.	
	23	7.00	90	98			
		5.00	76	98.2			

June 17 June 17/93. Passes his urine in bed a number of times, [illegible]

(carried to page 158)

Personal

1893

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" 7 p
manner
in peritonæum
" 8 Feb 8/93. Bowels m
" 10 Feb 10/93. Am. Bladder
" 12 depressed condition. Take m
" 14 Feb 14/93. Pulse last note at this
each night. Am. Began again constipated
" 16 depression. Feb 16/93. Pt (in underclothing)
" 17 laxatives, have moved quite freely the past 2 a
Answers questions slowly, in a low tone of voice. Urine has a whitish color. Chest wound is about
" 21 healed up + wound in scrotum seems doing well. Feb 21/93. Was today visited by his brother in law -
" 24 Feb 24/93. Pt (in underclothes) 96 pds. loss of ½ pound. Talked today quite freely. Described feelings
of disgrace + complication of physical disease growing up on him till he felt that death were
preferable + tried suicide. Remembers fairly well. Lips speaks in a low tone partly on account of
the difficulty and partly because ashamed. Evidently is sluggish in thinking; + speech also

Apl "

May "

June 17

MEDICAL NOTES IN THE CASE OF F. P. [illegible]

						NOTES BY NURSE	NOTES BY PHYSICIAN.
March	25	7.30	80	98.4		9 AM Complains of stomach bothering him. Has ate as	
		5.00	84	97.6		had no effect. 2.30 P.M. Gave Enema of Soap Suds bowels moved.	
	26	7.30	80	98.4		Complains of Stomach bothering. Has taken but very	
		5.00	76	98.2		little nourishment	the past 3 days
	27	7.30	82	98.2		3 P.M. Gave Enema of	Soap Suds bowels moved.
		5	78	98			
	28	7.30	86	98.2			
		5	74				
	29	7.30	84			Complains of Stomach bothering him. Gave Enema	
		5	76	98.2		Gave Enema of Suds. Had no effect on him	
	30	7.30	88	98			
		5	73	99	17	1.30 Lavating	
	31	7.30	94	98.6		Gets Lavature P.M. duely. Gave Enema of Soap Suds	
		5	82	98.6	20	3 P.M. bowels move	but very little.
April	1	7.30	82	98.8			
		6.00	79	98.8			
	2	9.00	78	97			
		6.00	76	98.8			
	3	7.30	84	98.6			
		6.30	82	98.8			
	4	7.30	84	97.6		a.m. Complains of Stomach bothering him. Takes but very	
		5.00	80	99.2		Gets Nourishment 2 P.M. Gave Enema of Soap Suds.	
						Bowels Moved a little but very hard.	
	5	7.30	80	98.4		7.30 Bowels Moved freely. 2 P.M. Bowels Moved freely.	
		5.00	76	98.4			
	6	7.00	78	98.4		Takes but very little Nourishment. Had Sore during Night.	
		5.00	74	98.2	(Pt)	7 Had but very little. Had Complains of Stomach Pains	
	7	7.00	82	98.6		but very little. water. Gets 1 P.M. Gave Enema of Soap	Pds.
		5.00	74	98		Suds. Bowels moved but very hard.	
	8	7.00	82	98.6			
		5.00	84	98.2			
	9	7.00	78	98.2		7 A.M. Gave Enema of Soap Suds. Takes but very	
		5.00	76	98.6		little Nourishment. 11 Gave Enema of Soap Suds. Had	
	10	7.00	82	98.8		but very little effect.	
		5.00	80	98.8	20	10 A.M. Enema of Soap Suds bowels moved.	
	11	7.00	66	99		10.00 " " " " Little.	
		5.00	88			Takes food fine bitters this day.	
	12	7.00	88	98.6		1 P.M. Gave Enema of Soap Suds bowels moved.	
		5.00	76	98			
	13	7.00	80	98.2			
		5.00	70	97.8			
	14	7.00	64	98		Talking a great deal this morning.	
		6.00	90	98			
	15	7.00	84	98		Ate fairly good breakfast (cereal toast)	
		5.00	80	96.4		9 am. Bowels moved freely (2.30) Had a slight passage	
	16	7.00	88	98		very thin and watery	
		6.00	73	97	(17)	2 P.M. Enema of Soap Suds bowels moved but very little.	
	17	7.00	82	97.8			
		5.00	78	97.8		" " " " " " "	
	18	7.00	88	98.6			
		6.00	76	98			
	19	7.00	94	98.2		9 a.m. Gave Enema of Soap Suds bowels moved but very little	
		5.00	72	97.6			
	20	7.00	88	98			
		5.00	80	98.6			
	21	7.00	80	97.2			
		5.00	84	98			
	22	7.00	88	98.6		7.30 Gave Enema of Soap Suds. Bowels moved.	
		5.00	90	99.8		9.30 Had Nose Bleed	
	23	7.00	88	98			
		5.00	94	99.2			

(carried to page 188)

Perso

1893

This
has
a

" 7 man
in ferotm
" 8/9 Feb 8/93. Down
" 10 Feb 10/93. Am. No la
depressed condition. Take
" 14 Feb 14/93. Since last note are
each night. Am. Sea again country
" 16 depression. Feb 16/93. Pft (in underclothes) pds. a further loss of 2 pounds. Bowels, by aid of
" 17 laxatives, have moved quite freely the past days. Feb 17/93. Patient fails quite slowly, if at all.
Answers questions slowly, in a low tone of voice. Urine has a whitish color. Chest wound is about
" 21 healed up & wound in scrotum seems doing well. Feb 21/93. Was today visited by his brother in law -
" 24 Feb 24/93. Pft (in underclothes) 96 pds. loss of ½ pound. Talked today quite freely. Described feelings
of disgrace & complication of physical disease growing up around him till he felt that death were
preferable & tried suicide. Remembers fairly well. Says he speaks in a low tone partly on account of
the difficulty & partly because ashamed. Evidently is sluggish in thinking; & speech also is

little.
ast all hope.
nge in his con-
fellow mucus, at
"rocky" - so obtu-
utenance more distressed.
ing act of bed: Sleeping more
some sediment, mucus
ing act of bed frequently, &
of irritability &c. Feb 7/93. Re-
mission of thick fluid from opening
mission. Given medicine.
ching) 98½ pounds; a loss of 4½ pds.
t still lies in bed in a quiet, passive,
nourishment very well today.
mly quiet and restful & sleeping 7 to 8 hours,
time in bed. Lies quietly there. Ideas seem those of

Personal and Medical History of Franklin P. Hancock

DETAILED HISTORY OF SICKNESS OF MR. F. P. Hancock
DIAGNOSIS . Mar. — 1 — 93

DATE:	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP. AM	TEMP. PM	OTHER DATA
Mar 1	7.30		110				101		9 A.M. Vomited a little, gave him Laxative - Cascara
		5		106				101	
2	7.30		100				99.4		Bowels moved during the night. 3.30 P.M. gave
		5		98				99	Sponge bath. Wound very near healed doing nicely.
3	7.30		102				99		
		5		80				98	5.30 Laxative Cascara
4	7.30		86				98		Bowels moved during night. Coughing a little at
		5		74					times and complains of catching in throat.
5	7.30		88				98.8		Takes a reasonable amount of nourishment but
6	7.30	5	85	80			98.4		seems to have no appetite for it.
7	7.30	5	86	98			98.8		
8	7.30	5	94	96			98.8	99	Complains of bed sore paining him.
									Is coughing some of late.
9	7.30	5	110	96		22	99.6	99	Very short passes water in bed a number
									of times during the day
10	7.30	5	102	90			98.8	98.8	Again. Gave Laxative.
11	7.30	5	116	84			98.2	98.2	No improvement in bed sore. P.M. Gave bath.
12	7.30	5	84	88			98.6	99	Bowels moved during the night.
									6 P.M. Vomited after taking Milk.
12									6.00 " Gave Las Cascara. — Seems [illegible]
									to be losing weight. Mile ankles in a
									swollen state. Almost no change in behavior
									point day to day - this person & body is
									dull & apathetic way.
13	7.30		100				98.6		6.30 A.M. Bowels moved.
		5		84					Vomited while feeding this morning 14th
14	7.30	5	96	76			98	98	" " " "
15	7.30	5	84	88			98	98	Took very little Nourishment for breakfast & Dinner
									Sorry is doing nicely.
16	7.30	5	98	84			98.6	98	6.30 Complains of stomach bothering him.
									Gave him Laxative Cascara at 6.30
17	7.30	5	110	96			98.6	98.6	10.00 still Complains of stomach bothering him
									4 P.M. Gave him Laxative Cascara
18	7.30	5	94	84		20	98.6	97.6	6.30 A.M. Bowels moved.
19	7.30	5	98	84			98.6	98.2	
20	7.30	5	94	88			98.2	99.2	
21	7.30	5	88	76			98.6	99.6	Seems depressed says nothing only when spoken to.
22	7.30	5	84	72			98.4	98	A.M. Bowels. Gave Cascara.
23	7.30	5	82	80			98.6	98.2	
24	7.30	5	96	76			98.4	97.6	Bowels Gave Cascara.
									2.30 P.M. Sponge bath.

Planning to
June 17/93.

(carried to page 188)

Franklin P. Hancock.

1893

Feb 1

" 2

" 11

" 12

April

May

June 17

Feb 1893. H.H. (in undeclothes) 98 pds. Looks of disgrace & complication of physical disease growing upon him. Says he prefers death to suicide. Remembers fairly well. Says he speaks in a low tone partly on account of the difficulty and partly because ashamed. Evidently is sluggish in thinking; speech also is

DETAILED HISTORY OF SICKNESS OF MR. F. P. Hancock
DIAGNOSIS.
Feb — 1 — 93.

DATE	HOUR	PULSE: AM	PULSE: PM	RESP: AM	RESP: PM	TEMP: AM	TEMP: PM	OTHER DATA.
Feb 1	7 30	98	80			98		At very little breakfast & am Gave Bath — Patient quiet & depressed. Lies in bed — Worms on chest when in bed — Tries to shake himself — It is deemed — Matter of premedit character Running from Penis — Says wanted to die — Looks sluggish — speaks low. Says little can't talk coherently can't use hands well — Pupils are unequal — Seems hopeless
2	7 30	106						Patient as yesterday — ate little — chiefly Eggnog Lies in a despondent way — Seems to believe has given up hope
3	7 30	98	104					Bowels have not moved while on stool Mr Champion Tries perfectly quiet & passive Dr F. P. Hancock has had no passage since he has been on ward 7/5/93 — 2 30 PM Very uneasy Calling for Enema
4	7 30	100	116					Says feels better today. Seems somewhat refreshed — Looks quite emaciated. Countenance more distressed & Continuously getting out of bed.
5	7 30	104	116			100	100	Bowels moved freely Gave powders for bowels
6	7 30	98	108					Bowels moved freely
7	7 30	100	90					Bowels moved freely
8	7 30	111	108			100	100	Bowels moved freely
9	7 30	98	96			98	98	Bowels moved freely
10	7 30	104	104			99	99	Bowels moved freely
11	7 30	98	103			99	99	Bowels moved freely
12	7 30	98	82			99	99	Takes nourishment very well
13	7 30	90	86			99	99	Bowels have not moved for some time
14	7 30	100	80			98	98	Bowels moved freely
15	7 30	96	84			99	99	Gave Laxative 6 PM. Complaining of pain Stomach 7 30 Bowels moved freely a number of times during the day. Pulse very little change
16	7 30	97	88			99	99	Patient quite low. Talks slowly if at all — Mouth coated with a whitish Urine — Ghost Watched all night & found Gave Laxative
17	7 30	94	78			98	98	Bowels moved freely
18	7 30	90	80			98	98	Takes nourishment very well.
19	7 30	97	80			98	98	Has gotten out of bed and appears dull.
20	7 30	88	78			98	98	Bowels costive
	7 30	94	86			98	98	Gave Laxative — Bowels not moved

Feb 1893. H.H. (in undeclothes) 98 pds. Looks of disgrace & complication of physical disease growing upon him. Says he prefers death to suicide. Remembers fairly well. Says he speaks in a low tone partly on account of the difficulty and partly because ashamed. Evidently is sluggish in thinking; speech also is — planning of his stomach troubling him; also of constipation; is quite frequently given enema of soapsuds. — June 17/93. Passes his urine in bed a number of times during the day. Still complains of his

(carried to page 158)

1893

Feb 1

" 11 healed up

" 22 Feb 22 1893. Ht (in underclothes) 90 pds. Full and quite lively. Describes feelings of disgrace & complication of physical disease growing upon him till he felt that death were preferable & tried suicide. Remembers fairly well. Says he speaks in a low tone partly on account of the difficulty & partly because ashamed. Evidently is sluggish in thinking; speech also is

DETAILED HISTORY OF SICKNESS OF MR. F. P. Hancock

DIAGNOSIS.

Feb 22 93

OTHER DATA.

DATE	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	OTHER DATA
Feb 22	130	120		22		98.6	Bowels moved freely.
23	130	100		22		98.2	
24	130	90		96			Full and quite lively - Describes feelings of disgrace & complication of physical disease growing upon him till he felt that death were preferable & tried suicide - Remembers fairly well - Says speaks in a low tone partly on account of the difficulty & partly because ashamed - Evidently is sluggish in thinking; speech also is sluggish in forming - Hard mind walks in family by upper floor.
				96		98.2	
25	130	96		22			Have Laxative
26	130	112		88		98	Had difficulty in swallowing
27	130	92		92		99.4	7 PM Bowels moved. 6 PM Drank small amount of milk but Vomited immediately afterwards
28	130	100		110		102.2	7 AM Vomited 1/2 Drank but little milk says he Cried but swallowed.

May 1

" 15

" 22

" 31

June 17

Feb 22/93. Patient's urine in bed a number of times during the day. Still complains of his

(carried to page 188)

of the past
taking it.
night,
in. Has
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troubled
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also
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us he
to;
no
to take
by, in

" 11 healed up

" 22 Feb 22/93. Ht (in underclothes) 90 pds. [illegible] of disgrace & complication of physical disease growing upon [illegible] preferable & tried suicide. Remembers fairly well. Says he speaks in a low tone partly on account of the difficulty & partly because ashamed. Evidently is sluggish in thinking; speech also is

" 31

June 17

[illegible] medical record attached

[illegible] feeling very well, during the past week; appetite has been good. Is continually complaining of his stomach troubling him; also of constipation; is quite frequently given enema of soapsuds. —

June 17/93. Passes his urine in bed a number of times during the day. Still complains of his

1893

Fe

of disgrace & complication of physical disease growing up around him. He reports
preferable & tried suicide. Remembers fairly well. Says he speaks in a low tone partly on account of
the difficulty and partly because ashamed. Evidently is sluggish in thinking; speech also is

sluggish in coming, but mind works in fairly regular form. Feb 28/93. During the past
" 28 few days, has had difficulty in swallowing milk, vomited on 2 occasions after taking it.
Mar 1 March 1/93. For the past 2 weeks patient has been somewhat more restless & uneasy at night,
sleeping only from 5 to 6 hours a each. Has been more & less so, ever since admission. Has
all along been much depressed in spirits, reticent, although talking occasionally about
his condition, his attempt at suicide &c. Is emotional at such times. Has been troubled
with incontinence of urine & has also suffered from Chronic constipation. Has taken
very little solid food; and for sometime past only liquid food. Has vomited on several
different occasions. & has lost steadily in weight. He now has a beginning bed sore.
Seems to realize his own condition & to have a very good knowledge of his trouble. (See
Clinical record attached). Has been confined to bed on the "Sick Ward" ever since admission
" 3/4 March 2/93. Wt (in underclothing) 93 pds - Pulse 102. March 11/93. Wt (in underclothes) 91 pds. —
" 18/19 March 18/93 " " 89 pds. —— March 25/93 " " 89 3/4 " —
" 31 March 31/93. At night is uniformly quiet, somewhat restless, sleeping from 4 to 6 hours.
Remains "Sick Ward" and in bed and has been every day. Eats poorly; troubled with constipation
Complains of sensation of a load on his stomach quite frequently; has steadily lost in weight; is
pale and thin; has incontinence of urine. Has beginning bed sores. Wound of urethrotomy is
about healed. Is depressed, saying "that he is miserable"; talks very little. Seems to
remember quite well.
Apl 4/11/18 April 4/93 Wt 83 pds. (in underclothing). April 11/93. Wt 81 pds (in underclothing). Apl 18/93. Wt (in underclothing) 85 pds.
" 25/29 April 25/93. Wt 89 pds. " " April 29/93. Lies comparatively quietly in bed at night, usually
sleeping fairly well recently, when for several nights in succession, he has slept none at all or very poorly.
Has kept his bed, daily. Talks quite freely & promptly when approached & spoken to, replies but. However,
Manifesting depression of spirits. Has indigestion, a coated tongue, obstinate constipation, and persistent
Emaciation, continued for some time, has lately given place to an increase of weight. Has also
now a better appetite. Seems, at times, quite low. Seems to exaggerate somewhat, in his over-hy-
-pochondriacal way, his physical ailments.
May 3/11 May 3/93. Wt 88 pds (gain of 1 pd). Pulse 82. May 12/93. For some time past, has been complaining
of Stomach troubling him, of extreme bowel distention, and of eating too much. Is irritable & cross
" 15/16 about it. May 15/93 Wt 84 pds. (Loss of 4 pds). May 16/93. Was today visited by his wife. ——
" 22 May 22/93. For the first 10 nights in this month, patient laid quietly in bed, but remained awake
almost every night; since then, tho' on some nights not sleeping any, yet in the majority of them, he
has been sleeping from 2 to 4 hours at night. Is still confined to his bed. Wt today 85½ pds;
(gain of 1½ pds). Has the persistent idea, at present, of a full, overloaded stomach & bowels. (There is no
good ground for this belief. D.S.). Is still obstinately constipated. For some time, continued to take
but little nourishment; is, lately, eating better. Speaks when addressed, answering, usually, in
a very sharp & short manner. At times, patient seems quite low. (See Clinical record attached)
" 31 May 31/93. Appears to be doing fairly well, during the past week; appetite has been good. Is continually com-
-plaining of his stomach troubling him; also of constipation; is quite frequently given enema of soapsuds. —
June 17 June 17/93. Passes his urine in bed a number of times during the day. Still complains of his

(carried to page 188)

Personal and Medical History of John. R. Young

Whole No. 3253.
Residence, St Louis Park, Hennepin Co. Minn.
Date Admission, 1st February 1893.
Admitted by Dr Phelps. Hour, 7 PM.
How Sent, John A. Steele, Sup't Hennepin County
Sex, male
Age, 39
Civil Condition, single
Children, nine
Age Youngest Child, —
Occupation, Civil Engineer
Degree Education,
Profession Religion, Not a church member
Habits, Good
Nativity, Ohio
Physicians Committing, Dr's Jas A. Dunn and W. A. Jones
Correspondents, G. W. Young (father) Garnett, Kansas.

No. for Year, 165.
Insane Relatives, Grandfather (mother's side) Insanity hereditary
Cause Exciting, Typhoid perhaps exciting cause
Cause Predisposing, Heredity
Form, Mania Acuta
Accompanying Bodily Disorder, None apparent
Suicidal or Not, Not
Date of this Attack, acute symptoms a week or 10 days ago but has complained for years —
Duration, — " " a week or 10 days.
No. of Attack, 1st as far as known.
No. of Admissions,
Age First Attack, 39(?)
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Exam by Dr Phelps Feby 1/93.

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } obscured by incoherence of ideas
Recent Events, }
Special Subjects, }

PERCEPTIVITY:
Alert or Dull, Quick
Correct or Illusive, Illusive

REASONING POWER:
Ordinary Subjects, } Quite obscured by incoherence
Own Mental State, }
Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:
Sallowness of Eyes, Showing Jaundice.

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

DELUSIONS:
Systematized or Not, Not prominent
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, A continuous talk, whether questioned or not, consisting of quite purely incoherent ideas. i.e. a quite typical example of incoherence without prominent delusive ideas —

Personal and Medical History of John. R. Young

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ WEIGHT, 154 pds. NUTRITION, Quite good
WOUNDS OR ABNORMALITIES, none noted
TONGUE, ~~Tremors~~, fair Coatings, Whitish Promptness Movement, Quite prompt
PUPILS, Equality, equal Size, about normal
Response Light, yes Accommodation, yes
SIGHT, normal
HEARING, probably normal
CO-ORDINATION, Arms, Finger to nose, eyes shut, fairly perfect.
Legs, Standing at ease, fair. Standing, eyes shut, fairly good.
TREMORS, Hands, very slight Tongue, Quivers a little
Facial Muscles, General,
REFLEXES, Patellar, Equal — q — obtained a muscle upstroke thigh.
Other Reflexes,
ARTICULATION, Hesitating, ~~Slurred~~, very good.
FACIAL EXPRESSION, Good.
SENSIBILITY,
HEART, Sounds normal
LUNGS, are normal
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor, he says.
SLEEP, Good, (?) Poor, Irregular,
PULSE, 84 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, Mother living, as far as he know, Quite healthy.
Father or Pat. Relations, Father " "
Brothers or Sisters, Can't find out anything from him under this head.

Personal and Medical History of John R. Young

1893

This man was brought here by Deputy Sheriff James Hynes, with following history. Of good habits. Insanity hereditary. Typhoid, perhaps, exciting cause of this attack. Form is wasted and depressed. Nobodily disorder apparent; has a protuberance over parietal bone. Has, for years, been peculiar in acts and habits. Acute symptoms began a week or 10 days ago; refused to eat & imagined experiments were being performed upon him. This is first attack as far as known. Insanity is now manifested by Epoch of Free-Masonry, Religion and Engineering - Incoherent. Not disposed to injure others, nor suicidal, nor destructive, but is untidy. Has not been restrained or confined. Has been under medical treatment the past few days; hyoscin, cathartics; results negative.

Note. Was obliged to leave school when at age of 15; went to farm. Seemed much disappointed; bitter toward his relatives. Came to Minn. (Duluth) 6 years ago. Has peculiar; rather retired & suspicious bother; felt as if he were a butt for sport &c. 3 years ago, had typhoid fever; was much exhausted and soon showed his mental peculiarities. Has worked in Minneapolis for 3 years & at St Louis Park Gave up his position for a trifle 10 days ago. Became deluded, incoherent &c. -

Febr

Feb 2/93. Was slightly noisy for 2 hours, quite noisy for 3 hours, & did not appear to sleep any last night. q Am. Pulse 82. Refused to allow taking of temperature. Behaved well during the day; talk incoherent. Took no breakfast nor dinner & ate very little supper. PM. Pulse 90. Feb 3/93. Quite noisy & talking all last night; often out of bed; sleeping none. Am Pulse 88. Appetite poor. Walks the floor a great deal of the time.

" 4 Wt today 151½ pds. PM. Pulse 78. Feb 4/93. Passed a quiet & restful night, sleeping 8 hours last night. q Am. Pulse 88. Bowels regular. PM. Appetite only fairly good today. Talks a great deal but less incoherently. Seems more quiet. Pulse 74. Feb 5/93. Last night, was quite noisy for 2 hours, restless and out of bed 1 hour, but sleeping 6 hours. Am. Pulse 78. PM. Is apparently improving somewhat. Talks

" 6 now quite sensibly. Still restless, walking the floor a great deal. Pulse 74. Feb 6/93. Slightly noisy for 3 hours, out of bed and restless 1 hour, sleeping but 4 hours last night. q Am. Pulse 86. PM. Appetite

" 7 good today. Bowels regular. 7:30 PM. Pulse 98. Feb 7/93. Passed last night similarly to the two before;

" 8/ 6 PM. Pulse 68. Feb 8/93. q. am. Pulse 82. Seems to continue to improve. 7 PM. Pulse 94. Feb 9/93. For

" 21 past 2 nights has rested well, sleeping 8 hours each night. q Am. Pulse 80. Feb 11/93. During past 12 nights has been (with the exception of the night of the 12th when he was restless all night) quite restful, sleeping

" 23 7 to 8 hours each night, only occasionally being somewhat restless. Feb 23/93. Has been uniformly well-behaved of late; more rational & sensible; and was today moved to A¹.

Mar/6 March 1/93. Wt 150½ pds. Pulse 84. March 6/93. Has acting rather strangely at the table today; constantly talking & gesticulating; would not sit still; otherwise causing a good deal of trouble. Has moved back to B³. There, struck a fellow-patient. March 7/93. Was slightly noisy for 2 hours; restless 2 hours; out of

" 8 bed, sleeping but 5 hours, last night. March 8/93. Nearly all last night, was noisy, restless & out of bed, and slept but 1 hour. Saw his bed clothes & pieces & could not be kept in bed; running about the hall & over

" 9 the other patients. March 9/93. Again noisy, restless, destructive & continually out of bed, last night

" 10 sleeping but 3 hours. March 10/93. Talking, noisy & out of bed, nearly all last night, sleeping none at all. Am. Spectacularly talkative. Keeps it up constantly. Eats very poorly. Requires to have an attendant sitting beside him all the time. Will not keep his shoes on. To be put in C³ in the day time.

" 11/12 March 11/93. Slightly noisy & out of bed for 2 hours last night, but sleeping 6 hours. Mar 12/93. Last night, was slightly noisy for 3 hours; out of bed; slept 6 hours. Has given hyoscine a thorough

Personal and Medical History of John R. Young

1893

NAME John R. Young

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
March 3d	150½	84		1
Apl 4th	140½	90		10
May 3d	153	90	12½	
June 3d	122½	—		30½
July 1st	130½	100	8	
Aug 1st	136	90	5½	
Sept 2d	135	—		1
Oct 3d	137	78	2	

trial. Ever today, constantly talking & keeping his hands in necessary motion. There is little to be said, in summarizing, except that, upon a mild incoherence, with hardly any delusions which were defined, & rather incoherent talk. Was always able to answer questions, was moved to A¹ where he was able to talk with us fairly well, 6th, at about which time he began to become worse again. Upon was that of Acute Mania, with extreme nervous restlessness, set questions, so incoherent & full of deluded ideas was he. seemed considerable tendency toward physical decline, due as lately been eating poorly, having to be fed. Growing weaker. - poorly; and has been fed by tube, 5 & 6 times a day. Is constipated; tongue coated. Pulse 99. Mar 15/93. Eats even less. Restlessly active, talking - questions. Tongue coated & moist. Mar 16/93. Pulse 112, small & at times. Bowels moved. PM. Pulse 108. Has been progressing today. morning. Mar 20/93. Eats well now. Mar 22/93. Is more quiet.

Apl 7/93. Has been more or less restless & noisy, nightly, for the past hours, and, as a rule, getting 5 to 7 hours sleep. Is active, toxic through absorption in his delusions, than from fear. Has lately more coherent. Is better able to carry on conversation and gives facts necessarily, however, to himself. Apl 9/93. Has been growing gradually more excited, noisy, restless and, for the last few days, troublesome, turning over

" 18 letters &c; had to be closely watched. April 18/93. Is growing still worse & is put under close watch in C³.

May 2 May 2/93. Under strict surveillance in C³ since last note, has not been unruly or troublesome, to any great degree. Talks almost incessantly in rather low, deep tones, and is now a less restless

" 3/20 noisy & wakeful by night. May 3/93. Wt. 153 pds. P 90. May 20/93. Has continued, nightly, more or less noisy, sleeping poorly, from 2 to 5 or 6 hours at night, very rarely more. By day, is still kept under close

" 27 watch in C³, and continues about the same as described in note of May 2nd. May 27/93. Is reported by

" 31 night-nurse as noisy & restless from 5 to 6 hours each night, sleeping but little. May 31/93. Appetite is fairly good; bowels regular. Is talking incessantly both night & day; rubs his hands & face; makes a peculiar noise at times. Cannot make anything out of his talk; very incoherent; habits are dirty, at times; was 3 days dirty, during the month.

June 1/ June 1/93. Has noisy for 8 hours, last night. June 2/93. Restless & noisy for 6 hours, last night. —

" 20 June 20/93. Continues restless, nearly every night, & noisy for from 5 to 6 & occasionally 7 hours. Sleeps

" 26/ very poorly. Is occasionally given hypnotics - June 26/93. Noisy 6 hours, last night. June 28/93. Last night, was noisy for 6 hours.

July 1/ July 1/93. Was noisy for seven hours last night. July 2/93. Was struck on the head with a shoe, today, by

" 4/11 a fellow-patient. July 11/93. Restless 7 hours, last night. July 11/93. Restless & noisy 8 hours, last night.

" 24 July 24/93. For past 10 nights, has improved some in his rest & sleep, being noisy from 4 to 6

" 31 hours & only about every other night. July 31/93. Continues about as described in above notes.

(carried to page 64)

1892

This man was brought here by Deputy-Sheriff James
Of good habits. Insanity hereditary. Typhoid, perhaps, exciting
and depressed. Nobodily disorder apparent; has a protuberance
peculiar in acts and habits. Acute symptoms began a
experiments were being performed upon him. This
now manifested by Grand of Free-Masonry, Relig
injure others, nor suicidal, nor destructive, he
Has been under medical treatment the past fe
Note. Has obliged to leave School when at age of 15
his relatives. Came to Minn. (Duluth) 6 yea
feet as if he were a butt for sport etc.
Soon showed his mental peculiarities
Gave up his position a trifle 10 days ago. He

Febr Feb 2/93. Was slightly noisy for 2 hours, quite noisy for 3.
q Am. Pulse 82. Refused to allow taking of temperature. Beha
" 3 Took no breakfast nor dinner & ate very little supper. PM. Pulse 96.
night; often out of bed; sleeping none. Am Pulse 88. appetite poor. Talk
" 4 Wt today 151½ pds. PM. Pulse 78. Feb 4/93. Passed a quiet & restful night, sleeping 8 hours last night.
q Am. Pulse 88. Bowels regular. PM. appetite only fairly good today. Talks a great deal but less in-
" 5 -coherently. Seems more quiet. Pulse 74. Feb 5/93. Last night, was quite noisy for 2 hours, restless and
of bed 1 hour, but sleeping 6 hours. Am. Pulse 78. PM. Is apparently improving somewhat. Talks
" 6 now quite sensibly. Still restless, walking the floor a great deal. Pulse 74. Feb 6/93. Slightly noisy
for 3 hours, out of bed and restless 1 hour, sleeping but 4 hours last night. q Am. Pulse 86. PM. Appetite
" 7 good today. Bowels regular. 7:30 PM. Pulse 98. Feb 7/93. Passed last night similarly to the two before;
" 8 6 PM. Pulse 68. Feb 8/93. q. Am. Pulse 82. Seems to continue to improve. 7 PM. Pulse 94. Feb 9/93. For
" 9 past 2 nights has rested well, sleeping 8 hours each night. q Am. Pulse 80. Feb 11/93. During past 12 nights
has been (with the exception of the night of the 12th when he was restless all night) quite restful, sleeping
" 23 7 to 8 hours each night, only occasionally being somewhat restless. Feb 23/93. Has been uniformly well-be-
-haved of late; more rational & sensible; and was today moved to A'.

Mar 2 March 2/93. Wt 150½ pds. Pulse 84. March 6/93. Was acting rather strangely at the table today; constantly
" 7 talking & gesticulating; would not sit still; restlessness causing a good deal of trouble. Was moved back
" 8 to B3. Here, struck a fellow-patient. March 7/93. Was slightly noisy for 2 hours; restless 4 hours; out of
bed, sleeping but 5 hours, last night. March 8/93. Nearly all last night, was noisy, restless & out of bed,
" 9 and slept but 1 hour. Tore his bed clothes to pieces & could not be kept in bed; running about the hall & over
the other patients. March 9/93. Again noisy, restless, destructive & continually out of bed, last night
" 10 sleeping but 3 hours. March 10/93. Talking, noisy & out of bed, nearly all last night, sleeping none
at all. Am. Sanctimonious talkative. Keeps it up constantly. Eats very poorly. Requires to have an
attendant sitting beside him all the time. Won't keep his shoes on. To be put in C3 in the day time.
" 11/92 March 11/93. Slightly noisy & out of bed for 2 hours last night, but sleeping 6 hours. Mar 12/93. Last
night, was slightly noisy for 2 hours; out of bed; slept 6 hours. Was given hypodermics at bed time.

Mar 12/92 PM. Has been more noisy than ever today, constantly talking & keeping his hands in incessant motion
" 13 March 13/93. Concerning this case, there is little to be said, in summarizing, except that, upon
Entrance he appeared to be a case of mild incoherence; with hardly any delusions which were defined,
and yet, with vague, delusive & rather incoherent talk. Was always able to answer questions,
however. Gradually improved, was moved to A'; where he was able to talk with us fairly well,
up to a few days before March 6th, at about which time he began to become worse again. Upon
becoming worse, his condition was that of Acute Mania, with extreme nervous restlessness,
and with hardly ability to answer questions, so incoherent & full of deluded ideas was he.
During the next week, there also seemed considerable tendency toward physical decline, due
to this extreme restlessness. Has lately been eating poorly, having to be fed. Growing weaker.-
" 14 March 14/93. Has continued to eat poorly; and has been fed, by order, 5 & 6 times a day. Is constipated; tongue coated.
" 15 Talks incessantly; is hoarse. Pulse 99. March 15/93. Eats even less. Restlessly active, talking
" 16 incessantly; pays little heed to questions. Tongue coated & moist. March 16/93. Pulse 112, small
and soft. Eats only fairly; Refuses at times. Bowels moved. PM. Pulse 108. Has been progressing today.
" 19 March 19/93. Ate quite well this morning. March 20/93. Eats well now. March 22/93. Seems quiet.
Apl 4 Apl 4/93. Wt 140½ pds. Pulse 90. Apl 7/93. Has been more or less restless & noisy, nights, for the past
4 weeks, sleeping from 2 to 4 hours, and, as a rule, getting 5 to 7 hours sleep. Is taking, to-day
food very scantily, apparently through absorption in his delusions, than from fear. Has lately
Calmed down somewhat and is more coherent. Is better able to carry on Conversation and gives
" 17 more attention to questions. Talks incessantly, however, to himself. Apl 17/93. Has been
growing gradually more excited, noisy restless and, for the last few days, troublesome, turning over
" 18 settees &c; had to be closely watched. April 18/93. Is growing still worse & is put under close
watch in C3.

May 2 May 2/93. Under strict surveillance in C3 since last note, has not been unruly or troublesome, &
any great degree. Talks almost incessantly in rather low, deep tones, and is now or less restless,
" 3/93 noisy & wakeful by night. May 3/93. Wt. 153 pds. P 90. May 20/93. Has continued, nightly, more or less
noisy, sleeping poorly, from 2 to 5 or 6 hours a night, very rarely more. By day, is still kept under close
" 27 watch on C3, and continues about the same as described in note of May 2nd. May 27/93. Is reported by
" 31 night-nurse as noisy & restless from 2 to 6 hours each night, sleeping but little. May 31/93. Appetite is
fairly good; bowels regular. Is talking incessantly both night & day; rubs his hands & face; makes a
peculiar noise at times. Cannot make anything out of his talk; very incoherent; habits are
dirty, at times; was 3 days dirty, during the month.

June 1/93 June 1/93. Has noisy for 2 hours, last night. June 2/93. Restless & noisy for 6 hours, last night.
" 20 June 20/93. Continues restless, nearly every night, & noisy for from 5 to 6 & occasionally 7 hours. Sleeps
" 26/93 very poorly. Is occasionally given hypnotics - June 26/93. Noisy 6 hours, last night. June 28/93 Last
night, was noisy for 6 hours.

July 1/93 July 1/93. Was noisy for seven hours last night. July 2/93. Has struck at the head with a shoe, today, by
" 11 a fellow-patient. July 11/93. Restless 7 hours, last night. July 11/93. Restless & noisy 5 hours, last night
" 24 July 24/93. For past 10 nights, has improved some in his rest & sleep, being noisy from 4 to 6
" 31 hours or only about every other night. July 31/93. Continues about as described in above notes.

(carried to page 64)

Personal and Medical History of Patrick Kelly

Whole No. 3255.

Residence, 619 Plum St. St Paul, Minn

Date Admission, 2nd February 1893.

Admitted by Dr Kilbourne Hour, 9.30 Pm

How Sent, John. B. Olivier, Jos P. Ramsey Co.

Sex, male

Age, 63

Civil Condition, married

Children, Yes; six

Age Youngest Child,

Occupation, Contractor

Degree Education,

Profession Religion, Is a church member

Habits, Good.

Nativity, Ireland

Physicians Committing, E.F. Amoss. J.A. Quinn, Orde Martel

Correspondents, Patk. Kelly

(Son's address) 619 Plum St. St Paul

No. for Year, 167.

Insane Relatives, None; insanity not hereditary

Cause Exciting, Unknown; was injured by R.R. in 1879

Cause Predisposing, not stated

Form, Paranoia

Accompanying Bodily Disorder, no

Suicidal or Not, Not; but often talks of it.

Date of this Attack, 2 or 3 years since

Duration, Some 2 or 3 years.

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, About 60.

Time of Leaving, July. 16. 1896

Time in Hospital, 3 yr. 5 mo 14 d.

Result, Discharged Oct. 30. 1899 Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by D. Clarke Feby 11 93.

MENTAL ACTIVITY:

Clear or Confused, Clear in ordinary subjects

Quick or Sluggish, Quick

MEMORY:

Past Events, Fair, except as perverted

Recent Events, by delusive ideas.

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Somewhat dull

Correct or Illusive, ✓

REASONING POWER:

Ordinary Subjects, somewhat weak

Own Mental State, rather poor

Special Subjects, markedly defective

GENERAL DESCRIPTIVE REMARKS:

Claims one of his sons drugged him with some wine - was sick afterwards for 20 days. Believes it was poisoned. This is 22 times his son has done so. While claiming this cannot give any good reason why the rest of his family have conspired to his Conviction this various similar ways shows degree of prevalent mental state.

EMOTIONAL STATE:

Normal, Calm, Normal

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, Delusion as special defect

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, a fair degree of mental

Voluble or Reticent, clearness, except on subjects

Connected with persecution by family.

PATRICK KELLY RESTORED.

Relieved of a Guardianship by Judge Willrich.

Patrick Kelly has at last been restored to the capacity which enabled him to amass several thousand dollars of this world's goods, and hereafter he will handle those dollars himself and spend or not spend them as he sees fit. For some four years past Mr. Kelly's property and business have been under the control of a guardian—Margaret Kelly, his wife, while Mr. Kelly sojourned at an asylum for the insane, until last June, except for short

PATRICK KELLY DIES.

Aged Pioneer Passes Away After a Lingering Illness.

Patrick Kelly, a pioneer resident of the city, died at his home, 619 Plum street, yesterday morning after a lingering illness. The funeral will be held to-morrow morning from St. Mary's church, Ninth and Locust streets.

Mr. Kelly came to St. Paul forty years ago from Wilmington, Del. He engaged in the contracting business and was interested in two stone quarries. During his years of activity he acquired a moderate fortune.

His mind failed and a guardian was appointed to take charge of his property. His efforts made through the courts to be restored to competency attracted no little attention during the past four years.

He was seventy-two years old and is survived by a widow and five children, Patrick Kelley, Jud Kelley, patrolman at the Margaret street police station; Joseph, Margaret and Katie.

HE GAINS CONTROL.

PATRICK KELLY PLACED IN POSSESSION OF HIS PROPERTY BY ORDER OF BAZILLE, J.

MANY COURT CONTESTS.

Proceedings in the Guardianship of Kelly and His Confinement in the State Asylum — Judge Will Continue to Have an Eye on Mr. Kelly — His Management of His Estate Will Determine Whether the Order Is to Be Permanent.

May 1900 —

A conclusion was reached late yesterday in the case of Patrick Kelly on the latter's petition to be restored to capacity. Judge Bazille decided that he would restore Mr. Kelly to capacity, at least temporarily. There were some doubts which he would resolve in favor of the petitioner. Under the ruling of the court, Mr. Kelly will have charge of that part of his business relating to the stone quarry. The ability he displays in managing the quarry after a few months' trial will determine his future status before the court.

This relieves the old gentleman, at least for a time, from the trammels of courts, lawyers and relatives.

The Kelly case has been a cause celebre in the probate court of Ramsey county. In one form or another this litigation has been before the court since 1894. At that time Mr. Kelly was examined and placed in the asylum at Rochester. He has been in and out of the asylum and under several guardianships. The present guardian is the St. Paul Trust company.

At different stages of the proceedings the following attorneys have appeared in the case: Thomas D. O'Brien, the Sanborns, Charles Butts, A. G. Wedge, W. H. Williams, C. C. Wilson and Judge Flandrau.

PILLSBURY CHOSEN.

Power NAMES A

Patrick Kelly tent for Bus

In the matter of the guardianship of Patrick Kelly, incompetent, Judge Harvey filed a decision, in the probate court, adjudging Kelly incompetent, and appointing the St. Paul Trust company as the guardian of his estate, with the direction that all investments and purchases made with the funds of the estate shall be by direction of the probate court.

Kelly was once before adjudged to be incompetent and was for a time in the asylum at Rochester. He was afterwards restored to competency by Judge Willrich, of the probate court. Patrick Kelly, Jr., his son, petitioned for the appointment of a second guardian. The case was heard by Judge Harvey of Hennepin county, as Judge Willrich, on account of previous rulings in the case, preferred not to try it.

The decision recites that the estate of Patrick Kelly consists of personal property to the value of $10,000, and real estate yielding an annual income of $500. It holds that he is not sufficiently unbalanced mentally to require the appointment of a guardian of his person, but that he is not capable of managing his estate. The court allows C. R. Butts and A. G. Wedge $225 as attorney fees and Dr. W. A. Jones $20, and Dr. H. Sneve $120 fees as expert witnesses, all of which is made a charge against the estate.

y of Patrick Kelly

N ADMISSION. (CONTINUED.)

CHARACTERISTICS.

½ pp.

NUTRITION, Fairly good.

& at one time by a Railroad accident.

Promptness Movement, Fair & prompt

Size, Normal

Accommodation,

asses.

of Railroad accident long ago.

some trembling & weakness of.

good. Standing, Eyesight, Hearing & sense.

Tongue, Marked

General, very marked

& - marking B.

Slurred, Normal

Fairly good.

Rapid & palpitating.

as far as known.

M.,

Clean, Yes — Careless,

Constipated, — Irregular,

Medium, — Poor,

Poor, — Irregular,

& small intermittent weak also.

RESP., — TEMP.,

ASUREMENTS,

HISTORICAL.

NVASION, — ONSET GRADUAL OR SUDDEN,

ecify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),

Relations,

elations,

rs, — No history —

Personal and Medical History of Patrick Kelly

Whole No. 3255.

Residence, 619 Plum St. St Paul, Minn

Date Admission, 2nd February 1893.

Admitted by Dr Kilbourne Hour, 9.30 Pm.

How Sent, John. B. Oliver, Jof P. Ramsey Co.

Sex, male

Age, 63

Civil Condition, married

Children, Yes; six

Age Youngest Child,

Occupation, Contractor

Degree Education,

Profession Religion, In a church member

Habits, Good

Nativity, Ireland

Physicians Committing, E.P. Amoss. J.A. Quinn, Orde Markle

Correspondents, Patk. Kelly
(Son's address) 619 Plum St. St Paul

No. for Year, 167.

Insane Relatives, none; insanity

Cause Exciting, unknown; was injured

Cause Predisposing, not stated

Form, Paranoia

Accompanying Bodily Disorder,

Suicidal or Not, Not; but off

Date of this Attack, 2 or 3 years

Duration, some two or three years

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 60.

Time of Leaving, July. 16. 1896

Time in Hospital, 3 yr. 5 mo 14 d.

Result, Discharged Oct. 26. 1899

Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by Dr. Sheeks Feb 1/93.

MENTAL ACTIVITY:

Clear or Confused, Clear as ordinary subjects

Quick or Sluggish, Quick

MEMORY:

Past Events, Fair, except as perverted

Recent Events, by delusive ideas.

Special Subjects,

PERCEPTIVITY:

Alert or Dull, somewhat dull

Correct or Illusive, ✓

REASONING POWER:

Ordinary Subjects, somewhat weak

Own Mental State, rather poor

Special Subjects, markedly defective

GENERAL DESCRIPTIVE REMARKS:

Claims one of his sons shot him with some wine: was sick afterwards for 20 days. Believes it was poisoned. This is 22 time his son has done so. While claiming this, cannot give any good reason why the rest of his family have conducted to his Committee in such a manner. Similar ways shows signs of weaken mental state.

EMOTIONAL STATE:

Normal, Calm, Normal

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, Delusion as special defect

Transitory or Not,

HALLUCINATIONS:

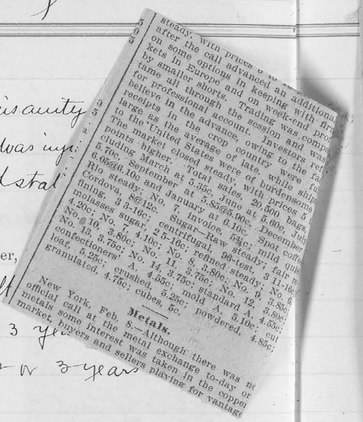
ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, a fair degree of mental

Voluble or Reticent, Clearness, except in subjects

Connected with persecution by family.



steady; with prices ... advanced 4th additional ... after the call advanced 4th and keeping 4th ... some options and trading was ... for professional account. The ... receipts in the Atlantic ports ... same month last year. ... for the week ... large as the average of ... The market closed steady ... coming March at 5.85c, ... September at 5.95c, June ... Sept. 6.10c, Dec. 6.06c, ... Sugars—Raws ... 4.10c; No. 11, 3.90c; ... 4.25c; No. 12, 4.10c; ... 4.25c; mold A, 4.25c; ... 4.20c; standard A, ... 4.20c; confectioners' A, ... 4.20c; cubes, 4.45c; ... granulated, 4.10c; cubes, 4.45c; powdered, 4.45c; ... Metals. ... New York, Feb. 1.—Although there was no official call at the metal exchange to-day, ... metals some interest was taken in the ... market, buyers and sellers playing for vantage

PATRICK KELLY RESTORED.

Relieved of a Guardianship by Judge Willrich.

Patrick Kelly has at last been restored to the capacity which enabled him to amass several thousand dollars of this world's goods, and hereafter he will handle those dollars himself and spend or not spend them as he sees fit. For some four years past Mr. Kelly's property and business have been under the control of a guardian—Margaret Kelly, his wife, while Mr. Kelly sojourned at an asylum for the insane, until last June, except for short intervals, during which he enjoyed personal liberty. Yesterday Judge Willrich, in the probate court, filed an order granting Mr. Kelly's petition for restoration to capacity and terminating the guardianship, the court finding that his mental condition is such that he is capable of taking care of his property and person. The hearing on the petition was had in the probate court Dec. 31, 1896. The material facts of the case and the grounds upon which the petition was granted, are set forth in Judge Willrich's memorandum accompanying the order, which is in part as follows:

Mr. Kelly was adjudged insane by this court to January, 1893, and was committed to an asylum for insane, where, with short intervals he continued to stay until June, 1896. He has been pronounced a monomaniac, suffering from the peculiar form known to the medical profession as paranola, that is, he was pronounced insane upon a particular subject only, namely, that he was liable to be poisoned by certain members of his family, and this delusion extended to other people in league with these members of his family who were bribed by them.

Twice during the period of his confinement Mr. Kelly applied to this court by petition for restoration to capacity and his petition was denied, because at those hearings, upon the testimony of the experts called, their testimony being all to the effect that Mr. Kelly was suffering from paranola, the court could not do otherwise than determine that Mr. Kelly was not of sound mind, and not having been discharged by the proper authorities from his confinement at the hospital, it was the duty of this court to deny Mr. Kelly's application, and have him returned to the hospital. At the present hearing the case was somewhat different, for since the second hearing another court of competent jurisdiction, namely, the district court of Olmsted county, has determined on a habeas corpus proceeding, that Mr. Kelly was never legally committed as insane, and he was duly released from the custody of the state hospital and set at liberty.

While that court had no right, under the constitution and the decision of the supreme court, to pass upon the question of Mr. Kelly's sanity or insanity, it did have the right to determine whether the probate court committing Kelly in 1895, had jurisdiction to commit him, and said court did determine this fact upon the records of this case.

Therefore, it is now adjudged that Mr. Kelly was never legally declared insane, except in so far as the question of his insanity was an element of inquiry on the hearing for the appointment of a guardian, in 1894, and in late proceedings for restoration to capacity.

There is no doubt in my mind that when Mr. Kelly was committed to the asylum in 1893, he was in fact of unsound mind, and that he was such in 1896, when this court denied his petitions for restoration. Mr. Kelly at this time, however, stands before the court in a different position.

This court feeling that Mr. Kelly has been placed under guardianship without that due process of law, which is the birthright of even the humblest American citizen, and it not appearing that he ever had tendencies of mind which would justify an apprehension, that he is liable to waste his substance and that of his family if restored, and being now free by a decree of a competent court and having since his liberation acted in a rational manner, and without even manifesting his prior delusion, which would indicate that such delusion has either left him entirely or is so successfully by him secreted within his own consciousness for the purpose of again obtaining his freedom, that it is but fair to presume that in that case he will naturaly continue to act the part of the same man in order to retain such precious boon.

This court, after the most careful and painstaking examination and analysis of the facts in the case as revealed by the records and testimony presented, and a study of the text books and authorities on the peculiar phase of insanity, called paranola, has reached the conclusion that Mr. Kelly ought to be restored to capacity at this time.

HE GAINS CONTROL.

PATRICK KELLY PLACED IN POSSESSION OF HIS PROPERTY BY ORDER OF BAZILLE, J.

MANY COURT CONTESTS.

Proceedings in the Guardianship of Kelly and His Confinement in the State Asylum — Judge Will Continue to Have an Eye on Mr. Kelly — His Management of His Estate Will Determine Whether the Order Is to Be Permanent.

May 1900

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Power NAMES A

Patrick Kelly tent for Bus

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The decision recites that the estate of Patrick Kelly consists of personal property to the value of $10,000, and real estate yielding an annual income of $500. It holds that he is not sufficiently unbalanced mentally to require the appointment of a guardian of his person, but that he is not capable of managing his estate. The court allows C. R. Butts and A. G. Wedge $225 as attorney fees and Dr. W. A. Jones $20, and Dr. H. Sneve $120 fees as expert witnesses, all of which is made a charge against the estate.

y of Patrick Kelly

N ADMISSION. (Continued.)

CHARACTERISTICS.

½ pt. NUTRITION, Fairly good.

d at one time by a railroad accident.

Promptness Movement, Fair, prompt

Size, Normal

Accommodation,

asses.

of Railroad accident long ago.

some trembling & awkwardness.

good. Standing, eyes shut, Romberg's sign.

Tongue, Marked

General, very marked

l - marking 3.

Slurred, Normal

Fairly good.

rapid & palpitating.

as far as known.

M.,

Clean, Yes	Careless,
Constipated,	Irregular,
Medium,	Poor,
Poor,	Irregular,

BESP., TEMP.,

especially uterine tract weak also.

ASUREMENTS,

HISTORICAL.

NVASION, ONSET GRADUAL OR SUDDEN,

ecify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),

Relations,

elations,

rs, — No history —

Personal and Medical History of Patrick Kelly

Whole No. 3255.

Residence, 619 Plum St. St Paul, Minn

Date Admission, 2nd February 1893.

Admitted by Dr Kilbourne Hour, 9.30 PM

How Sent, John. B. Olivier, Jof P. Ramsey Co.

Sex, male

Age, 63

Civil Condition, married

Children, yes; six

Age Youngest Child,

Occupation, Contractor

Degree Education,

Profession Religion, Is a church member

Habits, Good

Nativity, Ireland -

Physicians Committing, E.F. Amoss. J.A. Quinn, Orde Martel

Correspondents, Patk. Kelly
(Son's address) 619 Plum St. St Paul

No. for Year, 167.

Insane Relatives, None; insanity

Cause Exciting, unknown; was a

Cause Predisposing, not a

Form, Paranoia

Accompanying Bodily Disor

Suicidal or Not, Not; but often

Date of this Attack, 2 or 3 years

Duration, some 2 or 3 years.

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 60.

Time of Leaving, July. 16. 1896

Time in Hospital, 3 yr. 5 mo 14 d.

Result, Discharged Oct. 26. 1897
Improved

steady, with prices well advanced on additions. Offer some orphans in keeping with prices. Offer some orphans in cook-and pr... Kets in quantity above. Trading was confined largely to the... for professional buyers. Inventories of... heights in the advance, owing to the re... the market. Sugar-Raw firm; fair refining... Refined steady; cut loaf... granulated... Teas... Coffee... Molasses... Rice... Spices... Provisions... Cotton... Metals. New York, Feb 5. Although there was no official call the... metals... tone... granulated, 4.10c; cubes, 4.30c.

EXAMINATION ON ADMISSION.

Evid by Dr. Checks Feby 1/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear an ordinary Subject

Quick or Sluggish, Quick

MEMORY:

Past Events, Fair, except as perverted

Recent Events, by delusive ideas.

Special Subjects,

PERCEPTIVITY:

Alert or Dull, somewhat dull

Correct or Illusive, ✓

REASONING POWER:

Ordinary Subjects, somewhat weak

Own Mental State, rather poor

Special Subjects, markedly defective

GENERAL DESCRIPTIVE REMARKS:

Claims one of his sons drugged him with some wine - was sick afterwards for 20 days. Believes it has poisoned him in 22 times his son has done so. While Claiming this cannot give any good reason why the rest of his family have conspired to his Complete ruin in various similar ways shows signs of paranoiac mental state.

EMOTIONAL STATE:

Normal, Calm, Normal

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, delusion as special subject

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, a fair degree of mental

Voluble or Reticent, Clearness, except on subjects

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Twice during the period of his confinement Mr. Kelly applied to this court for restoration to capacity and the appointment of the guardian was revoked. Each time, however, the petition was denied, the court finding that Mr. Kelly was not sufficiently restored to his mental balance to manage his own affairs with safety to himself and others. Finally, however, the court was convinced that Mr. Kelly was entirely competent to look after his own affairs, and the petition was granted.

Personal and Medical History of Patrick Kelly

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 134½ lbs. NUTRITION, fairly good.

ALITIES, right leg stained at one time by a railroad accident.

arked Coatings, Promptness Movement, fair, prompt

ual Size, normal

Good Accommodation,

Good, Has weak glasses.

both Ears, Sequence of Railroad accident long ago.

Tongue Normal, Eyes shut, some trembling & weakness of

Standing a foot, fairly good. Standing, Eyes shut, Says head.

marked Tongue, Marked

very marked General, very marked

somewhat sluggish - marking 3.

g, Slurred, Normal

Fairly good.

Rapid & palpitating.

as far as known.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Yes Constipated, Irregular,

APPETITE, Good, Yes Medium, Poor,

Yes Poor, Irregular,

- 120 + accentuated, at times RESP., TEMP.,
weak also.

ASUREMENTS,

HISTORICAL.

NVASION, ONSET GRADUAL OR SUDDEN,

ecify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),

Relations,

elations,

rs, - No history -

Pioneer Press Sept 7 '98
NAMES A CONSERVATOR.

Patrick Kelly Adjudged Incompetent for Business Management.

In the matter of the guardianship of Patrick Kelly, incompetent, Judge Harvey filed a decision, in the probate court, adjudging Kelly incompetent, and appointing the St. Paul Trust company as the guardian of his estate, with the direction that all investments and purchases made with the funds of the estate shall be by direction of the probate court.

Kelly was once before adjudged to be incompetent and was for a time in the asylum at Rochester. He was afterwards restored to competency by Judge Willrich, of the probate court. Patrick Kelly, Jr., his son, petitioned for the appointment of a second guardian. The case was heard by Judge Harvey of Hennepin county, as Judge Willrich, on account of previous rulings in the case, preferred not to try it.

The decision recites that the estate of Patrick Kelly consists of personal property to the value of $10,000, and real estate yielding an annual income of $500. It holds that he is not sufficiently unbalanced mentally to require the appointment of a guardian of his person, but that he is not capable of managing his estate. The court allows C. R. Butts and A. G. Wedge $225 as attorney fees and Dr. W. A. Jones $20, and Dr. H. Sneve $120 fees as expert witnesses, all of which is made a charge against the estate.

BURLINGTON WAS A LEADER.
Henry Clews Says Business Conditions Are Sound, but Unfavorable Election Will Cause Heavy Decline in Domestic Visible Where.
SULTAN'S PART.
Refuse the Jealousy of the Powers
NG FEVER.
WHEN THE SMALL BOYS CATCH IT THEY DIE GOOD BYE TO BUGS AND STOCKINGS
THIS FORM OF SPR

Personal and Medical History of Patrick Kelly

Whole No. 3255.

Residence, 619 Plum St. St Paul, Minn

Date Admission, 2nd February 1893.

Admitted by Dr Kilbourne Hour, 9.30 Pm

How Sent, John. B. Olivier, Jof P. Ramsey Co.

Sex, male

Age, 63

Civil Condition, married

Children, Yes; six

Age Youngest Child, —

Occupation, Contractor

Degree Education, —

Profession Religion, Is a church member

Habits, Good

Nativity, Ireland

Physicians Committing, E.F. Amoss. J.A. Quinn, Orde Martel

Correspondents, Patk. Kelly
(Son's address) 619 Plum St. St Paul

No. for Year, 167.

Insane Relatives, None; insanity

Cause Exciting, unknown; was i

Cause Predisposing, not k

Form, Paranoia

Accompanying Bodily Disor

Suicidal or Not, Not; but often th

Date of this Attack, 2 or 3 years

Duration, some two or three years.

No. of Attack, 1st

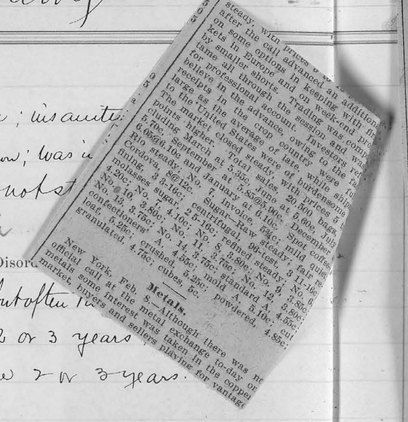
No. of Admissions, 1st

Age First Attack, about 60.

Time of Leaving, July. 16. 1896

Time in Hospital, 3 yr. 5 mo 14 d.

Result, Discharged Oct. 26. 1896
Improved



Metals.

New York, Feb. 8.—Although there was no official call at the metal exchange to-day, a certain amount of interest was taken in the market, some sales taking place for vanadi granulated, 4.75c; cubes, &c.

PATRICK KELLY RESTORED.

Relieved of a Guardianship by Judge Willrich.

Patrick Kelly has at last been restored to the capacity which enabled him to amass several thousand dollars of this world's goods, and hereafter he will handle those dollars himself and spend or not spend them as he sees fit. For some four years past Mr. Kelly's property and business have been under the control of a guardian—Margaret Kelly, his wife, while Mr. Kelly sojourned at an asylum for the insane, until last June, except for short intervals, during which he enjoyed personal liberty. Yesterday Judge Willrich, in the probate court, filed an order granting Mr. Kelly's petition for restoration to capacity and terminating the guardianship, the court finding that his mental condition is such that he is capable of taking care of his property and person. The hearing on the petition was had in the probate court Dec. 31, 1896. The material facts of the case and the grounds upon which the petition was granted, are set forth in Judge Willrich's memorandum accompanying the order, which is in part as follows:

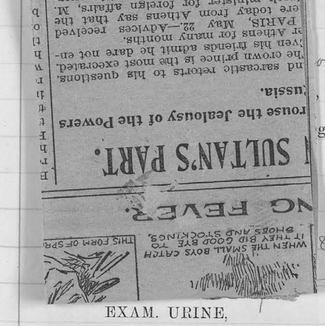
Mr. Kelly was adjudged insane by this court to January, 1893, and was committed to an asylum for insane, where, with short intervals he continued to stay until June, 1896. He has been pronounced a monomaniac, suffering from the peculiar form known to the medical profession as paranoia, that is, he was pronounced insane upon particular subject only, namely, that he was liable to be poisoned by certain members of his family, and this delusion extended to other people in league with those members of his family who were bribed by them.

Twice during the period of his confinement Mr. Kelly [illegible] from the asylum and visited his home in this city. On the first occasion he was accompanied by his wife and a nurse, and on the second by his wife alone. On both occasions he returned to the asylum of his own accord. Since his discharge from the asylum Mr. Kelly has been under the observation of the probate court, and has conducted himself in a manner entirely satisfactory to the court.

Rouse the Jealousy of the Powers.

SULTAN'S PART.

NG FEVER.



BURLINGTON WAS A LEADER.

THE LINE.

History of Patrick Kelly

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 134½ lbs. NUTRITION, Fairly good.

ALITIES, right leg drained at one time by a Railroad accident.
arked — Coatings, — Promptness Movement, fair & prompt
ual Size, Normal
Good Accommodation, —
Good, Weak weak glasses.
both ears, Sequence of Railroad accident long ago.
Tongue dry & red, Eyes shut, some trembling & weakness.
Standing a fair. fairly good. Standing, Eyes shut, Romberg sign.
marked Tongue, Marked
very marked General, very Marked
somewhat sluggish - Marking 3.
g, Slurred, Normal
Fairly good.
Rapid & palpitating.
as far as known.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Yes Constipated, Irregular,

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, Yes Poor, Irregular,

PULSE, about 120 & accentuated with intermittency RESP., TEMP.,
weak also.

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, — No history —

EXAMINATION ON ADMISSION.

Evid by Dr. Sheeks Feby 1/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear as ordinary subject

Quick or Sluggish, Quick

MEMORY:

Past Events, Fair, as far as perverted
Recent Events, by delusive ideas.
Special Subjects,

PERCEPTIVITY:

Alert or Dull, Somewhat dull

Correct or Illusive, ✓

REASONING POWER:

Ordinary Subjects, somewhat weak

Own Mental State, Rather poor

Special Subjects, markedly defective

GENERAL DESCRIPTIVE REMARKS:

Claims one of his sons drowned in 1878 while on a visit to Ireland. Says he was sick afterwards for 20 days. Believes it has poisoned him. This is 22 times his son has been drowned. While claiming this cannot give any good reason why the rest of his family have escaped. Other members of family show signs of paranoiac mental state.

EMOTIONAL STATE:

Normal, Calm, Normal

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, delusion as special defect

Transitory or Not,

HALLUCINATIONS:

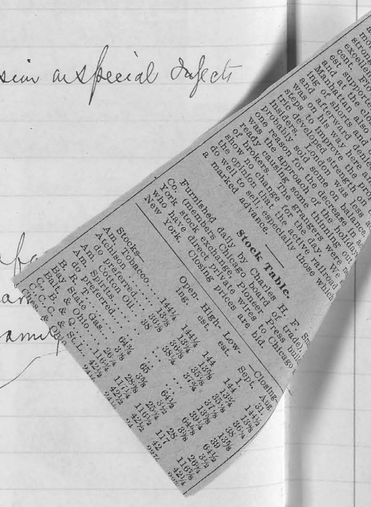
ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, ap

Voluble or Reticent, Clear

Connected with persecution by family



Stock Table.

Prominent daily Dividend Shares in Boston, New York and Philadelphia.

Corrected every hour during business by direct private wires from the Stock Exchanges in New York, Boston and Philadelphia. Quotations are given in cents. Closing prices are bid.

Stocks—	Open-ing.	High-est.	Low-est.	Closing.
Atchison	14¼	14¼	14¼	14¼
Atch. Pref.	35⅞	35⅞	35⅞	35⅞
Atch. Preferred	65	65	65	65
Boston Gas	24¾	...	...	24¾
Boston & Albany	179½	...	...	179½
Boston & Maine	179½	...	...	179½
Boston & Ohio	25¾	25¾	25¾	25¾
Boston & Providence	270	...	...	270
Boston & Lowell	256	...	...	256
Boston & Albany	179½	...	...	179½
Boston & Maine	179½	...	...	179½
Boston & Ohio	25¾	25¾	25¾	25¾
Boston & Providence	270	...	...	270
Boston & Lowell	256	...	...	256
Boston & Albany	179½	...	...	179½
Boston & Maine	179½	...	...	179½
Boston & Ohio	25¾	25¾	25¾	25¾
Boston & Providence	270	...	...	270
Boston & Lowell	256	...	...	256

Personal and Medical History of Patrick Kelly

1893

This man was brought by deputies Cotrau & Irish, with the following history. Is of good habits. Insanity not hereditary. Cause of this (the 1st attack) unknown; was injured by fly in 1879. Form is acute. There is no accompanying bodily disorder. Is deaf in one ear from injury to head in 1879. First symptoms of disease were manifested 2 or 3 years since, by delusions. He now thinks himself persecuted by his family. Is disposed to injure others. Suicide has not been attempted, but he often talks of it. Not filthy or destructive. Always stubborn. Has not been restrained or confined. Has not been under medical treatment except for gastritis.

Feb 3 Feb 3/93. Restless for 2 hours; slept but 3 hours, last night. Am. Says he slept none last night. Is nervous this morning. Talks a great deal to the D., chiefly about himself & why he was sent here. Pulse & resp. Pm. Has been quite well-behaved today; Offering no violence; is very talkative, though somewhat more calm in conversation. Is restless & uneasy, walking about ward the greater part of the time. Appetite
" 4 good; has no cough; bowels are regular. Feb 4/93. Rested & slept well, 7 hours, last night. 8:30 Am
" 5 Pulse 106. quite accelerated; refused his medicine. Appetite very good. Feb 5/93. Again passed a restful
" 6 and quiet night, sleeping 8 hours. 8:30 Am. Pulse 108. Feb 6/93. Slept 8 hours last night & was quiet. 8:30 Am. Pulse 108. Says he is all right & refused to permit taking of temperature by attendant.
" 7 Feb 7/93. Restless for an hour or so, but sleeping 7 hours, last night. 8:30 Am. Pulse 116. Bowels regular.
" 8 Pm. Went out walking with his ward today. Feb 8/93. Slept 6 hours last night, being restless 2 hours.
" 9 8:30 Am. Pulse 108. Is quietly behaved, but very talkative today. Feb 9/93. Restless for 3 hours, sleeping
" 11 but 5 hours last night. 8:30 Am. P 110. Pm. Continues ly day about as usual. Feb 11/93. Was examined today. Showed delusions on special subjects; also signs of a weakened mental state. ——

" 15 Feb 15/93. For past 6 nights, has been quiet, resting & sleeping 8 hours each, only an hour or two nights being restless from an hour or so. Has, ever since admission, been up & around daily - clean, tidy and quite well-behaved, though somewhat restless, uneasy & complaining the first few days; yet he gradually grew more composed; conversation also became more coherent & rational. Appetite has been good & bowels regular. Has in good health while here. Always claimed ideas of persecution by his children; they & his neighbors as well, some of them, contriving to spend his money and his children also being involved in gambling & dissipation. His wife & daughter came to take him home, and thought him considerably better. There was, however, no special disappearance of any of these ideas. They stated, in addition, that they had been able to get along with him very well for the past year, or two, except when he drank.

Was today permitted to go home with them on trial.

Mar 27 Mar 27/93. Has today returned by his son. Mar 31/93. Was today visited by a friend. ——

Apl 1 April 1/93. Has today visited by his son. Pulse has been 108. 102. 102. 100. 98 in the past 24 & present morning's
" 4/8 April 4/93. Ht 152 pds. Pulse qr. April 5/93. Remains quiet at night; at times, slightly restless; Eats
the whole, sleeping well. By day, has been quiet, clean, tidy & well-behaved. Has good appetite and fairly
good health. Pulse ranges from 90 to 100. Talked about his troubles & about the endeavor of certain ones to get his
property from him & he thinks it is very unjust to detain him here.

May 3/94 May 3/93. Ht 153½ pds. Pulse qr. Today was transferred from Br. to A. May 4/93. Passes restful & quiet nights
Talks a great deal, insisting on his rights; Asking for a great many things & privileges. If permitted, will at
times, follow the D. from end of the hall to the other talking about his affairs. Is garrulous. Recently visited

Personal and Medical History of Patrick Kelly

1893

NAME Patrick Kelly

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 5th	139	88		3½
July 3d	151½	100	1½	
Aug 4th	147	—		4½
Sept 1st	151	—	4	
Oct 4th	148½	79		2½
Nov 2d	145½	78		3
Dec 2d	153	86	7½	
Jany 2d 1894	148	—		5
Feby 2d	153	78	4	
Mar 3d	151	78		1

May 7/93. Declines to give sample of urine for examination. —
Parole. May 20/93. Still continues about as described in May 4th note, with talking about his own affairs, troubles &c. Transferred to A2 today.
are good. Appetite good; bowels regular. Garrulously talkative, most
roperty he has & thinks on this account he should be removed here.
the rest of his ward while out walking or on the ground; Gets very angry
lean & tidy in personal appearance. Of good personal habits. —
Took Patient downtown; bought him some clothes &c. Complained to Son
did not get enough privileges.
& note in conduct or behavior. Is rather "cranky" - Appetite good; sleeps
July 18/93. Some friends called upon him today. July 31/93. Continues to
lonely good & bowels normal. Is quiet on ward. Quite reasonable. -
regularly with the rest.
trial. Aug 8/93. Was evidently not able to get along well at home;
is put on Pd. Aug 15/93. Is quite restless & uneasy. Walks about on
many questions & telling his troubles. Says his relations are against him.
tented. Talks continually about his family & his property -
physical health, of him. Sept 30/93. Is about the same. Uneasy at all
tory of his troubles &c; talking about going home; Quick tempered and
tidy. Is of good personal habits. -

Oct 4 Oct 4/93. Has accused patients of pulling buttons from his clothes, after bed-time. Also has said "that his
" 31 son visits & attendants & sends money to some of the patients, just to make him mad". Oct 31/93. Is
very suspicious; always trying to hear what other people are saying. Is a troublesome patient,
always complaining - nothing seems to please him. Is quite good physical health.

Nov 7 Nov 7/93. While at breakfast today, became quite excited; got up from his chair and said "that the
" 30 attendants had put stuff on his plate that the rest of the patients did not have"; also found fault
with knife & fork; "that they were given to him on purpose". Nov 30/93. Patient does not seem to
improve any. Continually bothering people with a narration of his troubles &c. Manifests delusions -
Says "that attendants & people of St Paul are putting up 'schemes' on him & that they put him
in hospital so as to get his money from him". Thinks he is not treated as well as the rest
of the patients. Appetite fair. Bowels regular. Personal habits are good.

Dec 1/31 Dec 1/93. Has gained 7½ pounds in weight in the past month. Dec 31/93. Patient continues
1893 about the same, all the time. Is very suspicious & holds to the delusions above mentioned. -

Jan 1/31 Jany 1/94. Has lost some in flesh in the past month, without apparent cause. Jan 31/94. Of late,
he has not been so restless, as usual. Is also more reticent, talking less about his troubles, his
business &c: mentions his delusions less frequently. Is inclined however to be easily excited. —

Feb. 1/28 Feb 1/94. Has gained some in weight, in past month. Feb 28/94. Is quite nervous & restless, at times;
Suspicious. Still holds to the delusion that his son is trying to take his property away from him.

Mar 31 March 31/94. No material change to note. Says "his son had drugged him several times, while at home" —
Has accused attendants of going into his room, at night, & taking buttons from his clothes & reading

(Carried to 28) —

Personal and Medical History of [illegible]

1893

This man was brought by depu[illegible]
Insanity not hereditary. Cause of th[illegible]
is acute. There is no accompanying [illegible]
1879. First symptoms of disease were [illegible]
himself persecuted by his family. Ide[illegible]
but he often talks of it. Not filthy or dest[illegible]
Confined. Has not been under medical treatme[illegible]

Feb 3 Feb 3/93. Restless for 2 hours; slept but 3 hours, [illegible] past noon last night. So rest-
less this morning. Talks a great deal to the D[illegible] sleep & why he was sent here. Puts a mistaken
Dr. Has been quite well-behaved today; Offering [illegible] is very talkative, though somewhat more
Calm in conversation. Is restless & uneasy, walking about ward the greater part of the time. Appetite
" 4 good; has no cough; bowels are regular. Feb 4/93. Rested & slept well, 7 hours, last night. 8.30 Am
" 5 Pulse 106. quite accelerated; refused his medicine. Appetite very good. Feb 5/93. Again passed a restful
" 6 and quiet night, sleeping 8 hours. 8.30 Am. Pulse 108. Feb 6/93. Slept 8 hours last night & was quiet.
8.30 Am Pulse 108. Says he is all right & refused to permit taking of temperature by attendant.
" 7 Feb 7/93. Restless for a few hours or so, but sleeping 7 hours, last night. 8.30 Am Pulse 116. Bowels regular.
" 8 Dr. Went out walking with his ward today. Feb 8/93. Slept 6 hours last night, being restless 2 hours.
" 9 8.30 Am. Pulse 108. Is quietly behaved, but very talkative today. Feb 9/93. Restless for 3 hours, sleeping
" 11 but 5 hours last night. 8.30 Am P 110. Dr. Continues by day about as usual. Feb 11/93. Was examined
today. Showed delusions on special subjects; also signs of a weakened mental state. ——
" 15 Feb 15/93. For past 6 nights has been quiet, resting & sleeping 8 hours each, only an 10 or 2 nights
being restless for an hour or so. Has, ever since admission, been up & around daily - clean, tidy
and quite well-behaved, though somewhat restless, uneasy & complaining the first few days;
yet he gradually grew more composed; conversation also became more coherent & rational. Ap-
petite has been good & bowels regular. Has in good health while here. Always claimed ideas
of persecution by his Children; they & his neighbors as well, some of them, contriving to spend his money
and his Children also being involved in gambling & dissipation. His wife & daughter came & take
him home, and thought him considerably better. There was, however, no special disappear-
ance of any of these ideas. They stated, in addition, that they had been able to get along with
him very well for the past year, or two, except when he drank.
Was today permitted to go home with them on trial.

Mar 27/93 Mar 27/93. Has today returned by his son. Mar 31/93. Was today visited by a friend. ——
April 1 April 1/93. Has today visited by his Son. Pulse has been 108. 102. 102. 100. 98 in the past 24 & present morning's -
" 4/8 April 4/93. Ht 157 lbs. Pulse qr. April 6/93. Remains quiet at night; at times, slightly restless; but on
the whole, sleeping well. By day, has been quiet, clean, tidy & well-behaved. Has good appetite and fairly
good health. Pulse ranges from 90 to 100. Talked about his trouble & about the endeavor of certain ones to get his
property from him & he thinks it is very unjust to detain him here.
May 3/93 May 3/93. Ht 153½ lbs. Pulse qr. Today was transferred from Br. to A'. May 4/93. Passes restful & quiet nights
Talks a great deal, insisting on his rights; Asking for a great many things & privileges. If permitted, will at
times follow the Dr. from one end of the hall to the other talking about his affairs. Is garrulous. Recently visited

Personal and Medical History of Patrick Kelly

by daughter, Son and friend. May 7/93. Declines to give sample of urine for examination. —
" 13/22 May 13/93. Is very anxious to have Parole. May 22/93. Still continues about as described in May 4th note,
very garrulous and bothering others with talking about his own affairs, troubles &c. Transferred to A² today.
" 31 May 31/93. Rest & sleep at night are good. Appetite good; bowels regular. Garrulously talkative, most
of the time; telling how much property he has & thinks on this account he should be humored here.
Continually keeping away from the rest of his ward while out walking or on the ground; Gets very angry
when called back. ——— Clean & tidy in personal appearance. Of good personal habits. —
June 22 June 22/93. Son visited him today. Took Patient downtown; bought him some clothes &c. Complained to Son
that he was not treated well here; did not get enough privileges.
July 1 July 1/93. There is not any change to note in conduct or behavior. Is rather "cranky". - Appetite good; sleeps
" 18/31 well at night. Bowels regular. July 18/93. Some friends called upon him today. July 31/93. Continues to
rest & sleep well. Appetite uniformly good & bowels normal. Is quiet on ward. Quiet & reasonable. -
Rarely some; goes out walking regularly with the rest.
Aug 14 Aug 4/93. Went home today, on trial. Aug 8/93. Was evidently not able to get along well at home;
" 15 was returned this evening. Has put on lbs. Aug 15/93. Is quite restless & uneasy. Walks about on
ward, most of the time, asking many questions & telling his troubles. Says his relations are against him.
" 31 Aug 31/93. Still nervous; discontented. Talks continually about his family & his property. -
Sept 5/30 Sept 5/93. Keeps in quite good physical health, for him. Sept 30/93. Is about the same. Uneasy at all
times; bothering others with the story of his troubles &c; talking about going home; Quick tempered and
is very easily excited. Is clean, tidy & of good personal habits. -
Oct 4 Oct 4/93. Has accused patients of pulling buttons from his clothes, after bed-time. Also has said that his
" 31 Son writes to attendants & sends money to some of the patients, just to make him mad. Oct 31/93. Is
very suspicious; always trying to hear what other people are saying. Is a troublesome patient,
always complaining - nothing seems to please him. Is quite good physical health.
Nov 7 Nov 7/93. While at breakfast today, became quite excited; got up from his Chair and said "that the
" 30 attendants had put stuff on his plate that the rest of the patients did not have"; also found fault
with knife & fork; "that they were given to him on purpose". Nov 30/93. Patient does not seem to
improve any. Continually bothering people with a recitation of his troubles &c. Manifests delusions.
Says "that attendants & people of St Paul are putting up "schemes" on him & that they put him
in hospital so as to get his money from him". Thinks he is not treated as well as the rest
of the patients. Appetite fair. Bowels regular. Personal habits are good.
Dec 7/31 Dec 31/93. Has gained 7½ pounds in weight in the past month. Dec 31/93. Patient continues
1893 about the same, all the time. Is very suspicious & holds to the delusions above mentioned. -
Jan 7/31 Jan 31/94. Has lost some in flesh in the past month, without apparent cause. Jan 31/94. Of late,
he has not been so restless, as usual. Is also more reticent, talking less about his troubles, his
business &c: mentions his delusions less frequently. Is inclined however to be easily excited. —
Feb. 7/28 Feb 28/94. Has gained some in weight, in past month. Feb 28/94. Is quite nervous & restless, at times;
Suspicious. Still holds to the delusion that his Son is trying to take his property away from him.
Mar 31 March 31/94. No material change to note. Says "his Son had drugged him several times, while at home" —
Has accused attendants of going into his room, at night, & taking buttons from his clothes & reading

(Carried to 28) — his

Personal and Medical History of Charles Johnson #3

Whole No. 3256

Residence, City Hospital (Boarded at 229 2d Ave & St. N.)

Date Admission, 5th February 1893.

Admitted by D. Phelps. Hour, 5.30 P.M.

How Sent, John. H. Steele Jr/P, Hennepin County

Sex, male

Age, 23

Civil Condition, single

Children, no

Age Youngest Child, ——

Occupation, Laborer

Degree Education,

Profession Religion, not known

Habits, not known.

Nativity, Sweden

Physicians Committing, C. A. Chase and M. A. Spring

Correspondents, address of Sister (Miss Minnie Johnson
John Peterson 229 2d ave & St. N. ~~Scott Pleasant Ave~~ Mpls

No. for Year, 168.

Insane Relatives, not known.

Cause Exciting, Not known. Sister says he was unconscious - must all last summer (Specific)

Cause Predisposing,

Form, Dementia - Syphilitica

Accompanying Bodily Disorder, Seems to have pain in arc vertices (Specific?) Can't answer positive.

Suicidal or Not, not to our knowledge known

Date of this Attack, came to Hospital Jany 31st

Duration, 5 days probably.

No. of Attack, not known

No. of Admissions, 1st

Age First Attack, ?

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

Exd by D. Phelps Febr 3/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused } of himself

Quick or Sluggish, Sluggish } admits this

MEMORY:

Past Events, }
Recent Events, } admits memory is impaired.
Special Subjects, }

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, }
Own Mental State, } seems sluggish and perverted
Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, + dull

DELUSIONS:

Systematized or Not, none discovered.

Special Subjects,

Transitory or Not,

HALLUCINATIONS: none discovered

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Answers questions somewhat sluggishly. Does not give very clear or concise answers. Denies ever drinking much. "Was very sick last summer". Does not know what it was. Had trouble passing his water. Says he passes it now. Had trouble in one of his testicles since he was 17 years old. He now behaves in a dull, seemingly confused manner. Is conscious of an impairment of mental powers, although seems unable to describe it.

Personal and Medical History of Charles Johnson #3

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Feet 9 3/4 in WEIGHT, 147½ pds (Has weighed 150 pds) NUTRITION, Some below normal

WOUNDS OR ABNORMALITIES, Probably none

TONGUE, Tremors, None Coatings, Promptness Movement, Fairly prompt

PUPILS, Equality, Equal Size, Normal

Response Light, Yes Accommodation, Yes

SIGHT, Probably good

HEARING, Probably good

CO-ORDINATION, Arms, Finger to nose, Eyes Shut, Quite fairly good.

Legs, Standing a foot, fairly good; Standing, Eyes shut, fairly good.

TREMORS, Hands, none seen Tongue, None

Facial Muscles, General,

REFLEXES, Patellar, Equal, about +. D. P. + Calc

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Found good

LUNGS, (left for more complete examination)

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Constipated, Yes Irregular,

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, Poor, Irregular, Medium

PULSE, 70, steady & slow. RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Thinks mother living; troubled with headaches.

Father or Pat. Relations, Father died of lung trouble. Thinks Consumption.

Brothers or Sisters, Knows of no relatives being insane.

Personal and Medical History of Charles Johnson #3

1893 This man was brought here by a Deputy Sheriff, with the following history. As to his habits, insane relatives, cause of attack, nothing appears to be known. Sister says he was under treatment, all last summer (specific). Form of attack is acute, depressed. He seems to have a pain in one testicle (specific?). Can't or won't pass urine. Came to Hospital Jany 31st – 6 PM. No history previous. Won't talk. As to its being first attack, not known. Insanity is now manifested by his being dazed, probably melancholia; will very seldom answer questions. Has not so far as known, shown a disposition to injure others, nor suicidal, nor filthy nor destructive. Not known if subject to any bodily disease. Has not been restrained or confined. Has been under medical treatment at City Hospital & as stated previously. (Note. Dr Chase will try to obtain further information from sister & forward to this Hospital).

Feb 5 Feb 5/93. Talks aimlessly about ward. Seems quite absent minded. Speaks only when addressed. Memory seems poor & he seems unable to concentrate his thoughts on any one subject. Says "his Home is in Heaven"; "Going home today"; ate a small supper. Has no cough. Bodily condition quite clean; no bruises or injuries noted. Feb 6/93. Was restless for 6 hours, sleeping last 3 hours, last night. Manner is quiet & natural until spoken to, when he seems distant, full of delusions & indifferent. Appe. Pulse 80. Temp 100. Appetite very poor. Feb 7/93. Was quiet & slept 8 hours last night. Appe. Is quietly behaved – very reticent; appetite continues poor. Pulse 72.
" 6 " 7 " 8 Feb 8/93. Restless a couple of hours, sleeping 6 hours, last night. Appe. Pulse 80. Is quiet: takes only small quantities of food. Feb 9/93. Last night, was restless for 4 hours, sleeping last 4 hours –
" 9 " 10 Appe Pulse 64. Today, has eaten fairly well. Is rather stubborn. Feb 10/93. Slept 5 hours, being restless for 3 hours, last night. Appe. Pulse 88. Still remains quiet; does not talk much. Has to be led into the dining room at each meal. Feb 11/93. Restful & slept 8 hours last night.
" 11 " 20 Appe. Pulse 90. Continues quite stubborn & reticent. Feb 20/93. Since last note on this subject, has been quiet at night, sleeping uniformly 8 hours on each; last night, however, was restless & out of bed for an hour or so, dressed himself, was pugnacious & had to be put back to bed by force: slept, however, 7 hours.

Mar 1/13 March 2/93. Wt 138½ pds. Pulse 66. (Has lost 9 pounds since admission) – March 13/93. Continues quiet at night apparently resting & sleeping well. By day, is up & around; fairly clean & tidy – quietly behaved. Still reticent & inclined to be stubborn. Appetite capricious – Has ever since admission, shown a confusion of mind, or lack of ability to concentrate his thoughts, which indicated dementia, rather more than any stuporous condition. This
" 18/93 was steady & with very little variation. March 18/93. Eating poorly. March 21/93. Is eating
" 27 fairly well. March 27/93. Complains this morning, of feeling sick. Pulse 66.

Apl 4/10 Apl 4/93. Wt 143½ pds. Pulse 76. Apl 10/93. For a couple of week following the last note, was occasionally restless at night, & slept, on at least one night, none, for several nights. By day, is uniformly quiet; moves about very slowly & deliberately. Says almost nothing even when questioned & spoken to. Has been clean, tidy & well behaved.

May 3/93 May 3/93. Wt 153½ pds. Pulse 76. May 7/93. Today, struck a fellow patient without cause. –
" 22 May 22/93. For past 3 weeks or so, has continued quiet at night, sleeping well, apparently; only occasionally being slightly restless. Conduct and behavior by day, continues about as usual. Has

Personal and Medical History of Charles Johnson #3

NAME Charles Johnson #3

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
June 5th	162½	–	9¾	
July 4th	158			4¼
Augt 3d	157½			½
Sept 8th	171	60 T 99.4	13½	
Oct 3d	180	70	9	
Nov 1st	185	66	5	
Dec 4th	179½	74		5½
(1894) Jany 2d	171	92		8½
Feby 1st	168½	80		2½
Mar 1st	170½	76	2	
Apl 2d	174	72	3½	

the past month, Especially May 31/93. Appetite generally good. Walks about ward in an aimless manner.
bowels normal; no cough noticed; is stubborn & indifferent; does not - him, on the ball.
s in last note. Has been steadily & chronically dull ever since coming.
al health. Aug 2-5/93. Has been very stupid, the past few days.
tupid. Talks none. In good bodily condition.
in weight in past 5 weeks. Sept 23/93. Visited by sister, to-day.
Chronically dull & stupid. Talks none.
nce last weighing. Oct 31/93. Stands or sits idly about; occasion-
not talk. Still dull & stupid. In good physical health.
se in flesh. Nov 30/93. Appetite good. Stands idly about; is
afs in a silly way. Does not go out walking much, mac -
in good physical condition. Does no work. -
without apparent cause. Dec 27/93. Has been very bothersome and
mes, ugly & violent requiring considerable watching. Moved to 13.
tient condition. ——— - ———
flesh, during the past month; yet, does not complain of ill-feeling.
night, put in a single room on C3, by the night-watch, had been
standing up there, all night, with his mattress under his arm; did not sleep any. Appetite good;
bowels apparently regular. Is restless and troublesome; throwing himself down on the floor and
rolling over, several times; also does the same, while out walking. Slovenly in dress. Filthy in habits.
Jan 12/31 Jan 1/94. At present, appears to be somewhat better than when brought down from 15 – Jan 31/94. During
past 10 nights he has been quite often restless from 5 to 7 hours & has slept, on each, only about 2 to
4 hours – There is no material change otherwise to note in his conduct, behavior, or condition. –
Feb 1/28 Feb 2/94. Did not sleep any, all night; wanted to put on his clothing. Feb 28/94. During the past 10 days or
so, patient has been, quite often, restless, at night, 5 to 6 hours, & has slept very poorly. Otherwise about same.
Mar 1/31 March 1/94. Wt 170½ pds. Pulse 76. March 31/94. Was restless for 2 night or so, about the middle of the
month & slept very poorly. Continues restless by day, hardly ever sitting down; never speaking to anyone; when
out walking, will throw himself down on the ground & roll over; quite often exposes person. Habits filthy.
Apl 28 April 28/94. Since 18th inst, has been quite often restless at night sometimes 6 hours or so & sleeping
very poorly; at others, all night sleeping none at all. Threw a shoe after another patient (Mr. O'Brien)
this evening, when going to bed & struck him on the arm: Johnson threw it back, thinking Chas Johnson
" 30 on the nose causing nose-bleed. April 30/94. Since last note, has passed a couple of poor nights. In
other respects, there is no change to note, at this date. Does not improve any. Habits very dirty.
May 1st Wt 170½ p 72. 21st Restless & sleepless. slept 4. 23rd slept none. 24th slept 1 hr. 27th very restless, filthy in habits & oc-
casionally soils self unduly. 31st Appetite good bowels seem reg, restless, jumping around on hall
June never sitting unless compelled. filthy – never speaks. June 2nd Wt 170½ p 88. 10th slept 5 hrs.
restless 6. appetite good, bowels reg, 14th restless 6. slept 5 hrs 17th restless 5; slept 4 hrs. 24th No change
July 2nd Wt 170½ p 66. 8th slept 4 hrs – restless & 27th quieter of late than he has been, otherwise no change.
31st No change – except quieter.

(carried to 48)

Personal and Medical History of

1893

This man was brought here by h… relatives, cause of attack, nothing … last summer (Specific). Form of a… one testicle (Specific?). Can't or won't … history previous. Wont talk. Acts as if it being … by his being dazed, probably melancholia; … known, shows a disposition to injure others, … subject to anybody's disease. Has not been … treatment at City Hospital & as stated previ… -formation from city & forward to this Hospital).

… now manifested … ns. Has not so far as … or destructive. Not known if … spied. Has been under medical … (Note. Dr Shaw will try to obtain further in-

Feb 5 — Feb 5/93. Walks aimlessly about ward. Seems quite absent minded. Speaks only when addressed. Memory seems poor & he seems unable to concentrate his thoughts on any one subject. Says "his Home is in Heaven"; "Going home today"; ate a small supper. Has no cough. Bodily condition quite clean; no bruises or injuries noted. Feb 6/93. Was restless for 6 hours, sleeping but 3 hours, last night. Manner is quiet & natural unless spoken to, when he seems distant, full of delusions & indifferent. Am. Pulse 80. T. 100. Appetite very poor. Feb 7/93. Was quiet & slept 8 hours last night. Am. Is quietly behaved – very reticent; appetite continues poor. Pulse 72.
" 8 — Feb 8/93. Restless a couple of hours, sleeping 6 hours, last night. Am. Pulse 80. Is quiet: Takes
" 9 — only small quantities of food. Feb 9/93. Last night, was restless for 4 hours, sleeping but 4 hours
" 10 — Am. Pulse 64. Today, has eaten fairly well. Is rather stubborn. Feb 10/93. Slept 7 hours, being restless for 3 hours, last night. Am. Pulse 88. Still remains quiet; does not talk much. Has
" 11 — to be led into the dining room each meal. Feb 11/93. Restful & slept 8 hours last night.
" 20 — Am. Pulse 90. Continues quite stubborn & reticent. Feb 20/93. Since last note on this subject, has been quiet at night, sleeping uniformly 8 hours in each; last night, however, was restless & out of bed for an hour or so, dressed himself, was pugnacious & had to be put back to bed by force: slept, however, 7 hours.

Mar 2/13 — March 2/93. Wt 130½ pds. Pulse 66. (Has lost 9 pounds since admission) – March 13/93. Continues quiet at night apparently resting & sleeping well. By day, is up & around; fairly clean & tidy – quietly behaved. Still reticent & inclined to be stubborn. Appetite capricious – Has ever since admission, shown a confusion of mind, or lack of ability to concentrate his thoughts, which indicated dementia, rather more than any stuporous condition. This
" 18/21 — was steady & with very little variation. March 18/93. Eating poorly. March 21/93. Is eating
" 27 — fairly well. March 27/93. Complains this morning, of feeling sick. Pulse 66.

Apl 4/10 — Apl 4/93. Wt 143½ pds. Pulse 76. Apl 10/93. For a couple of weeks following the last note, was occasionally restless at night, & slept, on at least one night, none, or several poorly. By day, is uniformly quiet; moves about very slowly & hesitatingly. Says almost nothing even when questioned & spoken to. Has been clean, tidy & well behaved.

May 3/7 — May 3/93. Wt 153½ pds. Pulse 76. May 7/93. Today, struck a fellow patient without cause. –
" 22 — May 22/93. For past 3 weeks or so, has continued quiet at night, sleeping well, apparently; only occasionally being slightly restless. Conduct and behavior by day, continues about as usual. Has

Personal and Medical History of Charles Johnson #3.

May 31 — been, monthly, gaining in flesh; the past month, Especially. May 31/93. Appetite generally good. Bowels regular. No cough noticed. Walks about ward in an aimless manner.

June 29 — June 29/93. Appetite generally good; bowels normal; no cough noticed; is stubborn & indifferent; does not seem to notice what is going on about him, on the ball.

July 31 — July 31/93. Continues about as described in last note. Has been steadily & chronically dull ever since coming.

Aug 3/25 — Aug 3/93. Is in quite good Physical health. Aug 25/93. Has been very stupid, the past few days.
" 31 — Aug 31/93. Appetite good. Dull & stupid. Talks none. In good bodily condition.

Sept 8/13 — Sept 8/93. Has gained 13½ pounds in weight in past 5 weeks. Sept 23/93. Visited by sister, today.
" 30 — Sept 30/93. Does not change any. Chronically dull & stupid. Talks none.

Oct 3/31 — Oct 3/93. Has gained 9 pounds since last weighing. Oct 31/93. Stands or sits idly about; occasionally laughs. Reads none. Does not talk. Still dull & stupid. In good physical health.

Nov 1/30 — Nov 1/93. Has made a further increase in flesh. Nov 30/93. Appetite good. Stands idly about; is very stupid & dull. Talks none. Laughs in a silly way. Does not go out walking much, account of his slowness of gait. Is in good physical condition. Does no work. –

Dec 4/27 — Dec 4/93. Has lost some in weight, without apparent cause. Dec 27/93. Has been very bothersome and mischevious, the past few days: at times, ugly & violent requiring considerable watching. Moved 5/13.
" 31 — Dec 31/93 No change to note in patient's condition. ——— ———

Jan 1/94 — Jan 1/94. Has lost 8½ pounds in flesh, during the past month; yet, does not complain of ill-feeling. Has been very restless: was, last night, put in a single room at 6, by the night-watch; had been standing up there, all night, with his mattress under his arm; did not sleep any. Appetite good; bowels apparently regular. Is restless, and troublesome; throwing himself down on the floor and rolling over, several times; also doing the same, while out walking. Slovenly in dress. Filthy in habits.
" 12/31 — Jan 12/94. At present, appears to be somewhat better than when brought down from 15s – Jan 31/94. During past 10 nights he has been quite often restless from 4 to 7 hours & has slept, in each, only about 2 to 4 hours. There is no material change otherwise to note in his conduct, behavior, or condition. –

Feb 2/28 — Feb 2/94. Did not sleep any all night; wanted to put on his clothing. Feb 28/94. During the past 10 days or so, patient has been, quite often, restless, at night, 5 to 6 hours. He has slept very poorly. Otherwise about same.

Mar 1/31 — March 1/94. Wt 170½ pds. Pulse 76. March 31/94. Was restless for 3 nights or so, about the middle of the month & slept very poorly. Continues restless by day, hardly ever sitting down; never speaking to anyone; when out walking, will throw himself down on the ground & roll over; quite often exposes person. Habits filthy.

Apl 26 — April 26/94. Since 18th inst, has been quite often restless at night sometimes 6 hours or so & sleeping very poorly; at others, all night sleeping none at all. Threw a shoe at another patient (Mr Johnson) this evening, when going to bed & struck him on the arm: Johnson threw it back, thinking Chas Johnson
" 30 — in the room causing nose-bleed. April 30/94. Since last note, has passed a couple of poor nights. In other respects, there is no change to note, at this date. Does not improve any. Habits very dirty.

May 1st — Wt 170# p. 72. 21st Restless 3 hrs. slept 4. 23rd slept none. 24th slept 1 hr. 27th very restless, filthy in habits & occasionally soils self unduly. 31st Appetite good bowels seem reg., restless, jumping around on hall

June — never sitting unless compelled. Filthy – never speaks. June 2nd Wt 170# p. 88. 13th slept 8 hrs. restless 6, appetite good, bowels reg. 14th restless 6. slept 3 hrs. 17th restless 6; slept 4 hrs. 30th No change

July 2nd Wt 170# p 66. 8th slept 4 hrs – restless 8 27th quieter of late than he has been, otherwise no change. 31st No change – except quieter.

(carried to 48)

Personal and Medical History of Harrison Allen

Whole No. 3258.

Residence, St. Paul, Minn

Date Admission, 8th February 1893.

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

How Sent, Jno. B. Oliver, Sh'ff, Ramsey County

Sex, male

Age, 57

Civil Condition, Single

Children, None

Age Youngest Child,

Occupation, Bookkeeper

Degree Education,

Profession Religion, Is a church member

Habits, Good

Nativity, Whitestown, Indiana

Physicians Committing, Saml D. Flagg and A.F. Whiteman

Correspondents, J.P. Allen (brother) corner 7th & Jackson Sts St Paul Minn

No. for Year, 170.

Insane Relatives, None; not hereditary.

Cause Exciting, Sunstroke while in the Army in 1865

Cause Predisposing,

Form, – Mania – Chronic

Accompanying Bodily Disorder, None known to Pt & paralysis of mental excitement

Suicidal or Not, not.

Date of this Attack, First Symptoms about 1870.

Duration, 23 years, off & on –

No. of Attack, not 1st, 2d, 3d; occurred at intervals since 1870.

No. of Admissions, 1

Age First Attack, about 29 years.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

Exd by D. Phelps Feb 13/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Slightly Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Recent Events, Special Subjects, } fairly good

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Fairly Correct

REASONING POWER:

Ordinary Subjects, Good

Own Mental State, Rather poor

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: At sounds of hearing as per note

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Has suffered from sickness & exhaustion from heavy marches in the time of the War. Has occasional headache. Did not experience any trouble from doing his bookkeeping work. When asked about "voices" admits hearing them, but spoke would rather not speak about them. Describes at length, however, having, at times, spells, in which they seem quite real to him. That they come from above & are of a kind of overpowering. Keeps saying that he does not want to note them, state anything of them. Thinks it best to ignore them as far as possible.

Personal and Medical History of Harrison Allen

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, For past 2 years about 200 p. NUTRITION, Below normal.

WOUNDS OR ABNORMALITIES, Probably none.

TONGUE, Tremors, Some coarse Coatings, Promptness Movement, Prompt

PUPILS, Equality, Equal Size, Normals

Response Light, Yes Accommodation, Yes

SIGHT, Fairly good

HEARING, Medium

CO-ORDINATION, Arms, Right to nose, Eyes shut, Fairly good

Legs, Standing upon, some difficulty; Standing, Eyes shut, Fairly well, Gait Some.

TREMORS, Hands, Slight of fingers Tongue, Some coarse

Facial Muscles, General,

REFLEXES, Patellar, Equal, about + D.T. Scale.

Other Reflexes,

ARTICULATION, Hesitating, ~~Slurred,~~ Good.

FACIAL EXPRESSION, Rather dull.

SENSIBILITY,

HEART, Normal

LUNGS, Normal

5/20/93 D.M. EXAM. URINE, Color yellow; reaction, acid; Sp. gr. 1026. Albumen None.

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Constipated, Have been Irregular, Some what

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, Poor, Irregular, Yes

PULSE, About normal 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 70. Asthma & fever.

Father or Pat. Relations, Father still living.

Brothers or Sisters, 2 brothers living. 1 sister living.

Personal and Medical History of Harrison Allen

1893

This patient was brought here by his brother, J.P. Allen, with the following history. Habits have been good. Insanity not hereditary. Supposed cause of this attack is sunstroke, while in the army, in 1865. Form is paroxysmal, to accompanying bodily disorder or disease to our knowledge. Except sunstroke. First symptoms said to have been manifested about 1870; paroxysms of mental excitement. This is not 1st attack; others have occurred at intervals since 1870, variable at first(?), almost continuous now. Insanity is now manifested, at times, by fears of injury from others, by persons supposed controlled by some power that he cannot resist. Not disposed to injure others, nor suicidal, nor filthy nor destructive. Has been always highly religious, but never any marked delusions. Has not been restrained or confined, nor under medical treatment.

Feb 9 — Feb 9/93. On admission, was put upon B2. Last night, was restless for 6 hours, sleeping but 2 hours. Is very quiet today. Has transferred to A2. Has a tendency to doze, most of the time. Is very reticent, speaking only when addressed. Appetite very good. Has no cough. There is a slight bruise on forehead received while on B2. Bowels are constipated. Feb 10/93. Apparently slept fairly well, last night. Behavior about as yesterday. Bowels very costive. Feb 11/93. Was given hypnotic last night. Am. After getting up from breakfast this morning, went out bare-headed through the front door of centre building and walked down town. Has sent for & brought back. Is much disturbed this morning. Walks up and down the hall, swinging his arms, & talking to himself. Is much more restless today than yesterday. Feb 12/93. Much more quiet today. Sits in a chair & sleeps most of the time.

" 10 — " 11 — " 12 — " 13 — " 14 — " 27

Feb 13/93. Is again much excited & uneasy today; pacing the floor a great deal of the time. Feb 14/93. Conduct by day, appears to be getting worse. Feb 15/93. Is more quiet today. Feb 27/93. Is dull & lethargic. Has been complained of as swearing about one night; otherwise quiet. More noisy past 2 days. Whenever questioned, wakes up as from a dead sleep & answers pleasantly. Quite often swears & tears around, striking himself. Has done this for some days past.

Mar 2/93 — March 2/93. Wt 178 pds. Pulse 80. March 13/93. As shown by the examination, he keeps his own condition fairly well, although in a much blunted state of mind; as he was unable to control himself from thinking of and conversing the voices from above him, and, at times, being violent. During the first day, behaved fairly well, but, later, commenced scolding and talking from this impulse.

Apl 14/17 — Apl 4/93. Wt 179 pds. Pulse 80. Apl 7/93. Has been suffering from a moderate cold, affecting the head & throat. " 17 — Apl 12/93. Appears to rest fairly well; says he sleeps fairly. Has quite frequent "spells" of loud talking, swearing " 16 and gesticulating, on account of the "voices". Is in fair health; slightly sallow. April 16/93. Complains of resting poorly at night. Hypnotic ordered.

May 3/7 — May 3/93. Weight 183½ pds. (Is steadily gaining in flesh). Pulse 68. May 7/93. For some time, patient has been sleeping poorly and, by day, has been much excited and disturbed. He has been threatening & abusive in the dining room at dinner & supper today. Struck at the Attendant and also at the " 8 assistant-Supervisor, without any cause or provocation. May 8/93. Urged not come down to breakfast this morning; was somewhat violent, struck twice at the Attendant. Was moved B to B2.

" 22 — May 22/93. On the night of his transfer to this ward, was restless for a couple of hours, getting out of bed, but slept 6 hours. Has, since then, been very much quieter at night, and sleeping from

Personal and Medical History of Harrison Allen

1893

NAME Harrison Allen

DATE, 189 3	Weight.	Pulse.	Gain.	Loss.
June 3rd	189¼	—	3¾	
July 1st	184½	—		4¾
Aug 3rd	182	—		2½
Sept 5th	186	—	4	
Oct 3rd	188	—	2	
Nov 1st	192	80	4	
Dec 2nd 1894	194½	86	2½	
Jan 2nd	192	80		2½
Feb 1st	192½	80	½	
Mar 2nd	193	90	½	
Apl 2nd	189½	90		3½

about ⅓ of these night, being restless for an hour or so. Is up & about " 10 — " 11 — " 12 — " 13 — " 14 — " 27 — Mar 2/31 — Apl 30 — Sep 8 — " 30 — Oct 3/31 — Nov 1/30 — Dec 15 — " 31 — Jan 2/31 — Feb 28 — Mar 2/31 — Apl 30

ral to this ward, was more quiet & better behaved by day. Then he , boisterous & profane, & excited & inclined to be violent; jumping the "voices" he hears" &c. Reads the daily papers; goes out walking ght; was restless & wanting to sit up in bed. May 28/93. Last night, ive, at times. Slept only 4 hours. May 31/93. Appetite good. Is cough quite frequently; gesticulating. Manifests delusions & hallucinations. received package of clothing. June 1/93. Has been very noisy, profane. ing & gesticulating most of the time. Keeps by himself, evidently ab- of cursing the imaginary persons have grown to be quite violent. w alone & then in a quiet way. Appetite good: No cough. Bowels abnormal. t behavior, do not change any. July 2/93. Violent today; is gh to overpower him. July 25/93. Slept but 4 hours last night; July 28/93. Was quite restless & somewhat noisy while awake. July 30/93. Has, as a rule, been very quietly behaved since 24th ually normal; makes no complaints. Slept 4 hours last awake. Reads some; goes out walking with his ward. ealth. Continues neat & tidy & of good personal habits. ight; was very restless when awake. Aug 1/93. Was very restless & noisy, 4 hours. Is very noisy today. Aug 13/93. Again very noisy today.

Aug 14/93. Restless & noisy, last night; slept but 4 hours. Aug 16/93. While awake, last night, was restless and noisy. Slept only 4 hours. Aug 31/93. Continually to occasionally sleeps poorly, at night. Appetite good; bowels, as a rule, regular. Is extremely noisy, quite often, by day, showing that he still manifest delusions & hallucinations. Is in good physical health. No complaints to note.

Sept 8/93. Has apparently been resting & sleeping better, of late. Has made a slight gain in flesh. Sept 30/93. Frequently repeated as noisy. Fighting some imaginary person or calling &c. Appetite good. Is in good physical condition.

Oct 31/93. Continues to gain in weight. Oct 31/93. Very noisy, at times; in all respects, about the same. Nov 1/93. Continues steadily to gain in flesh. Nov 30/93. Extremely noisy at times. Very excited. throwing out his arms & striking at imaginary objects above his head &c. Physical condition good.

Dec 15/93. Has frequent "spells" of noisy and loud talking; striking with his fists above his head &c. Dec 31/93. Patient sleeps tests well, at night. Conduct & behavior by day, do not change any. Jan 2/94. Keeps in good physical condition. Jan 31/94. Is occasionally, threatening injury to other patients. Still has "spells" above mentioned, quite frequently. Habits are cleanly.

Feb 28/94. "Spells" of loud talking, threatening & beating at imaginary persons in the air. Still continue. He is extremely noisy, in some days & becomes also very excited. Does not injure any;

March 1/94. Keeps in good flesh. Mar 31/94. At times, now, is also inclined to show violence. Continues more or less excited, the greater part of the time. Still subject to these peculiar "spells". Language, at such times, is very profane & obscene. Still shows delusions & hallucinations.

April 30/94. Still subject to these spells. Is quite often inclined to be violent. No material change.

(p. 78 Transfer Book.)

Personal and Medical History of Harrison

1893

This patient was brought here by his brother, J.P. Allen
have been good. Insanity not hereditary. Supposed cause of this
1865. Form is paranoiac. No accompanying bodily d
First symptoms said to have been manifested a
is not 1st attack; others have occurred at inter
-tinuous now. Insanity is now manifested
Rage is controlled by some power that he can
filthy nor destructive. Has been always
Has not been restrained or confined, n

Feb 9 — Feb 9/93. On admission, was put upon B2. quiet today. Was transferred to K. Has a only when addressed - Appetite very good. Has
" 10 — while on B2. Bowels are constipated. Feb 10/93. Q
" 11 — about as yesterday. Bowels very costive. Feb 11/93. Was up from breakfast this morning, went out bare-headed the and walked down town. Has sent for & brought back. Is much out & down the hall, swinging his arms, talking to himself. Is
" 12 — Yesterday. Feb 12/93. Much more quiet today. Sits in a chair & sleeps most of the time. —
" 13 — Feb 13/93. Is again much excited & uneasy today; pacing the floor a great deal of the time.
" 14 — Feb 14/93. Conduct by day, appears to be getting worse. Feb 15/93. Is more quiet today.
" 15 — Feb 17/93. Is dull & lethargic. Has been complained of as swearing about one night; otherwise quiet. Has noisy past 2 days. Whenever questioned, wakes up as from a sort of day-dreaming. Answers pleasantly. Quite often swears & tears around, striking himself. Has done this for some days past. ——

Mar 1/3 — March 2/93. Wt 178 pds. Pulse 80. March 13/93. As shown by the examination, he knows his own condition fairly well, although in a much blurred state of mind; as he was unable to control himself from thinking of and conceiving from above him; and, at times, being violent. During the first day, behaved fairly well, but, later, commenced scolding and talking from this impulse.

Apl 14/ — Apl 4/93. Wt 179 pds. Pulse 80. Apl 7/93. Has been suffering from a moderate cold, affecting the head & throat.
" 17 — Apl 12/93. Appears to rest fairly well; says he sleeps fairly. Has quite frequent "spells" of loud talking, swearing
" 16 — and gesticulating, account of the "voices". Is in fair health, slightly sallow. April 16/93. Complains of resting poorly at night. Hypnotic ordered.

May 3/ — May 3/93. Weight 183½ pds (Is steadily gaining in flesh). Pulse 68. May 7/93. For some time, patient has been sleeping poorly and, by day, has been much excited and disturbed. He has been threatening & abusive in the dining room at dinner & supper today. Struck at the Attendant and also at the
" 8 — assistant-Supervisor, without any cause or provocation. May 8/93. Would not come down to breakfast this morning; was somewhat violent, struck twice at the attendant. Was moved to B1. —
" 22 — May 22/93. On the night of his transfer to this ward, was restless for a couple of hours, getting out of bed, but slept 6 hours. Has, since then, been very much quieter at night, and sleeping from

Personal and Medical History of Harrison Allen

1893

(Contd) — 6 to 8 hours each night; on only about 1/3 of these night, being restless for an hour or so. Sleeps & about daily. For a while, after his removal to this ward, was more quiet & better-behaved by day. Then he frequently became became noisy, boisterous & profane, excited & violent; jumping up from a seat, swearing at the "voices he hears" &c. Reads the daily papers; goes out walking.
May 25/ — May 25/93. Slept but 3 hours last night; was restless & wanting to sit up in bed. May 28/93. Last night,
" 31 — was quite restless & noisily talkative, at times. Slept only 4 hours. May 31/93. Appetite good. No cough noticed. Noisy & loudly talkative, quite frequently; gesticulating. Manifests delusions & hallucinations.
June 9/ — June 9/93. Hears from relatives & day received package of clothing. June 15/93. Has been very noisy, of late.
" 29 — June 29/93. Is very noisy, loud talking & gesticulating most of the time. Keeps by himself, evidently absorbed by his delusions &c. The spells of cursing the imaginary persons have grown & be quite violent; at first, he would only do so, when alone & then in a quiet way. Appetite good: No cough. Bowels abnormal.
July 19/ — July 19/93. Extremely noisy; conduct & behavior do not change any. July 24/93. Violent today; is
" 25 — handled only by having help enough & overpower him. July 25/93. Slept but 4 hours last night;
" 28 — was quite restless when awake. July 28/93. Was quite restless & somewhat noisy while awake
" 30 — last night. Slept only 4 hours. July 30/93. Has, as a rule, been very quietly-behaved since 24th inst; appetite is good; bowels generally normal; makes no complaints. Slept 4 hours last night; was very restless when awake. Reads some; Goes out walking with his ward. Patient is in good physical health. Continues neat & tidy & of good personal habit.
Aug 8/ — Aug 8/93. Slept but 4 hours last night; was very restless, when awake. Aug 11/93. Was very restless & noisy,
" 13 — when awake, last night. Slept only 4 hours. Is very noisy today. Aug 13/93. Again, very noisy, today.
" 14/16 — Aug 14/93. Restless & noisy, last night; slept but 4 hours. Aug 16/93. While awake, last night, was restless
" 31 — and noisy. Slept only 4 hours. Aug 31/93. Continually to occasionally sleeps poorly, at night. Appetite good; bowels, as a rule, regular. Is extremely noisy, quite often, by day, showing that he still manifests delusions & hallucinations. Is in good physical health. No complaints to note.
Sep 8 — Sept 8/93. Has, apparently been resting & sleeping better, of late. Has made a slight gain in flesh.
" 30 — Sept 30/93. Frequently repeats as noisy. "Fighting some imaginary person or seeing &c". Appetite good. Is in good physical condition.
Oct 3/31 — Oct 3/93. Continues to gain in weight. Oct 31/93. Very noisy, at times; in all respects, about the same
Nov 1/30 — Nov 1/93. Continues steadily to gain in flesh. Nov 30/93. Extremely noisy at times - very excited - throwing out his arms & striking at imaginary objects above his head &c. Physical condition good.
Dec 15 — Dec 15/93. Has frequent "spells" of noisy and loud talking; striking with his fists above his head &c.
" 31 1894 — Dec 31/93. Patient sleeps & rests well, at night. Conduct & behavior by day, do not change any-
Jan 2/31 — Jan 2/94. Keeps in good physical condition. Jan 31/94. Is occasionally, threatening injury to other patients. Still has "spells" above mentioned, quite frequently. — Habits are, cleanly. —
Feb 28 — Feby 28/94. "Spells" of loud talking, threatening & beating at imaginary persons in the air, still continue. He is extremely noisy, in same days & becomes also very excited. Does not improve any; ——
Mar 2/31 — March 1/94. Keeps in good flesh. Mar 31/94. At times, now, is also inclined to show violence. Sometimes more or less excited, the greater part of the time - still subject to these peculiar "spells" - Language, at such times, is very profane & obscene. Still shows delusions & hallucinations.
Apl 30 — April 30/94. Still subject to these spells. Is quite often inclined to be violent. No material change

(p. 78 Transfer Book.)

Personal and Medical History of John Chance

Whole No. 3259.
Residence, City Hospital
Date Admission, 8th February 1893.
Admitted by D. Phelps Hour, 7 PM
How Sent, John St. Steele, Jopp, Hennepin County
Sex, male
Age, 32 years
Civil Condition, Widower: wife refused to live with him
Children, No.
Age Youngest Child, —
Occupation, Laborer
Degree Education,
Profession Religion, Not Known
Habits, Not known
Nativity, Springfield Ohio
Physicians Committing, C. A. Chase & L. McCrafts
Correspondents,
address of relative or friend Not known to patient

No. for Year, 171.
Insane Relatives, not known
Cause Exciting, probably Epilepsy
Cause Predisposing, not stated
Form, ~~Delusional Epileptic~~ (Law Blank)
Accompanying Bodily Disorder, Epilepsy, 9 years
Suicidal or Not, not known
Date of this Attack, Febry 5th or 6th
Duration, 3 days or so.
No. of Attack, not known
No. of Admissions, 1st
Age First Attack, not given
Time of Leaving, Sept 1st '93
Time in Hospital, 6 mos. 22 ds.
Result, Imp'd.

EXAMINATION ON ADMISSION.

Exd by D. Phelps Feb 13/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Somewhat confused
Quick or Sluggish, Slightly Sluggish

MEMORY:
Past Events,
Recent Events, } Apparently a little impaired
Special Subjects,

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,

REASONING POWER:
Ordinary Subjects,
Own Mental State, } Somewhat dulled
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Had epileptic fits since 1870 or 76. Has them once every 2 weeks. Has been taking nurcine (Saunders & patent medicines) for past 9 years.

EMOTIONAL STATE:
Normal, Calm, Normal at present
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not, None defined
Special Subjects,
Transitory or Not,

HALLUCINATIONS: Sometimes of hearing like driving of team
ILLUSIONS:
CONVERSATION: Shows himself not to be having delusions or hallucinations but, as is common in Epilepsy, subject to irresponsible spells of frenzy & raving, at all other times, a much lessened mental power and a mental condition easily perverted. In fact, a partial dementia.

Personal and Medical History of John Chance

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8½ in. WEIGHT, 140/157½ pds. NUTRITION, Seemingly somewhat impaired
WOUNDS OR ABNORMALITIES, Scar on left side of forehead - Kick from horse; Scars on left arm & on body & face.
TONGUE, Tremors, none Coatings, Promptness Movement, Fairly prompt
PUPILS, Equality, unequal — left larger Size, Normal
Response Light, Yes Accommodation, Yes.
SIGHT, Probably good
HEARING, Probably good.
CO-ORDINATION, Arms, Finger to nose, Eyes shut, quite poor.
Somewhat impaired.
Legs, Standing, one foot, slight impairment Standing, eyes shut, slight impairment
TREMORS, Hands, none Tongue, none
Facial Muscles, General,
REFLEXES, Patellar, normal.
Other Reflexes,
ARTICULATION, Hesitating, ~~Slurred,~~ Good.
FACIAL EXPRESSION, Fair
SENSIBILITY,
HEART, Sounds good
LUNGS, Sound good
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Yes Constipated, Irregular,
APPETITE, Good, Yes Medium, Poor,
SLEEP, Good, Poor, Somewhat, and Irregular,
PULSE, about 80. 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 living — claims healthy.
Father or Pat. Relations, Father died of some fever that took to his head.
Brothers or Sisters, Those living all healthy.

Personal and Medical History of John Chance

1893

This man was brought here by a Deputy Sheriff, with following history. As to heredity, not known. Cause of this attack is probably epilepsy, as he has had that for 9 years. Form is probably acute, paroxysmal. First symptoms of disease were manifested Feb 5th or 6th. He destroyed drinking cups & thermometer and attempted to attack nurse and House-Physician. Number of attack not known. Insanity is now manifested by hallucinations & disposition to be violent. Has shown disposition to injure others both from sudden passion & premeditation. As to suicidal propensities, unknown. Has been caught in the act of masturbation. Has not been restrained or confined. Has had no special treatment.

Feb 9 Feb 9/93. Restless out of bed frequently, sleeping 6 hours last night. 9 Am. Pulse 70. Temp 98.6. Behavior today quite good. Converses freely. Appetite fair. Has sound tears on left side of body & on cheek, from burns
" 10 one eye is also swollen. 730 Pm. Pulse 70. Temp 99.6. Feb 10/93. Last night, was restless for 4 hours, out of bed & slept only 6 hours. This morning, complains of his eye paining him, at times. Also of cramps in his feet.
" 11 9 Am. Pulse 102. Temp 100.5. 730 Pm. Pulse 86. Temp 100. Feb 11/93. Has been quiet & restful, last night, sleeping 8 hours. 9 Am. Pulse 90. Temp 100.2. Works some inward. Is quiet & gives little or no trouble. 730 Pm. Pulse 90
" 12 Temp 100. Feb 12/93. Slept 8 hours, last night; out of bed but once. Has been quiet & well behaved. 9 Am. Pulse 94
" 13 Temp 100.4 730 Pm. Pulse 88. Temp 100.6. Feb 13/93. Somewhat restless and getting out of bed last night, but
" 14 sleeping 7 hours. 9 Am. Pulse 86. Temp 100.6. 730 Pm. Pulse 98. Temp 100.3. Feb 14/93 Restless & out of bed for an hour or so last night, but sleeping 8 hours. 9 Am. Pulse 90. Temp 100.2. 5 Pm. Pulse 78. Temp 98.4
" 15 Feb 15/93. Frequently out of bed, but sleeping 8 hours, last night. 9 Am. Pulse 88. Temp 98.8. 7 Pm. Pulse 94
" 16 Temp 100.6. Complains of pain when passing urine. Feb 16/93 Restless 3 hours, frequently out of bed,
" 17 sleeping only 5 hours, last night. Feb 17/93. Last night, was restless for 2 hours, out of bed for 3 hours,
" 19/20 sleeping but 4 hours. Feb 19/93. Struck a fellow-patient today. Feb 20/93. See attached record of Pulses and temperatures for past 5 days. Patient has had some disturbance of bladder, with mucus and pus.
" 23 Seems to be greatly improved at present. Feb 23/93. Left testicle is swollen and tender - gives him a
" 28 good deal of trouble, pain follows spermatic cord; given medicine & a suppporter. Feb 28/93. Since last note on this subject, has continued more or less restless & uneasy at night, though sleeping from 6 to 8 hours each night. Has steadily improved the last 5 days. Has not been confined to bed during this time. Is worse today & was put to bed on account of pain in testicle. Appetite good. Bowels normal.

Mar 2/93 March 2/93. Weight 149 pounds (sick in bed). Pulse 90. March 7/93. Has been confined to his bed since 28th ult; pain and swelling has decreased. Anxious, but not yet well enough, to get up.
" 9 March 9/93. Am - was got up; having remained in bed until 8 day. During all the time, he has had
" 10 more or less pain and testicle has been much enlarged. March 10/93. Is feeling better today. -
" 13 March 13/93. Mental Condition almost none changed since stay here & is that only of a somewhat
" 15/19 dull & perverted epileptic mind. Mar 15/93. Has poor appetite. Given tonic. Mar 19/93. During all this month, has passed quiet & restful nights, sleeping, almost uniformly, 8 hours in each. No nocturnal
" 21 fits have been reported - Mar 21/93. Had a spell of violence today, attacking the attendants & refusing to
" 28 get up. Has taken medicine. Had a fit yesterday, the first since coming here. Mar 28/93. Has lumbago. -
Apl 4/93 Apl 4/93. Wt 150½ lbs. Pulse 88. Apl 12/93. Behaved better behaved & quite tractable quite some date of
outbreak on 22nd inst. Has since been working daily, diligently. Fairly good natured.

NAME John Chance

DATE, 189 3	Weight.	Pulse.	Gain.	Loss.
June 3rd	174½	96	1½	
July 1st	166	—		8½
Aug 1st	170	86	4	

...ICAL REPORT.

...g CASE NO. 3206 ...RNG. COMMENCING _____

Temp. 100.8
98.2
99
98.6
98.8
98.6

...ugh Mr Chance has been ... Bright's ... more ... pus ... greatly improved ... present.

June 4/93 ...

" 27/93 ...

July 7 ...
" 8 ...
" 16 ...
" 27 ...
" 31 ...

Aug 11/93 ...
" 15 ...
" 24 ...
" 27 ...
" 31 ...

...while passing through the ward ... down them." -

Sep 1 Sept 1/93. Escaped, last evening, shortly before bed time. Made a key & unlocked the screen in a bedroom - Another patient (Dana Bush) absconded at same time. - Search was made for patient, but without avail. (Note. Bush was retd Sep 5/93)

(Discharged)

Personal and Medical History of John Chan

1893

This man was brought here by a Deputy Sheriff, with fo
not known. Cause of this attack is probably epilepsy,
is probably acute, paroxysmal. First symptoms of disease
drinking cups & thermometer and attempted to attack
attack not known. Insanity is now manifested by
Has shown disposition to injure others both from
propensities, unknown. Has been caught in
& confined. Has had no special treatment.

Feby Feb 9/93. Restless out of bed frequently, &
today quite good. Converses freely. Appetite fair
" 10 one eye is also swollen. 730 Pm. Pulse 90. Tk 99.
bed & slept only 5 hours. This morning complains of his eye
" 11 9 Am. Pulse 107. Tk 100.5. 530 Pm. Pulse 80. Tk 100. Feb 11/93.
8 hours. 9 Am. Pulse 90. Tk 100.2. Looks somewhat worn. Is quiet
" 12 Tk 100. Feb 12/93. Slept 8 hours, last night; out of bed but once. &
" 13 Tk 100.4 730 Pm. Pulse 88. Tk 100.6. Feb 13/93. Somewhat restless, and getting
" 14 sleeping 7 hours. 9 Am. Pulse 86. Tk 100.6. 730 Pm. Pulse 98. Tk 100.3. Feb 14/93 Restless & out of bed
for an hour or so last night, but sleeping 8 hours. 9 Am. Pulse 90. Tk 100.2. 5 Pm. Pulse 78. Tk 98.4
" 15 Feb 15/93. Frequently out of bed, but sleeping 8 hours, last night. 9 Am. Pulse 88. Tk 98.8. 7 Pm. Pulse
" 16 Tk 100.6 Complains of pain when passing urine. Feb 16/93 Restless 3 hours, frequently out of bed,
" 17 sleeping only 5 hours, last night. Feb 17/93. Last night, was restless for 2 hours, out of bed for 3 hours,
" 19/20 sleeping but 4 hours. Feb 19/93. Struck a fellow-patient today. Feb 20/93. See attached record of Pulses
and temperatures for past 5 days. Patient has had some disturbance of bladder, with mucus and pus.
" 23 seems to be greatly improved at present. Feb 23/93. Left testicle is swollen and tender, gives him a
" 28 good deal of trouble, pain follows Spermatic Cord; given medicine & a supporter. Feb 28/93. Since
last note on this subject, has continued more or less restless & uneasy at night, though sleeping
from 6 to 8 hours each night. Has steadily improved the last 5 days. Had not been confined to
bed during this time. Is worse today & was put to bed on account of pain in testicle.
Appetite good. Bowels normal.

Mar 7/93 March 2/93. Weight 149 pounds (sick in bed). Pulse 90. March 7/93. Has been confined to his bed
" 9 since 28th ult; pain and swelling has decreased. Answers, but not yet well enough, to get up.
" 10 March 9/93. Am. was got up; having remained in bed until 8 day. During all the time, he had
" 13 more or less pain and testicle has been much enlarged. March 10/93. Is feeling better today. —
" 15/16 March 15/93. Mental Condition almost more changed since stay here is that only of a somewhat
" 17/18 dull & demented Epileptic mind. Mar 15/93. Has poor appetite. Given tonic. Mar 19/93. During
" 21 all this month has passed quiet & restful nights, sleeping, almost uniformly, 8 hours in each. No nocturnal
" 28 fits have been reported — Mar 21/93. Had a spell of violence today, attacking the attendants & refusing to
April 4/93 go up. Has pulsus bisferiens. Had a fit yesterday, the first since coming here. Mar 28/93. Has lumbago —
April 4/93. Wt 150½ lbs. Pulse 88. April 12/93. Became better behaved & quite tractable quite soon after date of
last note & 22nd ult; has since been working daily, diligently. Fairly good natured.

Personal and Medical Hist

CLINICAL REPORT.

PATIENT'S NAME John Chan CASE NO. 3256 REG. COMMENCING

DATE			
Feb.	16	5 PM Pulse 84	Temp. 100.8
		8 30 AM	98.2
	17	5 PM Pulse 76	Temp 99
		9 AM Pulse 74	Temp 98.6
	18	6 PM Pulse 86	Temp 98.8
		8 30 AM Pulse 90	Temp 98.8
	19	6 30 PM Pulse 74	98.6
		8 30 AM — 84	—
	26	Watches	Studies, talks, moves the face
		Seems to [illegible]	improvement [illegible]

June 4/11 " 24/25 July 7 " 8 " 16 " 27/28 " 31 Aug 11/13 " 15 wh ha well Aug " 24 Aug " 27 Aug " 31 fain ward,

Sept 1 Sept 1/93. Escaped last evening, shortly before bed time. Made a key & unlocked the screen in a bedroom. Another patient (Dana Busch) also escaped at same time. — Search was made for patient, but without avail. (Note. Busch was retd Sept 5/93)

(Discharged)

1893

Personal and Medical History of John Chance

April 23/93. Struck at a fellow-patient today, with a mop-stick; was taken to C.[3] for a while; shortly afterwards, patient had a very severe convulsion. April 26/93 Hurt his hand by striking another patient today. April 27/93 Struck a fellow-patient with a knife, while at supper; resisted strongly when being put out of the dining-room; kicked an attendant on the head; received a fracture of hand (5th meta-carp.) —

May 3 May 3/93. Wt 159 lbs. Pulse 94. Has made a decided increase in weight in last 4 weeks —

" 22 May 22/93. No fits have been reported since the one of the 23rd ult. Apparently rests & sleeps well at night. Sups daily, on the ward; fairly clean and tidy. Works well and willingly - is very easily irritated & excited, and much inclined to be quarrelsome. Is in quite good physical health. —

" 23 Is contented to remain here, he says, until he gets cured. May 23/93. Had one convulsion, last night

" 30/31 May 30/93. Had a convulsion during the night. May 31/93. Appetite is good & bowels regular. His left hand and one of his fingers are swollen & sore. Has several marks on him from fighting & burns. Has a quarrelsome, disposition & is always ready to fight if he does not have everything to suit himself. He has to be fed at on the hall on account of his getting into trouble with other patients. Stabbed a fellow-patient (V. Tancsin) once with a knife, in the dining-room. He is very treacherous, & would not hesitate in using any kind of instrument when in a quarrel. Is subject to fits which he has very hart. Does not work any at the hall, at present. Habits are clean.

June 4/93 June 4/93. Had a convulsion last night; fell out of bed & cut his eye. June 21/93. Has recently commenced working outside on the lawn. Had a severe convulsion today & fell on floor of bath-room.

" 22/23 June 22/93. Had a convulsion, while out working today. June 23/93. This evening, had 2 convulsions; one of them quite severe. Continues to work outside, quite well & diligently.

July 7 July 7/93. Had a severe convulsion last night; afterward took a chamber. Works outside, every day;

" 8 is inclined to have "spells" when he is quite ugly. Threw, before & after convulsion. July 8/93. Had

" 16 a severe convulsion last night. July 16/93. Struck & bruised a fellow-patient's face today. —

" 27 July 27/93. Had one convulsion, while out working yesterday; and 3 today. July 28/93. 1 fit today.

" 31/8/3 July 31/93. Patient gets to be of fair temper, when free from fits, but is dangerous & irresponsible when fits come on.

Aug 11/13 Aug 11/93. Had a convulsion. Aug 13/93. Another convulsion today.

" 15 Aug 15/93. Had a convulsion last night. Appetite good; bowels regular. Still subject to "Spasms" which he has very severe. Has a rather disagreeable & cranky disposition & if he cannot have everything his own way, he becomes pugnacious, and is very ugly when started. Will work well, if furnished with tobacco. Personal habits clean.

" 24 Aug 24/93. Had a convulsion in each of past 2 days. One was very severe; the other light.

" 27 Aug 27/93. A convulsion in Chapel today.

" 31 Aug 31/93. Still disagreeable in manner & disposition. Impudent & forward. Wants to be familiar with everyone - Quite often, of late, stops visitors while passing through the ward, saying: he is acquainted with them." -

Sept 1 Sept 1/93. Eloped, last evening, shortly before bed-time. Made a key & unlocked the screen in a bed-room - Another patient (Dana Busch) also escaped at same time. - Search was made for patient, but without avail. (Note. Busch was retd Sept 5/93)

(Discharged)

Whole No. 3262

Residence, Crooked Creek, Houston Co. Minn

Date Admission, 9th February 1893.

Admitted by Dr Phelps Hour, 11 P.M.

How Sent, Thomas Ryan Jopl, Houston Co.

Sex, Male

Age, 40

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Farmer

Degree Education,

Profession Religion, not a church member

Habits, Good

Nativity, Massachusetts

Physicians Committing, E. S. Hitts and E. K. Rowell

Correspondents, J. Torend, Albert Mentis and Philip Elsheimer, Rmo. Houston Co. Minn

letters to be

No. for Year, 174

Insane Relatives, None

Cause Exciting, Injury to head 20 years ago.

Cause Predisposing, His injury probably

Form, Melancholia – acute

Accompanying Bodily Disorder, No.

Suicidal or Not, attempted to shoot himself part of day

Date of this Attack, Oct 1892.

Duration, 3 to 4 months

No. of Attack, Yes

No. of Admissions, 1

Age First Attack, about 40.

Time of Leaving, Feb 26 '93

Time in Hospital, 140 ds.

Result, Impld.

EXAMINATION ON ADMISSION.

Exd by Dr Phelps Feb 11/93 = MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, rather confused

Quick or Sluggish, sluggish

MEMORY:

Past Events, (?) Probably impaired;

Recent Events, Says good, except when he gets excited – then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, markedly impaired

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, reticent rather evasive

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

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DETAILED HISTORY OF SICKNESS OF MR Franklin P. Hancock
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
~~Sept~~									
25	7	3	108	14					
26	7	3	104	80					Kept suttons on hands all the time
27	7	3	104	72					Eats fairly well. Fingers about the same
28	7	3	108	100					Given dose for bowels
29	7	3	100	72					Tears bedding with teeth
30	7	3	100	80					Fingers dressed every day. Appetite not very good.
									Bowels free. 4 & 6 hours naughty

Pale & anaemic

pt

h.

quite a while

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

252

DETAILED HISTORY OF SICKNESS OF MR Franklin P. Hancock
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
Sept. 1	7	3	108	80					Weight 87 lbs. Appetite fairly goods at times Bath Sponge bath.
2	7	3	88	80					
3	7	3	104	88					Very cross and cranky almost all the time
4	7	3	112	82					Appetite not very good of late
5	7	3	100	76					Cross and abusive all day
6	7	3	84	74					Gave an enema of soapsuds and glycerine.
7	7	3	100	76					
8	7	3	96	84					Found with string around his neck.
9	7	3	86	74					Sponge bath.
10	7	3	100	76					
11	7	3	84	70					Has Fedosol coming on face.
12	7	3	80	80					
13	7	3	100	76					An enema of soapsuds and glycerine
14	7	3	76	88					Bowels moved.
15	7	3	80	72					Appetite fairly good at times Tried to cheat himself with part of a sheet
16	7	3	100	96					Gave an enema of soapsuds & glycerine
17	7	3	100	80					
18	7	3	104	72					
19	7	3	108	84					Appetite fairly good at times
20	7	3	108	80					
21	7	3	100	84					Very cross and abusive to greater part of time
22	7	3	100	80					
23	7	2	84	76					Gave sponge bath.
24	7	3	104	80					Has one finger. Gave an enema of soapsuds & glycerine.

Pale & anaemic

upt

h.

rite & white

2

Quie

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, N

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, } Markedly impaired

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

AL STATE:

ormal, Calm,

Indifferent, Yes

Exalted,

Depressed, Somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent & rather evasive

Personal and Medical History of John Mentis

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

Qu

MEMORY.

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, D

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, } markedly impaired

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

TE:

m,

rent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent & rather evasive

DETAILED HISTORY OF SICKNESS OF MR J. P. Hancock

DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
Aug 28	7	5	96	76					
29	7	5	108	84					
30	7	5	96	80					Tr enemas of soapsuds and glycerine
31	7	5	90	80					Bowels moved
									Appetite good Some meals well eat others Sleeps from 2 to 6 hours nightly

le Vancouver

pt

Write a letter

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

DETAILED HISTORY OF SICKNESS OF MR J.P. Hancock.
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP. AM	TEMP. PM	
Aug									
1	7	2	100	72					
2	7	3	88	74					Weight 84 lbs.
3	7	3	86	74					Appetite good Bowels as a rule costive
									2 ½ pint tins Salts ℥ i
4	7	3	88	84					An enema of soapsuds and glycerine
									Bowels moved but little
5	7	3	100	82					
6	7	3	72	72					Tore part of a sheet and tried to choke
									herself with it
7	7	3	86	82					
8	7	3	106	82					Always cross and cranky
9	7	3	100	84					Tried to choke himself with part of a sheet.
10	7	3	92	74				1	An enema of soapsuds and glycerine
11	7	3	96	78					Bowels moved
12	7	3	96	84					Tried to choke himself with part of a sheet.
13	7	3	100	78					
14	7	3	100	76					
15	7	3	90	80					
16	7	3	84	80					Appetite fairly good Bowels moved only with the aide
									of an enema of soapsuds & glycerine
17	7	3	104	86					
18	7	3	112	88					
19	7	3	92	86					
20	7	3	100	86					Bowels always costive
21	7	3	92	80					Gave Salts ℥ i
22	7	3	100	76					An enema of soapsuds & glycerine
									8 P.M. Tried to choke himself
23	7	3	100	84					
24	7	3	102	84					
25	7	3	92	76					8 P.M. Tried to choke himself 8 P.M.
26	7	3	96	86					Very cross all day
27	7	3	96	80					

Ed

ISSION.

cs.

MEMORY:

Clear

Quick

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, } Markedly impaired

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, Somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent rather evasive

Personal and Medical History of John Mentis

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

...or. Pale & anaemic

...w prompt

...ueh.

93

17 lbs.

Impid.

Exd...

...INATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTALITY:

Clear or Confused, rather confused

Quick or Sluggish, sluggish

MEMORY:

Past Events, (?) probably impaired;

Recent Events, Says good, except when he gets excited – then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, } markedly impaired

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent rather evasive

CASE RECORD.

Patient's Name J. P. Hancock. Name Disease ..... Name Physician .....

Date	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
June 8 9						
17. 7 A M		106		Bath	Special Diet.	
18. 7 "		92				
5 P "		76				Appetite fairly good.
19. 7 A "		84				Bowels evacuated Costive.
5 P "		72				
20. 7 A "		100				
5 P "		84				
21. 7 A "		100				
5 P "		80				slight passage.
8 A "				Enema,		
22. 7 " "		104				
5 P "		84				
23. 7 A "		100				
5 P "		72				
24. 7 A "		92		Bath		
5 P "		84				
25. 7 A "		92				
5 P "		104				
26. 7 A "		86				
5 P "		80				
27. 7 A "		96				
5 P "		92				Effective.
9 A "				Enema,		Had a part of a sheet trying to choke himself
28. 7 A "		100				
5 P "		92				
29. 7 A "		96				
5 P "		84				Sleeps nightly on an average 8 hrs.
30. 7 A "		104				
5 P "		80				

Recorded by P. R. Gillane Nurse.

Mother or Mat. Relations, Mo they dead, don't know cause, Worcester Hospital near Hartford, Conn. for quite a while was discharged cured & died at home –

Father or Pat. Relations, Father died, he thinks, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

CASE RECORD.

Patient's Name J. A. Hancock Name Disease Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
June 1894						
10. 7. A.M.		82		Bath	On Special diet	
5. P.M.		92				
7.30 A. "				Medicine		
1.30 P. "				"		
11. 7. A. "		96				Bowels have not yet moved.
5. P. "		84				
7 A "				"		
12.30 "				"		
6.30 P. "				"		
12. 7. A. "		96				
5. P. "		92				
7 A "				"		
12.30 "				"		
6.30 P. "				"		
7.30 A. "				Salts		
1. P. "				"		
13. 7. A. "		92				Night 7.30 Passage. Bowels moved.
6 " "						
7 " "				Medicine		
1 P "				"		
6.30 " "				"		
14. 5 " "		80				
6.30 A. "				"		
12.30 M.				"		
6.30 P. "				"		Sleeps nightly on an average of 6 hrs. Passes Urine continually in bed. At times complains of pain in Stomach.
15. 7. A. "		88				
5 P "		76				
7 A. "						
12.30 "						
16. 7 A. "		108				
5. P. "		72				

Recorded by J. A. Spillane Nurse.

Mother or Mat. Relations, Mother died, don't know cause. Taken to Hospital near Hartford, Conn. for quite a while was discharged cured & died at home—

Father or Pat. Relations, Father died, he thinks, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTALITY:

Clear or Confused, rather confused

Quick or Sluggish, sluggish

MEMORY:

Past Events, (?) probably impaired;

Recent Events, says "good, except when he gets excited – then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, } markedly impaired

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent rather evasive

Personal and Medical History of John Mentis

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

CASE RECORD.

Patient's Name J. P. Hancock Name Disease ..... Name Physician .....

Date. June 1894	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
1. 7. A.M.		80			On Special diet	Sleeps nightly on an average of 6 hrs.
5. P.M.		88				
7.30				An enema of soap suds		Bowels moved.
						Weight 89 lbs
2. 7. —		96				
5. —		96				
3. 7. —		96		Bath		
5. —		84				
4. 7. —		80				
5. —		70				
11.40 a.m.						Passage.
5. 7. —		104				Complains of pain in bladder. Passes
5. —		68				urine containing
8 a.m.				Enema not effective		blood.
6. 7. —		108				
5. —		92				
7. 7. —		106				
5. —		88				
7 A.M.				Medicine		
12.30 M.				"		
8. 7. a.m.		100				
5. P.M.		88				
7 a.m.				"		
12.30 M.				"		
1.30 P.M.				Pellet		
6.30 "				"		
9. 7. —		96				As a rule, very nervous and hard to keep.
5. —		76				Appetite at times fair
7 A.M.				"		by good.
12.30 M.				"		
2nd 6.30				Powder, medicine 2.00 6.30		

Recorded by P. R. Sullivan Nurse.

Mother or Pat. Relations, Mother died, Dont know cause, Worcester Hospital near Hartford, Conn. for quite a while was discharged cured & died at home —

Father or Pat. Relations, Father died, he thinks, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

ACTIVITY:

Clear or Confused, rather confused

Quick or Sluggish, sluggish

MEMORY:

Past Events, (?) Probably impaired.

Recent Events, Says good, except when he gets excited — then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, markedly impaired

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent rather evasive

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

CASE RECORD.

Patient's Name T. P. Hancock Name Disease ..... Name Physician .....

Date. 1892	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
May 29. 7 A.M.		116			On extra diet	
5 P.M.		96				
8 A.M.				Enema, soapsuds and Glycerine, bowels moved slightly		
30. 7 A.M		96				
5 PM		84				
31. 7 —		96				
5 —		78				

Recorded by T. R. Spillane Nurse.

...tor. Pale & anaemic

...in prompt

...much.

...ital,

...alth, Imp'd.

...o Mun

...MINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

...ITY:

...or Confused, rather confused

Quick or Sluggish, sluggish

MEMORY:

Past Events, (?) probably impaired;

Recent Events, says good, except when he gets excited – then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, markedly impaired

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent & rather evasive

...ther Relations, Not very clear. Don't know cause. Taken to Hospital near Hartford, Conn. for private while was sick & got cured & died at home –

Father or Pat. Relations, Father died; he thinks, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

6 26 '93
17 ds.
Impid.

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

Confused, rather confused
Quick or Sluggish, sluggish

MEMORY:
Past Events, (?) probably impaired
Recent Events, Says good, except when he gets excited – then "gets mixed"
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, } markedly impaired
Own Mental State, }
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
(See attached sheet).

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Yes
Exalted,
Depressed, somewhat

DELUSIONS:
Systematized or Not, None discovered
Special Subjects,
Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Reticent & rather evasive

EXAMINATION ON ADMISSION. (CONTINUED.)
PHYSICAL CHARACTERISTICS.

tor. Pale & anaemic

in prompt

much.

CASE RECORD.

Patient's Name F. P. Hancock Name Disease ..... Name Physician .....

Date. 189	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
May 16. 7 A.M.		96			On extra diet	Passes urine contin
5 P.M.		80				ually in bed, which
17. 7. –		92				has a very offensive
5. –		100				odor.
6.30 P.M.						Refused food.
18. 7 A. "		102				
5 P. "		74				
19. 7. –		90		Sponge bath		
5. –		86				
20. 7. –		84				
5. –		82				
21. 7. –		100				Loiesin be ad libitum
5. –		72				Appetite fair, good.
						Bowels always. Caters
						" never move unless
						given an enema.
22. 7. –		100				
5. –		80				
23. 7. –		96				
5. –		90				
24. 7. –		96				
5. –		86				
25. 7. –		100				
5. –		88				
26. 7. –		100		Sponge bath		
5. –		84				Spitting blood. Says
27. 7. –		80				it comes from throat.
5. –		80				
28 7. –		96				
5 –		76				

Recorded by P. R. Spillane Nurse.

Father or Pat. Relations, Father died, heart trouble, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

Personal and Medical History of John Mentis

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

...or. Pale & anaemic

...w prompt

...uch.

CASE RECORD.

Patient's Name J. P. Hancock Name Disease Name Physician

Date, May 1894	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
1st 7 A.M.		104			On extra diet.	Loss in bed pleadity
5 P.M.		94				at times cross and
2. 7 A.M.		92				cranky.
5 P.M.		80				
3. 7 A.M.		88				
5 P.M.		82				
4. 7 A.M.		84		8 A.M. Gave sponge bath		
5 P.M.		84				
5. 7 A.M.		92				
5 P.M.		82				
6. 7 A.M.		96				Talks fairly rational
5 P.M.		94				at times.
7. 7 –		84				
5 –		78				
8. 7 –		100		7.30 Gave enema Soap Suds		
5 –		86		and glycerine Bowels		
				moved a little.		
9. 7 –		94				
5 –		84				
10. 7 –		96				
5 –		68				
11. 7 –		92				
5 –		72				
12. 7 –		96		Sponge bath.		Thinks there is poison
5 –		86				put in his food
13. 7 –		100				
5 –		86				
14. 7 –		104				
5 –		86				
15 7 –		100				
5 –		84				

Recorded by T. R. Gillane Nurse.

...was discharged cured & died at home.—

Father or Pat. Relations, Father died, the thinks, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

...ATION ON ADMISSION.

MENTAL CHARACTERISTICS.

...nfused, rather confused

...ack or Sluggish, sluggish

MEMORY:

Past Events, (?) probably impaired;

Recent Events, says good, except when he gets excited – then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, } markedly impaired

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent & rather evasive

93

17 lbs.

Impaid.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

IGHT, WEIGHT, 126 lbs. NUTRITION, Rather poor. Pale & anaemic

head – see notes –

1894. C. 2

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	AM
Feb 17	7	5	90	84			
18	7	5	100	90			
19	7	5	100	76			
20	7	5	94	84			
21	7	5	84	70			
22	7	5	104	76			
23	7	5	88	76			
24	7	5	100	72			
25		5		84			
26	7	5	104	76			
27		5		80			
28	7	5	92	80			
Mar 1	7	5	96	72			
2		5		68			
3	7	5	94	76			
4	7	5	100	78			
5	7	5	84	72			
6	7	5	84	76			
7	7	5	100	84			
8	7	5	96	84			
9	7	5	96	88			
10	7	5	100	80			
11	7	5	100	88			
12	7	5	92	74			
13	7	5	104	84			
14	7	5	90	80			
15	7	5	92	90			

Coatings, white & anaemic – no coating Promptness Movement, active prompt

Size, normal

Accommodation,

food

ood

ood; standing fresh cut, fairly good.

Tongue, coated

General,

ced.

fish; obtained only by reinforcement.

but talks dulled Slurred, Does not talk much.

rmal

l

Clean, yes Careless,

Constipated, Irregular,

Medium, Poor,

Poor, Has too much pain in head Irregular,

RESP., " TEMP., "

is

HISTORICAL.

ONSET GRADUAL OR SUDDEN,

a," "Epilepsy," "Paralysis" or "Inebriety"),

d. Don't know cause. Taken Hospital near Hartford, Conn. for acute attack & cured & died at home –

Insane, Delirium, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

1 ds.
Impid,

ON ADMISSION.

NTAL CHARACTERISTICS.

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent & rather evasive

ggish, Sluggish

MEMORY:

Past Events, (?) Probably impaired;

Recent Events, Says good, except when he gets excited – then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Markedly impaired

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

Personal and Medical History of John Mentis

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT,

WEIGHT, 126 lbs.

NUTRITION, Rather poor. Pale & anaemic

~~ABNORMALITIES~~ on forehead — see notes —

Coatings, white & anaemic — no coating. Promptness Movement, rather prompt

Size, normal

Accommodation,

1894 Oct

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TE AM	TE P
Mar 16	7	5	76	80				
17	7	5	104	94				
18	7	5	96	76				
19	7	5	94	84				
20	7	5	100	80				
21		5		88				
22	7	5	96	84				
23	7	5		92				
24	7	5	98	90	28			
25	7	5	100	96				
26	7	5	100					
27	7	5	92	96				
28	7	5	90	82				
29	7	5	96	90				
30	7	5	100	86				
31	7	5	92	92				
Apl 1	7	5	92	96				

ood

y good

Good

/ food; Bowels open shut, fairly good.

Tongue, coated

oticed.

General,

luggish; obtained only by reinforcement.

d, but talks dulled ~~Slurred~~, Does not talk much.

normal

mal

Clean, Yes — Careless,

Constipated, — Irregular,

Medium, — Poor,

Poor, Lacks much pain in head — Irregular,

RESP., " " — TEMP., " "

HISTORICAL.

ONSET GRADUAL OR SUDDEN,

ysteria," "Epilepsy," "Paralysis" or "Inebriety"),

dead. don't know cause. Taken Hospital near Hartford, Conn. for pinte a while
Dangd cured & died at home —
died, heart trouble, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

6 '93

14 lbs.

Imp'd.

NATION ON ADMISSION.

MENTAL CHARACTERISTICS.

ased, rather confused

K or Sluggish, sluggish

MEMORY:

Past Events, (?) probably impaired;

Recent Events, say good, except when he gets excited — then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, } markedly impaired

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent rather evasive

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT

WEIGHT, 126 lbs. NUTRITION, Rather poor. Pale & anaemic

...w forehead – see notes –

Coatings, white & anaemic – no coat. Promptness Movement, action prompt

Size, normal

Accommodation,

...good

...bly good

...y Good

...ly Good; staring eyes shut, fairly good.

...d Tongue, coated

...noticed. General,

...sluggish; obtained only by reinforcement

...od, but rather dulled ~~Slurred~~, Does not talk much.

...normal

...mal

Clean, Yes		Careless,	
Constipated,		Irregular,	
Medium,		Poor,	
Poor, Has too much pain in head		Irregular,	

...tis RESP., " " TEMP., " "

HISTORICAL.

ONSET GRADUAL OR SUDDEN,

...a," "Epilepsy," "Paralysis" or "Inebriety"),

...now very dead, don't know cause. Taken Hospital near Hartford, Conn. for acute attack was discharged cured & died at home –

Father or Pat. Relations, Father died; he thinks, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM
April 2	7	5	100	88				
3	7	5	102	90				
4	7	5	100	84				
5	7	5	88	78				
6	7		92					
7	7	5	84	82				
8	7	5	86	88				
9	7	5	84	76				
10	7	5	86	92				
11	7	5	92	78				
12	7	5	100	86				
13	7	5	96	78				
14	7	5	82	80				
15	7	5	84	86				
16	7	5	96	74				
17	7	5	96	80				
18	7	5	88	78				
19	7	5	100	82				
20	7	5	92	72				
21	7	5	90	92				
22	7	5	90	84				
23	7	5	72	82				

...ont No.

...Feb 26 '93

... Hospital, 14 ds.

Result, Impvd.

...ad

...60 Mins

...AMINATION ON ADMISSION.

...193 =

MENTAL CHARACTERISTICS.

...IVITY:

...r or Confused, rather confused

Quick or Sluggish, sluggish

MEMORY:

Past Events, (?) probably impaired;

Recent Events, say good, except when he gets excited – then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, markedly impaired

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(See attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, Somewhat

DELUSIONS:

Systematized or Not, None discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent & rather evasive

about 40.

aving, Feb 26" '93

ne in Hospital, 17 ds.

Result, Impvd.

AMINATION ON ADMISSION.

193 =

MENTAL CHARACTERISTICS.

VITY:

Clear or Confused, rather confused

Quick or Sluggish, sluggish

MEMORY:

Past Events, (?) probably impaired;

Recent Events, says good, except when he gets excited – then "gets mixed"

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, markedly impaired

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

(see attached sheet).

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, none discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: none detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent rather evasive

Personal and Medical History of John McEntis

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 126 lbs. NUTRITION, Rather poor. Pale v anaemic

on forehead – see notes –

Coatings, white v anaemic – no coat. Promptness Movement, actions prompt

Size, normal

Accommodation,

food

bably good

ly good

rly good; teeth shut, fairly good.

Tongue, coated

noticed. General,

sluggish, obtained only by reinforcement.

d, but rather dulled ~~Slurred~~, Does not talk much.

normal

ual

Clean, yes Careless,

Constipated, Irregular,

Medium, Poor,

Poor, Lies too much pain in head Irregular,

RESP., TEMP.,

1894 Oct 2

DATE	HOUR	PULSE		RESP.		TEMP.	
April	AM.	PM.	AM.	PM.	AM.	PM.	
24	7	5	98	86			
25	7	5	100	72			
26	7	5	86	84			
27	7	5	100	80			
28	7	5	100	78			
29	7	5	96	92			
30	7	5	102	80			

HISTORICAL.

ONSET GRADUAL OR SUDDEN,

...nity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),

Mother or Mat. Relations, mother dead; don't know cause, Insane Hospital near Hartford, Conn. for quite a while was discharged cured & died at home.

Father or Pat. Relations, father died, he thinks, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 126 lbs. NUTRITION, Rather poor. Pale & anaemic

WOUNDS ~~OR ABNORMALITIES~~, on forehead – see notes –

TONGUE, Tremors, ~~Tremors~~ none noticed. Coatings, white & anaemic – no crats, Promptness Movement, action prompt

PUPILS, Equality, Equal Size, normal

Response Light, Yes Accommodation,

SIGHT, Probably good

HEARING, probably good

CO-ORDINATION, Arms, fairly good

Legs, fairly good; standing eyes shut, fairly good.

TREMORS, Hands, ~~none noticed~~ Tongue, none

Facial Muscles, ~~none noticed~~. General,

REFLEXES, Patellar, / – very sluggish; obtained only by reinforcement

Other Reflexes,

ARTICULATION, ~~Hesitating~~, Good, but rather dulled ~~Slurred~~, Does not talk much.

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds about normal

LUNGS, about normal

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Yes Constipated, Irregular,

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, Says it is Poor, Has too much pain in head Irregular,

PULSE, See Records 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 dead. don't know cause. Was in Hospital near Hartford, Conn. for quite a while

Father or Pat. Relations, was discharged cured & died at home. Father died, don't know, of Bright's disease.

Brothers or Sisters, Denies any other relatives being in Hospital.

Personal and Medical History of John Mentis

NOTES ON EXAMINATION OF JOHN MENTIS, BY DR. PHELPS,
Feb. 11th '93.

Complains of headache at night. About one month ago hurt his head thistime, at night; -Was coming down street pretty fast; wanted to cross over street; his friend "made a shoot" and he (patient) "went out there too"; on the frozen ground. Struck his forehead on the ground; claims this an old wound, was only a scar, and this fall opened it up again. Claims this present wound is accidental. Denies any motor symptoms of any kind, either of hands or feet at any time since this injury. Has, at present, an "open" in both tables of the skull, directly in the middle of the forehead, extending from the upper part of the bridge of the nose, upward, in a slightly oblique direction, about an inch and 3/4. Through this opening longitudinal fissure, and both anterior lobes are plainly to be seen. Covered with a sluggish, purulent surface.

The right anterior lobe seems vaguely continuous with the edge of the external wound. Superiorly, however, and to the left, the brain is entirely separate from the skull, and a probe can be passed easily three or four inches without encountering any obstruction. Supposedly beyond this, however, adhesions have occurred, and it is supposed that the space, made by the retraction of the brain, is now, practically, an abscess cavity, with free drainage.

It is to be specially noted, however, that neither from the patient's description, nor from his symptoms observed, can we discover any motor impairment from this lesion.

Denies any attempt at suicide.

Personal and Medical History of Patrick Kelly

Patrick Kelly (Continued).

Rochester State Hospital.

Name Patrick Kelly

℞ Gtt Guttae Ziv
In Aqua Dest Zvi
Sig Zj ter die

Dr Feb 3rd 1893

Feb 1/96. Wt 160½ ... ted by Son. —
Feb 29/96. Still h... ...ch regularly
in Ward, or Sund... ...r mentally or
physically. Ma... ...ce 86. Mar 31/96. Is
outside, a great de... ..."Still. Goes,
regularly. Every... ...n. Conversation about
Ward, from mont... Wt 162 lbs. Pulse 86.
April 13/96. No... ...tally. Gets about
Every day. Does not talk as much about his affairs
but still talks of his people keeping him here;
and of his son giving the nurses money to
get rid of him. Says he knows of nurses going
to see his son & when they return, lead him badly.
Is in very good physical health.

1895 Dec Mar 31 his letters. Says that people in St Paul are implicated in the money-scheme as well as his son" —
Apl 1/30 April 3/94. Wt 150 lbs. Pulse 84. April 30/94. No material change. Still full of delusional ideas. How thinks ... give him certain ... health quite good.
... A-1. 19th invalid ... delusions - thinks he ... to him, is very sus... ...ions of being watched ... 84. Appetite poor. ... people up to play ... el. About the same - ... months - Complains ... time. Very suspicious - ... regular. Habits clean - ... still holds delusions. ... to be watched upon ... 9 lbs. Pulse 88. ... delusions still. ... suspicions to keep him here ... to his forgetfulness, ... health is good, for him - ... Pulse 84. He ... troublesome, at ... suspicions. ... sent him here ... health quite good. ... Wt 157½ lbs. P 92 ... many false ... innocent here" &c. ... 152½ lbs Pulse 92. ... him here to be ... patients. Health good. ... patients to get ... attendant of taking ... over him" — ... Oct 31/95. No change ... "parole". ... said "that somebody

Dec 3/31 1896 Jan 1/31 drugged him, at dinner - friend". Dec 3/95. Wt 153 lbs. P 92 - Dec 31/95. No change in any way noticeable. Jan 1/96. Wt 161½ lbs. P 82. Jan 31/96. Has "parole" & is out a good deal. Goes to Church, in town, quite regularly. On Sundays patient is about the same all the time. Very hard for patients & attendant to get along with. Holds various delusions. Much given to grumbling & fault finding. Physical health quite good. To Number book a page 21 +

at any time since this injury.
s of the skull, directly in
the upper part of the bridge

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" 15
" 16
" 20
" 21

and Medical History of John Mentis

(George)

DETAILED HISTORY OF SICKNESS OF MR.
DIAGNOSIS. John Mentis

DATE	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP. AM	TEMP. PM	OTHER DATA.
Febl6	I	I	I	I	I	I	8.30 PM had several spells of vomiting
17	18	154	I	I	100	I	7.30 vomited ate but little breakfast
20	18	174	I	I	99	I	5.30 PM had another spell of vomiting
	I	I	I	I	I	I	Eats badly well.
	I	I	I	I	I	I	Gilum Hyp hoarseness & appear weak & emaciated — No discharge from penis yes terday — A falling away of brain substance especially on Right side, as can be seen on large cranial rendering bad. over surface of R.H. hemisphere. Bowels reg. Appetite fair
21	18	168	I	99	I	I	
	I	I	I	I	I	I	
22	18	166	18	I	100	I	
	I	I	I	I	I	I	
23	18	176	I	I	100	I	
24	18	I	I	I	100	I	
24	18	174	I	I	100	I	
25	18	178	I	I	I	I	
26	18	I	I	I	99	I	

Personal and Medical History of Patrick Kelly

28

Patrick Kelly (continued)

Rochester State Hospital.

Name Patrick Kelly

℞ Tr Gent 60 Zii
Tr Nux Vom Zvi
Sig 3t Tid

Feb 3rd 1896

Mar 31 1894 Court — his letters. Says that people in St Paul are implicated in the money-scheme as well as his son" —
Apl 1/30 April 3/94. Wt 150 pds. Pulse 69. April 30/94. no material change. Still full of delusions ideas. Says, thinks

Feb/96. Wt 160½ p
Feb 9/96 Still h
in Ward, on Sund
physically. Mar
outside, a great de
regularly. Every
Mined, from mornt
April 13/96. No
Every day. Does not talk as much about his affairs
but still talks of his people keeping him here;
and of his son giving the nurses money to
get rid of" him; says he knows of nurses going
to see his son & when they return, lead him badly.
Is in very good physical health.

ted by Son. —
e changed regularly
r mentally or
ge 86. Mar 31/96. Is
"Still. Goes,
n. Conviction about
Wt 162 pds. Pulse 86.
tally. Leave doors,

Dec 3/31 1894 Jan 1/31 drugged him, at times-time". Dec 3/95. Wt 155 pds. 098 — Dec 31/95. No change in any way noticeable.
Jan 1/96. Wt 161½ pds. P 82. Jan 31/96. Has "parole" & is acts a good deal. Goes to Church, in town, quite regularly.
on Sundays. Patient is about the same all the time. Very hard for patients & attend out & get along with. Holds
various delusions. Much prone to grumbling & fault finding. Physical Health good. Is manufacturing a passed +

Personal and Medical History of John Mentis

1893

This man was brought here by Deputy Sheriff George N. Blesped, with the following history. Is a farmer. Of good habits. Supposed cause of this attack is an injury to the head 20 years ago. Form is acute. No accompanying bodily disorder. First symptoms of disease were manifested in October 1892. Then thought persons were following to injure him. Had another attack the latter part of January, when he attempted to shoot himself with a rifle. Not stated how insanity is now manifested. Is disposed to injure others from sudden passion. Is not filthy or destructive. Has not been restrained or confined. Was not under medical treatment until after the attempted Suicide; portion of the brain seemed to have been removed.

Feb 10 — Feb 10/93. Restless for 5 hours, sleeping but 1 hour, last night. Ann Pulse 80. Walks about ward a great part of the time, restless, continually taking off his shoes - Slept none today. Talks quite freely; Appetite fair, has no cough. Bodily Condition (seen at bath), quite dirty. Has injury to his head. Feb 11/93. Last night was restless for 6 hours, sleeping but 2 hours. Ann. Pulse 78. Is quite restless, stubborn; walks aimlessly about ward; appetite good; was examined in office today. (See attached record of same).

" 12 — Feb 12/93. Restless for 7 hours, out of bed, wanting to dress; slept but 1 hour last night. Ann Pulse 72. Is continually taking off his clothes today (especially his shoes) & lying about on the floor - Appetite fair. Feb 13/93. Passed a poor night, last night; restless 7 hours, sleeping but 1 hour. -

" 13 — Ann. Pulse 84. Restless, wandering about ward; appetite continues good. Feb 14/93. Slept none last

" 14 — night, being restless for 8 hours; up, wanting to dress. Ann. Pulse 100. More quiet. Speaks only

" 15 — when addressed. Feb 15/93. Restless nearly all night; out of bed frequently, sleeping none at all. Ann. Pulse 74. Restless & uneasy today, walking floor the greater part of the time. Is

" 16 — Continually taking off his shoes. Feb 16/93. Has restless out of bed a couple of hours last night, but slept 6 hours. Wt today, 125 pds. Pulse 76. Still wanders aimlessly about ward, by day. -

" 20 — Appetite continues good. Feb 20/93. 9 Ann. Has hacking cough; appears weak & emaciated. There was no discharge from wound yesterday. There is a falling away of brain-substance, especially on right side, so that can be seen a large cavity, reaching back over surface of right hemisphere. During past few days, has had several spells of vomiting. Bowels have been constipated - Appetite fair. (See attached Record of Pulses, Respirations & temperatures).

" 24 — Feb 24/93. For the past week, has passed very restless nights, sleeping only 2. 3. or 4 hours each

" 26 — night - only once or twice sleeping a full night. Has also vomited occasionally. Weight today 108 pounds. (loss of 11 pounds). Feb 26/93. During past 2 nights, has continued restless, sleeping only 6 and 5 hours each night, respectively. His attached record show physical condition fairly well. Mentally, he was rather dulled & preoccupied, but seemed not especially so at time of going more than at the time he came. Indeed, this mental state seems quite unaffected by his physical condition.

Was visited yesterday & today by brothers and taken home by them today.

Discharged Mch 21st 93.

Personal and Medical History of Patrick Kelly

28

Mar 31 / Apl 1/30 — His letters. Says "that people in St Paul are implicated in the money-scheme as well as his son" April 2/94. Wt 150 pds. Pulse 69. April 30/94. No material change. Still full of delusive ideas. Now thinks

Patrick Kelly (Continued)

Rochester State Hospital.

Name Patrick Kelly

℞ Tr Guaiacol Zss
Tr Nux Vom Zvi
Sig Zt Tid

Dr Feb 3rd 189 13

Feb 1/96. Wt 160½ p
Feb 29/96. Still ha
in town, on Sund
physically Mar
outside, a great de
regularly. Every
time, from month
April 13/96. No
Every day. Does not talk as much about his affairs
but still talks of his people keeping him here;
and of his son giving the nurses money to
"get rid of" him; says he knows of nurses going
to see his son, & when they return, beat him badly.
Is in very good physical health.

ted by Son. —
ch regularly by
r mentally or
ce M. Mar 31/96. Is
"Still. Goes,
n. Condition about
Wt 162 pds. Pulse 86.
tally. Grounds,
ts quite up to play
el. About the same -
months - Complains
time - Very suspicious -
regular. Habits clean -
tal Cold & Delusions.
to be watched upon
g pds. Pulse 88.
ve delusions still.
dreams & suspicious
to his forgetfulness,
health is good, for him -
Pulse 82. He
is tumbles some, at
s & suspicions.
him sent him here
Health quite good.
Wt 157½ pds. Pulse
many false
musements "here" &c.
157½ pds Pulse 92.
him here & be
atients. Health good.
patients to get
ttendant of taking
shower him" -
Oct 31/95. No change
= parole".
aid "that somebody

Dec 3/31 1894 / Jan 1/31 — drugged him, at dinner-time". Dec 3/95. Wt 155 pds. Pulse 98. Dec 31/95. No change in any way noticeable. Jan 1/96. Wt 161½ pds. Pulse 82. Jan 31/96. Has "parole" yes a good deal. Goes to church, in town, quite regularly, on Sundays. Patient is about the same all the time. Very hard for patients & attendants to get along with. Holds various delusions. Much given to grumbling & fault-finding. Physical health is quite good. Dr Saunders took a pass [illegible]

Personal and Medical History of John Mentis

NOTES ON EXAMINATION OF JOHN MENTIS, BY DR. PHELPS,
Feb. 11th '93.

Complains of heads… go hurt his head
thistime, at night; -W… st; wanted to cross
over street; his frier… ent) "went out
there too"; on the fr… on the ground;
claims this an old wou… all opened it up
again. Claims this pr… s any motor symp-
toms of any kind, eit… since this injury.
Has, at present, an… ull, directly in
the middle of the for… part of the bridge
of the nose, upward, … about an inch and
3/4. Through this op… both anterior lobes
are plainly to be see… rulent surface.
The right anterior … ith the edge of the
external wound. Supe… t, the brain is en-
tirely separate from … assed easily three
or four inches withou… Supposedly beyond
this, however, adhesi… pposed that the
space, made by the re… practically, an
abscess cavity, with …
It is to be spe… ther from the pa-
tient's description, … can we discover any
motor impairment fro…
Den…

1893
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Personal and Medical History of Patrick Kelly

Know it.

1894 March
Mar 31 his letters. Says "that people in St Paul are implicated in the money-scheme as well as his son" -
April 1/30 April 2/94. Wt 150 lbs. Pulse 84. April 30/94. no material change. Still full of delusion ideas. Says think

Patrick Kelly (Continued)

Feb 1/96. Wt 160½ lbs. Pulse 84. Feb 26/96. Visited by Son. -
Feb 29/96. Still has "parole" and attends church regularly
in Town, on Sundays. No change noted, either mentally or
physically. March 5/96. Wt 162½ lbs. Pulse 86. Mar 31/96. Is
outside, a great deal of the time. On "parole" still. Goes,
regularly, every Sunday to Church in town. Condition about
same, from month to month. April 1/96. Wt 162 lbs. Pulse 86.
April 13/96. No change in patient Mentally. Out doors,
Every day. Does not talk as much about his affairs
but still talks of his people keeping him here;
and of his son giving the nurses money to
get rid of" him. Says he knows of nurses going
to see his son & when they return, brag him badly.
Is in very good Physical health.

…ats give him certain
…al health quite good.
…A-1. 19th visited
…delusions - thinks he
…te him. is very sus-
…ions of being watched
…g. Wt & appetite poor.
…people up to play
…el. About the same -
…months. Complains
…time. Very suspicious -
…regular. Habits clean -
…tient holds delusions.
…th to be watched upon
…g pulse. Pulse 88.
…no delusions still.
…spicious & keeps himself
…to his forgetfulness,
…ealth is good, for him -
…Pulse 82. He
…is stumbles and, at
…s & suspicions.
…im sent him here
…health quite good.
…Wt 157½ lbs. Pulse 92
…many false
…mentis "here" &c.
…152½ lbs Pulse 92.
…& him here & he
…patients. Health good.
…patients to get
…tendant of taking
…shower him" -
Oct 31/95. No change
…= parole".
…aid = that somebody

Dec 3/31 1894. drugged him, at times - friend". Dec 3/95. Wt 157 lbs. Pulse 88. Dec 31/95. No change in any way noticable.
Jan 1/31 Jan 1/96. Wt 161½ lbs. Pulse. Jan 31/96. Has "parole" this a good deal. Goes to church, in town, quite regularly.
on Sundays. Patient is about the same all the time. Very hard for patients & attendant to get along with. Holds
various delusions. Much given to grumbling & fault finding. Physical health = quite good.

Personal and

1895

Feb 10

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Personal and Medical History of Patrick Kelly

Throw IV.

1894 Cont'd

his letters. Says that people in St Paul are implicated in the money-scheme as well as his son"-

Mar 31 / April 14

April 3/94. Wt 150 pds. Pulse 84. April 30/94. no material change. Still full of delusive ideas. Now, thinks people are watching him, night + day, to see every move he would make: that attendants give him certain dishes at the table, so he would get mad; that they also bother him at night+c. Physical health quite good.

May 30

Wt. 148#, p. 86. 18th about the same, has delusions-is suspicious, transferred to A-1. 19th visited by son + daughter. May 29th a good patient-keeps about the same - but has delusions- thinks he is not treated as well as others, says that people do everything to irritate him, is very suspicious, appetite good, June 1st Wt 149#, p. 96. 30th About the same-complains of being watched closer than other patients. Appetite poor, bowels reg. July 9th Wt. 146#, p. 79. 31st Appetite poor, bowels regular, talks a good deal about his son, says that he is putting people up to play tricks on him, etc.,

June / July 9 / Aug 31 / Sept 14 / 30

Aug 1/94. Wt 143½ pds. Pulse 80. Aug 31/94. Behaves well. About the same- Feb 1/94. Wt 142 pds. Pulse 98. Feb 30/94. Keeps about the same, from month to month - Complains of not being treated as well as the other patients - Reads some. Writes most of the time. Very suspicious and still has Delusive ideas - Is in quite good health - Appetite fair bowels are regular. Habits clean-

Oct 1 / 31

Oct 2/94. Wt 146½ pds. 180. Oct 31/94. No special change. Cranky + suspicious. Still holds delusions. Has the idea that others get more privileges + better treatment than he does. Wants to be waited upon

Nov 1 / Dec 3 / 1894 / Jany 31/95

Nov 1/94 Wt 147½ pds. Pulse 84. Dec 3/94. Wt 132½ pds. Pulse 90. Jany 31/95. Wt 149 pds. Pulse 88. Jan 31/95. Appetite good, bowels regulas. Is very hard to please; becomes easily excited. Has delusions still. Says his son put him here, to have him done-up + thinks his son is paying Physicians to keep him here. Makes some childish remarks - Complains of articles being taken from him, through his forgetfulness, or cause trouble. Is very suspicious. Has not been out walking for some time. Health is good, for him.

Feb 2 / to / Apl 30

Feb 2/95. Wt 149½ pds. Pg4. Mar 2/95: Wt 153½ pds. P86. Apl 2/95. Wt 155½ pds. Pulse 82. He has been gaining in flesh for several months past. Apl 30/95. No special change. Is troublesome, at times. Is very stubborn. Is childish + foolish in his ways + has some false beliefs + suspicions. Read + writes most of the time - Goes out walking. Is easily excited. Says his son sent him here to be killed". He does not do any work. Appetite Good; bowels regular. General health quite good.

May 2 / 3 / June 1

May 2/95. Wt 152½ pds. Pulse 86 - May 23/95. Visited by his two sons - June 1/95. Wt 157½ pds. P 92 July 1/95. Wt 156 " " 80. July 31/95. No improvement noticed mentally. Has many false beliefs: viz "that his people drugged him at home"; "has also been drugged by Attendants here" etc.

July 31 / Aug 1 / " 31

Physical Condition is quite good. Habit cleanly. - Aug 1/95: Wt 152½ pds Pulse 92. Aug 31/95. Talks freely + sensibly but still holds various delusions. Says "his son sent him here to be put to death". Always complaining of not getting same privileges as other patients. Health good.

Sept 2 / 30

Sept 2/95. Wt 155½ pds. Pulse 96. Sept 30/95. No change noted. Is very hard for other patients to get along with. Misplaces letters or other small articles + accuses room-mate or attendant of taking them. Says "Attendant (of this ward) is paid by his son to keep special watch over him" -

Oct 1 / 31

Oct 1/95. Wt 156½ pds. Pulse 82. Oct 31/95: Given a "limited parole" today. Oct 31/95. No change to note in either his mental or physical condition. Still has his "parole".

Nov 1 / 30

Nov 1/95. Wt 157 pds. P92. Nov 25/95. Got lost in ward: was not able to find his room: said "that somebody drugged him, at dinner-time". Dec 31/95. Wt 155 pds. P98 - Dec 31/95. No change in any way noticable.

Dec 31 / 1896 / Jan 1 / 31

Jan 1/96. Wt 161½ pds. P82. Jan 31/96. Has "parole" + is out a good deal. Goes to church, in town, quite regularly, on Sundays. Patient is about the same all the time. Is hard for patients + attendants to get along with. Holds various delusions. Much given to grumbling + faultfinding. Physical Health quite good.

Condition unchanged. Feb 29 - To transfer book A passed 1 +

Personal and Medical History of Nels Johnson #4

Whole No. 3263.

Residence, 937 Payne Ave. St. Paul.

Date Admission, 10th February 1893. —

Admitted by Dr. Phelps. Hour, 7.30. P.M.

How Sent, John B. Olivier Jef'l. County

Sex, Male

Age, 41

Civil Condition, married

Children, unknown

Age Youngest Child,

Occupation, Laborer

Degree Education, Common School

Profession Religion, Lutheran

Habits, Unknown

Nativity, Denmark

Physicians Committing, Geo. J. Hanley and J. C. Markoe

Correspondents, Alfred Larsen (Bro. in Law) 1060 Arcade St. St Paul Minn
Nels Johnson 937 Payne Ave St Paul Minn

No. for Year, 175.

Insane Relatives, unknown

Cause Exciting, Religion

Cause Predisposing, not stated

Form, Mania — Chronic

Accompanying Bodily Disorder, unknown

Suicidal or Not, Not

Date of this Attack, first symptoms since 1885

Duration, some 8 years.

No. of Attack, 2nd probably

No. of Admissions, 2nd (was here in 1885-6).

Age First Attack, 33 years.

Time of Leaving, Mch 9" 93

Time in Hospital, 1 mo.

Result, Improved

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps Feb 13/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Slightly confused

Quick or Sluggish, Quick

MEMORY:

Past Events, Fair

Recent Events, Fair

Special Subjects, Fair

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Slightly impaired, at present.

Own Mental State, Slightly impaired, at present.

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, somewhat

Depressed,

DELUSIONS:

Systematized or Not, Not discerned

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Somewhat voluble at times

GENERAL DESCRIPTIVE REMARKS:

Much excess, however, several days ago; at which time, by extremely excitable conduct, rapid talking, singing, praying & preaching, he showed himself a case of acute mania, without, however, well defined delusions. There is a question about hallucination or delusion; seems to have one, yet does seem to have what might be called a delusive train of thought, namely; that God wants him to pray continually as he does for the souls of men and that his noisy, boisterous conduct is justified as doing good.

Personal and Medical History of Nels Johnson #4

EXAMINATION ON ADMISSION. (Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 3½ WEIGHT, 3/13 133½ lbs. NUTRITION, fairly good

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, none Coatings, Promptness Movement,

PUPILS, Equality, equal Size, Considerably dilated

Response Light, quite prompt Accommodation,

SIGHT, probably good

HEARING, seems good

CO-ORDINATION, Arms, Finger to nose, Eyes shut, good.

Legs, Standing in foot, good; Standing, Eyes shut, good.

TREMORS, Hands, none Tongue, none

Facial Muscles, none General,

REFLEXES, Patellar, Equal — 1. very sluggish

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sound — good

LUNGS, Sound good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, Yes 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 in 1885 — in old Country

Father or Pat. Relations, Father died in 1884 in old Country

Brothers or Sisters, No brothers or sisters living or insane —

Personal and Medical History of Nels Johnson #4

1893

This man was brought Here by a Deputy Sheriff, with the following history. Habits unknown. Supposed cause of this attack is religion; form is acute; not known if there is any accompanying bodily disorder or disease. First symptoms of disease were manifested since 1885. This is not first attack; one occurred in 1885, when he was sent to Rochester Hospital (see below). Insanity is now manifested as subject of religion. Not known if disposed to injure others. Neither suicidal, filthy nor destructive. Has been confined as above stated; has also been in Jail in 1892. Has been under medical treatment.

* NB. Was here before as a patient from Sept 21/85 to May 18/86; was then insane on subject of religion, and though at times much depressed, yet was quiet, pleasant and a good worker. (See Vol. 6 P. 78. No. 978)

Feb 11 Feb 11/93. On admission, last evening, was very much excited. Was put on B3. Was extremely noisy and restless for from 3 to 4 hours, sleeping but 5 hours last night. 9 Am. Pulse 100. Today is noisy and quite restless, walking up and down the hall, preaching most of the time. Appetite good. 730 Pm. Pulse

" 12 Feb 12/93. Quite noisy for 1 hour, slightly so 1 hour, out of bed and sleeping only 6 hours, last night. 9 Am. Pulse 94. Not quite so noisy as yesterday. 730 Pm. Pulse 110. Was quite noisy and restless this evening.

" 13/14 Feb 13/93. Passed last night similarly to the one preceding. 9 Am. Pulse 88. Feb 14/93. Quite noisy for 2 hours, restless 1 hour, sleeping 6 hours, last night. 9 Am. Pulse 74. Was today transferred to 4th.

" 19 Feb 19/93. Has been quite, & some night, extremely noisy on this ward. Last night, Am

" 23 menced praying & was choked by a fellow patient. Feb 23/93. This evening, got out through the dining-room window on 4th & eloped. Was found down town shortly afterward & returned.

" 25 Was put on B3. Feb 25/93. On night of his return, was quite noisy, restless & excited; up, wanting to dress; sleeping only 5 hours. Last night & the night before, was much quieter and slept 8 hours each. Received a blow from a fellow patient today. Gave the Attendants trouble in the dining-room at supper-time. Was moved to B3. —

Mar 2 March 2/93. Weight 137½ pounds. Pulse 78.

" 9 March 9/93. For past 11 nights, has been more or less noisy and restless, but sleeping 6, 7 & 8 hours on each. Showed some variation in behavior while here. At first, was highly elated, and quite extremely incoherent, in a mild, maniacal way. A little later, was provoked and complained of attendants, and, still later, upon being challenged as to his ability to keep still, was sulky and quiet for a good many days. Showed a rather irritable mental state toward the last, and was said to be taking notes concerning his treatment.

Was today visited by his wife, and allowed to go home at her urgent request, she promising to take him out into the country.

Discharged

Personal and Medical History of Wm J. McBride

From 30.

1892 Nov 2/30 Nov 2/93. Wt 173 pds. Pulse 80. Nov 30/93. Frequently, continues, more or less, restless & noisy at night, sleeping poorly; also destructive. Is also frequently noisy & ugly in the daytime. Habits dirty. Appetite is enormous & he requires to be fed at on the hall: Bowels regular. Physical exertion is good. Is mischievous; has "ugly spells" when he will fight viciously. Regards one of the attendants as an old time enemy & attacked him twice, bruising his face & biting his arm and thumb. Has to be very closely watched, all day. Was visited by some friends on the 10th inst. Has not been in seclusion. He does not now scratch or pinch his face and hands as he did for some months. —

Dec 4/10 Dec 4/93. Wt 183 pds (a gain of 10 pds in the last month). Pulse 84. Dec 10/93. Complains of feeling

" 11 very sick; of chills and pains. Pulse 88. Appetite fair. Left in bed today. Dec 11/93. Up; feels better.

" 31 Dec 31/93. Rest & sleep at night continues broken from time to time, by his noise & restlessness. Continues destructive. There is no improvement noticeable during the past month except in his behavior. This has been better than during any previous month. He is not so ugly, either-

1894 Jan 2/ Jan 2/94. Wt 180½ pds. Pulse 80. Jan 25/94. Continues more or less noisy at night. Last night, was

" 30 extremely so. Soiled his room and tore up his shirt & bedding. Jan 30/94. Struck an attendant, today.

" 31 Jan 31/94. Still badly behaved; noisy, mischievous & destructive. Does not improve any. —

Feb 1/14 Feb 1/94. Wt 185 pds. Pulse 80. Feb 22/94 Very noisy all day; was also inclined to be quite ugly. —

" 25/ Feb 26/94. On 7th inst, patient ate no supper; complained of being sick. Pulse 140. Was put to bed

Was sick, in bed, on the 8th. Pulse 90; left ankle inflamed; (Erisipelas); remained in bed until the 19th when he was got up. Pulse during this attack was about 76 to 86: appetite sometimes poor, at others, good: bowels were regular; vomited some, yesterday. Appetite is poor today (19th); he has been very noisy all day; complains of being sick at the stomach; is vomiting; up to

" 28 the 24th he complained of this weak & sick feeling; appetite has continued poor. Feb 28/94. Still continues more or less restless, noisy & destructive at night. Behavior, by day, is also very noisy: he also has "spells" when he is quite ugly. Talk is generally incoherent. No improvement is noticed.

Mar 1/ March 1/94. Wt 175 pds (has 10 pounds during this sick spell); Pulse 82. March 9/94. Does not sleep

" 30 very well. Appetite is now very good. He now works every day, on ward, in the dining-room. Mar 30/94. Had

" 31 an ugly spell today & got into 2 fights. March 31/94. Continues about the same. Was visited by friends on the 17th & 24th inst. Has worked in dining-room, every day, this month. — — — — —

Apl 3/ April 3/94. Wt 187½ (has regained his lost flesh). Pulse 96. Apl 22/94. Very noisy & inclined to be

" 26/30 ugly, all day; April 26/94. Was vaccinated, today. April 30/94. Patient is not so well-behaved nor as bright as last month. Is noisy, mischievous & has "ugly spells". Is also destructive. Ceased to work on the ward as he was too mischievous. Occasionally has fights with the other patients. —

May Weight 184 lb. p. 74. 28th Jas enrolled by Chas Claflin. 31st appetite very good, fed on hall, still over eat: Bowels regular, physical condition very good, sometimes complains of Dyspepsia. For injuries see 28th. Behavior noisy all day, mischievous & noisy - annoying - always ready for a fight. Talks incoherent. Has many illusions & delusions. Does not seem to improve. June 1st. Weight 186½. p. 74. 2nd 6:30 Pm, complains of sick

June feeling still, sent to bed. p. 116. temp. 99, appetite good, 3rd feels better, up on ward 4th Discharging clothing, inclined to be ugly. 9th complains of soreness & pains in bones, & the same. 18th ugly & slightly bruised in a fight.

(p. 72 transfer Book)

Personal and Medical History of William Ryan

Whole No. 3264.
Residence, Belle Creek, Minn.
Date Admission, 10th February 1893.
Admitted by D. Phelps. Hour, 7.30 PM
How Sent, O.D. Anderson Jofl. Goodhue Co.
Sex, male
Age, about 50 years
Civil Condition, married
Children, Eight (8)
Age Youngest Child,
Occupation, Farmer
Degree Education,
Profession Religion, Yes Catholic
Habits, Periodical Alcohol Habit
Nativity, Ireland
Physicians Committing, Philo E. Jones & B. Dearborn
Correspondents, Rev. Father Fitzgerald Ryan P.O. Goodhue Co. Minn

No. for Year, 176.
Insane Relatives, None
Cause Exciting, Intemperate use of alcoholic drinks
Cause Predisposing, not given
Form, Mania ~~chronic~~ (Acute)
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, Shortly after New Years (1893)
Duration, about 6 weeks.
No. of Attack, not 1st - probably 4th
No. of Admissions, 2nd
Age First Attack, 32 probably
Time of Leaving, Nov. 11th 93.
Time in Hospital, 9 mo 1 d.
Result, Improved

EXAMINATION ON ADMISSION.

Exd by D. Phelps Feb 13/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, not very clear
Quick or Sluggish, Quick

MEMORY:
Past Events,
Recent Events, Seemingly Good
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Poor
Special Subjects,

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

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,

HALLUCINATIONS: Light Voices (as noted)

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Denies drinking excessive of present trouble. Declines to tell what is the cause. Does not want to expose anything now - Finally, however, being asked further about explanations, says that he will tell a little story, and he describes how, one night when his wife was away, light appeared at the foot of the bed and block, with all his strength, a little boy (of 5 yrs) sleeping beside him to prevent his being taken away by some invisible force. Says he could tell many other stories but is disinclined to do so. Thinks himself not insane but that actions are forced on him by some vague way by the evil influence of others. Holds opinions very firmly - Seems easily irritable & might easily be quite dangerous in the line of his ideas.

Personal and Medical History of Wm Ryan

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 in. WEIGHT, 181 lbs NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, Contractured finger
TONGUE, Tremors, Slight Coatings, Promptness Movement, quite prompt
PUPILS, Equality, Equal Size, normal
Response Light, Yes Accommodation, Yes
SIGHT, Fairly Good
HEARING, Fairly Good.
CO-ORDINATION, Arms, Finger to nose, Eyes shut, quite poor.
Legs, Standing on foot, only fairly good.
TREMORS, Hands, Fairly steady Tongue, Slight
Facial Muscles, General,
REFLEXES, Patellar, Sluggish - about 1.
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds steady & normal
LUNGS, Seem normal.
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Irregular, has had diarrhoea
APPETITE, Good, Now Medium, Poor,
SLEEP, Good, Poor, Irregular, Yes
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, Thinks mother is living yet
Father or Pat. Relations, Father died in Old Country - was intemperate - Troubled with his lungs
Brothers or Sisters, Those living are healthy -

1893 This man was brought here by a deputy Sheriff, with the following history. Has a periodical alcohol-habit. Cause of this attack is supposed to be intemperate use of alcoholic drinks. Form is acute and paroxysmal. There is no accompanying bodily disorder or disease. First symptoms of disease were manifested shortly after New years (1893), by quarreling with members of his family & abusing his wife and children. This is not 1st attack; (probably 4th). First attack about 2 years ago, lasting 3 or 4 months was detained in this (Rochester) Hospital, from Jany 26/91 to Mar 15/91. Disposed to injure others, apparently from sudden passion. Is neither suicidal, filthy nor destructive.

* N.B. The cause of his being sent here before was intemperance. Was quiet, clean tidy & well-behaved. Was frequently visited by various relatives & the priest, always being quiet in their presence. Sometimes seemed somewhat irritated. (See Vol 15. p 213. No 2592.)

Feb 11 Feb 11/93. Slept 7 hours last night, restless but 1 hour. By day, is very quiet; reads occasionally. Talks quite freely. Is eating well & regularly. Has no cough. Is clean. No bruises or injuries noted. Bowels normal.
" 12 Feb 12/93. Restless a couple of hours, sleeping 6 hours, last night. Am. Pulse 91. Appetite continues
" 13 good. Is quiet. Does not talk much except when addressed. Feb 13/93. Slept 5 hours last night. Restless 3 hours or so. Am. Pulse 96. Went out walking with his ward today. Reads a good deal.
" 14 Bowels regular. Otherwise about as usual. Feb 14/93. Passed a fairly good night last night.
" 15 Sleeping 7 hours. Am. Pulse 88. Behavior by day as usual. Feb 15/93. Slept well, 6 hours, last night. Am. Pulse 90. Is very quiet today. Talks but little. Bowels continue regular.
" 16 Feb 16/93. Wt today 180 pounds. Pulse 84. 7 PM. Pulse 86. Continues quiet by day. —
Mar 2/6 March 2/93. Wt 180 pds. Pulse 82. March 6/93. Has visited today by Father Fitzgerald. —
" 8 March 8/93. Was yesterday, visited by wife & daughter, and today by a friend.
" 13 March 13/93. Appeared in a rather chronic & mildly dull state of mind, with a few obscure
" 18 hallucinations. Has quite uniformly the same. March 18/93. For some time past, has been only occasionally somewhat restless at night, usually sleeping a full night. By day, has been
" 22 up & around. Clean tidy & well-behaved. Eats well & regularly. March 22/93. Has been more or
" 26 less irritable, restless & troublesome, the past 2 or 3 days. March 26/93. Has been quite restless & somewhat noisy the past 2 or 3 nights. Last night, pulled a fellow-patient out of bed & began fighting with him. Claimed that another fellow-patient (a man) was his wife. Got very much excited & was disturbed in other ways. This morning got in bed & connected with another fellow-patient & was masturbating. Has also masturbated a great deal. Claims various men as his wife. Consciousness is not much affected. Is in seclusion.
" 28 March 28/93. Has been noisy & restless the past 2 nights, sleeping some. By day, kept in seclusion. Is
" 31 much disturbed, demanding self, masturbating &c. Eats poorly. Tongue is coated. Mar 31/93. Attempt to get him out in the hall resulted in necessity of putting him back in the room, as he became ugly, destructive & pugnacious.
Apl 4/8 Apl 4/93. Wt 197½ pds. Pulse 98. Apl 13/93. With occasional nights of restlessness & noisiness, has grown
" 15/18 gradually more quiet & restful, at night. Ugly, destructive, pugnacious & demanding himself for several days; was kept in seclusion. More recently, has become better behaved & is now out in the hall.
" 15/18 Apl 15/93. Visited, today, by friends & daughter. Apl 18/93. Today, visited by Father Fitzgerald. —
" 21 Apl 21/93. Upset his bed last night & when attendant went in to fix it, patient took the lantern and
" 22 ran up & down the hall, after first shutting attendant in the room. April 22/93. Troublesome in the

April 25/93. Was ugly at bed time; had to be put to
ind.
ited by the Priest, today.
/93. Habits on ward are filthy. Was ugly today and
day time). May 22/93. Has continued, nightly,
removal to C3, was ugly, pugnacious & destructive
nder close surveillance of him, been somewhat
ular. Is very anxious to go home. Physical health good.
ve, breaking wall, on ward; destructive & ugly, abusing
im". Talks a great deal; is fairly coherent. Is dirty in
as been in seclusion 5 hours, this month.
against the advice of the Physicians. Patient has
she tries & run away everytime he so goes out.
me —
93. From attached letter, it will be seen that wife regretted
this letter also gives account of patient's behavior and
Since his return, he has been quite troublesome in
quiring to be secluded. Also somewhat given

Ryan, Wm.
June 15th 1893
Mr. A. L. Kilbourne.
Rochester, Minn.
Dear Sir:-
I hope you will be so kind as to let me know how my husband is getting along please answer immediatly.
I am sorry that I was said by you and leave him there a little longer The first three days he was home he was real well then he got working so hard we were afraid to have him out in the sun and we could not keep

& good physical condition. July 3/93. Conduct
, troublesome & at times gets into quarrels & fights.
as moved to C3, where he can be more closely watched.
/93. Face scratched & bruised, in a fight with a
ted by friends today. Aug 31/93. Is now very well-
& then uses bad language, but is not now quarrelsome.
Remains quietly in his seat, nearly all day; sleeps a good deal; works a little in the ward.
Some improvement in general conduct. Attends Chapel-services quite regularly. Still shows
delusions. Wants to go home, believing he is held here without cause. Physical health very good.
Sep 2/6 Sep 2/93. Weight 188 pds (a gain of 6 pounds in past 4 weeks). Pulse 100. Sep 30/93. Continues to
be very well-behaved. Has delusions, at times. Physical condition very good. Is very
anxious to go home. Writes occasionally to that effect. "Can't see why he is kept here". "Nothing
the matter with me"; "Never was crazy, etc". —
Oct 1/6 Weight 191 pounds (2 lbs Gaining in flesh). Pulse 120. Oct 2/93. Visited by his wife, today; was
" 11 very urgent in his request to be taken home; even threatening. Oct 11/93. Visited by the Priest.
" 18 Oct 18/93. Was today visited by his wife. Urgently requested to be taken home. "Did not know
" 31 why they kept him here". — Oct 31/93. Behavior now, & for some time past, very good. Talks
quite rationally, most of the time. Attends Chapel; also dances & other entertainments.
Writes a few letters. Does not have so many "spells" as during preceding month. His
physical health is excellent. —
Nov 2/8 Nov 2/93. Weight 193 pds. Pulse 98. Nov 8/93. Incoherent in talk today & full of

(Carried to page 48)

1893

This man was brought here by a deputy Sheriff, with the
habit. Cause of this attack is supposed the intemper-
paroxysmal. There is no accompanying bodily dis-
manifested shortly after New year's (1893), by quarrel-
and Chid-ren. This is not 1st attack; (probably 4th).
was detained in this (Rochester) Hospital, from Jany 26/
resulting from sudden Passion. Dementia Incidab, fol

* N.B. The cause of his being sent here before was intemperance
visited by parents relatives & the priest, always being quiet in
(See Vol 15. p. 213. No 2092.)

Feb 11 Feb 11/93. Slept 7 hours last night, restless but 1 hour.
quite freely. Is eating well & regularly. Has no cough. Is c
" 12 Feb 12/93. Restless a couple of hours, sleeping 6 hour
" 13 good. Is quiet. Does not talk much except when
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" 28 March 28/93. Has been noisy & restless the past night, sleeping none. By day, kept in seclusion. Is
" 31 much disturbed, demanding self, masturbating &c. Eats poorly. Tongue is coated. Mar 31/93. Attempt to get him out on the hall resulted in necessity of putting him back in the room, as he became ugly, destructive & pugnacious.

Apl 1/3 Apl 4/93. Wt 197½ pds. Pulse 98. Apl 13/93. With occasional nights of restlessness & noisiness, has grown gradually more quiet & restful at night. Ugly, destructive, pugnacious & demanding himself for several days; was kept in seclusion. More recently, has become better behaved & is now out on the hall.
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" 22 ran up & down the hall, after first shutting attendant in the room. April 22/93. Troublesome in the

him in the house so I thought I would send him back again for a little while he was not cross or ugly to any one he was the same with every one he had the notion of running away all the time but when we would take him out he would forget it again we shut him up in the room one day he came near smothering and when we took him in the air he was quiet well I hope ye will give him all the fresh air ye can the two last days he was here he would eat nothing only as I would feed him with a spoon. Please let me know Mr. Linards first name.

Your true friend.

Mrs. Wm. Ryan
Ryan P. O.
Minn.

P.S. Please tell him if he is getting that he will come home soon again if he behaves himself good it will help him to keep quiet

1893

April 25/93. Was ugly at bed time; had to be put to
inds.
ited by the Priest, today.
/93. Habits on ward are filthy. Was ugly today and
day time). May 22/93. Has continued, nightly,
removal to C3, was ugly, pugnacious & destructive
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or, breaking wall, on ward; destructive & ugly, abusing
him". Talks a great deal; is fairly coherent. Is dirty in
has been in seclusion 5 hours, this month.
against the advice of the Physicians. Patient has
as he tries & run away everytime he is goes out.
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93. From attached letter, it will be seen that wife regretted
this letter also gives account of patient's behavior and
Since his return, he has been quite troublesome as
requiring to be secluded. Also somewhat given

& good Physical condition. July 30/93. Conduct
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was moved to C3, where he can be more closely watched.
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delusions. Wants to go home, believing he is held here without cause. Physical health very good.

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Oct 4/6 Weight 191 pounds (Still Gaining in flesh). Pulse 120. Oct 2/93. Visited by his wife today; was
" 11 very urgent in his request to be taken home: even threatening. Oct 11/93. Visited by the Priest.
" 18 Oct 18/93. Was today visited by his wife. Urgently requested to be taken home. "Did not know
" 31 why they kept him here". — Oct 31/93. Behavior now, & for some time past, very good. Talks
quite rationally most of the time. Attends Chapel; also dances & other entertainments.
Writes a few letters. Does not have so many "spells" as during preceding month. His
physical health is excellent. —

Nov 2/8 Nov 2/93. Weight 193 pds. Pulse 98. Nov 8/93. Incoherent in talk today & full of

(Carried to page 48)

1893

This man was brought h
-habit. Cause of the att
-paroysmal. There is no
manifested shortly after
and Sheehan. This is not
was detained in this (Roche
attack about 2 years ago, lasting 3 or 4 months
m January 26/91 to March 15/91. Disposed to injure others, appa-
rently from sudden passion. Is neither suicidal, filthy nor destructive.

* N.B. The cause of his being sent here before was intemperance. Was quiet, clean tidy & well-behaved. Was frequently visited by various relatives & the priest, always being quiet in their presence. Sometimes seemed somewhat irritated. (See Vol 15. p. 213. No 2592.)

Feb 11 Feb 11/93. Slept 7 hours last night, restless but 1 hour. By day, is very quiet; reads occasionally. Talks quite freely. Is eating well & regularly. Has no cough. Is clean. No bruises or injuries noted. Bowels normal.
" 12 Feb 12/93. Restless a couple of hours, sleeping 6 hours, last night. Am. Pulse 91. Appetite continues
" 13 good. Is quiet. Does not talk much except when addressed. Feb 13/93. Slept 5 hours last night, restless 3 hours or so. Am. Pulse 96. Went out walking with his ward today. Reads a good deal.
" 14 Bowels regular. Otherwise about as usual. Feb 14/93. Passed a fairly good night last night,
" 15 sleeping 7 hours. Am. Pulse 88. Behavior by day as usual. Feb 15/93. Slept well, 6 hours, last night. Am. Pulse 90. Is very quiet today. Talks but little. Bowels continue regular.
" 16 Feb 16/93. Wt today 180 pounds. Pulse 84. 7 PM. Pulse 86. Continues quiet by day. —
Mar 2/6 March 2/93. Wt 180 pds. Pulse 82. March 6/93. Has visited today by Father Fitzgerald. —
" 8 March 8/93. Was yesterday, visited by wife & daughter, and today by a friend.
" 13 March 13/93. Appeared in a rather chronic & mildly dull state of mind, with a few obscure
" 18 hallucinations. Was quite uniformly the same. March 18/93. For some time past, has been only occasionally somewhat restless at night, usually sleeping a full night. By day, has been
" 22 up & around. Clean tidy & well-behaved. Eats well & regularly. March 22/93. Has been more or
" 26 less irritable, restless & troublesome, the past 2 or 3 days. March 26/93. Has been quite restless & somewhat noisy the past 2 or 3 nights. Last night, pulled a fellow-patient out of bed & began fighting with him, Claimed that another fellow-patient (a man) was his wife. Got very much excited & was disturbed in other ways. This morning got in bed & connected with another fellow-patient & was masturbating. Has also masturbated a great deal. Claims various men as his wife. Consciousness is not much affected. Is in seclusion.
" 28 March 28/93. Has been noisy & restless the past 2 nights, sleeping none. By day, kept in seclusion. Is
" 31 much disturbed, demanding self, masturbating &c. Eats poorly. Tongue is coated. Mar 31/93. Attempt to get him out on the hall resulted in necessity of putting him back in the room, as he became ugly, de-
-structive & pugnacious.
Apl 4/13 Apl 4/93. Wt 197½ pds. Pulse 98. Apl 13/93. With occasional nights of restlessness & noisiness, has grown gradually more quiet & restful at night. Ugly, destructive, pugnacious & demanding himself for several days; was kept in seclusion. More recently, has become better behaved & is now out on the hall.
" 15/18 Apl 15/93. Visited today by friends & daughter. Apl 18/93. Today, visited by Father Fitzgerald. —
" 21 Apl 21/93. Upset his bed last night & when attendant went in to fix it, patient took the lantern and
" 22 ran up & down the hall, after first shutting attendant in the room. April 22/93. Troublesome in the

" 25 dining-room last night; was removed by force. April 25/93. Was ugly at bed time; had to be put to
" 27 bed, by force. April 27/93. Today, visited by a friend.
May 3/8 May 3/93. Wt 175½ pds. Pulse 76. May 8/93. Visited by the Priest today.
" 14/15 May 14/93. Today, visited by wife & friend. May 15/93. Habits on ward are filthy. Was ugly today and
" 22 breaking things on the hall. Was sent to C3 (in the day time). May 22/93. Has continued, nightly, more or less restless & noisy. Previous to his said removal to C3, was ugly, pugnacious & destructive and often in seclusion. Since last time, has, under close surveillance of him, been somewhat better behaved. Appetite is good and bowels regular. Is very anxious to go home. Physical health good.
" 31 May 31/93. Has recently had a "spell" of bad-behavior, breaking wall, in ward; destructive & ugly, abusing his fellow-patients. Complains of "pains all over him". Talks a great deal; is fairly coherent. Is dirty in his habits. Was recently (26th) visited by sister. Has been in seclusion 5 hours, this month.
June 1 June 1/93. Went home today, his wife taking him against the advice of the Physicians. Patient has not been allowed to go out walking for some time, as he tries to run away everytime he so goes out. Is persistently asking the Dr. why he cannot go home.
" 12/15 June 12/93. Was returned here today. June 15/93. From attached letter, it will be seen that wife regretted she did not take Doctors' advice in regard to her husband: this letter also gives account of patients' behavior and
" 30 conduct while on this trial visit. June 30/93. Since his return, he has been quite troublesome on the ward; quarrelsome & ugly, at times; requiring to be secluded. Also somewhat given to fault-finding. Health is very good.
July 4/30 July 4/93. Maintains his usual flesh & good physical condition. July 30/93. Conduct & behavior has not changed much. Is still troublesome & at times gets into quarrels & fights. Struck two of his fellow patients today & was moved to C3 where he can be more closely watched.
Aug 1/9 Aug 1/93. Wt today 180 pds. Pulse 90. Aug 9/93. Face scratched & bruised, in a fight with a
" 30/31 fellow-patient (Ralph), today. Aug 30/93. Visited by friends today. Aug 31/93. Is now very well-behaved; occasionally, however, gets excited & then uses bad language, but is not now quarrelsome. Remains quietly in his seat, nearly all day; sleeps a good deal; works a little on the ward. Some improvement in general conduct. Attends Chapel-services quite regularly. Still shows delusions. Wants to go home, believing he is held here without cause. Physical health very good.
Sep 2/30 Sep 2/93. Weight 188 pds (a gain of 6 pounds in past 4 weeks). Pulse 100. Sep 30/93. Continues to be very well-behaved. Has delusions, at times. Physical condition very good. Is very anxious to go home. Writes occasionally to that effect. "Can't see why he is kept here". "Nothing the matter with me"; "never was crazy, etc". —
Oct 1/7 Weight 191 pounds (2 lbs Gaining in flesh). Pulse 120. Oct 7/93. Visited by his wife today; was
" 11 very urgent in his request to be taken home: even threatening. Oct 11/93. Visited by the Priest.
" 18 Oct 18/93. Was today visited by his wife. Urgently requested to be taken home. "Did not know
" 31 why they kept him here". — Oct 31/93. Behavior now, & for some time past, very good. Talks quite rationally, most of the time. Attends Chapel; also dances & other entertainments. Writes a few letters. Does not have so many "spells" as during preceding month. His physical health is excellent. —
Nov 7/8 Nov 7/93. Weight 193 pds. Pulse 98. Nov 8/93. Incoherent in talk today & full of

(Carried to page 48)

Personal and Medical History of Alfred J. Arbuckle

Whole No. 3265

Residence, 48. E. Elizabeth St. St Paul

Date Admission, 10th February 1893.

Admitted by Dr Sheeps. Hour, 7.30 PM

How Sent, John B. Oliver, Jo Pl, Ramsey County

Sex, Male

Age, 39

Civil Condition, Single

Children, No.

Age Youngest Child,

Occupation, None

Degree Education,

Profession Religion, Unknown

Habits, Temperate

Nativity, U.S.

Physicians Committing, Geo. J. Hanley & J. C. Markoe

Correspondents, Lillie J. Arbuckle (Sister in law) 48 East Elizabeth St.

No. for Year, 177

Insane Relatives, Unknown

Cause Exciting, Congenital

Cause Predisposing,

Form, Imbecility

Accompanying Bodily Disorder, Chorea

Suicidal or Not, Not

Date of this Attack, Always So.

Duration, always.

No. of Attack, "

No. of Admissions, 1

Age First Attack, ?

Time of Leaving, May 16" 94 Taken to the School for Defectives

Time in Hospital, 1y, 3m. 6d at Faribault

Result, Imp. by Dr Keaney. Oct 8th

EXAMINATION ON ADMISSION.

Exd by Dr Sheeps Febry 20/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Feeble

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Seems Correct

Recent Events, Seems Correct

Special Subjects, Seems Correct

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, What of feeble-minded-ness -

Own Mental State, What of feeble-minded-ness -

Special Subjects, What of feeble-minded-ness -

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Feeble

DELUSIONS:

Systematized or Not, None probably.

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: only with difficulty and feeble minded -

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Alfred J. Arbuckle

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Rather poor.

WOUNDS OR ABNORMALITIES, large scar on left Shin

TONGUE, Tremors, No marked Coatings, none Promptness Movement, Prompt

PUPILS, Equality, Size, rather dilated

Response Light, Sluggish Accommodation,

SIGHT, Can read Probably fair

HEARING, Fair

CO-ORDINATION, Arms, Choreaic movements to intense that no tests can be

Legs, made under this head.

TREMORS, Hands, none noteable as a par Tongue, now

Facial Muscles, No Choreaic movements General, —

REFLEXES, Patellar, & - D. Ps Scale

Other Reflexes,

ARTICULATION, Hesitating, Slurred, Effort & only 1 or 2 words at a time. Somewhat & is only with much effort

FACIAL EXPRESSION, Markedly imbecile in Character.

SENSIBILITY,

HEART, about normal

LUNGS, about normal

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Constipated, Somewhat 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, Mother dead —

Father or Pat. Relations, Father dead —

Brothers or Sisters,

Personal and Medical History of Alfred J. Arbuckle

1893

This man was brought by a deputy Sheriff. History of case is somewhat meagre. Is of temperate habits. Supposed cause of this attack is Congenital; form is chronic; Has chorea. Has always been in this state. Is now feeble-minded. Is neither disposed to injure others, nor suicidal, nor filthy nor destructive; has not been confined or restrained. Not known if he has been under medical treatment.

Feb 11 Feb 11/93. Did not sleep any last night. Am. Pulse 94. R 20. Te 100. Is quiet. Talks very little. appetite very good, but seems to have difficulty in swallowing. Coughs some at night. Bodily condition dirty. No bruises or injuries visible. Bowels costive. Feb 12/93. Passed a quiet & restless night, sleeping 5 hours last night. Am. Pulse 90. R 20. Te 99.4. Has slight headache, otherwise feels quite well. Appetite

" 13 Continues good. Food consists of bread & milk. Feb 13/93. Restless for an hour or so, sleeping 7 hours last night. Am Pulse 90. R 20. Te 98.8. Is very quiet; Complains of pain in head, back & legs. appetite

" 14 good, tho' he still has trouble in swallowing food. Bowels constipated. Feb 14/93. Again restless for 1 hour, sleeping 7 hours last night. Am Pulse 78. R 20. Te 98.6. Continues very quiet by day. Appetite very good. Bowels moved this morning.

" 15 General appearance good. Feb 15/93. Passed quite a good night last night, but little restless. Am. Pulse 88 R 21 Te 99.

" 16 Is quiet: appetite good. Is feeling well. Feb 16/93. Am. Pulse 76 R 19 Te 99.8. Says, quite often he is feeling good.

" 17 Feb 17/93. Am. Pulse 78 R 20 Te 98.8; has slight headache; appetite continues good; bowels irregular.

" 20 Feb 20/93. For past 3 nights has rested well & slept nearly a full night at each.

Mar 7 March 7/93. Wt 123½ lbs. Pulse 74. Mar 7/93. Has a severe leg; pains him considerably & is very restless —

" 11/13 Skin is broken in one place. March 11/93. Had a fight with a fellow-patient to day. Mar 13/93. Has Erythema of leg; given a dusting powder. Has been exactly the same, during all of this stay here.

" 18 Mar 18/93. For past 4 weeks or so, has been nightly, more or less restless & disturbed, sleeping 4.5 or 5 hours, rarely 7 hours. For the past few nights, however, is somewhat more restful and is sleeping better.

Apl 4/14 Apl 4/93. Wt 126½ pds. Pulse 72. Apl 14/93. Is quiet at night; appears restful & sleeps well. Sits in one place by day. Seems fairly good natured & desirous of talking; attempted speech almost unintelligible, on account of his motor disturbance. All attempts at movements are accompanied with marked involuntary movements. The involuntary movements of the hands & fingers result in a marked hyper-extension of the fingers, bending markedly backwards.

" 21 Apl 21/93. Complains, to day, of a sore back (result of being punched on by a fellow-patient). —

" 25 plaster applied. Apl 25/93. Fell against a door to day & cut his head.

May 3/8 May 3/93. Wt 130½ pds. Pulse 86. Is still steadily gaining in weight. May 8/93. Visited today by brother.

" 22 May 22/93. Continues quiet & apparently sleeps well at night. In other respects about the same. The weather being warmer, patient is now able to get out, and sits on a chair out on the green. — " —

" 31 May 31/93. Patient rests & sleeps well, at night. Appetite good. Is, at times, costive. Cannot feed himself in consequence of choreic movements. Is well-behaved, quiet & inoffensive. Habits clean. Talks freely, but with considerable impediment in his speech, which makes it difficult to understand what he says. ——

June 30 June 30/93. Keeps about as usual. Goes out occasionally, into the grounds.

July 31 July 31/93. There is no change to note in either physical or mental condition; Lives along quietly & contentedly here. Sits outside occasionally during the fine weather.

Aug 5/14 Aug 5/93. Wt 127½ lbs. Pulse 60. Aug 14/93. Appetite fair; bowels constipated. No cough noticed.

" 31 Is well behaved. Talks readily but with great difficulty. Is cleanly in habits. Aug 31/93. No change to note.

Personal and Medical History of Alfred J. Arbuckle

1893

Sep 14/ Sep 4/93. Weight 174 pounds, (a slight loss). Pulse 60. Sep 11/93. Appetite good. Bowels regular now.

" 20 Had some pain in back & kidneys; liniment given for same. Sep 20/93. Patient was today

" 30 struck by a fellow-patient (Thomas Miland) on the left eye, causing a black-eye. Sep 30/93. He keeps about the same, from month to month. Seems quite contented here.

Oct 3/ Oct 3/93. Wt 129 pds (has made a gain). Pulse 82. Oct 4/93. Two brothers visited him, today.

" 31 Oct 31/93 No change to report in patients' condition. —

Nov 7/23 Nov 7/93. Wt 129 pds. Pulse 92. Nov 23/93. Patient was, today, knocked off the table by another patient

" 30 (Nick Koster) and was hurt slightly. Nov 30/93. Appetite good; bowels regular. Talks incoherently but quite rationally. Is well behaved and is also cleanly in his habits. ——

Dec 31/ Dec 7/93. Wt 129½ pds. Pulse 90. Dec 31/93. No change to note, during the past month. ——

Jan 1/28 Jan 1/94. Wt 131 " " 76 - Jan 28/94. Is occasionally troubled with constipation. Patient was

seized, this morning, with an apparently hysterical convulsive fit, which lasted about 2 hours. He remained in bed during the day & complained of sickness at stomach and a severe headache.

" 29 Jan 29/94. Was, this afternoon, seized with a similar fit: not, however, so severe as the former one; it lasted only about ½ an hour. He had a passage of the bowels and is now (8 PM) considerably relieved. Jan 31/94. Patient is still in bed. No change to report in mental condition.

Feb 1/28 Feb 1/94. Wt 118½ lbs. Pulse 76. (wt taken in underclothes). Feb 28/94. Patient got up from his bed during the early part of this month & has remained up & out ward daily. No further spells have occurred, though he quite often complains of headache. Still finds great difficulty in using his hands or legs, owing to the Choreic Movements. Is very cleanly in his habits. On the whole, does not improve any.

Mar 1/ March 1/94. Wt 127 pounds - Pulse 74. Patient was vaccinated on the 26th ult. Mar 6/94. Was

" 31 pulled off his chair today, by another patient (Joseph Peers) & received a slight shock from the fall on the floor. March 31/94. Physical & mental condition of patient show no change, at this date.

Apl 1/30 April 1/94. Wt 130 pounds (has recovered his lost flesh). Pulse 91. Apl 30/94. No material change to note

May 1/16 May 1/94. Wt 131 " Pulse 68. May 6/94. Appetite good; bowels regular. Choreic movements still continue, accompanied with violent jerky movements of head, body & limbs. Behavior is good; he is careful to give as little trouble as possible & is very sensitive as to his infirmity. Talks very indistinctly, and is very childish; almost imbecile; in his manner. Is cleanly in his habits.

Was today transferred to State School for Defectives at Farebault

Discharged

Personal and Medical History of E. A. Mayer

Whole No. 3269

Residence, 1114 Hawthorne Ave, City

Date Admission, 13th February 1893.

Admitted by D. Phelps Hour, 7 PM.

How Sent, John H. Stelle Jopl., Hennepin Co.

Sex, male

Age, 30

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, Bookkeeper

Degree Education,

Profession Religion, None

Habits, Good

Nativity, Germany

Physicians Committing, A. P. Williamson & W. A. Jones

Correspondents, was with Dow Stacey & Co Minneapolis



No. for Year, 181.

Insane Relatives, none; parents living; well.

Cause Exciting, unknown; perhaps overwork

Cause Predisposing, not stated

Form, Paranoia via (per examination Wash)

Accompanying Bodily Disorder, none apparent

Suicidal or Not, not.

Date of this Attack, came on about one year ago.

Duration, about one year.

No. of Attack, 1st So far as known

No. of Admissions, 1st

Age First Attack, about 29.

Time of Leaving,

Time in Hospital,

Result,

7/14/93
L. J. Fowle Mpls
Chamber of Commerce

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps Feb 23/93

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear ordinary subject

Quick or Sluggish, quick

MEMORY:

Past Events, Good

Recent Events, Good

Special Subjects, Good

PERCEPTIVITY:

Alert or Dull, alert

Correct or Illusive, Correct as ordinary subject

REASONING POWER:

Ordinary Subjects, a little impaired

Own Mental State, Considerably impaired

Special Subjects, Delusions

EMOTIONAL STATE:

Normal, Calm about normal now; readily excitable at time of admission —

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, Systematized

Special Subjects, Yes

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent in form

Voluble or Reticent, About normal in quantity.

GENERAL DESCRIPTIVE REMARKS:

And only exhibits delusions in connection with the subject of mesmerism Control, by which he thinks other diseases are felt by him & other people read his thoughts & that an indefinite number of other people mesmerize as a means. Has quieted down some since coming here.

Personal and Medical History of E. A. Mayer

EXAMINATION ON ADMISSION. (Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 5 in. WEIGHT, 139 lbs. NUTRITION, Good

WOUNDS OR ABNORMALITIES, none

TONGUE, Tremors, Considerable fine Coatings, none Promptness Movement, prompt

PUPILS, Equality, Equal Size, slightly dilated

Response Light, quite readily respond Accommodation,

SIGHT, Good

HEARING, Good

CO-ORDINATION, Arms, Finger to nose Eyes shut, good.

Legs, Standing unfoot, good. Standing, Eyes shut, good.

TREMORS, Hands, fine Tongue, Considerable fine

Facial Muscles, General,

REFLEXES, Patellar, Equal - 3 or 4 D. T. Scale

Other Reflexes,

ARTICULATION, Hesitating, no ~~Slurred,~~ good

FACIAL EXPRESSION, good

SENSIBILITY,

HEART, sounds slightly accentuated.

LUNGS, good

EXAM. URINE,


Taken 1898

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, yes Ca

BOWELS, Normal, yes Constipated, Irr

APPETITE, Good, yes Medium, Poor,

SLEEP, Good, yes, has been Poor, Irregular,

PULSE, about 80. 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, mother living — healthy.

Father or Pat. Relations, father living — also healthy.

Brothers or Sisters, all well — none sick ever.

1893 This patient was brought here by Deputy Sheriff Lewis Masick, with following history. Is single. By occupation a book-keeper. Of good habits. No history of heredity. Cause of this attack, unknown; perhaps mania-a-potu. Form is chronic. No accompanying bodily disorder or disease apparent; first symptoms of disease manifested by hallucinations of hearing & of sight; delusions of suspicion & persecution; came on about one year ago. This is 1st attack, so far as known. Insanity is now manifested by General delusions, Electricity, Magnetism, Suspicion, Free Masons &c. Neither disposed to injure others, nor suicidal, nor filthy, nor destructive, nor has ever been restrained or confined, nor under medical treatment. Has been a book-keeper for Paul Hasey & Co, Minneapolis and for past year his disposition and character have changed. Note. Patient claims that his sexual apparatus is abright(?). Denies mania-a-potu. Is talkative and tells everyone of his hallucinations. Says more than 100 000 can read his thoughts and that he is constantly mesmerized by individuals. He has no relatives here, and no history can be obtained of his early life.

Feb 14/93 Feb 14/93. Passed last night quietly, sleeping 8 hours. Says he is not crazy & is unjustly incarcerated. Wants to write letters to his lawyer & others & procure his release. Reads some. Walks about ward. Talks with his fellow-patients. Appetite fair; bowels regular. Has no cough. Bodily condition clean. No bruises or injuries seen. (See attached letter)

" 15 Feb 15/93. Quiet & slept 7 hours last night. Ans. Pulse 84. Talks considerably. Appetite good. Bowels regular.

" 16 Feb 16/93. Restless for an hour or so, out of bed, wanting to dress, but slept 7 hours last night. Ans. Pulse 76. Conduct & behavior by day as usual. Feb 17/93. Slept 8 hours last night. Was quiet. Ans. Pulse 74. Plays games; reads.

" 18 Is quite talkative. Works in dining-room; appetite good. Feb 18/93. Slept 7 hours last night; restless & out of bed for an hour or so. Ans. Pulse 84. Feb 19/93. Quiet & restful, sleeping 8 hours last night. Ans. Pulse 72. Bowels still

" 20/27 quite regular. Feb 20/93. Ans. Pulse 96. Feb 27/93. Has continued uniformly quiet & restful at night, sleeping 8 hours. Has also been quiet & well-behaved by day; very clean, neat & tidy. Was transferred to A. today. March 2/93. Is very urgent in his requests to be allowed to go, and work: says he cannot

Mar 2/ afford to be idle. Weight today 137½ pds. Pulse 72. March 13/93. admits "hypnotic influence" brought him here.

" 13 Says "it is true" - tries to be pleasant but with the Dr. He has probably changed almost none since the time of his coming. Still holds the ideas that he was controlled or hypnotized, or was a kind of medium through whom other peoples' ideas went. Aside from these ideas, seems to have a quite fair degree of mental strength. Mar 17/93

" 17 (See attached letter in which he speaks of this influence).

Apl 1/4 Apl 1/93. See attached lengthy letter, giving, in detail, his delusions &c. Apl 4/93. Wt 140 pds. Dull.

" 18 Apl 18/93. Quiet & well-behaved; of good personal habits. Gets quite excited at times, over any misuse by "annihilating question"; as e.g. Charging nocturnal emissions to interference by others through

" 20 unusual magnetism - April 20/93. Complains of a pain in his back: given plaster to apply.

May 3/ May 3/93. Wt 143½ pds. Pulse 80. May 5/93. Is leaving to go home.

" 7/9 May 7/93. Was quite noisy for an hour or so, last night. May 9/93. Is very troublesome & annoying. Irritable.

" 22 May 22/93. With this one exception, has been quiet & seemed to eat & sleep well. Apparently still holds to his delusions as tenaciously as ever, though he does not so frequently broach the subject. Is in

" 31 good physical health. — May 31/93. Sleep & appetite are good. Bowels regular. Has the idea that one is trying to mesmerize him all the time. One forenoon when attendant has opened patients' door, the latter will come out & say "Well, they were working on me again, last night" - When asked whom he means, replies he does not know. Gets angry very easily.

NAME E. A. Mayer

DATE. 1893	Weight.	Pulse.	Gain.	Loss.
June 5th	143	90		½
July 3d	137½	94		5½
Aug 5th	136	65		1½
Sept 1st	136	84		—
Oct 4th	136	74		—

...mentioned!

...wishes to ...w to a few ...from the ...o proper ...not taken ...ives of theirs ...ous freedom ...their State ...ble to prosecute ...mates of ...unless they ...ot only ...age of ...to the ...died only ...s, or to ...were crazy or the victims ...of the Outside - but also the ...protection of Every individual Organ of the body, while ...detained from liberty - or from ...looking after themselves. —

(over

...t the Asylum of In- ...ork of supposed gen- ...oson. ...hetism me is the cause. ...r some information ...e, which was not read ...in in about 1/2 hour ...RUSTED IN GENTLEMEN & ...have forgotten, or ...s proceedings, without ...his. I have written to ...etter go and see him. ...esmerism, is plentifully ...akerading Greenhorns. ...ut as soon as possible, ...e, also I lose a po- ...l promptly be settled,

...ours,

'93.

little farther and giving my view, as to how this might be operated. They went to right and signed papers, after which one of the Physicians said that it would be better if I would leave town for some time, as they did not consider me quite well. I protested on the grounds that they did not consider me quite well, also going to a Hospital of their intention, would

Oct 1/31 Oct 31/94 Wt 135 pds. Pulse. Oct 31/94. Of late has expressed a desire to study & has written to some friend for some particular books. He now remains in his room most of the time, studying. Delusions seem as prominent as ever. He is quiet well behaved but easily agitated. Habits clean. Works some.

(carried to 75)

1893

This patient was brought here by Deputy Sher[iff]
Is single. By occupation a book-keeper. [illegible]
attack, unknown; perhaps mania. Fr[om]
apparent; first symptoms of dise[ase]
of suspicion & persecution; cause an abs[ence]
-nity is now manifested by General
Neither disposed to injure others, nor s[uicide]
or emphasis, nor under medical treatment. [illegible]
and for past year his disposition and character
sexual apparatus is alright(?). Denies mania.
Says more than 100 000 can read his thoughts and that he
has no relatives here, and no history can be obtained

Feb 14/93 Feb 14/93. Passed last night quietly, sleeping 8 hours. Says his no[illegible] his majesty incarcerated. Wants to write letters & his lawyer & others & procure his release. Reads some. Walks about ward. Talks with his fellow-patients. appetite fair; bowels regular. Has no cough. Bodily condition clean. No bruises or injuries seen. (See attached letter)

" 15 Feb 15/93. Quiet & slept 7 hours last night. Ans. Pulse 84. Talks considerably. Appetite good. Bowels regular.

" 16 Feb 16/93. Restless for an hour or so, out of bed, wanting to dress, but slept 7 hours last night. Ans. Pulse 76. Conduct & behavior by day as usual. Feb 17/93. Slept 8 hours last night. Was quiet. Ans. Pulse 74. Plays games; bad.

" 18 Is quite talkative. Takes in dining-room; appetite good. Feb 18/93. Slept 7 hours last night; restless & out of bed

" 19 for an hour or so. Ans. Pulse 84. Feb 19/93. Quiet & restful, sleeping 8 hours last night. Ans. Pulse 72. Bowels still

" 20/27 quite regular. Feb 20/93. Ans. Pulse 96. Feb 27/93. Has continued uniformly quiet & restful at night, sleeping 8 hours. Has also been quiet & well-behaved by day; very clean, neat & tidy. Was transferred

Mar 2 to A. today. March 2/93. Is very urgent in his requests to be allowed to go, and work: says he cannot

" 13 afford to be idle. Weight to day 137½ pds. Pulse 72. March 13/93. admits "hypnotic influence" brought him here. says "it is true" - tries to reassure us with the Dr. He has probably changed about some since the time of his coming. Still holds the ideas that he was controlled or hypnotized, or was a kind of medium through whom other peoples' ideas went. Aside from these ideas, seemed to have a quite fair degree of mental strength. Mar 17/93 (See attached letter in which he speaks of this influence).

Apl 1/93 Apl 1/93. See attached lengthy letter, giving, in detail, his delusions &c. Apl 4/93. Wt 140 pds. Pulse 94.

" 18 Apl 18/93. Quiet & well-behaved; of good personal habits. Gets quite excited at times, over any

" 30 mania by "animalism quietism"; as e.g. Charging nocturnal emissions to interference by others through

May 3/5 animal magnetism - April 20/93. Complains of a pain in his back: given plaster to apply.
May 3/93. Wt 143½ pds. Pulse 80. May 5/93. Is to sing to go home.

" 7/9 May 7/93. Was quite noisy for an hour or so, last night. May 9/93. Is very troublesome & annoying. Irritable

" 22 May 22/93. With this one exception, has been quiet & seemed to eat & sleep well. Apparently still holds to his delusions as tenaciously as ever, though he does not so frequently broach the subject. Is in

" 31 good physical health. — May 31/93. Sleep & appetite are good. Bowels regular. Has the idea some one is trying to mesmerize him all the time. Once each morning when attendant has opened patients' door, the latter will come out & say "Well, they were working on me again, last night" - When asked what he means, replies he does not know. Gets angry very easily.

To the Public & last mentioned!

The undersigned wishes to direct Public Attention to a few facts, which need it from the people themselves, to proper care seems not yet taken by the Representatives of this to give judicious freedom to the Physicians of their State Hospitals " to be able to preserve the health of the Inmates of said Institutions, (unless they prefer suicide) (&), not only the appetite & passage of bowels ! which, thanks to the Physicians, is in splendid order now all the wards, & to get rid of their crazed or fanatical ideas of the Outside - but also the protection of Every individual Organ of the body, while detained from liberty - & from looking after themselves. —

(over

'93.

t the Asylum of In-
ork of supposed gen-
oson.
netis me is the cause.
r some information
e, which was not read
in in about 1/2 hour
RUSTED IN GENTLEMEN &
have forgotten, or
proceedings, without
his. I have written to
tter go and see him.
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akerading Greenhorns.
ut as soon as possible,
e, also I lose a po-
l promptly be settled,

ours,

little farther and giving my view, as to how this might be operated. They went to right and signed papers, after which one of the Physicians said that it would be better if I would leave town for some time, as they did not consider me quite well. I protested on the grounds that they did not consider me quite well, also going to a Hospital of their intention, would consider me quite well,

Oct 1/3 Oct 1/94 Wt 135 pds. P. 78. Oct 3/94. Patient has expressed a desire to study & has written to some friend for some particular books. He now remains in his room most of the time, studying. Delusions seem as prominent as ever. He is quiet well behaved but easily agitated. Habits clean. Works some.

(carried to 76)

1893 This patient was brought here by
Is single. By occupation a book-Keep
attack, unknown; perhaps maniacal. For
apparent; first symptoms of disease m
of suspicion & persecution; came on about an
-nity is now manifested by General deli
Neither disposed to injure others, nor suic
& confusion, nor under medical treatment. Ha
and for past year his disposition and character h
sexual apparatus is abright(?). Denies maniacal. Is narrative and tells everyone of his hallucinations.
Says more than 100 000 can read his thoughts and that he is constantly mesmerized by individuals. He
has no relatives here, and no history can be obtained of his early life.

Feb 14/93 Feb 14/93. Passed last night quietly, sleeping 8 hours. Says he's not crazy & his majesty incarcerated. Wants to write letters to his lawyer & others to procure his release. Reads some. Walks about ward. Talks with his fellow-patients. Appetite fair; bowels regular. Has no cough. Bodily condition clean. No bruises or injuries seen (See attached letter)

" 15 Feb 15/93 Quiet & slept 7 hours last night. Ans. Pulse 84. Talks considerably. Appetite good. Bowels regular.

" 16 Feb 16/93. Restless for an hour or so, at 6 o'clock, wanting to dress, but slept 7 hours last night. Ans. Pulse 76. Conduct & behavior by day as usual. Feb 17/93. Slept 8 hours last night. Was quiet. Ans. Pulse 74. Plays games; reads.

" 18 Is quite talkative. Walks in dining-room; appetite good. Feb 18/93. Slept 9 hours last night; restless & out of bed

" 19 for an hour or so. Ans. Pulse 84. Feb 19/93. Quiet & restful, sleeping 8 hours last night. Ans. Pulse 72. Bowels still

" 20/27 quite regular. Feb 20/93. Ans. Pulse 96. Feb 27/93. Has continued uniformly quiet & restful at night, sleeping 8 hours. Has also been quiet & well-behaved by day; very clean, neat & tidy. Was transferred

Mar 1 to A. today. March 2/93. Is very urgent in his requests to be allowed to go, and work: says he cannot

" 13 afford to be idle. Weight to day 137½ lbs. Pulse 72. March 13/93. admits "hypnotic influence" brought him here.

" 17 Says "it is true" - tries to reason out with the Dr. He has probably changed about how since the time of his coming. Still holds the ideas that he was controlled or hypnotized, or was a kind of medium through whom other peoples' ideas went. Aside from these ideas, seemed to have a quite fair degree of mental strength. Mar 17/93 (See attached letter in which he speaks of this influence).

Apl 1/4 Apl 1/93. See attached lengthy letter, giving, in detail, his delusions &c. Apl 4/93. Wt 140 lbs. Dull.

" 18 Apl 18/93. Quiet & well-behaved; of good personal habits. Gets quite excited at times, over any

" 20 menace by "animalcula quticini"; as e.g. Charging nocturnal emissions to interference by others through

Animal magnetism - April 20/93. Complains of a pain in his back: given plaster to apply.

May 3/5 May 3/93. Wt 143½ lbs. Pulse 80. May 5/93. Is teasing to go home.

" 7/9 May 7/93. Was quite noisy for an hour or so, last night. May 19/93. Is very troublesome & annoying. Irritable.

" 22 May 22/93. With this one exception, has been quiet & seemed to eat & sleep well. Apparently, still holds

" 31 this delusions as tenaciously as ever, though he does not so frequently broach the subject. Is in good physical health. — May 31/93. Sleep & appetite are good. Bowels regular. Has the idea that someone is trying to mesmerize him all the time. On several mornings when attendant has opened patients' door, the latter will come out & say "Well, they were working on me again, last night" - When asked what he means, replies "he does not know." Gets angry very easily.

P. Kelly's [illegible] Whom Attendant

Rochester Minn Nov 1/93

Chas Backe Esq
Editor Free Press Herold
Minneapolis Minn

Dear Sir:- Will you kindly publish in your paper the below stated request to forward copy to Mpls Evening Journal & Mpls Tribune by which I cannot help showing my teeth & hope things are settled in style of "Potato War" without much blood.:

not loss a front tooth.
I wanted to pay for to prevent delay & wrestling for it until Matters are properly fixed by the state, in paying for myself even I cannot get it on account some "little lyre in the road". Why I would like to know. It is the hardest thing for me to find out.
It seems ridiculous, but

ed. — Undoubtedly you have
of my being kidnapped
the Court house in February
& am held here in the
elkäfig" feeling occasional
boking some bodys ear.
With best regards to
Guldbrandsson Yours &c.
E Adolf Mayer
of Staff of Free Press Herold

E. A. Mayer

See "Letter file" for articles written on what patient terms "Symptoms of Touch" (about Sep 10/94)

little farther and giving my view, as to how this might be operated. They went to right and signed papers, after which one of the Physicians said that it would be better if I would leave town for some time, as they did not consider me quite well. I protested on the grounds that they did not consider me quite well, also going to a Hospital of their intention, would

Oct 1/3 Oct 1/94. Wt 135 lbs. P. 78. Oct 31/94. Of late has expressed a desire to study & has written to some friends for some particular books. He now remains in his room most of the time, studying. Delusions seem as prominent as ever. He is quiet well behaved but easily agitated. Habits Clean. Works some.
(carried to 76)

1893 This patient was brought here by p
Is single. Occupation a book-keep
attack, unknown; perhaps maniacal. For
apparent; first symptoms of disease ma
of suspicion & persecution; came on about one
nity is now manifested by General delu
Neither disposed to injure others, nor suici
or confined, nor under medical treatment. Has
and for past year his disposition and character h
sexual apparatus is abnormal(?). Denies maniacal. Is talkative and tells everyone of his hallucinations.
Says more than 100 000 can read his thoughts and that he is constantly mesmerized by individuals. He
has no relatives here, and no history can be obtained of his early life.

Feb 14/93 Feb 14/93. Passed last night quietly, sleeping 8 hours. Says he is not crazy & his impiety incarcerated. Wants to write letters to his lawyer & others & procure his release. Reads some. Walks about ward. Talks with his fellow-patients. appetite fair; bowels regular. Has no cough. Bodily condition clean. No bruises or injuries seen. (See Att. asked Letter)

" 15 Feb 15/93 Quiet & slept 7 hours last night. Ate. Pulse 84. Talks considerably. Appetite good. Bowels regular.

" 16 Feb 16/93 Restless for an hour or so, sat up in bed, wanting to dress, but slept 7 hours last night. Ate. Pulse 76. Con-

" 17 duct & behavior by day as usual. Feb 17/93. Slept 8 hours last night. Was quiet. Ate. Pulse 74. Plays games; read

" 18 Is quite talkative. Walks in dining-room; appetite good. Feb 18/93 [illegible]

" 19 for an hour or so. Ate. Pulse 84. Feb 19/93. Quiet & restful, sleep

" 20/ 20 quite regular. Feb 20/93. Ate. Pulse 96. Feb 27/93. Has co

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Mar 2 to A[te] today. March 2/93. Is very urgent in his request

" 13 afford to be idle." Weight today 137½ pds. Pulse 72. March 13/

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still holds the ideas that he was controlled or hypnotized, & wa

" 17 people's ideas went. Aside from these ideas, seems to have a

(See attached letter in which he speaks of this influence).

Apl 1/93 Apl 1/93. See attached lengthy letter, giving, in detail,

" 18 Apl 18/93. Quiet & well-behaved; of good personal habi

nuisance by "annihilating quietism"; as e.g. Charging nocturnal emissions to interference by others through

" 20 mental magnetism - April 20/93. Complains of a pain in his back; given plaster to apply.

May 3/ May 3/93. Wt 143½ pds. Pulse 80. May 5/93. Is leaving to go home.

" 7/ May 7/93. Was quite noisy for an hour or so, last night. May 19/93. Is very troublesome & annoying. Irritable

" 22 May 22/93. With this one exception, has been quiet & seemed to rest & sleep well. Apparently still holds

to his delusions as tenaciously as ever, though he does not so frequently broach the subject. Is in

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trying to mesmerize him all the time. One special morning when attendant has opened patient's door,

the latter will come out & say "Well, they were working on me again, last night". When asked what

he means, replies "he does not know." Gets angry very easily.

Rochester Minn Nov 1/93

Chas Bacon Esq
Editor Evening Press Herald
Minneapolis Minn

Dear Sir:- Will you kindly publish in your paper the below stated request to forward copy to Mpls Evening Journal & Mpls Tribune by which I may help showing my teeth & how things are settled in style of "Pickwick Papers" without much bloodshed. - "Undoubtedly you have heard of my being kidnapped at the Court House in February last & am held here in the "Vogelkäfig" feeling occasionally like poking some bodys eyes.

With best regards to you & Mr Guldbrandsen I am yours

E Adolf Mayer
formerly of Staff of Evening Press Herald

not lose a front tooth.

I wanted to pay for to prevent delay in settling for it until Matters are properly fixed by the state, in paying for myself even I cannot get it on account some "little Lyre in the road". Why I would like to know. It is the hardest thing for me to find out.

It seems ridiculous, but is after all necessary.

Please do make an inquest & be assured that no extreme is within, In the addressed I desire to inclose specially Hon[ble]s Loren Fletcher & J. Kelly as "the fathers of the State". Yours truly

E Adolf Mayer
Minn Hospital Rochester Minn

Please forward to Postmaster Gentlemen

P. Kelly's Esq
Whom Attorneys

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little farther and giving my view, as to how this might be operated. They went to right and signed papers, after which one of the Physicians said that it would be better if I would leave town for some time, as they did not consider me quite well. I protested on the grounds that they did not consider me quite well, also going to a Hospital of their intention, would

Oct 31 Oct 31/93 Wt 135 pds. P. 78. Oct 31/93. Of late has expressed a desire to study & has written to some friend for some particular books. He now remains in his room most of the time, studying. Delusions seem as prominent as ever. He is quiet well behaved but easily agitated. Habits clean. Works some.

(carried to 75)

1893

This patient
Is single. Boy
attack, unknown
apparent; first
of suspicion of persec
-nity is now many
Neither disposed to
or confined, nor under
and for past year his de
sexual apparatus is abnorm
Says more than 100 000 can hear
Has no relatives here, and no

Feb14/93. Passed last night quietly
letters to his lawyer & others & procure release. Hears sounds. Talks about ward. Talks with his fellow-patients.
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" 15 Feb15/93. Quiet & slept 7 hours last night. Ans. Pulse 84. Talks considerably. Appetite good. Bowels regular.
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Mar 2 to A. today. March2/93. Is very urgent in his requests to be allowed to go, and work: says "he cannot
" 13 afford to be idle". Weight today 137½ lbs. Pulse 72. March13/93. admits "hypnotic influence" brought him here.
Says "it is true" - tries to reason it out with the Dr. He has probably changed almost none since the time of his coming.
Still holds the ideas that he was controlled or hypnotized, or was a kind of medium through whom other
" 17 peoples' ideas went. Aside from these ideas, seems to have a quite fair degree of mental strength. Mar17/93
(See attached letter in which he speaks of this influence).
Apl 1/4 Apl1/93. See attached lengthy letter, giving, in detail, his delusions &c. Apl4/93. Wt 140 lbs. Pulse 94.
" 18 Apl18/93. Quiet & well-behaved; of good personal habits. Gets quite excited at times, over any
music by "annihilena quietism"; as e.g. Charging nocturnal emissions to interference by others through
" 20 Animal magnetism - April 20/93. Complains of a pain in his back. given plaster to apply.
May 3/5 May3/93. Wt 143½ lbs. Pulse 80. May5/93. Is teasing to go home.
" 7/9 May7/93. Was quite noisy for an hour or so, last night. May9/93. Is very troublesome & annoying. Irritable.
" 22 May22/93. With this one exception, has been quiet & seemed to eat & sleep well. Apparently, still holds
to his delusions as tenaciously as ever, though he does not so frequently broach the subject. Is in
" 31 good physical health. —— May31/93. Sleep & appetite are good. Bowels regular. Has the idea that some one is
trying to mesmerize him all the time. One special morning when attendant has opened patients' door,
the latter will come out & say "Well, they were working on me again, last night" - When asked what
he means, replies "he does not know." Gets angry very easily.

Dear Doctor this case
is worthy of as valuable
a study as when at first
being as worthy of as valuable
of the U.S.A. when at first
the Commissioner should institute
Will should institute
For some time I have
— notice it will take
to have two or three days to
to have two or three days to
to put the finishing
to put the finishing
from can be lost, without
from can be lost, without
from can be lost, without

...ster, April 1893.

Dr Baker!

Please enclose a Draft or a $7.00 (Two) Bill in my Letter addressed to N. M. Lyon Minneapolis out of some Deposit I have in the office.

Respectfully
E. A. Mayo

Rochester Minn March 17/93.

God damned Bores Hooped are mourning round one me by means of Animal Magnetism that I can scarcely control myself worsed in here or since & and here that when in my office

...has been duly received. Note in ...making more detailed statement ...pondence, I stopped believing ...it for time being; also there migh... ...to give me work until I would ... The latter, most likely I have ... to run short all around. Noth... ...met me, being three months on ...making a move; reason of delay ...yed from earing my weekly salary, ...ides my everyday living and ex... ...me more disastrous than to any ...nconvenience of being so long de... ...or insane, and as such, in public ...ot do any good. I may have it ...made with care, as the burden of ...ht be thrown on me, and cause delay ...ook to be the origin of misunder... ... toward my complaint. I truely ...But operated so that it effects dif... ...n make it understood quickest and ...appenings on me for some time, not... ...nvinced of 1st my unbelief being ...top and that so much lawlessness ...etism or mesmerism; Hypnotism, ...t is a metaphysical means, or power ...first apply to societies in general ...s I considered them of good nature ...uld notsee how in the world they ... My learning to know about these ...was, I dare say masonic help, ...or. The ballance of your letter ...h to be able to converse with youn ... me to a point of agrrement and ...ll only be necessary for proceed... ...olis, together with the conversation ...o not permit any one to use me as a ...mit, but that of good and according ... like them they should do with you. ...fluence. If it should happen as you

mention, influence of good can work no harm, the points are;- on Feb. 13th I c ncluded to see Dr. Williamson to get some information or instruction asregards animal magnetism, I found him busily writing and stated that I suffered illuse of mesmarism on mind and body. He immediately began to speak, -questioning whether I hear voices, As I did, I plainly stated "yes" and gave him short accountmof other troubles, such as operated on me, doing study and working on books, also during the night causing unnatural disturbances. He questioned me whether I wanted to take a letter to Judge Steele; somehow I began to suspect, and said that I could not see any relaiont of my case to Judge Steele. But trusting his gentility, I asked for the letter, believing that the Judge were a member of some society and had influence over my case. I saw him and complained to the same effect, after which he told me to call again, one half hour later, and not to disappoint him. I did after dinner, and found two physicians in his presence, who questioned me again, I repeated, going a little farther and giving my view, as to how this might be operated. They went to right and signed papers, after which one of the Physicians said that it would be better if I would leave town for some time, as they did not consider me quite well. I protested on the grounds that they did not consider me quite well, also going to a Hospital of their intention, would

Feb 14/93 Febr... letters ... appetite
" 15 Feb 15/93 ...
" 16 Feb 16/93 ...
" 17 ...duct & behavior ...nual. Feb 17/93. Slept 8 hours last night. Was quiet. Ann. Pulse 74. Plays games; read.
" 18 Is quite talkative. Works in dining-room; appetite good. Feb 18/93. Slept 9 hours last night; restless & out of bed for an hour or so. Ann. Pulse 84. Feb 19/93. Quiet & restful, sleeping 8 hours last night. Ann. Pulse 72. Bowels still
" 19 quite regular. Feb 20/93. Ann. Pulse 95. Feb 27/93. Has continued uniformly, quiet & restful at night,
" 20/27 sleeping 8 hours. Has also been quiet & well-behaved by day; very clean, neat & tidy. Was transferred
Mar 1 to A2 today. March 2/93. Is very urgent in his request to be allowed to go, and work: says he cannot
" 13 afford to be idle". Weight today 137½ lbs. Pulse 72. March 13/93. admits "hypnotic influence" brought him here.
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Apl
May
" 6
June
" 30
July 3
Aug 27
Sept 11/3

Oct 1/3 Oct 1/92. Wt 135 lbs. P. 78. Oct 31/92. Of late has expressed a desire to study & has written to some friend for some particular books. He now remains in his room most of the time, studying. Delusions seem as prominent as ever. He is quiet well behaved but easily agitated. Habits clean. Unobstrusive.

(carried to 75)

Rochester, April 1893.

Robert Stratton Esq.,
Minneapolis, Minnesota.

535 Lumber Exchange.

Dear Sir:- Yours of February 25th has been duly received. Note in your remarks as to my shortcoming and in making more detailed statement necessary for proceeding; further correspondence, I stopped believing you were right in not taking steps to quit for time being; also there might an opening have shown up in the hospital to give me work until I would enter the Medical College in September. The latter, most likely I have to postpone for another year, as I begin to run short all around. Nothing apprehensible shows up in my way to met me, being three months on Apr. 13th, I believe it is high time in making a move; reason of delay I do not quite see that I should be dalayed from earing my weekly salary, I have to attend to some investments besides my everyday living and expense at college, so loss of time is to me more disastrous than to any other man in the building, besides the inconvenience of being so long detained in a concern with its heading for insane, and as such, in public opinion erroniously, at least it does not do any good. I may have it rectified. Proceedings will have to be made with care, as the burden of similar cases which seem to exsist, might be thrown on me, and cause delay

Some of your remarks in the letter, look to be the origin of misunderstanding, as they do not properly point toward my complaint. I truely suffer under this influence mentioned. But operated so that it effects different from your hearing of. I only can make it understood quickest and best by conversation, noting uncommon happenings on me for some time, noting their proceedings I was at least convinced of the my unbelief being wrong and second, these things do not stop and that so much lawlessness is operated by the means of animal magnetism or mesmerism; Hypnotism, that I felt to look for authority, as it is a metaphysical means, or power of influence of mind over mind. I did first apply to societies in general Masonic church and medical societies, as I considered them of good nature and know of all these things, only I could notsee how in the world they can allow sch illuse or abuse of anyone. My learning to know about these things, the hearing of and perceiving, was, I dare say masonic help, though no member yet but have applied for. The ballance of your letter reads very good and pretty, only I wish to be able to converse with youn personally, and undoubtedly we would come to a point of agrrement and union. The points of my complaint will only be necessary for proceedings which I stated on leaving Minneapolis, together with the conversation with the physicians, and al so that I do not permit any one to use me as a medium, that no other influence I permit, but that of good and according to the rule, do to others as you would like them they should do with you. And not contrary to any one =arty's influence. If it should happen as you mention, influence of good can work no harm, the points are;- on Feb. 13th I c ncluded to see Dr.Williamson to get some information or instruction asregards animal magnetism, I found him busily writing and stated that I suffered illuse of mesmarism on mind and body. He immediately began to speak, -questioning whether I hear voices, As I did, I plainly stated "yes" and gave him short accountmof other troubles, such as operated on me, doing study and working on books, also during the night causing unnatural disturbances. He questioned me whether I wanted to take a letter to Judge Steele; somehow I began to suspect, and said that I could not see any relaiont of my case to Judge Steele. But trusting his gentility, I asked for the letter, believing that the Judge were a member of some society and had influence over my case. I saw him and complained to the same effect, after which he told me to call again, one half hour later, and not to disappoint him. I did after dinner, and found two physicians in his presence, who questioned me again, I repeated, going a little farther and giving my view, as to how this might be operated. They went to right and signed papers, after which one of the Physicians said that it would be better if I would leave town for some time, as they did not consider me quite well. I protested on the grounds that they did not consider me quite well, also going to a Hospital of their intention, would

(carried to 75)

harm me in pub ic opinion, and on giving rise to varifying a false circulating report. I considered it for my safety to be out, or only in as employee, which would help me, but not false report. I fully admit and think it just to make public suffer for ill behavior, as they were using me. Either to serve safety or suffer. They should stand expense. The only trouble is that I have to stand the heav est and largest part of the expense, on account of their foolly and lowly behavior. I am deprived of my salary, and proper opportunity to study. Please have it quick and peaceibly settled, so that no further delay and expense occur.

Very Respectfully Yours,

E.A.Mayer,
2nd. Minn. Hospital.

I also claim my right of opinion and expect of any Officer or person who knows better, that they give instruction; if my opinion is wrong, or right I should not have the proper understanding of it with the allowing of my

1893

Feb 14/93

" 15
" 16
" 17
" 18
" 19
" 20/27
Mar 2/
" 13
" 17
Apl 1/4
" 18
" 20
May 3/
" 7/9
" 22
" 31

trying to mesmorize him all the time. On previous morning when [illegible] the latter will come out & say "Well, they were working on me again, last night." When asked what he means, replies "he does not know." Gets angry very easily.

June 22/93 June 22/93. Got very noisy & excited, (Attendant reports), while a fellow-patient (Mr. O. Reilly's) [illegible] was here. Told him that the patients were not treated right here at the Hospital, &c. When Attendant tried to quiet this patient, he was going to strike Attendant & throw him out of the room.

July 1 / " 31 July 1/93. There is no change to note, in patient's condition. Helps considerably with work on the ward. Appetite continues very good. Bowels regular. Sleeps rest at night apparently good. July 31/93. Is often very noisy & disagreeable while at walking; wont remain with the rest of his ward. Patients condition does not change any, seemingly. Still holds to his delusions. Is quite neat & tidy and of good personal habits. Has good physical health, though he has lost some in weight without apparent cause.

Aug 5/28 Aug 5/93. Maintains about his usual flesh. Aug 28/93. Does not work any. Always keeps a book in his hand. Says "he can hear the voices of people & is disturbed". Is quite easily excited and is a little excitable at times. Says he is more annoyed by night, than by day. —

Sept 1/30 Sep 10/93. Patient is in quite good physical health. Sep 30/93. No material change, since last general note.

Oct 4 / " 31 Oct 4/93. Weight keeps very steady. Physical health good. Oct 31/93. Patient has "spells" at times, when he will come out of his room, mad & excited, saying that "his room is full of spirits & that they do all they can to make it unpleasant for him". Also repeats "that he is disturbed at night, more than any other time". —

Nov 2/30 Nov 2/93. Wt 134 pds. Pulse 79. Nov 30/93. Quiet & well-behaved: remains in his room, most of the time, reading; writes occasional letters. Still complains of being disturbed, at night, by "spirits".

Dec 2/31 / 94 Jan 2 Dec 2/93. Wt 137½ pds. Pulse 76. Dec 31/93. No change. Still holds to his delusions. —

Jan 2/94. Wt 136½ " " 85. Jan 31/93. No noticeable change. Remains in his room, nearly all the time. Is quite contrary & disagreeable at times. Still full of delusions above named. —

Feb 2/28 Feb 2/94. Wt 135 pds. Pulse 76. Feby 28/94. Quiet and well-behaved, though greatly inclined to find fault, at times. Keeps about the same, from month to month. Has the idea that spirits talk with him, at night. Stays in his room, most of the time, reading & writing. Appetite poor. Habits clean.

Mar 3/31 March 3/94. Wt 135 pds. Pulse 84. March 31/94. Appetite is now good. Patient has lately commenced to work in the dining-room. Always quiet & well behaved; but still holds to delusions regarding spirits &c.

Apl 2/30 April 2/94. Wt 130½ pds. Pulse 80. April 30/94. Keeps about as usual: no material change; still says he is troubled at night by people talking to him & that it is quite annoying to him. Habits are cleanly

May 3/31 / " 31 Wt. 102½#, p. 80. Wt has delusions, says he can see & hear spirits at night. Transferred to A. I. keeps about the same, say he can hear bad people talking at night & can not rest well. is a good patient — works some, fair appetite, bowels reg. June 1st Wt. 138#. p. 78.

June " 30 28th No change since last note. July 9th Wt. 137½, p. 83. 31st Keeps about the same, has delusions, says he cant sleep well last night. Does some work on ward. Appetite good, bowels regular.

July 31 / Aug 5/31 Aug 5/94. Wt 137½ pds. 86. Aug 31/94. Does not change much. Is a very well conducted patient, though there are times when he becomes very excitable & unreasonable.

Sep 1/30 He has still many delusions. Sept 4/94. Wt 135 pds. Pulse 84. Sept 30/94. See "Letter File" for "Article" written somewhat patient terms "Symptoms of touch". Here will give an idea of his delusions. In all respects patient continues about in the same condition physically & mentally.

Oct 1/31 Oct 1/94. Wt 135 pds. P. 78. Oct 31/94. Of late has expressed a desire to study & has written to some friend for some particular books. He now remains in his room most of the time, studying. Delusions seem as prominent as ever. He is quiet well behaved but easily agitated. Habits clean. Works some.

(carried to 75)

Personal and Medical History of Max. Wm Schmidt

Whole No. 3271.

Residence, (Comes here from Workhouse)

Date Admission, 14th February 1893.

Admitted by Dr Phelps. Hour, 7 Pm

How Sent, John A. Steele Jopp, Hennepin County

Sex, male

Age, 24 Years

Civil Condition, single

Children, none

Age Youngest Child, ——

Occupation, Laborer

Degree Education,

Profession Religion, Catholic

Habits, Good

Nativity, Carlsruhe, Baden, Germany.

Physicians Committing, J. Muldberg & E. J. Gibeau

Correspondents, Probate Court.

No. for Year, 183.

Insane Relatives, none known.

Cause Exciting, Not known; says father & Grandfather were heavy drinkers.

Cause Predisposing, ——

Form, Dementia

Accompanying Bodily Disorder, No

Suicidal or Not, Not

Date of this Attack, not stated; probably for same time

Duration, probably for same time

No. of Attack, not 1st; Continuous

No. of Admissions, 1st

Age First Attack, not stated

Time of Leaving, July 31. 1893.

Time in Hospital, 5 Mos 16 days

Result, Transf'd to Hospital

J. P.m

EXAMINATION ON ADMISSION.

Exd by Dr Phelps Febr 23/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish,

MEMORY:

Past Events,
Recent Events,
Special Subjects, } Probably poor

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects,
Own Mental State, } Poor
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Slightly

Depressed,

DELUSIONS:

Systematized or Not, None noted

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None noted

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Showed considerable incoherence

Voluble or Reticent, Lack of perception of meaning of questions - wandering talk &c

Personal and Medical History of Max. Wm Schmidt

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 3/4 WEIGHT, 174 lbs. NUTRITION, Good

WOUNDS OR ABNORMALITIES, None noticed

TONGUE, Tremors, Coarse, slight Coatings, Promptness Movement, prompt

PUPILS, Equality, Equal Size, normal

Response Light, yes Accommodation,

SIGHT, Fair

HEARING,

CO-ORDINATION, Arms, good. Finger to nose, Eyes shut, good

Legs, good; standing upon feet, fair. Standing, Eyes shut fair.

TREMORS, Hands, None — Steady Tongue, slight, Coarse.

Facial Muscles, none noticed. General,

REFLEXES, Patellar, sluggish — 2 - Dr P's Scale.

Other Reflexes,

ARTICULATION, Hesitating, foreign pronunciation Slurred, blurred but seemingly from foreign pronun.

FACIAL EXPRESSION, Dull — Inclined to be silly.

SENSIBILITY,

HEART, PS action fair stating + strong - probably hypertrophy. No murmur noted.

LUNGS, Good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, yes Constipated, Irregular,

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, Yes Poor, Irregular,

PULSE, 100. Standing up 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 dead

Father or Pat. Relations, father dead

Brothers or Sisters, Cannot get any history from him.

Personal and Medical History of Max Wm Schmidt

1893

This man was brought here by Deputy Sheriff Jno. Wahl, with the following history; Habits have been good. Cause of this attack not known; says his father & grandfather were heavy drinkers. Form is chronic. There is no accompanying bodily disorder or disease. First symptoms of disease was manifested at the workhouse, to which he was sentenced for vagrancy, by irrational conduct, tore off his clothes and put them into the sink to wash them. Thinks he is rich & owns steamboats. This attack seems continuous. Insanity is now manifested by general imbecility, numerous delusions. Thinks he owns a steamboat line. Is not dispos'd to injure others, nor suicidal, nor filthy, nor destructive. Not known if he has been under medical treatment — days not.

Feb 15 — Feb 15/93. Last night, was quiet & restful, sleeping 8 hours. Eats quite a good deal. Appetete good. No Cough. There is an old fractured of right arm, when a child; also some scars on right hand.

" 16 — Feb 16/93. Again rested & slept well, 8 hours, last night. 830 Am. Pulse 114 Tr 100. 7 Pm. Pulse 100 Tr 100.4

" 17 — Feb 17/93. 9 Am. Pulse 94 Tr 99.8 5 Pm. Pulse 86 Tr 99.4 Works well. Feb 18/93. Has been quiet & restful the past 2 nights, sleeping well. 830 am. P 92 Tr 99.2; 5 Pm. P 70 Tr 98.

" 19 — Feb 19/93. Last night, was restless and out of bed for 2 or 3 hours, sleeping 7 hours. 9 Am. P 84 Tr 100 —

" 20 — 630 Pm. P 76 Tr 100. Feb 20/93. 830 am P 76 Tr 99.8: 630 Pm. P 70 - Tr 98. Feb 21/93. 830 Am. P 78.

Mar 13 — Tr 100. March 13/93. His mental condition was that of a Chronic demented state, at the time of his coming, and has probably changed almost none during that time. His condition, at present, will describe that

" 18 — of all of his stay. March 18/93. For past 4 week, has been, almost nightly, somewhat restless, but generally sleeping 7 or 8 hours each night. I attached record of Pulses and Temperatures from which it will be seen that Pulse has been somewhat accelerated. There has also been elevation of temperature both in the morning & evening. By day, is up and around, fairly clean and tidy. Is quiet & well-behaved. Always good worker, desiring to assist in anything that has to be done. Causes no trouble. Appetite has been good & bowels regular. Wt on 2d inst 157 lbs. Pulse 120.

Apl 14/93 — Apl 14/93. Wt 163 lbs. Pulse 114. Apl 18/93. Is uniformly quiet at night, apparently resting & sleeping well. By day, is quite active, working quite rapidly & well; talking & laughing a good deal, but in a rather foolish manner. Is gaining in weight, though he has an irregular feverishness. (See attached records) — "

May 3/93 — May 3/93. Weight 165 lbs (Is steadily gaining in weight). Pulse 60. May 22/93. Apparently rests, and sleeps well, at night. Is quite a good swelling worker. In other respects, about the same.

" 31 — May 31/93. Appetite Continues Good; bowels regular. Quiet & well-behaved. Talk is incoherent. — Tells of some injuries he received before coming here (see above). Habits are clean.

June 30 — June 30/93. There is no material change - Is a good swelling worker. Quiet & well-behaved. —

July 19 — July 19/93. Appetite good. Bowels normal. Quiet & well-behaved. Always asking when he can go away. A good worker. Habits neat & clean. Is always silly & demented. Talk quite incoherent.

" 31 — July 31/93. Continued as last described. Was to day, with 44 other patients, transferred to the Hospital at Fergus Falls.

Personal and Medical History of Wm H. Smith

NAME Max Wm Schmidt

DATE. 189..3	Weight.	Pulse.	Gain.	Loss.
June 3d	165½	84	½	
July 1st	165½	80	-	

CASE Wm H. Smith

NOTES BY NURSE. | NOTES BY PHYSICIAN.

Appetite good.

Wm H. Smith M.D.

Oct 11/93

Sept — Oct — Nov 3 — Dec — Jan 3 14 — Feb 1 — Mch 30 — April — June — July 31 — Aug 1 — Sept — Oct 31 — Nov 4 — Dec — Jan 31/94 — Feb 24 — March — April 30 — May 1/94 — Aug 1/94

Oct 31/93 Wt. 166. Rather restless. Collects rubbish: rather destructive, & demented in every way. Oct 31/93 Wt. 166. Jan 5/94 Patient still rather restless & inclined to get into trouble & be violent. Quite thoroughly demented: Intervening notes show a good many violent & quarrelsome times (Cont on p. 108)

Personal and Medical History of Max. Wm Schmidt

1893

This man was brought here by Deputy Sheriff
Habits have been good. Cause of this att
heavy drinkers. Form is chronic. There is
-tions of disease were manifested at the
-trial conduct, tore off his clothes and
ones steamboats. This attack seems pecu-
-ciality, numerous delusions. Thinks he owns
his suicidal, hostility, not destructive. Not lia-
-bility not. —

Feb 15 Feb 15/93. Last night, was quiet & restful, sleeping &
Cough. There is an old fractured of right arm, wh[illegible] ment —
Appetite good. No
[illegible] right hand. —

" 16 Feb 16/93. Again rested & slept well, 8 hours, last night. 830. Am R 100. 7 Pm. Pulse 100 Te 100.4

" 17/18 Feb 17/93. 9 Am. Pulse 94 Te 99.8 5 Pm. Pulse 86 Te 99 works well. Feb 18/93. Has been quiet
and restful the past 2 nights. Sleeping well. 830 Am. P 92 Te 99.2; 5 Pm. P 70 Te 98.8. —

" 19 Feb 19/93. Last night, was restless and out of bed for 2 or 3 hours, sleeping 7 hours. 9 Am. P 84 Te 100 -

" 20/21 6 30 Pm. P 76 Te 100. Feb 20/93. 830 Am P 76 Te 99.8: 6 30 Pm. P 70 - Te 98. Feb 21/93 830 Am. P 76.

Mar 13 Te 100. March 13/93. His mental condition was that of a Chronic demented state, at the time of his coming,
and has probably changed almost none during last time. His condition, at present, will describe that

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will be seen that Pulse has been somewhat accelerated. There has also been elevation of temperature
both in the morning & evening. By day, is up and around, fairly clean and tidy. Is quiet & well-behaved.
Avery good worker, desiring to assist in anything that has to be done. Causes no trouble. Appetite
has been good & bowels regular. Wt on 2° Acct 157 lbs. Pulse 120.

Apl 14/18 Apl 14/93. Wt 163 lbs. Pulse 114. Apl 18/93. Is uniformly quiet at night, apparently resting &
sleeping well. By day, is quite active, working quite rapidly & well; Talking & laughing a good
deal, but in a rather foolish manner. Is gaining in weight, though he has an irregular feverishness.
(See attached record) — " —

May 3/12 May 3/93. Weight 165 lbs (Is steadily gaining in weight). Pulse 65. May 22/93. Apparently rests, and
sleeps well, at night. Is quite a good & willing worker. In other respects, about the same.

" 31 May 31/93. Appetite Continues Good; bowels regular. Quiet & well-behaved. Talk is incoherent. —
Tells of some injuries he received before coming here (see above). Habits are clean.

June 30 June 30/93. There is no material change - Is a good & willing worker. Quiet & well-behaved. —

July 19 July 19/93. Appetite good. Bowels normal. Quiet; well-behaved. Always asking when he can
go away. A good worker. Habits neat & clean. Is always silly & demented. Talk quite incoherent.

" 31 July 31/93. Continued as last described. Was to day, with 4 other patients, transferred to the Hos-
-pital at Fergus Falls.

Personal and Medical History of Wm. D

From book 2

CLINICAL NOTS IN THE CASE OF Mr W. H. Smith

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Apl	21	8 am	84	99.9			
	"	2 Pm	73	99.4			
	22	2 Am	80	99.2			
	"	6 Pm	80	99.4			
	23	10 Am	82	99.2		appetite good	
	"	2 Pm	77	98.8			
	24	8 Am	92	99.8			
	"	3 Pm	76	98			
	25	9 Am	101	98			
	"	3 Pm	74	98.6			
	26	8 Am	78	99.4			
	"	6 Pm	72	99.2			
	27	9 Am	73	98.9			
	"	5 Pm					

Oct [illegible]
Nov 3 [illegible]
Dec 3 [illegible]
" 15 [illegible]
Jan 31 [illegible]
Feb 1 [illegible]
" [illegible]
Apl 30 [illegible]
May [illegible]
June [illegible]
July 31 [illegible]
Aug 1 [illegible]
Sept [illegible]
Oct 31 [illegible]
Nov [illegible]
Dec [illegible]
Jan 31/96 [illegible]
Feb 29 [illegible]
March [illegible]
Apl 30 [illegible]
May 1/96 [illegible]
" [illegible]
Aug 1/97 [illegible]
(Cont.) [illegible]

Smith Wm H. Ck 117

[illegible] very noisy & active at times:
[illegible] 166. Rather restless: pockets rubbish: rather destructive, is demented
in every way: Oct 3/99 Wt. 166. Jan 5/99 Patient still rather restless & inclined to get into
trouble & be violent. Quite thoroughly demented: Intervening notes show a good many violent & quarrelsome
times (Cont. on p. 108)

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July 19 July 19/93. Appetite goods. Bowels normal

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" 31 July 31/93. Continued as last described. Was today, with 74

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Talk quite incoherent.

Personal and Medical History of Will D

MEDICAL NOTS IN THE CASE OF Wm W Smith

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
March	20	8 a.m.	78	998		Good appetite	
"	"	5 P.M.	74	996			
"	21	8 a.m.	82	100.2			
"	"	5 P.M.	80	99			
"	22	8 A.M.	70	98			
"	"	5 P.M.	70	98.4			
"	23	8 a.m.	80	996			
"	"	5 P.M.	76	99.2			
"	24	8 A.M.	86	100.4			
"	"	5 P.M.	84	996			
"	25	8 a.m.	80	994			
"	"	5 P.M.	68	98.8			
"	26	8 A.M.	84	100.4			
"	"	5 P.M.	90	100			
"	27	8 a.m.	86	99.8			
"	"	5 P.M.	78	99.4			
"	28	8 a.m.	98	100			
"	"	5 P.M.	92	99.8			
"	29	8 a.m.	90	100.8			
"	"	5 P.M.	94	100.2			
"	30	8 a.m.	98	100.8			
"	"	5 P.M.	98	101			
"	31	8 a.m.	98	100.2			
"	"	5 P.M.	96	100.2		assertile good	
April	1	8 a.m.	92	100.2		"	
"	2	8 a.m.	100	100.6			
"	"	5 P.M.	102	100.4			
"	3	8 a.m.	88	99.8			
"	"	5 P.M.	88	100			
"	4	8 a.m.	90	100.2			
"	"	5 P.M.	82	100.8			
"	5	8 a.m.	94	100.6			
"	"	5 P.M.	96	100.2			
"	6	8 a.m.	78	996			
"	"	5 P.M.	74	100			
"	7	8 a.m.	96	100.2			
"	"	5 P.M.	76	98.6			
"	8	8 a.m.	82	98			
"	"	5 P.M.	72	99.4			
"	9	8 a.m.	78	100.2			
"	"	5 P.M.	80	101			
"	10	8 a.m.	74	98.8			
"	"	5 P.M.	80	99.2			
"	11	8 a.m.	74	98.6			
"	"	5 P.M.	80	99			
"	12	8 a.m.	72	98.8			
"	"	5 P.M.	74	99			
"	13	8 a.m.	82	98.6			
"	"	5 P.M.	74	98.8			
"	14	8 a.m.	68	98.2			
"	"	5 P.M.	106	99.6			
"	15	8 a.m.	88	99.6			
"	"	5 P.M.	100	99.4			
"	16	8 a.m.	76	98		Is a good workman. Ward appetite good. Converses regularly	
"	"	5 P.M.	78				
"	17	8 a.m.	74	99.2			
"	"	5 P.M.	74	98.4			
"	18	8 a.m.	88	100			

Feb 1 –

April 30

May 1

June

July 31

Aug 1

Sept

Oct 31

Nov

Dec

Jan 31/94

Feb

March

April 30

May 1/94

to

Aug 1/94

Oct

Nov

Jan 3

Jan 31

Oct 31/99 Wt. 166. Jan 5/99 Patient still rather restless & inclined to get into trouble & be violent. Quite thoroughly demented. Intervening notes show a good many violent & quarrelsome times (Cont on p. 108)

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July 19/93. Appetite goods. Bowels no
go away. A good worker. Habits neat & clean.

July 31/93. Continued as last described. Was to day, with
-pital at Fergus Falls.

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Personal and Medical History of Will. D

H. W. Schmitt

DETAILED HISTORY OF SICKNESS OF MR. H. W. Schmitt
DIAGNOSIS .

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP. AM	TEMP. PM	OTHER DATA
Oct 19		5		68				100	
20		8		96				99	
21		6		90				98	
22		8		78				98	
"		5		74				98	
23		8		76				98	
"		5		74				98	
24		8		82				98	
"		5		80				98	
25		8		88				98	
"		5		86				98	
26		8		94				98	
"		5		82				98	
27		8		84				98	
"		5		86				98	
28		8		92				98	
"		5		104				98	
March 1		8		88				98	
"		5		86				98	
2		8		82				98	
"		5		76				98	
3		8		88				98	
"		5		86				98	
4		8		88				98	
"		5		86				98	
5		8		66				98	
6		8		90				98	
"		5		100				98	
7		8		82				98	
"		5		78				98	
8		8		78				98	
9		8		74				98	
"		5		80				98	
10		8		84				98	
"		5		80				98	
11		8		82				98	
"		5		78				98	
12		8		84				98	
"		5		66				98	
13		8		78				98	
"		5		86				98	
14		8		74				98	
"		5		78				98	
15		8		88				98	
"		5		74				98	
16		8		74				98	
"		5		68				98	
17		8		82				98	
"		5		72				98	
18		8		68				98	
"		5		84				98	
19		8		82				98	
"		5		86				98	

Heart lung

Oct 3 Wt. 166. Jan 5 '99 Wt. 166. Patient still rather restless & inclined to get into trouble & be violent. Quite thoroughly demented: Intervening notes show a good many violent & quarrelsome times (cont. on p. 108)

1893	This
	Habi
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Feb 15	
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" 31	May
	Lells of some ugly
June 30	June 30/93. There is no man
July 19	July 19/93. Appetite good. Bowels norm
	do away. A good worker. Habits neat & clean.
" 31	July 31/93. Continued as last described. Was to day, with

Personal and Medical History of William Ryan

From page 36

delusions for 2 or 3 hours. Nov 10/93. Visited by his wife today. Pleased hard for her to take him home with her. Nov 11/93. At time of departure, behavior was & for sometime past had been, very good. Physical condition also was very good & on the whole, patient was much improved.

Was today taken home by his wife, on trial.

Discharged

Charles Johnson #3

From 16.

1894	
Aug 1/	Aug 1/94. Wt 166 pds. P 64. Aug 6/94. Very restless all night and out of bed, every little while.
" 31	Aug 31/94. For about ⅓ of the nights, this month, he has been restless, for from 5 to 7 hours at each, & has been sleeping very poorly. Is also very restless, by day, walking the hall, most of the time, hardly ever sitting down unless compelled to. Never speaks to anyone. Filthy in habits does no work.
Sep 1/ 10	Sep 1/94. Very restless, last night. Sep 3/94. Wt 162 pds. P 82. Sep 10/94 Nursed by the same Day.
" 30	Sep 30/94. Behavior more quiet. Occasionally used to get into fights. Is less quarrelsome now.
Oct. 10	Does a little work. Habits somewhat cleaner. Oct 10/94. Keeps in good flesh & physical condition.
" 31	Oct 31/94. Has been rather stupid & demented in behavior, of late. Violent and does no work.
Nov 30 to Dec 31 & 1895 Jan 31	During this period, patient has been quite demented; does no work; does not talk; scratches his hands and face until they bleed. Habits rather filthy; untidy in dress; health is good.
Feb 1 - to - April 30	During these 3 months, nothing special to report. Is demented, most of the time: occasionally has "bright spells", lasting for several days & will talk quite rationally, but finally relapses into demented condition. Habits clean. Does neat: health good. Not reported as quarrelsome, for some time
May 1 June July 31	During this past quarter, no change observable in patient's condition. He continues quiet, stupid & demented. Seldom speaks. Does no work. Habits clean. Dress is untidy & he is slovenly in appearance. Health is apparently good. —
Aug 1 to Sept 1 to Oct 31	During these three months, patient's condition has remained about the same, as for months past. Stupid & demented. Does no work. Habits clean. Health apparently is good. —
Nov 14	Nov 14/95. Wt 170 pds. P 70. Nov. Dec & to Jany 31/96. No change noticeable, during this period.
Dec — Jan 31/96	Dull, stupid & demented. has done no work: habits clean. Health apparently is good.
Feb 1 to March 1 to April 30	Feb 4/96 Wt 169 pds. P 82. Feb. March & to April 30/96. Quiet, stupid & demented: no work: talks no: habits rather filthy: does untidy: health good. Dr Ely notes (April 30). Never requires any medicine, as he is in Excellent health.
May 1/96 to Aug 1/97	Summary Nurses Notes by Dr. Phelps. Patient stupid & demented: at times destructive to clothing: at times will fight. Before Oct. 96 was fairly quiet but about that time commenced to grow cross & more noisy & was placed upon B. Is still quite noisy & active at times: Wt. 160 to 168 lbs. Aug 1/97 Wt. 166. Rather restless: collects rubbish: rather destructive, to demented in every way: Oct 31/99 Wt. 166. Jan 5/99 Patient still rather restless & inclined to get into trouble & be violent. Quite thoroughly demented: Intervening notes show a good many violent & quarrelsome times (cont on p. 108)

Personal and Medical History of George Fisher

Whole No. 3273

Residence, Rochester, Minn

Date Admission, 16th February 1893.

Admitted by Dr. Phelps Hour, 3 P.m.

How Sent, Thomas Fraser Jr. Olmsted County

Sex, male

Age, 38 years

Civil Condition, married

Children, Yes, two

Age Youngest Child,

Occupation, Laborer

Degree Education,

Profession Religion, Is a church member

Habits, Temperate; morals doubtful

Nativity, Vermont

Physicians Committing, E.W. Cross and E.C. Cross

Correspondents,

No. for Year, 185.

Insane Relatives, not known

Cause Exciting, was arrested for insanity at Lacrosse

Cause Predisposing, not stated

Form, General Paresis

Accompanying Bodily Disorder, No.

Suicidal or Not, Not

Date of this Attack, not known

Duration, probably long time

No. of Attack, not 1st

No. of Admissions, 1st

Age First Attack, not stated

Time of Leaving, 14th April 1894

Time in Hospital, 1 year; 1 mo; 29 Days

Result, Died; asphyxia from Choking on food, and General Paresis

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps Feb 20/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, very sluggish

MEMORY:

Past Events,
Recent Events,
Special Subjects,
} probably very poor

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Illusive

REASONING POWER:

Ordinary Subjects,
Own Mental State,
Special Subjects,
} Poor

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Satisfied, demented state.

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, unsystematized, with regard
Special Subjects, to large prospects

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of George Fisher

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8½ WEIGHT, 150 lbs. NUTRITION, Fairly good

WOUNDS OR ABNORMALITIES, probably none -

TONGUE, Tremors, Extended Coatings, clear Promptness Movement,

PUPILS, Equality, Equal Size, rather small

Response Light, almost none Accommodation, imperfectly.

SIGHT, Good

HEARING, Probably good

CO-ORDINATION, Arms, Finger to nose, fairly, quite poor.

Legs, Standing unfoot, Cannot walk done. Standing, Fairly, fairly good; Suppose none

TREMORS, Hands, Tongue, Some

Facial Muscles, General, Coarse tremors on intention

REFLEXES, Patellar, — q — + slight ankle - clonus

Other Reflexes,

ARTICULATION, Hesitating, Not Slurred, Considerably so

FACIAL EXPRESSION, somewhat sluggish

SENSIBILITY,

HEART, Seems normal

LUNGS, Seem normal

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, probably Constipated, Irregular,

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, Yes Poor, Irregular,

PULSE, See Record RESP., " " TEMP., " "

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Past 2 years ONSET GRADUAL OR SUDDEN, Quite gradual

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

Mother or Mat. Relations, mother dead

Father or Pat. Relations, father dead

Brothers or Sisters, Has a sister - don't know where she is now living -

Personal and Medical History of George Fisher

1893

This man was brought here by Constable Kall, with the
temperate; morals doubtful; was sent here by the police
-rected for Insanity. Form of attack is Chronic. Head is
Do not know when first Symptoms of disease were manifeste
subject of paroxysms for years. Insanity is now manifeste
family. Neither disposed to injure others, no suicidal, nor
in States' Prison (15 months). Has not been under medic

Feb 17/93 Feb 17/93. Slept 7 hours last night; restless but on his own.
Am aimless manner, talks but little; appetite fair; no cough; bowe
" 18 are constipated. Feb 18/93. Was quiet & restful, sleeping 8 hours
" 19 still wanders about ward. Feb 19/93. Again passed a quiet night.
" 20 appetite good; bowels moved; works some on ward. Feb 20/93. Restless
or so, sleeping, however, 7 hours last night. Am. Pulse 74. Tries to
" 21½ Feb 21/93. Am. Pulse 76. appetite Continues good. Bowels move
some, but rarely unless addressed. Is quiet & well-behaved. Wanders
" 23 way. Thinks he owns large property in the City & admits. Feb 23/93.
Mar 1/93 March 1/93. Wt 151 lbs. Pulse 74. March 3/93. Patient's mental
" 18 exactly as at the time of his coming. March 18/93. For nearly a
quiet and restful at night, sleeping 8 hours each.

April 14/93 April 14/93. Wt 152 lbs. Pulse 70. April 19/93. Uniformly quiet at night,
by day, sits usually in one place upon the hall, usually in silence & Idleness. Approached & addressed but just
May 3/93 a happy & contented smile that he is well. Facial expression dull and manner that of dementia.
May 3/93. Wt 154½ lbs. Pulse 78. May 20/93. Continues about the same. Always says "he is well."—
" 26 Speech, at times, quite markedly hesitating and slurred. Is very discontented at being kept here and
" 31 is always watching for a chance to escape. May 26/93. Was today transferred to B'.
May 31/93. Appetite not very good. Bowels are regular. Has a dry cough. Talks only when spoken to.
Talks to himself Considerably. Not very tidy. does no work. Is full of delusions & "grand schemes".
Discontented even at the alert for a chance to escape. Speech is very hesitating & paretic.
June 30 June 30/93. Tried to escape while at walking this evening. Has the demented, paretic appearance,
quite typical. Sits or lounges about. Does no work.
July 29 July 29/93. Is becoming very nervous, at times; hearing is poor. Has the idea that he owns six thou-
-sand acres of land, Stock &c, stock &c.
" 31 July 31/93. Was today transferred to the Annex, along with several other patients.
Aug 31 Aug 31/93. Is a quiet, harmless patient. Still full of delusions. Works on ward.
Sep 17 Sep 17/93. Health does not seem very good. Otherwise no material change in Condition.
Oct 5 Oct 5/93. Has delusions about wealth &c, as above noted. Does not seem to have changed
" 31 much since coming. Oct 31/93. Last note Still holds good.
Nov 30 Nov 30/93. A quiet, inoffensive patient. Works a little on ward — Has delusions of wealth and
position. Is cleanly in habits, and tidy in appearance. Health apparently good. —
Dec 31 Dec 31/93. No change of importance to note during the past month. —

NAME George Fisher

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 5th	153	62		1½
July 14th	150½	76		2½

Personal and Medical History of George Fisher.

1894

Jan 1/31 Jan 1/94. Patient continues in quite good health for me in his conditions. Jan 31/94. Not much, if any
change. Still holds to the delusions before mentioned. -
Feb 9 Feb 9/94. A quiet harmless patient; does no work, at present. Of late, has become melancholy
and takes no interest in his surroundings. Sits in one place with head resting in hands and eyes
" 14 downcast. Seems also to be failing in health. Feb 12/94. Patient is very dirty in habits, of late.
" 20 Feb 20/94. Soils his clothing quite frequently. Transferred to B4 today.
" 28 Feb 28/94. Appetite poor; bowels regular; no cough noticed. Does not appear in very good health.
Complains that he cannot get anything he can eat, but would eat if he got something better.
He is quietly behaved, but very restless walking aimlessly up & down the hall, most of the time.
Talks very little, in a quiet, hesitating manner. Imagines he comes from La Croix - has
many other delusions. Has not been dirty since he was received on this ward. —
Mar 1/31 March 1/94. Wt 153 lbs. Pulse 60. March 31/94. Appetite has improved during the month
and he now eats fairly well, but is inclined to bolt his food without masticating it well.
Bowels are slightly constipated. He seems to be gradually getting less able to walk,
and "shambles" along the floor. Has no cough but is evidently of a weak constitution.
Has been dirty 2 Days, during the month. Mentally, there is no change to note. —
Apl 1/10 April 1/94. Wt 142 lbs (a loss of 11 pounds in the past month). Pulse 70. April 10/94. Appe-
-tite still continues fair; bowels slightly costive. No cough. Health is quite poor. —
Is quiet; interferes with no one; makes no complaints; talks scarcely any. Appears
to have lost all mental power; cannot dress or undress himself & is quite oblivious
to his surroundings. Wets his bed and body clothes. — Is growing much weaker.
" 14 April 14/94. At the dinner-table today, patient got two pieces of meat in his
mouth, which, in the act of swallowing, stuck in his throat. Drs Phelps & Herzog
were about & enter the hall, when sent for, & were at the spot in half a minute. The
Drs worked at the patient for an half an hour trying to induce respiration by artificial
means, but were unsuccessful & patient Died at 12·35 PM.

Efforts were made to find address of friends or relatives but without success.
Remains were, therefore, placed in the Vault.

— Died —

Personal and Medical History of George Fisher

1893

This man was brought here by Constable Hall, with the following history. Habits have been temperate; morals doubtful; was sent here by the police of Lacrosse, where he had been arrested for insanity. Form of attack is chronic. There is no accompanying disorder or disease. Do not know when first symptoms of disease were manifested. This is not 1st attack. He has been subject of paroxysms for years. Insanity is now manifested in various subjects; money, horses, family. Neither disposed to injure others, no suicidal, nor filthy nor destructive. Has served a term in States' Prison (15 months). Has not been under medical treatment.

Feb 17/93 Feb 17/93. Slept 7 hours last night, restless but on hour or so. Am. Pulse 80. Walks about ward today in an aimless manner. Talks but little; appetite fair; no cough; when seen at bath, very dirty. Has sore foot. Bowels are constipated. Feb 18/93. Was quiet & restful, sleeping 8 hours last night. Am. Pulse 78. Is quietly behaved. " 18 " 19 Still wanders about ward. Feb 19/93. Again passed a quiet night. Sleeping 8 hours, last night. Am. Pulse 72. " 20 Appetite good; bowels moved; works some in ward. Feb 20/93. Restless out of bed & up & down hall, for an hour or so, sleeping, however, 7 hours last night. Am. Pulse 74. Is a drunk, but, owing to his condition, does not succeed well. " 21/22 Feb 21/93. Am. Pulse 76. Appetite continues good. Bowels move regular. Feb 22/93. Am. Pulse 76. Talks some, but rarely unless addressed. Is quiet & well-behaved. Wandering about ward all the time in a slow, dull way. Thinks he owns large property in the city & admits. " 23 Feb 23/93. About the same as usual. Am. Pulse 74. Mar 2/3 March 2/93. Wt 151 lbs. Pulse 76. March 3/93. Patient's mental condition, at present, is also almost exactly as at the time of his coming. " 18 March 18/93. For nearly 4 weeks past, has been almost uniformly quiet and restful at night, sleeping 8 hours each.

Apl 14/15 Apl 14/93. Wt 152 lbs. Pulse 70. Apl 19/93. Uniformly quiet at night, apparently restful & sleeping well. By day, sits usually in one place upon the hall, usually in silence & idleness. Approached & addressed, he is not a happy & contented [illegible] that he is well. Facial expression dull and manner that of dementia.

May 3/10 May 3/93. Wt 151½ lbs. Pulse 78. May 20/93. Continues about the same. Always says "he is well." — Speech, at times, quite markedly hesitating and slurred. Is very discontented at being kept here and " 26 is always watching for a chance to elope. May 26/93. Was today transferred to 13. —— " 31 May 31/93. Appetite not very good. Bowels are regular. Has a dry cough. Talks only when spoken to. Talks to himself considerably. Not very tidy, does no work. Is full of delusions & grand schemes; discontented & ever on the alert for a chance to elope. Speech is very hesitating & paretic.

June 30 June 30/93. Tried to escape while at walking this evening. Has the demented, paretic appearance, quite typical. Sits or lounges about. Does no work.

July 29 July 29/93. Is becoming very nervous, at times; hearing is poor. Has the idea that he owns six thousand acres of land, stores, stock &c.

" 31 July 31/93. Was today transferred to the Annex, along with several other patients.

Aug 31 Aug 31/93. Is a quiet, harmless patient. Still full of delusions. Works at ward.

Sep 1st Sep 1st/93. Health does not seem very good. Otherwise no material change in condition.

Oct 5 Oct 5/93. Has delusions about wealth &c, as above noted. Does not seem to have changed

" 31 much since coming. Oct 31/93. Last note. Still holds good.

Nov 30 Nov 30/93. A quiet, inoffensive patient. Works a little in ward — Has delusions of wealth and position. Is cleanly in habits, and tidy in appearance. Health apparently good. —

Dec 31 Dec 31/93. No change of importance to note during the past month. ——

George Fisher.

his condition. Jan 31/94. Not much, if any

at present. Of late, has become melancholy

place with head resting in hands and eyes

6 12/94. Patient is very dirty in habits, of late.

ans ferred to 13th today.

ough noticed. Does not appear in very good health.

can eat, but would eat if he got something better.

king aimlessly up & down the hall, most of the time.

Talks very little, in a quiet, hesitating manner. Imagines he comes from La Crosse — has many other delusions. Has not been dirty since he was received on this ward. —

Mar 1/31 March 1/94. Wt 153 lbs. Pulse 80. March 31/94. Appetite has improved during the month and he now eats fairly well, but is inclined to bolt his food without masticating it well. Bowels are slightly constipated. He seems to be gradually getting less able to walk, and "shambles" along the floor. Has no cough but is evidently of a weak constitution. Has been dirty 2 Days during the month. Mentally, there is no change to note. —

Apl 1/10 April 1/94. Wt 142 lbs (a loss of 11 pounds in the past month). Pulse 76. Apl 10/94. Appetite still continues fair; bowels slightly costive. No cough. Health is quite poor. — Is quiet; interferes with no one; makes no complaints; talks scarcely any. Appears to have lost all mental power; cannot dress or undress himself & is quite oblivious to his surroundings. Wets his bed and body clothes. — Is growing much weaker.

" 14 April 14/94. At the dinner-table today, patient got two pieces of meat in his mouth, which, in the act of swallowing, stuck in his throat. Drs Phelps & Herzog were about to enter the hall, when sent for, & were at the spot in half a minute. The Drs worked at the patient for one half an hour trying to induce respiration by artificial means, but were unsuccessful & patient Died at 12·25 PM.

Efforts were made to find address of friends or relatives but without success. Remains were, therefore, placed in the Vault.

— Died —

Personal and Medical History of William J. McBride

Whole No. 327 H.

Residence, St Paul Minn

Date Admission, 20th February 1893.

Admitted by D. Phelps Hour, 7:45 PM

How Sent, John B. Olivier Sgt, Ramsey County

Sex, male

Age, 47 years

Civil Condition, married

Children, one Child

Age Youngest Child, —

Occupation, Policeman

Degree Education,

Profession Religion, Is a church member

Habits, moderately Good

Nativity, Ireland

Physicians Committing, H B Cogswell, A B Ancker, W H Kelly

Correspondents,



No. for Year, 186.

Insane Relatives, Cousin (Possibly hereditary)

Cause Exciting, Injury & financial difficulties

Cause Predisposing, Heredity probably

Form, Mania - Acute

Accompanying Bodily Disorder, Syphilis

Suicidal or Not, not

Date of this Attack, not stated; probably recent

Duration, not stated

No. of Attack, 1st (now deceased by Dayton)

No. of Admissions, 1st

Age First Attack, not given

Time of Leaving, Sept 28/93

Time in Hospital, 1 year 7 mos 8 d —

Result, Recovered

BECOMES VIOLENT.

Patrolman McBride Taken to the County Jail for Safe Keeping.

Patrolman W. J. McBride, who was last week adjudged insane by City Physician Ancker, was placed in the county jail yesterday for safe keeping. When he was arraigned in the probate court last week he did not appear to be in a violent condition, and his family was allowed to take him home. Yesterday he developed violent symptoms, and his wife had to secure the aid of officers from the Rondo police station to prevent him from doing himself or family an injury. At the county jail he became extremely violent, and has to be watched constantly. Chief of Police Garvin has not yet taken away McBride's star, as it was hoped that he would recover. He has been a most excellent officer, but this new phase of his illness will probably necessitate his removal from the police force. He will probably be sent to the Rochester asylum for treatment.

EXAMINATION ON ADMISSION.

Exd by D. Phelps March 1893.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish,

MEMORY:

Past Events, } Confused by wandering fancies

Recent Events, }

Special Subjects, }

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Illusive

REASONING POWER:

Ordinary Subjects, }

Own Mental State, } Poor

Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:

Patient can't talk very much. Seems half-sensible of his position; confused however, yet about as at time of coming.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Slightly confused

Depressed,

DELUSIONS:

Systematized or Not, } No special ones noted —

Special Subjects, } Seems to be talking to self

Transitory or Not, } & incoherently —

HALLUCINATIONS: Probably

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of William J. McBride

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

5ft 11 3/4 in. WEIGHT, 171 lbs. NUTRITION, Good

ABNORMALITIES, None noted but ribs — abnormalities, none —

...ors, none Coatings, none Promptness Movement, prompt

...ity, equal Size, normal

...se Light, yes Accommodation, yes

SIGHT, Good

HEARING, Good

CO-ORDINATION, Good Arms,

Legs, standing, Eyes shut, good.

TREMORS, Hands, none noticeable Tongue, —

Facial Muscles, — General, —

REFLEXES, Patellar, 5 —

Other Reflexes,

ARTICULATION, Hesitating, ~~Slurred~~, Fair, but won't talk much —

FACIAL EXPRESSION,

SENSIBILITY,

HEART, normal

LUNGS, normal

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal, yes	Constipated,	Irregular,
APPETITE, Good, yes	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular, yes
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 William J. McBride



Whole No. 32 JH.

Residence, St Paul Minn

Date Admission, 20th February 1893.

Admitted by D. Phelps Hour, 7:45 PM

How Sent, John B. Olivier Sheff, Ramsey County

Sex, male

Age, 47 years

Civil Condition, married

Children, one Child

Age Youngest Child, ——

Occupation, Policeman

Degree Education,

Profession Religion, In a church member

Habits, moderately Good

Nativity, Ireland

Physicians Committing, H B Cogswell, A B Clarke, W D Kelly

Correspondents,

No. for Year, 186.

Insane Relatives, Cousin (

Cause Exciting, Injury &

Cause Predisposing,

Form, Mania - Acute

Accompanying Bodily Disorder, Syphilis

Suicidal or Not, not

Date of this Attack, not stated; probably recent

Duration, not stated

No. of Attack, 1st (now dead of Dysp...)

No. of Admissions, 1st

Age First Attack, not given

Time of Leaving, Sept 28/94

Time in Hospital, 1 year 7 mos. 8 d —

Result, Recovered

Wood, '92 Mannheimer Block.
OPIUM AND WHISKY HABITS CU... book of particu... at home without pain. E. M. Woolley, M. D. Atlan... ent. Ree...
Ga...
AGENTS AND AGENCIES.
SALARY OR COMMISSION — TO AGENTS... for handle the patent chemical nerve eraser... pencil; the most useful novelty ever gr... ...tion of second sheet; guarantee... 600 per cent; profits; ... per week; expenses paid; ... per cent; profits; ... to take charge of business; ... ...ointment; ... Write for terms and specimen of ... ...ing Co., 37 La Crosse, Wis.
WANTED—LIVE, WIDE-AWAKE MEN ... for chief agents by the Northwestern ... ...nt agents; pays ... ...ckness, accident and death benefits; ... ...members $1 per month. Office, Odd Fel...

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Evidly Dr. Phelps March 1893.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish,

MEMORY:

Past Events,
Recent Events,
Special Subjects, } Confused by wandering fancies

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Illusive

REASONING POWER:

Ordinary Subjects,
Own Mental State, } Poor
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Patient cant talk very much. Seems half-sensible of his position; confused however, yet about as at time of coming.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Slightly Confused

Depressed,

DELUSIONS:

Systematized or Not, } No special ones noted —
Special Subjects, } Seems be talking to self
Transitory or Not, } Incoherently —

HALLUCINATIONS: Probably

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of William J. McBride

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 3/4 in WEIGHT, 171 lbs. NUTRITION, Good

WOUNDS OR ABNORMALITIES, None noted but ribs — abnormalities, none —

TONGUE, Tremors, None Coatings, None Promptness Movement, prompt

PUPILS, Equality, equal Size, Normal

Response Light, Yes Accommodation, Yes

SIGHT, Good

HEARING, Good

CO-ORDINATION, Arms, Good

Legs, Standing, Eyes shut, good.

TREMORS, Hands, none noticeable Tongue, —

Facial Muscles, — General, —

REFLEXES, Patellar, — 5 —

Other Reflexes,

ARTICULATION, Hesitating, ~~Slurred~~, Fair, but won't talk much —

FACIAL EXPRESSION,

SENSIBILITY,

HEART, normal

LUNGS, normal

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal, Yes	Constipated,	Irregular,
APPETITE, Good, Yes	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular, Yes
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 William J. McBride

1893

This man was brought here by Deputy Sheriff Irish and patient's brother, with following history. Habits have been moderately good. Insanity is hereditary, a cousin being now insane. Cause of this attack is injury & financial difficulties. Form is acute, paroxysmal. Accompanying bodily disorder, Syphilis; first symptoms were manifested by deception. This is 1st attack. Insanity is now manifested in the subject of money & fear. Is disposed to injure others & is decidedly dangerous & not suicidal, nor filthy nor destructive. Shows peculiarities of temper before symptoms of insanity appeared. Has been confined in County Jail for 3 days. Was under medical treatment for syphilis 2 years ago.

Febr 22 Feb 22/93. Extremely & quite noisy for from 3 to 4 hours, out of bed frequently & restless for 5 hours; pounding at the door of his room and slept none at all, last night. Was very Excitable this afternoon and Impulsive. Struck an attendant was secluded. Feb 22/93. Last night, was extremely noisy for 2 hours, quite noisy for 3 hours, very restless, out of bed very often, Sleeping but 2 hours. Was also pounding on door & window screen of his room.

" 23 Feb 23/93. Passed last night similarly to the one previous. Feb 24/93. Extremely, quite & slightly noisy for from one to 2 hours; out of bed many times & sleeping but 2 hours, last night. Had a fight with a fellow-patient today.

" 25 Feb 25/93. Was quiet all last night & slept 8 hours. Feb 26/93. Slightly noisy for 3 hours, quite so for 1 hour, getting

" 27 out of bed, but sleeping 5 hours, Last night. Feb 27/93. (See attached record of day-nurse, for particulars of patient's behavior, since coming here, up to date.) Was quite noisy for 2 hours, slightly noisy 1 hour and out of bed, slept 8 hours, last night. Talks a little more rationally this morning; Complains of pain of his side paining him; Examination, found 2 ribs broken; no history of their Cause could be found. (NB. There is reason for believing this was done when patient was struggling with a man, endeavoring to arrest him in St Paul shortly before coming here). Adhesive plaster applied but patient tore it off. Feb 28/93. Rested fairly well

" 28 last night, Sleeping 7 hours. Is pugnacious, fighting with fellow-patient today. Mar 1/93. Quite and

Mar 1 slightly noisy for from 1 to 2 hours; often out of bed; sleeping 5 hours last night. Continues ugly & pugnacious.

" 2/3 March 2/93. Wt 157 pounds. Pulse 95. March 3/93. Struck a fellow-patient today. March 4/93. Has kept his bed the past few days; says he feels sick today; During the past week, by day, has caused a good deal of trouble on the hall, being violent at times & very pugnacious. Eats fairly well. Bowels are regular. Got up today,

" 12 March 12/93. Since the 1st of this month, has been much more quiet & restful at night, usually sleeping

" 13 8 hours, each night; in only 2 nights being slightly restless for an hour or so. Mar 13/93. Patient has ever since coming here, been so extremely strong & violent, that it has been with great difficulty that he

" 17 was handled at all. Has attacked attendants a number of times. March 17/93. For the past few nights,

" 18 has been more noisy, restless & disturbed, sleeping only 4 or 5 hours each night. March 18/93. Slept better last night. By day, Continues more or less excited, pugnacious & violent sometimes, striking fellow-patients &

" 19 attendants without any cause or provocation. Mar 19/93. Was excited & ugly this morning, fought and bit

" 22 a fellow-patient & tried to choke himself with a towel. Mar 22/93. Remained this morning - burnt his right arm at the heater last night; arm dressed. Took only milk for breakfast. Was put in restraint &

" 30 kept in bed, during night. Has been ugly & destructive. Pulse 84. Mar 30/93. Sent, by day; restrained in bed, by night. Has a beginning hematoma auris.

Apl 4/5 Apl 4/93. Wt 155 lbs. Pulse 120. Apl 5/93. Was unusually ugly today, biting & striking the attendants -

" 20 Apl 20/93. Since the 18th ult, has been, nightly, more or less restless & noisy, for a long time extremely so, sleeping none sometimes or very little. Has also very destructive, especially at night, has recently been more restful and

Personal and Medical History of William J. McBride

copy

NAME William J. McBride

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
May 3d	153½	70	—	
June 3d	153	64	-	1½
July 2d	157½	62	5½	
Augt 1st	161	104	3½	
Sept 2d	171	102	10	
Oct 1st	173	84	2	

SES.
d Feb. 20th '93.
Att., Ward C-3-E.

ls, struck one of the attendants twice
i 6 hos.
stioned) vague, incoherent, abusive
her, and wife.
nd then in a voracious manner.

Apparantly good, has Piles.
l by pounding the door with fist.
of costiveness.
ems:- complains of pain in stomach

ght and until 9 A.M. became quiet,
day. Eats when urged but does not
ead and abdomen. Seems to have diffi-
os 5 hos

night, quiet during forenoon. Violent
f pain in abdomen and side, p. 110.
n fed with spoon. , bowels moved,

ing morning hours, struck one of the
n and remained so rest of the day.
. Seems to have violent attacks of
ine twice, slept 8 hrs. p., 10 A.M.

e or less throughout the day, face
by burns on heater. Is not disposed to talk as much as preceding days, still appears to have violent pains in stomach, n and region of kidneys. Eats freely. Pulse 5 P.M., 106.

26th Sixth day:- Violent, striking those about him, imagines they are enemies about to do him harm. Face scratched and bruised. Incoherent, abusive and at times very rational, when questioned, but hesitates, eats fair when urged, still complains of pains, of burning up, p.110, sleep 7 hrs, bowels moved, passed urine, but seemed to be attended with pain.

, more or less restless & ood regularly & fairly well.

93. Continues, nightly, - hours, each night; & nights during the e so. Is still inclined p now kept upon him ctly, noisy & restless for city in his habits. Is bowels are irregular. noisy, boisterous, de- & has to be carefully Had a fight with a visited by his wife

t, during this month. l, as he will accost, if im, physically. — to others. Talk is loud, the time. Has not

d by brother, July 4th — orths. There is no change kept upon him, it flesh, of late. —

7/93. Passes his nights , & be very closely watched opportunity. Habits g & rubbing them himself. Continues, more or less ite is voracious; he has

Oct 1/30 & 31 to be led across the hall. Bowels regular. Is possessed of great strength, agility & powers of endurance. Conduct & behavior, by day, do not change any. Has many delusions. Still has ones above mentioned. Oct 1/93. Continues to increase in flesh. Oct 20/93. No material change to note since above reports. Habits still filthy & destructive. Oct 31/93. By night, still continues noisy & restless for from 4 to 6 hours. Frequently destructive. By day, also, is boisterous, unruly & destructive. Still holds delusions. Talk is incoherent & rambling. Habits are dirty. Physical condition good. Makes no complaints. There is no improvement to note. Is not as well as last month. Visited by wife 10th inst.

(carried to page 32)

1893

This man was brought here by Deputy Sheriff Irish and [illegible] history. Habits have been moderately good. Insanity is here. Cause of this attack is injury & financial difficulties. Former bodily disorder, Syphilis; first symptoms were manifested & now manifested in the subject of money & fear. Said dangerous & not suicidal, nor filthy nor destructive. Symptoms of Insanity appeared. Has been con medical treatment for syphilis 2 years ago.

Febr 21 Feb 19/93. Extremely & quite noisy for from 3 to 4 hours, a [illegible] door of his room and slept none at all, last night.
" 22 an attendant was secluded. Feb 22/93. Last night, restless, out of bed very often, sleeping but 2 hours. Unc.
" 23 Feb 23/93. Passed last night similarly to the one previous. to 2 hours; out of bed many times & sleeping but 2 hours, last.
" 24 Feb 24/93. Was quiet all last night & slept 8 hours. Feb 24/93. Slight
" 25 out of bed, but sleeping 5 hours, last night. Feb 25/93. (See attached [illegible] patient's behavior, since coming here, up to date.) Was quite noisy for [illegible] out of bed, slept 6 hours, last night. Talks a little more rationally this morning; Complains of pain in side of his side paining him; on examination, found 2 ribs broken; no history of their cause could be found. (NB. There is reason for believing this was done when patient was struggling with a man, endeavoring to arrest him, in St. Paul shortly before coming here). Adhesive plaster applied but patient broke it off. Feb 26/93. Rested fairly well
Mar 1 last night, sleeping 7 hours. Is pugnacious, fighting with fellow-patients to day. Mar 1/93. Quite and slightly noisy for from 1 to 2 hours; often out of bed; sleeping 5 hours last night. Continues ugly & pugnacious.
" 2 Mar 2/93. Wt 157 pounds. Pulse 95. Mar 3/93. Struck a fellow-patient to day. Mar 7/93. Has kept his bed
" 7 the past few days; says he feels easier to day; During the past week, by day, has caused a good deal of trouble on the hall, being violent at times & very pugnacious. Eats fairly well. Bowels are regular. Got up to day,
" 12 March 12/93. Since the 1st of this month, has been much more quiet & restful at night, usually sleeping
" 13 8 hours, each night; on only 2 nights being slightly restless for an hour or so. Mar 13/93. Patient has
" 17 ever since coming here, been so extremely strong & violent, that it has been with great difficulty that he
" 18 was handled at all. Has attacked attendants a number of times. March 17/93. For the past few nights, has been more noisy, restless & disturbed, sleeping only 4 or 5 hours each night. March 18/93. Slept better
" 19 last night. By day, Continues more or less excited, pugnacious & violent sometimes, striking fellow-patients &
" 21 attendants without any cause or provocation. Mar 19/93. Very excited & ugly this morning; fought, and bit
" 22 a fellow-patient & tried to choke himself with a towel. Mar 22/93. Remained this morning - burnt
" 30 his right arm at the heater last night; arm dressed. Took only milk for breakfast. Was put in restraint & kept in bed, during night. Has been ugly & destructive. Pulse 84. Mar 30/93. Same, by day; restrained in bed, by night. Has a beginning hematoma auris.

Apl 4/5 Apl 4/93. Wt 155 lbs. Pulse 120. Apl 5/93. Was unusually ugly to day, biting & striking the attendants -
" 20 Apl 20/93. Since the 18th ult., has been, nightly, more or less restless & noisy, for a good time extremely so, sleeping none sometimes or very little. Was also very destructive, especially at night; has recently been more restful and

Copy

Case # 3271.
DESCRIPTIVE NOTES FOR NEW CASES.
Case of Mr. Wm.J.McBride, Admitted Feb. 20th '93.
Written by Leroy H Vokes, Att., Ward C-3-E.

1st Forst day behavior:- Violent spells, struck one of the attendants twice on the head with his fist. Secluded 6 hos.
Talk - rational at times (when questioned) vague, incoherent, abusive of City Officials of St.Paul, brother, and wife.
Eating :- when urged or asked, and then in a voracious manner.
Cough:- none, sleeps none.
Bodily condition seen at bath:- Apparantly good, has Piles.
Bruises, injuries:- Hands brusied by pounding the door with fist.
Bowels:- moved once, indications of costiveness.
Any complaint or other noteworth items:- complains of pain in stomach and chest, of "burning up". P.1o2.

2d Second day:- Very noisy during night and until 9 A.M. became quiet, and remained so during rest of the day. Eats when urged but does not chew food. Complains of pain in head and abdomen. Seems to have difficulty in passing urine. p.96, sleeps 5 hos

3d Third day:- Noisy during most of night, quiet during forenoon. Violent during afternoon, still complains of pain in abdomen and side, p. 1lo. Has illusions, incoherent, eats when fed with spoon. , bowels moved, passed urine once.

4th Fourth day:- Violent and ugly during morning hours, struck one of the patients with his fist, quieted down and remained so rest of the day. No change as regards eating or talk. Seems to have violent attacks of pain in abdomen and side, passed urine twice, slept 8 hrs. p., 1o A.M. 1o8.

5th Fifth day:- Ugly and fighting more or less throughout the day, face bruised, hands blistered by burns on heater. Is not disposed to talk as much as preceding days, still appears to have violent pains in stomach, n and region of kidneys. Eats freely. Pulse 5 P.M., 1o6.

6th Sixth day:- Violent, striking those about him, imagines they are enemies about to do him harm. Face scratched and bruised. Incoherent, abusive and at times very rational, when questioned, but hesitates, eats far when urged, still complains of pains, of burning up, p.1lo, sleep 7 hrs, bowels moved, passed urine, but seemed to be attended with pain.

, more or less restless & [illegible] od regularly & fairly well.

1/93. Continues, nightly, [illegible] hours, each night; [illegible] nights during the [illegible] so. Is still inclined [illegible] now kept upon him [illegible] city, noisy & restless for [illegible] ority in his habits. Is [illegible] Bowels are irregular. [illegible] noisy, boisterous, de- [illegible] & has to be carefully [illegible] Had a fight with a [illegible] visited by his wife

[illegible], during this month. [illegible]l, as he will accept, if [illegible]m, physically. — [illegible] to others. Talk is loud, [illegible] the time. Has not [illegible]

[illegible] by brother, July 4th — [illegible]orbits. There is no change [illegible] kept upon him, it [illegible] flesh, of late. —

[illegible]/93. Passes his nights [illegible] the very closely watched [illegible] opportunity. Habits [illegible]g & rubbing them himself. Continues, more or less [illegible]tite is voracious; he has

Oct 1/30 [illegible] to be fed at on the hall. Bowels regular. Is possessed of great strength, agility & powers of endurance. Conduct & behavior, by day, do not change any. Has many delusions. Still has tones about mentions.
" 31 Oct 1/93. Continues to increase in flesh. Oct 30/93. No material change to note since above reports. Habits still filthy & destructive. Oct 31/93. By night, still continues noisy restless for from 4 to 6 hours. Frequently destructive. By day, also, is boisterous, unruly & destructive. Still holds delusions. Talk is incoherent & rambling. Habits are dirty. Physical condition good. Makes no complaints. There is no improvement to note. Is not so well as last month. Visited by wife 10th inst.

(carried to page 32)

Personal and Medical History of William J. McBride

…ept before
…ped for 3 days. Was under
…a frequently restless for 5 hours; pounding at the
…night. Was very Excitable this afternoon and pugnacious. Struck
…21/93. Last night, was extremely noisy for 2 hours, quite noisy for 2 hours, very
restless often, sleeping but 2 hours. Was also pounding in door and window screen of his room —
Feb 23/93. Passed last night similarly to the me previous. Feb 24/93. Extremely, quite restless & slightly noisy for from one
to 2 hours; out of bed many times & sleeping but 2 hours, last night. Had a fight with a fellow-patient today.
Feb 25/93. Was quiet all last night & slept 8 hours. Feb 26/93. Slightly noisy for 3 hours, quite restless for 1 hour, getting
out of bed, but sleeping 5 hours, last night. Feb 27/93. (See attached record of day-nurse, for particulars of
patient's behavior, since coming here, up-to-date.) Was quite noisy for 2 hours, slightly noisy 1 hour and
was offered; slept 8 hours, last night. Talks a little more rationally this morning; Complains of pain of his side
paining him; on examination, found 2 ribs broken; no history of their cause could be found. (NB. There is reason
for believing this was done when patient was struggling with a man, endeavoring to arrest him, in St Paul
shortly before coming here). Adhesive plaster applied but patient tore it off. Feb 28/93. Rested fairly well
last night, sleeping 7 hours. Is pugnacious, fighting with fellow-patients today. Mar 1/93. Quite and
slightly noisy for from 1 to 2 hours; often out of bed; sleeping 5 hours last night. Continues ugly & pugnacious.
March 2/93. Wt 157 pounds. Pulse 95. March 3/93. Struck a fellow-patient today. March 7/93. Has kept his bed
the past few days; says he feels easier today; During the past week, by day, has caused a good deal of trouble
on the hall, being violent at times & very pugnacious. Eats fairly well. Bowels are regular. Got up today,
March 12/93. Since the 1st of this month, has been much more quiet & restful at night, usually sleeping
8 hours, each night; in only 2 nights being slightly restless for an hour or so. Mar 13/93. Patient has
ever since coming here, been so extremely strong & violent, that it has been with great difficulty, that he
was handled at all. Has attacked attendants a number of times. March 17/93. For the past few nights,
has been more noisy, restless & disturbed, sleeping only 2 or 3 hours each night. March 18/93. Slept better
last night. By day, Continues more or less excited, pugnacious & violent sometimes, striking fellow-patients &
attendants without any cause or provocation. Mar 19/93. Was excited & ugly this morning; fought, and bit
a fellow-patient & tried to choke himself with a towel. Mar 22/93. Remained in bed this morning — burnt
his right arm at the heater last night; arm dressed. Took only milk for breakfast. Was put in restraint &
kept in bed, during night. Has been ugly & destructive. Pulse 84. Mar 30/93. Same, by day; restrained
in bed, by night. Has a beginning hematoma auris.
Apl 4/93. Apl 4/93. Wt 155 lbs. Pulse 120. Apl 5/93. Was unusually ugly today, biting & striking the attendants —
Apl 20/93. Since the 18th ult., has been, nightly, more or less restless & noisy, for some time extremely so, sleeping
none sometimes or very little. Was also very destructive, especially at night; has recently been more restful and
quiet and sleeping better and has been less destructive. By day, is, at all times, more or less restless &
troublesome, inclined to be pugnacious & destructive, and, by spells, violently so. Takes food regularly & fairly well.
April 21/93. Was today visited by a friend. —
May 3/93. Wt 153½ lbs. Pulse 90. Is still gradually losing in flesh. May 20/93. Continues, nightly,
quite restless and noisy; often, extremely so, sleeping on the average only 4 to 5 hours, each night;
though on some nights, as little as 2 or 3 hours, and only once a full night. On 8 nights during the
past 4 weeks, has been very destructive, and, as many, has been more or less so. Is still inclined
to be ugly and pugnacious, but less so than formerly, a closer watch being now kept upon him
on C3. Appetite has been good & bowels fairly regular. May 31/93. Is, nightly, noisy & restless for
from 5 to 6 hours, talking loudly & singing; frequently destructive. Is dirty in his habits. Is
always hungry; inclined to overeating; bolts his food; does not chew it. Bowels are irregular.
Thorough has been noticed. Is troubled with dyspepsia & piles. By day, is noisy, boisterous, de-
-structive & irritates other patients. Goes out walking quite regularly but has to be carefully
guarded as he has strong tendencies to elope. Is incoherent. Recently had a fight with a
fellow-patient & nose was made to bleed. Has not been secluded. Was visited by his wife
on the 25th inst. — Maintains his weight quite well.
June 30/93. Has been noisy, restless & destructive, nearly every night, during this month.
Also very dirty in habits. Appetite is voracious. Is fed out on the hall, as he will not eat, if
in dining-room. Bowels are regular. Keeps in about the same condition, physically. —
Is boisterous, quarrelsome (at times getting into fights) & aggravating to the others. Talk is loud,
incoherent, insulting & profane. Has to be very closely watched, all the time. Has not
been put in seclusion. Has received no visits during this month.
July 28/93. Had a rational spell, last for a few minutes, today. Has visited by brother, July 4th —
This patient's night-record has been about as described about for past 2 months. There is no change
to note in his conduct & behavior by day, either. Owing to the close watch kept upon him, it
has not been necessary to put him in seclusion. Has gained some in flesh, of late. —
July 31/93. No change whatever to note.
Aug 1/93. Had a rational spell, lasting about 15 minutes, today. Aug 31/93. Passes his nights
about as usual. Boisterous & noisy, throughout the day; aggravating to others & has to be very closely watched
to be kept out of trouble. Has spells when he is very ugly. Runs away at every opportunity. Habits
are dirty & destructive, day & night. Hands covered with sores, caused by picking & rubbing them himself.
Sep 1/93. Has gained 10 pounds in weight, in the past month. Sep 30/93. Continues, more or less
noisy, also destructive as many of the nights, each month; Restless. Appetite is voracious; he has
to be fed at on the hall. Bowels regular. Is possessed of great strength, agility & powers of endurance.
Conduct & behavior, by day, do not change any. Has many delusions. Still has sores about mentioned.
Oct 1/93. Continues to increase in flesh. Oct 30/93. No material change to note since above reports.
Habits still filthy & destructive. Oct 31/93. By night, still continues noisy & restless for from 4
to 6 hours. Frequently destructive. By day, also, is boisterous, unruly & destructive. Still holds
delusions. Talk is incoherent & rambling. Habits are dirty. Physical condition good. Makes
no complaints. There is no improvement to note. Is not so well as last month. Visited by wife 10th inst.

(carried to page 32)

Personal and Medical History of John Sauter

John P Sauter

Whole No. 3275

Residence, 326 Von Minden St. St Paul Minn

Date Admission, 20th February 1893.

Admitted by S. Phelps Hour, 7.45 P.M.

How Sent, John B. Olivier Sh. P., Ramsey County

Sex, Male

Age, 42 years

Civil Condition, Married

Children, 3

Age Youngest Child,

Occupation, Porter in liquor house

Degree Education,

Profession Religion, Catholic

Habits, Temperate

Nativity, Germany

(Ex. 16 Feb 93) Physicians Committing, Charles Kath and Ride Martel

Correspondents, Wm Crescentia Sauter
326 Von Minden St. St Paul Minn

No. for Year, 187

Insane Relatives, on his Mothers side (hereditary)

Cause Exciting, Not Known

Cause Predisposing, Heredity (?)

Form, Mania - acute

Accompanying Bodily Disorder, None

Suicidal or Not, Not

Date of this Attack, 6 months ago

Duration, 6 months

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 42

Time of Leaving, Feb. 26. 1900

Time in Hospital,

Result, Transferred to Hastings
J.E.P.M.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Evd by D. Phelps Feb 22/93.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, somewhat sluggish

MEMORY:

Past Events, } apparently fair

Recent Events, }

Special Subjects, }

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects, } Poor

Own Mental State, }

Special Subjects, }

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Yes & dull

DELUSIONS:

Systematized or Not, Systematized & connected

Special Subjects, with hallucinations

Transitory or Not,

HALLUCINATIONS: Voices speaking to him in his stomach for past 6 months & now voices from outside talking

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Gives a voluntary description of his own feelings; of the time of his sickness & a description of the hallucinations & a description of more recent ones.

GENERAL DESCRIPTIVE REMARKS:

Denies drinking much. Later vice - says he has "voices speaking to him in his stomach". Describes, first, an electric current passing along abroplast July. Then heard voices threatening him every night. Thinks gradually grew worse & for the past 6 or 8 weeks has heard voices speaking to him, as he says "in his belly" —

Personal and Medical History of John Sauter
John P Sauter

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ WEIGHT, 153 lbs. NUTRITION, Good

WOUNDS OR ABNORMALITIES, None noticed —

TONGUE, Tremors, None noticeable Coatings, None Promptness Movement, fairly prompt

PUPILS, Equality, Equal Size, Normal

Response Light, Yes Accommodation,

SIGHT, Fair

HEARING, Good

CO-ORDINATION, Arms, Some impairment Finger to nose, Eyes shut, rather poor.

Legs, Standing on foot, rather poor. Standing, Eyes shut, fair.

TREMORS, Hands, very slight Tongue, none noticeable

Facial Muscles, General,

REFLEXES, Patellar, q+ - Right ankle clonus

Other Reflexes,

ARTICULATION, Hesitating, yes Slurred,

FACIAL EXPRESSION, rather slightly blank.

SENSIBILITY,

HEART, found good

LUNGS, good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, yes Careless,

BOWELS, Normal, Yes Constipated, Irregular,

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, says, is 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 dead: Says was healthy

Father or Pat. Relations, Father dead

Brothers or Sisters,

Personal and Medical History of John Sauter

John P. Sauter

1893

This man was brought here by Deputy-Sheriff Erich with the following history. Has been temperate in his habits. Has no near relatives on mother's side. Cause of this attack unknown. Form is acute. No accompanying bodily disease or disease. First symptoms were manifested 6 months ago; he came to the house, saying that he was not right in his head & that somebody wanted to hang him & was always writing his name down & he hung. This is 1st attack. Insanity is now manifested by "hallucination"; people talk to him in his stomach & try to hurt him. Is neither disposed to injure others, nor suicidal, nor filthy nor destructive nor has he been restrained or confined, nor under medical treatment.

Feb 21 Feb 21/93. Was restless for a few hours or so, but slept 7 hours, last night. Am. Pulse 80. Is quiet & dull today. Talks only when addressed. Appetite poor. Bowels regular. No cough. No bruises or injuries visible. Bodily Condition quite clean. Has "hallucinations of sight" — "sees Devils, he says". Feb 22/93. Slept well, 8 hours, last night. Appetite fair today. Is quite talkative with his fellow-patients. Pulse 96. Feb 23/93. Again passed a quiet and restful night, sleeping 8 hours, last night. Am. Pulse 92. Contenies about the same.
" 24/ Appetite is improving. Feb 24/93. Am. Pulse 94. Feb 25/93. Am. Pulse 86. Feb 26/93. Am. Pulse 78.
" 27 Feb 27/93. Am. Pulse 88.

Mar 2/93 March 2/93. Wt 148½ lbs. Pulse 96. March 9/93. Semi bed this morning; Te 100.2 P 104. Given medicine.
" 10/13 March 10/93. Is up today. Feels quite well. March 13/93. The mental condition of this man has probably changed almost none, since the time of coming. Seems to be one of melancholia, with slight appearance of demented state, together with hallucinations & delusions, of a depressed character.
" 18 March 18/93. Since last note on this subject patient has been uniformly quiet & restful at night, apparently sleeping well. Has been up & around daily (with exception noted above). Is clean, fairly tidy & well behaved by day.

April 1/93 April 1/93. Wt 146½ lbs. Pulse 76. April 13/93. Talks freely and rather confusedly about the "voices" which he hears, and which he says are from Heaven. April 21/93. Walk the floor slowly, all day, saying nothing unless spoken to, answering quite freely then but in few words. Sometimes asks when he can go. Does not often mention his delusions or hallucinations, but is evidently quite absorbed in them. Has lost some in weight. Has written a few letters.

May 3/93 May 3/93. Wt 146 lbs. Pulse 78. May 11/93. Was continued to rest and sleep well at night, and has been uniformly quiet and well-behaved by day; has also appeared somewhat more cheerful, answering questions more promptly; does not carry conversation very far. Was today transferred to B 3. —

May 22 May 22/93. Continues about the same as described in last note. Still inclined to keep to himself & apart from others; appears still to hold to his delusions, to a certain extent, at least. Bodily health good.
" 28 May 28/93. Appetite not very good. Works out daily, on the grounds. While in the ward, sits or walks about slowly; is very quiet; has little or nothing to do with his fellow-patients. Takes no part in games. Seems uninterested in his surroundings.

June 30 June 30/93. Condition does not change much. Still works out-doors daily. Is in good physical health.
July 4/93 July 4/93. Was today visited by his wife & children. July 18/93. While going out walking, he missed his footing, while going down stairway; fell & hurt his back. Nothing serious, however. —
" 31 July 31/93. Continues in good physical health. Apparently rests & sleeps well, at night. Is always quiet & well-behaved. Works outside some; not so steadily as formerly. Another repeats, sometimes about as described in above recent notes.

NAME John P. Sauter

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
June 5th	146	76	-	-
July 13th	139	86	-	7
Aug 2nd	138	84	-	1
Sept 1st	137	80	-	1
Oct 4th	141½	77	4½	-
Nov 2d	142	71	½	-
Dec 2d.	138	79	-	4
1894 Jany 2d.	144	80	6	-
Feby 2d	144½	84	½	-
Mar 3rd	144½	87	-	-
Apl 2nd	141	82	-	3½

Personal and Medical History of John Sauter

John P. Sauter

special condition. Augt 31/93. Has "spells" of talking to self. Hears some one is talking to him, chiefly at night-time.
" at walking today. Did not resist when told to come back.
nally, of rubbing his head, and getting angry, using profane language.
es are bothering him. Says some one is telling him bad things,
Works some on ward. While in a "spell", if spoken to, will

in flesh, the past month. Oct 20/93. Has "spells" about the
flies bother his head." Lately has the habit of wearing his
Keeps by himself nearly all the time. Complains of not
good appetite. Helps with the ward-work. Habits clean.
lour delusions. Says "that people are doing bad things to him, such
his clothes & hair". Does not rest well at night & makes considerable
the bad people to go away & not to bother him". He is a patient
i a "spell", he, at times, will get mad, but, if spoken to kindly,
t. —

with the flies and that, at night, people are talking bad things
t sleep well". Nov 20/93. His "spells" appear of late & trouble
ake us nearly all the time, as he thinks the flies then bother him
less. Does not care to wear his coat. Is noisy, at times; shouting & kicking the walls. Is troubled more during the evening, than at other times. Appetite fair; bowels regular. Sleep is poor.
" 30 Nov 30/93. No change to note in patient's condition, since the last report. —
Dec 1/31 Dec 1/93. Keeps in good flesh & physical condition. Dec 31/93. Has very bad "spells" of late, and says that the ladies & flies are trying to kill him". At times, quite noisy; will shout & become very excited & angry. Appetite fair. Bowels regular. Habits are clean. Still wears his cap daily.
1894 Jan 3/31 Jan 3/94. Commenced to work in the kitchen, today. Jan 31/94. No material change. Still holds to his delusions in regard to "flies and the people bothering him & talking to him, especially at night." —
Feb 2/28 Feb 2/94. Keeps in good flesh & physical health. Feb 28/94. Remains about the same, from month to month. Has "spells" when he becomes noisy, talking to himself. Still has these ideas about the "flies & people continually bothering him" & wears his cap nearly all the time "to keep the flies off his head". — Has been working in the kitchen, now, for some time. Quiet & well behaved as a rule — habits clean.
Mar 11 March 11/94. Seemed to get tired of kitchen work & remains now on the hall, helping some there.
" 31 March 31/94. No noticeable change in state his mental or physical condition to note at this date.
Apl 9 April 9/94. Quit working in kitchen on March 11th but again commenced working there, today. —
" 30 April 30/94. Is somewhat noisy at night & on that account sleeps in B2. In other respects, no change.
May 31st Wt 142½, p. 76. 18th transferred to B1. Noisy — says he is troubled with flyes. 31st more quiet — does not shout & kick the floor, but gets angry at times. Willing to help on ward. restless at night. Appetite good, bowels reg.
June June 1st Wt 142½ p. 84, 30th a good patient, works in kitchen. Complains of being restless at night. bowels regular.
July 9/31 July 9th Wt. 139½ p. 78. 31st As about the same — says there are women talking to him all the time. gets noisy, appetite good, bowels reg. works in kitchen. —

(carried to 68)

Personal and Medical History of John

John

1893

This man was brought here by Deputy-Sheriff Irish wit
ni his habits. Has nisan relatives on mother's side. Cause of
accompanying bodily disorder or disease. First sym
toms house, saying that he was not right in his head &
writing his name down & being. This is 1st atta
people talk to him in his stomach & try to hurt h
filthy nor destructive nav has been restrained

Febr 21 Febr 21/93. Was restless for a few hours only, but sle — today.
Talks only when addressed. Appetite poor. — ce. Bodily
" 22 Condition quite clean. Has hallucinations — l, shaves,
" 23 last night. appetite fair today. Is quite ta — 23/93. Again
passed a quiet and restful night, sleeping 8 hours, — about the same.
" 24/25/26 Appetite is improving. Febr 24/93 Am. Pulse 94. Am — 5/93. Am Pulse 78.
" 27 Febr 27/93. Am. Pulse 88.

Mar 1/9 March 2/93. Wt 148½ lbs. Pulse 76. March 9/93. Same health this mor — Prot. given medicine.
" 10/13 March 10/93. Is up to-days. Feels quite well. March 13/93. The mental — ion of this man has probably
changed almost none, since the time of Commg. Seems to be one of melancholia, with slight app-
-pearance of demented state, together with hallucinations & delusions, of a depressed character.
" 18 March 18/93. Since last note on this subject patient has been uniformly quiet & restful at night,
apparently sleeping well. Has been up & around daily (with exceptions noted above). Is clean, fairly
tidy & well behaved by day.

April 1/3 April 1/93. Wt 146½ lbs. Pulse 76. April 13/93. Talked freely and rather confusedly about the "voices" which
" 21 he hears, and which he says are from Heaven. April 21/93. Walks the floor slowly, all day, saying nothing
unless spoken to, answering quite freely then but in few words. Sometimes asks when he can go. Does not often
mention his delusions or hallucinations, but is evidently quite absorbed in them. Has lost some in weight.
Has written a few letters.

May 3/11 May 3/93. Wt 146 lbs. Pulse 78. May 11/93. Has continued to rest and sleep well at night, and has been
uniformly quiet and well-behaved by day; has also appeared somewhat more cheerful, answering
questions more promptly; does not carry conversation very far. Was today transferred to B3. —

May 22 May 22/93. Continues about the same as described in last note. Still inclined to keep to himself &
apart from others; appears still to hold to his delusions, to a certain extent, at least. Bodily health good.
" 28 May 28/93. Appetite not very good. Works out, daily, on the grounds. While in the ward, sits, or walks
about slowly; is very quiet; has little or nothing to do with his fellow-patients. Takes no part
in games. Seems uninterested in his surroundings.

June 30 June 30/93. Condition does not change much. Still works outside daily. Is in good physical health.

July 4/8 July 4/93. Was today visited by his wife & children. July 18/93. While going out walking, he
" 31 missed his footing, while going down stairway; fell & hurt his back. Nothing serious, however. —
July 31/93. Continues in good physical health. Apparently rests & sleeps well, at night. Is always
quiet & well-behaved. Works outside some, not so steadily as formerly. In other respects, con-
-tinues about as described in above recent notes.

Personal and Medical History of John Sauter

John P Sauter

1893

Aug 10/31 Aug 10/93. Keeps in good physical condition. Aug 31/93. Has "spells" of talking to self
& getting angry. Has the idea that some one is talking to him, chiefly at night-time.

Sept 11 Sept 11/93. Tried to escape while out walking today. Did not resist when told to come back.
" 25 Sept 25/93. Has "Spells", occasionally, of rubbing his head, and getting angry, using profane language.
Seems to have the delusion that flies are bothering him. Says "some one is telling him bad things,
all the time". Is well-behaved. Works some on ward. While in a "spell", if spoken to, will
quit down immediately. —

Oct 1/30 Oct 1/93. Has made some gain in flesh, the past month. Oct 30/93. Has "spells" about the
same as ever. At times, says "the flies bother his head." Lately has the habit of wearing his
cap continually while in hall. Keeps by himself nearly all the time. Complains of not
sleeping well, at night. Has a good appetite. Helps with the ward-work. Habits clean.
" 31 Oct 31/93. Still has "spells" & shows delusions. Says "that people are doing bad things to him, such
as calling him names & pulling at his clothes & hair". Does not rest well at night & makes considerable
noise by talking very loudly, telling the bad people to go away & not to bother him". He is a patient
easy to get along with - While in a "spell", he, at times, will get mad, but, if spoken to kindly,
will cool down and be all right. — " —

Nov 8 Nov 8/93. Says "that he is bothered with the flies and that, at night, people are talking bad things
" 20 to him, all the time, so he does not sleep well". Nov 20/93. His "Spells" appear of late to trouble
him worse than ever. Keeps his cap on, nearly all the time, as he thinks the flies then bother him
less. Does not care to wear his coat. Is noisy, at times; shouting & kicking the walls. Is troubled
more during the evening, than at other times. Appetite fair; bowels regular. Sleep is poor.
" 30 Nov 30/93. No change to note in patient's condition, since the last report. —

Dec 1/31 Dec 1/93. Keeps in good flesh & physical condition. Dec 31/93. Has very bad "spells" of late, and
says "that the ladies & flies are trying to kill him". At times, quite noisy; will shout & become
very excited & angry. Appetite fair. Bowels regular. Habits are clean. Still wears his cap daily.

1894

Jan 3/31 Jan 3/94. Commenced to work in the kitchen, today. Jan 31/94. No material change. Still holds to his
delusions in regard to "flies and the people bothering him & talking to him, especially at night." —

Feb 2/28 Feb 2/94. Keeps in good flesh & physical health. Feb 28/94. Remains about the same, from month to
month. Has "spells" when he becomes noisy, talking to himself. Still has these ideas about the "flies
& people continually bothering him" & wears his cap nearly all the time "to keep the flies off his head". —
Has been working in the kitchen, now, for some time. Quiet & well behaved as a rule - habits clean.

Mar 11 March 11/94. Seemed to get tired of kitchen work & remains now in the hall, helping some there. -
" 31 March 31/94. No noticeable change in either his mental or physical condition to note at this date.

Apl 9 April 9/94. Quit working in kitchen on March 11th but again commenced working there, today. -
" 30 April 30/94. Is somewhat noisy at night & on that account sleeps in B2. In other respects, no change.

May 9th Wt 142½, p. 76. 18th transferred to B1. Noisy - says he is troubled with flyes. 31st more quiet - does not
shout - & kick the floor, but gets angry at times. Willing to help on ward. restless at night. appetite good,
June bowels reg. June 1st Wt 144th, p. 74. 30th a good patient; works in kitchen. complains of being not
July 9/31 well at night. bowels regular. July 9th Wt. 139th, p. 73. 31st As about the same - says there are women
talking to him all the time. gets noisy, appetite good, bowels reg. works in kitchen. —

(carried to 68)

Personal and Medical History of Maurice Bonner

Whole No. 3277

Residence, unknown (found in Washington County)

Date Admission, 21st February 1893.

Admitted by D. Phelps Hour, 7.30 P.M.

How Sent, Rudolph Letmicke, Washington County

Sex, male

Age, 53

Civil Condition, married

Children, three

Age Youngest Child,

Occupation, miner

Degree Education,

Profession Religion, Catholic

Habits, unknown

Nativity, New Orleans

Physicians Committing, B. J. Merrill & J. G. Rhodes

Correspondents, not known (relatives offering) Mrs Mary E. 22 Marion St.

No. for Year, 189.

Insane Relatives, unknown

Cause Exciting, unknown

Cause Predisposing, unknown

Form, Mania-Acute

Accompanying Bodily Disorder, not known

Suicidal or Not, not known

Date of this Attack, unknown

Duration, unknown

No. of Attack, unknown

No. of Admissions, 1st

Age First Attack, unknown

Time of Leaving, May 26th '93

Time in Hospital, 3 mo. 5 ds.

Result, Rec'd.

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps 28 Feby 28/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, quick

MEMORY:

Past Events, seems clear but of

Recent Events, doubtful reliability

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, In appearance, fair at present

Own Mental State,

Special Subjects, Doubtful

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Normal at present

Indifferent,

Exalted,

Depressed,

DELUSIONS: Had delusion concerning "airships"

Systematized or Not, When examining - denies this

Special Subjects, now: giving an opposite

Transitory or Not, which may be true or may be not.

HALLUCINATIONS: admits having them at time of examination.

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Clear in form, today

Voluble or Reticent, Voluble.

Describes separation from his wife last Dec. Says, left San Francisco last Dec. & went East direct from. Had 100 in money between here & Stillwater (Minn) had only 2 or 3 dollars left; lost his pocketbook & ticket on the Cars at St. Paul. Wants a passage, means dead, took it. Spent Sunday in St. Paul & Stillwater trying to find the man. Lastly sleeps & says he became as he now is. Got "wired in his head - hearing voices &c". Denies any drink habit - thinks he is all right now.

Personal and Medical History of Maurice Bonner

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 9½ in. WEIGHT, 164 lbs. NUTRITION, Good

WOUNDS OR ABNORMALITIES, none noted

TONGUE, Tremors, fine fine Coatings, Promptness Movement, prompt

PUPILS, Equality, Equal Size, normal

Response Light, Yes Accommodation,

SIGHT, Fair; wears glasses

HEARING, Good

CO-ORDINATION, Arms, Inclined to rove, Eyes shut, good.

Legs, Standing w/ feet, good; Standing, Eyes shut, good.

TREMORS, Hands, fine Tongue, fine

Facial Muscles, General, Yes

REFLEXES, Patellar, Equal — 7 — Dr. Pt's Scale.

Other Reflexes,

ARTICULATION, Hesitating, Slurred, good

FACIAL EXPRESSION, Fair

SENSIBILITY,

HEART, Sounds palpitating

LUNGS, Seem good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, (?) Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Says has been 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 *Maurice Bonner*

'CLINICAL REPORT'.

PATIENT'S NAME *Maurice Bonner* CASE NO. _____ R.M.O. COMMENCING *March 93.*

	Pulse	Temp.
	P.M.	P.M. A.M. P.M.
M.L.	80	
2	84	
3	74	
4	82	81
5	84	
6	72	
7	78	
8	72	

Complains of night sweats & chills often; given quinine. March 5/93. Wt 163 lbs. Pulse &.

Patient seems to have become quite quiet & contented; contrary to his story on coming, which seemed honest, he does not seem to be worrying or thinking about any losses or losses of property. (see attached record of Pulses).

Summary of his condition, since coming here, would show him to be, at the time of coming, possessed with the mysterious idea about being the inventor of a flying-machine, and a fear of disclosing the secret, lest somebody should get hold of it. In a day or two, however, he was able to discard this idea, but to a story of being separated from his wife, of starting East with about $500. Spending the winter in the East, & starting back, only to have $100 or so stolen from him on the R.R. train, by his comrade, just before coming to St. Paul; of spending several days, hunting all over the two cities for this man, and of then being committed here. Although we were unable to trip him in conclusively upon the stories, yet there was, as has been said, an air of uncertainty about it. During the remainder of his stay here (after March 19), he showed a somewhat increase of ability and mental strength & good behavior. In general however there was very little change. Has continued uniformly quiet & restful at night, apparently sleeping well. Occasionally complains of anticipation. Had a fight with a fellow-patient recently; though uniformly well behaved.

Apl 11/93 Apl 11/93. Wt 164½ lbs. Pulse 74. Apl 11/93. Asks for pumice. Apl 14/93. Transferred to-day to A'—

" 15/93 Apl 15/93. Complains of being restless at night. Was given bromides. Apl 22/93. Is quiet at night, and has seemed great relief well. Is quiet, well-behaved, calm & rational in conduct & conversation.

May 3/93 May 3/93. Wt 165 lbs. Pulse 72. May 26/93. Was quite recovered, tho' perhaps unstable mentally— Has been of good disposition & behavior. Recovered gradually but during 1st two weeks. Health excellent. Went home to-day alone.

Discharged

1893

Feb 22 Feb

" 23 in

" 24 s h

" 25 has

" 26 and

" 27 Au

about & work about the Stables; interviewed take any note.

Mar 1/93 March 1/93. Complains of night sweats and chills often; given quinine. March 5/93. Wt 163 lbs. Pulse &.

" 3 March 5/93. Is doing well. Tells a good many stories about his various occupations & of his travels; but these have an uncertain air about them. Mar 8/93. Patient seems & have become quite quiet & Contented; contrary to his story on coming, which seemed honest, he does not seem to be worrying or thinking about any losses or losses of property. (see attached record of Pulses).

" 13 Summary of his condition, since coming here, would show him to be, at the time of coming, possessed with the mysterious idea about being the inventor of a flying-machine, and a fear of disclosing the secret, lest somebody should get hold of it. In a day or two, however, he was able to discard this idea, but to a story of being separated from his wife, of starting East with about $500. Spending the winter in the East, & starting back, only to have $100 or so stolen from him on the R.R. train, by his comrade, just before coming to St. Paul; of spending several days, hunting all over the two cities for this man, and of then being committed here. Although we were unable to trip him in conclusively upon the stories, yet there was, as has been said, an air

" 25 of uncertainty about it. During the remainder of his stay here (after March 19), he showed a somewhat increase of ability and mental strength & good behavior. In general however there was very little change. Has continued uniformly quiet & restful at night, apparently sleeping well. Occasionally complains of anticipation. Had a fight with a fellow-patient recently; though uniformly well behaved.

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May 3/93 May 3/93. Wt 165 lbs. Pulse 72. May 26/93. Was quite recovered, tho' perhaps unstable mentally— Has been of good disposition & behavior. Recovered gradually but during 1st two weeks. Health excellent. Went home to-day alone.

Discharged

Personal and Medical History of John R. Young

Paul [illegible] E

Jn Young
In Insanity

Rochester Insane Hospital
Rochester, Olmsted Co., Minn.
August 10th 1892.

Mr John Sherman
Washington D. C.

Sir:

I have not voluntarily taken this scoundrels pencil in my right hand between my thumb and the index or pointer is supporting the pencil in such a way as to write in the style commonly known as the Muscular movement and as I am ordered by the owners and proprietors of the Philadelphia Record of Phila Pa

Stolen

is date. Aug 6/93. In 6 hours last night, patient irly good; bowels regular. Behavior noisy. Talks also occasionally dirty. Sept 1/93. Keeps about his good; bowels normal. Is noisy, treacherous & sometimes filthy. —

last night. Oct 7/93. Received bound marks on side of thrown at him, by another patient (Jos. Krouse). — mother. Would take no notice of her; was restless noisy talk. Oct 30/93. Jay was visited by mother today. us visit. Oct 31/93. No change to note in patient's condition elite good, bowels regular. Is noisy and restless, con- s, at times, ugly. Habits are clean. —

past 10 nights, he has been, out of them, restless and hours, on each. Dec 24/93. Restless & noisy nearly all duct & behavior do not change: patient does not improve any. times quite frequently restless & noisy at night and sleeps e in his condition. — Habits are cleanly. —

ning, 5 nights of this month patient has been restless & ly about 3 or 4 hours, mean. Appetite good; bowels regular. walking about the hall & talking. Habit clean: health good. Only 3 nights, this month, has he been reported as restless is no noticeable change in patient's condition, at this date. has been no special change, in the past few months. —

June regular, continually talking to himself & appears to be very angry. Converses quite rationally, habits clean, does not work. June 8th Wt 145th p. 78.

" 9th Transferred to B-1-E. 29th Keeps about the same, is easily excited, talks to himself a great deal, fair appetite, bowels regular. July 4th Wt 136, p. 71. 27th A good patient—talks to himself a great deal, hiccoughs most of the time, good appetite, bowels regular. —

July 27 Aug 1/94 Wt 138 pds. Pulse 76. Aug 31/94. About the same, for three months past. Talks a great deal to himself; almost continuously; is confused & excited, most of the time, only at night. Appears to have some trouble with his neck & throat: always making a sort of "choking" noise, all the while.

Aug 1/94 Sep 3/94 Wt 143 pds. Pulse 99. Sep 30/94. No change. Much confused; easily excited; talks loudly and foolish-

Sep 3/30 Oct 2/31 Oct 2/94 Wt 145 " " 94. Oct 31/94. There is no alteration to report in this case. Still excited & much

Oct 2/31 Nov 1/94 Nov 1/94 Wt 145½ " " 86. Nov 30/94 No special change. Says "he must get Three Million Dollars

Nov 1/30 Dec 3/31 from the state". Still talks to himself a great deal. Dec 3/94 Wt 148½ pds P. 77. Dec 31/94 Behaves

Dec 3/31 1895 well. Talks a great deal & sometimes quite noisy. Plays games but does not assist with the work.

Jan 3/95 Jan 3/95. Wt 151½ pds. Pulse 70. Jany 31/95. (Patient is getting & look quite fleshy. At times, he is more demonstrative in his "scolding" the physicians, than at others. His mental state does not change much. He has a very retentive memory & is quite a fluent talker. Has not taken any Medicine & will not let the Dr. touch him. Dr C).

(carried to 71)

Personal and Medical History of *Maurice Bonner*

1893

This man was brought here by a deputy-Sheriff. The history that accompanied the papers, is very meagre. He is a "transient". Came to Stillwater a days ago - Nothing known regarding him, either as to his habits, family history, cause or date or duration of attack; if any bodily disease or disease, unknown. Not known if Suicidal or not. Is not filthy or destructive. It is apparently a Chronic delusional insanity. His anity is now manifested by delusions of time, place, hearing and ideas. Whether he has been restrained or confined or under medical treatment is not known.

Feb 22 — Feb 22/93. Was restless for 6 hours, sleeping but 2 hours, last night. Am. Pulse 90. Walks about hall today; plays games &c. Seems contented. Is very talkative. Eats well. Bodily condition quite clean. No bruises or injuries noticed. Bowels regular. Says it is the best place he ever struck". Feb 23/93. Out of bed & restless for
" 23 — 2 hours, slept 6 hours, last night. Am. Pulse 88. Is desirous of doing some work. Feb 24/93. Passed
" 24 — last night similarly to the one preceding. Am. Pulse 84. Appears very sociable today. Feb 25/93. Was quiet,
" 25 — and slept 8 hours, last night. Am. Pulse 84. Feb 26/93. Again passed a quiet restful night, sleeping 8 hours.
" 26 — Am. Pulse 80. Works some on ward. Feb 27/93. Am. Pulse 80. Again request to be allowed to work outside.
" 27 — Wants to work about the Stables; has turned Tate any work.

Mar 1/93 — March 1/93. Complains of night-sweats and chills often; given quinine. March 3/93. Wt 163 lbs. Pulse 84.
" 3 — March 3/93. Is doing well. Tells a good many stories about his various occupations & of his travels; last
" 8 — these have an uncertain air about them. Mar 8/93. Patient seems to have become quite quiet & Contented; contrary to his story on coming, which seemed honest, he does not seem to be worrying or thinking about any losses or losses of property &c. (see attached record of Pulses).

" 13 — Summary of his condition, since coming here, would show him to be, at the time of coming, possessed with the mysterious idea about being the Inventor of a flying-machine, and a fear of disclosing the secret, lest somebody should get hold of it. In a day or two, however, he was able to discard this idea, but left a story of being separated from his wife, of starting East with about $500, spending the winter in the East, & starting back, only to have $500 or so stolen from him on the R.R. train, by his comrade, just before coming to St. Paul; of spending several days, hunting all over the two Cities for this man, and of then being committed here. Although we were unable to trip him conclusively upon the stories, yet there was, as has been said, an air
" 25 — of uncertainty about it. During the remainder of his stay here (after March 19), he showed a somewhat increase of ability and mental strength & good behavior. His general bearing was very little change. Has continued uniformly quiet & restful at night, apparently sleeping well. Occasionally complains of constipation - Had a fight with a fellow-patient recently; though uniformly well behaved.

Apl 14/93 — Apl 14/93. Wt 164½ lbs. Pulse 74. April 11/93. Asks for pennie. Apl 14/93. Transferred today to A[cute].
" 15/93 — Apl 15/93. Complains of being restless at night. Was given bromides. Apl 22/93. Is quiet at night, and has seemed to rest & sleep well. Is quiet, well-behaved, calm & rational in conduct & conversation.
May 3/93 — May 3/93. Wt 165 lbs. Pulse 72. May 26/93. Was quite recovered, tho' perhaps unstable mentally. Has been of good disposition & behavior. Recovered gradually but during 1st two weeks. Health excellent. Went home today alone.

Discharged

last night, patient
behavior noisy. Talks also
Sept 7/93. Keeps about his
st. Is noisy, treacherous & sometimes

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room at him, by another patient (Joe. Krouse). —
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. Is, at times, ugly. Habits are clean. —
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walking about the hall & talking. Habits clean: health good.
On only 3 nights, this month, has he been reported as restless
is no noticeable Change in patient's Condition, at this date.
4. He has been no special Change, in the past few months. —
regular, continually talking to himself & appears to be

June — very angry. Converses quite rationally. Habits clean, does not work. June 30th Wt 140½ p. 78.
" — with Transferred to B-1-E. 29th Keeps about the same, is easily excited, talks to himself
July 27 — a great deal, fair appetite, bowels regular. July 4th Wt 136, p. 71. 27th A good patient - talks
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deal to himself; almost continuously; is confused & excited most of the time, only at night. Ap-
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Nov 2/30 — Nov 1/94 Wt 145½ " " 86. Nov 30/94 No special Change. Says he must get Three Million Dollars
Dec 3/31 — from the state". Still talks to himself a great deal. Dec 3/94. Wt 148½ pds. P. 77. Dec 31/94 Behaves
1895 — well. Talks a great deal & sometimes quite noisy - Plays games but does not assist with the work.
Jan 3/95 — Jan 3/95. Wt 151½ pds. Pulse 70. Jany 31/95. (Patient is getting & look quite fleshy. At times, he is
more demonstrative in his "scolding" the physicians, than at others. His mental state does not
Change much. He has a very retentive memory & is quite a fluent talker. Has not taken any
medicine & will not let the Dr touch him. D.C.

(carried to 112)

Personal and Medical History of John R. Young

PATIENT'S NAME Maurice Bonner

	Pulse	Temp	
	M.&E.	A.M.	P.M.
M.&T.	80		
2	94		
3	76		
4	96	82	
5	84		
6	72		
7	76		
8	72		

1893

Feb 22 Am. Pulse 88. Works down ward. Wt 144

" 23 Wants to work about the Stables; he turned take any work.

" 24

" 25

" 26

Mar 1 March 1/93. Complains of night-sweats and chills often.

" 3 March 3/93. Is doing well. Tells a good many stories

" 8 There have an uncertain air about them. Mar 8/93 Contented; contrary to his story on coming, which see

" 13 Thinking about any losses or losses of prospects

" 25 Summary of his condition, since coming here, would seem with the mysterious idea about being the inventor of a lest somebody should get hold of it. In a day or two, story of being separated from his wife, of starting East starting back, only to have $100 or so stolen from him on the R.R. train, by his comrade, just before coming to St. Paul; of spending several days, hunting all over the two Cities for his man, and of then being committed here. Although we were unable to trip him conclusively upon the stories, yet there was, as has been said, an air of uncertainty about it. During the remainder of his stay here (after March 19), he showed a somewhat increase of ability and mental strength & good behavior. In general however there was very little change. Has continued uniformly quiet & restful at night, apparently sleeping well. Occasionally complains of constipation. Had a fight with a fellow-patient recently; though uniformly well behaved.

Apl 14/93 Apl 14/93. Wt 164½ lbs. Pulse 74. Apl 11/93. asks for pennie. Apl 14/93. Transferred to-day to A.

" 15/93 Apl 15/93. Complains of being restless at night. Was given bromides. Apl 22/93. Is quiet at night, and has secured sweet & sleep well. Is quiet, well-behaved, calm & rational in conduct & conversation.

May 3/93 May 3/93. Wt 165 lbs. Pulse 72. May 26/93. Was quite recovered, tho' perhaps unstable mentally. Has been of good disposition & behavior. Recovered gradually but during 1st two weeks. Health excellent. Went home to-day alone.

Discharged

to write you, or at your or towards your for such information as you have forwarded to Congress by Secretary of the treasury. I wish you would shape an article published in Philadelphia Record of Pa. as well as in Linn Gazette of Allen Co. Ohio, and a Republican Paper at Delphos Ohio, but on the West side of the Canal and forwarded under directions of P.O. Department to its regular subscribers, such article to review the history of the U.S. Gov. financial policy of Robert Morris Albert Gallatin and Salmon P. Chase down to July 4th 1877 and your own soliloquys ~~and~~ and reminiscences from July 4th 1877 to July 10th 1895 for Chicago Inter-Ocean and review your combined writings and corrections for the American Edition of the Review of Reviews and have same published in the August Edition of Review of Reviews in the Month of August 1895.

~~And~~ And then write a biographical Sketch of Ben Franklin of Cincinnati O. the squirrel hunters sport that many attempted to vote but were discharged by order of the Ohio officials I presume, and such information as you think worthy publication from Ben Franklin's known as a religious paper and edited published and distributed throughout Ohio, during period included between 4.20 P.M. April 12th 1861 and April 26th 1865 and have same published in Montreal Witness and deliver one copy of same to me at the battle field where

is date. Aug 6/93. Is 6 hours last night, patient irly good; bowels regular. Behavior noisy. Talks also occasionally duty. Sept 1/93. Keeps about his good; bowels normal. Is noisy, treacherous & sometimes filthy. —

last night. Oct 7/93. Received some marks as made of thrown at him, by another patient (Joe. Krouse). — mother. Would take no notice of her; was restless noisy talk. Oct 30/93. Again visited by mother today. visits. Oct 31/93. No change to note in patient's condition elite good; bowels regular. Is noisy and restless, ca- s, at times, ugly. Habits are clean. — past 10 nights, he has been, on 4 of them, restless and hours, on each. Dec 1/93. Restless & noisy nearly all duct & behavior do not change: patient does not improve any. times quite frequently restless & noisy at night and sleeps in his condition. — Habits are cleanly. — ing 5 nights of this month, patient has been restless & about 3 or 4 hours, on each. Appetite good; bowels regular. walking about the hall & talking. Habit clean: health good. On only 3 nights this month, has he been reported as restless is no noticeable change in patients' condition, at this date. He has been no special change, in the past few months. — regular, continually talking to himself & appears to be

June very angry. Converses quite rationally, habits clean, does not work. June 1st Wt 150 lbs. p. 78.

" 5th transferred to B-1-E. 29th Keeps about the same, is easily excited, talks to himself a great deal, fair appetite, bowels regular. July 4th Wt 136, p. 71. 27th A good patient - talks

July 27 to himself a great deal, hiccoughs most of the time, good appetite, bowels regular. —

Aug 1/94 Aug 1/94. Wt 138 lbs. Pulse 76. Aug 31/94. About the same, for three months past. Talks a great deal to himself; almost continuously; is confused & excited, most of the time, only at night. Appears to have some trouble with his neck & throat: always making a sort of "choking" noise, all the while.

Sep 3/30 Sep 3/94 Wt 143 lbs. Pulse 94. Sep 30/94 No change. Much confused; easily excited; talks loudly and bold-

Oct 2/31 Oct 2/94 Wt 141 " " 94. Oct 31/94. There is no alteration to report in this case. Still excited.

Nov 2/30 Nov 1/94. Wt 145½ " " 86. Nov 30/94 No special change. Says he must get three million dollars

Dec 3/31 from the state". Still talks to himself a great deal. Dec 3/94. Wt 148½ lbs. P. 77. Dec 31/94. Behaves

1895 well. Talks a great deal & sometimes quite noisy. Plays games but does not assist with the work.

Jan 3/ Jan 3/95. Wt 151½ lbs. Pulse 70. Jan 31/95. Patient is getting & look quite fleshy. At times, he is more demonstrative in his "scolding" the physicians, than at others. His mental state does not change much. He has a very retentive memory & is quite a fluent talker. Has not taken any medicine & will not let the Dr. touch him. Dr. C.

(carried to 71)

Personal and Medical History of John R. Young

From page 8

1893

Aug 10/16 Aug 10/93. See attached letter of patient, of this date. Aug 16/93. In 6 hours last night, patient
" 30 was violent + noisy. 30th Aug/93. Appetite fairly good; bowels regular. Behavior noisy. Talks also
Sept 7 noisily + in an incoherent way. Habits untidy + occasionally dirty. Sep 7/93. Keeps about his
" 30 usual health. Sep 30/93. Appetite Continues good; bowels normal. Is noisy, treacherous + sometimes
very ugly. Talk is noisy + incoherent. Habits filthy. —
Oct 4 Oct 4/93. Noisy for 7 hours: slept but 2 hours, last night. Oct 7/93. Received some marks on side of
Head today while in dining room from dishes thrown at him, by another patient (Joe. Krouse). —
" 27 Oct 27/93. Was visited Yesterday + today by his mother. Would take no notice of her; was restless
" 30 uneasy + kept up a continual incoherent, noisy talk. Oct 30/93. Again visited by mother today.
" 31 Behaved about the same as at time of her previous visit. Oct 31/93. No change to note in patient's Condition
Nov 1/30 Nov 1/93. Wt 136 pds. Pulse 78. Nov 30/93. Appetite good, bowels regular. Is noisy and restless, con-
-tinually: always talking; very incoherent. Is at times, ugly. Habits are clean. —
Dec 4/28 Dec 4/93. Wt 136 pds. Pulse 80. Dec 18/93. During past 10 nights, he has been, out of them, restless and
" 28 noisy for 5 hours or 20 + has slept only about 4 hours, on each. Dec 28/93. Restless + noisy nearly all
" 31 last night; slept but ½ an hour. Dec 31/93. Conduct + behavior do not change: patient does not improve any.
1894
Jan 31 Jan 2/94. Wt 136 pds. Pulse 82. Jany 31/94. Continues quite frequently restless + noisy at night and sleeps
very poorly. In other respects, no change to note in his condition. — Habits are cleanly. —
Feb 1/28 Feb 1/94. Wt 135½ pds. Pulse 78. Feb 28/94. During 5 nights of this month, patient has been restless +
noisy for from 5 to 6 hours and has slept only about 3 or 4 hours, each. Appetite good, bowels regular.
Is very irritable + cranky; restless; continually walking about the hall + talking. Habits clean: health good.
Mar 1/31 March 1/94. Wt 134 pds. Pulse 80. March 31/94. On only 3 nights this month, has he been reported as restless
noisy + sleeping poorly. In other respects, there is no noticeable Change in patient's Condition, at this date.
Apl 2/30 April 2/94. Wt 137 pds. Pulse 88. April 30/94. There has been no special Change, in the past few months. —
May 31 Wt 137½ lbs. p. 77. 31st appetite good. bowels regular, continually talking to himself + appears to be
June " very angry. Converses quite rationally, habits clean, does not work. June 1st Wt 140 lbs. p. 78.
" 6th Transferred to B-1-E. 29th Keeps about the same, is easily excited, talks to himself
July 2/31 a great deal, fair appetite, bowels regular. July 4th Wt 136, p. 71. 27th A good patient - talks
to himself a great deal, hiccoughs most of the time, good appetite, bowels regular. —
Aug 1/31 Aug 1/94. Wt 138 pds. Pulse 76. Aug 31/94. About the same, for several months past. Talks a great
deal to himself; almost continuously; is confused + excited, most of the time, only at night. Ap-
-pears to have some trouble with his neck + throat: always making a sort of 'choking' noise, all the while.
Sep 3/30 Sep 3/94 Wt 143 pds. Pulse 99. Sep 30/94. No change. Much confused; easily excited; talks loudly and stood-
Oct 2/31 Oct 2/94 Wt 141 " " 94. Oct 31/94. There is no alteration to report in this case. Still excited much
Nov 1/30 Nov 1/94. Wt 145½ " " 86. Nov 30/94. No special Change. Says "he must get three million Dollars
Dec 3/31 from the state". Still talks to himself a great deal. Dec 3/94. Wt 145½ pds. P. 77. Dec 31/94. Behaves
1895 well. Talks a great deal + sometimes quite noisy. Plays games but does not assist with the work.
Jan 3/94 Jan 3/95. Wt 151½ pds. Pulse 70. Jany 31/95. (Patient is getting + look quite fleshy. At times, he is
more demonstrative in his "scolding" the physicians, than at others. His mental state does not
Change much. He has a very retentive memory + is quite a fluent talker. Has not taken any
Medicine + will not let the Dr touch him. Dr. E).

(Carried to 71)

1893

Feb 22 J
" 23 i
" 24 h
" 25 h
" 26 a
" 27 C
Mar 1 h
" 3 a
" 8 C
" 13 S
" 25
Apl 14/15 Apl 14/93. Wt 164½ pds. Pulse 74. April 11/93. Asks for pennie. Apl 14/93. Transferred today to A' —
" 15/24 Apl 15/93. Complains of being restless at night. Was given bromides. Apl 22/93. Is quiet at night,
and has seemed treat + sleeps well. Is quiet, well-behaved, calm + rational in conduct + conversation.
May 3/26 May 3/93. Wt 165 pds. Pulse 72. May 26/93. Was quite recovered, tho' perhaps unstable mentally —
Has been of good disposition + behavior. Recovered gradually but during 1st two weeks. Health
excellent. Went home today alone.

Discharged

PATIENT'S NAME Maurice Bowm

Date	Pulse AM	Pulse PM	Temp AM	Temp PM
Mch 1	80			
2	94			
3	76			
4	86	82		
5	84			
6	72			
7	72			

Aug. Pulse 82. Works some in wa
Wants to work about the stables; but

March 1/93. Complains of night-s
March 5/93. Is doing well. Is
knew I have an uncertain ave
Contented; contrary to his story on comm
thinking about any losses or losses of property
Summary of his condition, since coming here, would show him
with the mysterious idea about being the inventor of a flying-machine,
Just somebody should get hold of it. In a day or two, however, he was able to discard this idea, but left a
story of being separated from his wife, of starting East with about $500. Spending the winter in the East, &
starting back, only to have $300 more stolen from him on the R.R. train, by his comrade, just before coming
to St. Paul; of spending several days, hunting all over the two cities for his man, and of then being committed here.
Although we were unable to trip him conclusively upon the stories, yet there was, as has been said, an air
of uncertainty about it. During the remainder of his stay here (after March 19), he showed a somewhat
increase of ability and mental strength + good behavior. In general however there was very little change.
Has continued uniformly quiet + restful at night, apparently sleeping well. Occasionally Complains of con-
-stipation. Had a fight with a fellow-patient recently; though uniformly well behaved.

Montgomery and Wolf opposing
Commanders last there life
and Co. company D. Indian
Regiment will then disband and
many probably retreat to
back to his Indian
Kansas, Indian Territory and
Texas and you might confer
with Reagon of Texas and ask
for a copy of his work on
the Constitution of the U.S.
and find what corrections and
might added or stricken out
bring out an Edition after August
10th 1895.
You had not reply to me
while I am in the State of Maine,
County of Hennepin ss;
Jno. R. Young

Personal and Medical History of John Johnson #3

Whole No. 3278.
Residence, 627 Pierce St. N.E. Minneapolis
Date Admission, 21st February 1893.
Admitted by D. Phelps Hour, 7.30 P.M.
How Sent, John A. Stellpfl. Hennepin County
Sex, Male
Age, 48 years
Civil Condition, Widower
Children, Four
Age Youngest Child,
Occupation, Derrick-rigger
Degree Education,
Profession Religion, Lutheran
Habits, Passably good
Nativity, Sweden.
Physicians Committing, E.M. Fishblatt and E.J. Gibson
Correspondents, Alvin Johnson (son) 627 Pierce St. NE. Minneapolis

No. for Year, 190.
Insane Relatives, None (not hereditary)
Cause Exciting, Not known
Cause Predisposing, not stated
Form, Melancholia - Acute (Manic)
Accompanying Bodily Disorder, No
Suicidal or Not, probably contemplated
Date of this Attack, October 1892
Duration, about 4 months.
No. of Attack, Continuous, with remissions (First)
No. of Admissions, 1st
Age First Attack, about 48 years.
Time of Leaving, June 7th 93
Time in Hospital, 3 mo 16 ds.
Result, Rec'd.

Evd by D. Phelps Feb 23/93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, a trifle Confused
Quick or Sluggish, sluggish

MEMORY:
Past Events, } seem fairly Good
Recent Events, }
Special Subjects, }

PERCEPTIVITY:
Alert or Dull, slightly dulled.
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, } only slightly impaired at present.
Own Mental State, }
Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:
Says is troubled with Dyspepsia for an hour or two after each meal.

EMOTIONAL STATE:
Normal, Calm, Normal
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has only traces of them, at present
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS Admits getting somewhat "mixed"
ILLUSIONS: in his head & being a pack of people but thinks does see after it goes
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, fairly free.

Personal and Medical History of John Johnson #3

EXAMINATION ON ADMISSION. (Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 11 in. WEIGHT, 149 lbs. NUTRITION, Seems somewhat poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, none Promptness Movement, Prompt
PUPILS, Equality, Equal Size, Normals
Response Light, Yes Accommodation, Yes
SIGHT, Fair
HEARING, Fairly good
CO-ORDINATION, Arms, Index to nose, eyes shut, good.
Legs, Standing on foot, good. Standing, eyes shut, good.
TREMORS, Hands, none Tongue, none
Facial Muscles, General,
REFLEXES, Patellar, Equal — about 2 — D. T's Scale.
Other Reflexes,
ARTICULATION, Hesitating, Poor; seemingly weak Slurred, of not understanding English.
FACIAL EXPRESSION, Good.
SENSIBILITY,
HEART, Seems normal
LUNGS, Seem normal
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular, Yes
APPETITE, Good, fairly. Medium, Poor,
SLEEP, Good, Now; has been very 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 dead — aged 67 —
Father or Pat. Relations, Father dead — 80 years of age
Brothers or Sisters, 1 brother died of Dyspepsia
1 Sister " "

1893

This patient was brought here by a deputy Sheriff, with following history. Habits have been passably good. Cause of this attack is unknown: form is paranoiac. No accompanying bodily disorder. In October 1892, thought somebody was after him to do him bodily injury. Is Constantly brooding over the death of wife and two children, three years ago. Attack seems to be Continuous, with remissions (that). Insanity is now manifested by delusions. Still thinks that he has enemies, who will injure him. Has put up a rope in a shed, believed to be for the purpose of hanging himself. Is not filthy or destructive. Has not been restrained or confined. Three months ago, he applied to Dr. Disbblatt for treatment for venereal disease. He told Dr that there were a lot of women who desired to lynch him. Was treated for the disease condition of his mind for 3 months – no effect.

Feb 22 Feb 22/93. Was quiet + restless last night, sleeping 8 hours. Ans. Pulse 82. Is quiet + depressed. Talks reluctantly. Appetite seems poor. Bodily Condition clean. No bruises or injuries noticed. Complains of pain along his spine. Feb 23/93. Again passed a quiet night, sleeping 8 hours. Ans. Pulse 96. " 23 Is 99.4°. Still Eats poorly. Feb 24/93. Slept 8 hours last night + was quiet. Eat very poorly. Talkative. " 24 Feb 25/93. Restless + out of bed for a couple of hours; slightly noisy 2 hours; sleeping 8 hours, last night. " 25 Wanted to dress + was trying to get out of window. Wt today 145 pds. (Loss of 4 pounds). Ans. Pulse 76. Is 99.4. " 26/93 Is eating better today. Feb 26/93. Ans. Pulse 64. Is 98.6. Feb 27/93. Ans. Pulse 85. Is 98.8. Seems to be in pain. "Wants a revolver or knife to end his life"; "cannot understand why they put him in this place." – Is eating irregularly.

Mar 1/93 Mar 2/93. Wt 144 pds. Pulse 84. Mar 3/93. Sleeps well; appetite good; bowels somewhat irregular. Talk incidentally. " 13 Mar 13/93. Seemed to be, upon coming, a case of hypochondriacal Melancholia, and, when examined 2 or 3 days later, seemed to be recovering mental ability. Later, however, his ideas were seen more delusive than at that time, as shown by various notes. Mar 18/93. Is eating poorly now. Mar 19/93. Is constipated. " 18/19 " 21 Was given laxative. Mar 21/93. Appetite still poor. 5:30 PM. Complains of pain in his Stomach. " 22/23 Bowels move. Mar 22/93. Complains, today, of pain in his back. Mar 23/93. Ate neither breakfast, " 23/24 nor supper today. Mar 24/93. Is now eating fairly well. Mar 28/93. For past month or so, has been uniformly quiet at night, apparently resting + sleeping well; only on 2 or 3 nights being somewhat restless.

Apl 1/3 April 1/93. Has been eating poorly. Says "he is all stuffed up + can't eat". April 3/93. Ans. Semi bed. " 4 ate no breakfast. Pulse 60. Is 99.8. Says he is dizzy + wheezy. April 4/93. Ate but little – no dinner – no supper. Seems deeply depressed. Pulse 64. Is 99.6. 7 PM. Complains of severe pain in the bowels + back. Says "he is going to the other World". Wt (in underclothing) 131½ pds. Pulse 70.). PM. Pulse 64 Is 100. " 5/5 April 5/93. Slept this morning. Says he is some easier but has pain in his Stomach. April 7/93. Is eating poorly still. During the recent evacuation of trouble since the 24th inst. he has been very decidedly restless at night, " 11/12 sleeping from 2 to 6 hours. April 11/93. Wt (dressed) 143 pds. (April 6/93 Wt (dressed) 142½ pds.) April 21/93. Has been more restful at night, sleeping from 6 to 8 hours each night, since the 7th inst. Has been more cheerful + has taken food more freely. " 26 Conduct is quiet + good. April 26/93. Wt 144 pds. (gain 1½ pds).

May 3/22 May 3/93. Wt 144 pds. Pulse 70. May 22/93. Has continued to rest and sleep well (7 and more frequently 8 hours) each night. Conduct and behavior have also continued good. Patient has also become more " 31 cheerful + bright – and appetite has been better. Today, transferred to A. May 31/93. Appetite fair; bowels regular. Quiet + well-behaved. Speaks + answers when addressed. Seems quite Cheerful.

1893

June 1 June 1/93. Seems to be getting along quite well. Seldom complains of stomach or headache as he did at first; after his transfer to A., there was still further improvement until he got to be, and continues, quite Cheerful and said he would like to go home, to go to work. –

" 7 June 7/93. Left here today, in good health. –

– Discharged –

From 60. John P. Sauter

Augt/31 Augt/94. Wt 139½ pds. Pulse 78. Aug 31/94 – Very noisy, at times, often keeping those in his ward awake at night. Habits fairly clean. Does not change much, if any, Good months + months – Still holds to his delusions as to "flies bothering him all the time" + swears he has a great portion of the time, even when in the hall. – They then trouble him less" he says. Works willingly in the kitchen. Seems Contented here.

Sep 4/30 Sep 4/94. Wt 137 pds. Pulse 72. Sep 30/94. About the same: very noisy, at times, shouting + kicking the floor – Does not rest well, at night, owing to these delusions, "flies troubling him" – Works willingly in kitchen.

Oct 2/31 Oct 2/94. Wt 143 pds. Pulse 74. Oct 31/94. No change noticeable. Works Daily in kitchen – Still holds delusions.

Nov 1/30 Nov 1/94. Wt 141½ " " 80. Nov 30/94. Appetite fair; bowels regular – Is very noisy; keeps picking + brushing himself all the time; says "there are rats + flies bothering him" – Worked in the kitchen

Dec 3/11 27 days during the month – Dec 3/94. Wt 147½ pds. Pulse 78. Dec 1/94. Is noisy, some nights – " 12 Still works in the kitchen – Transferred to B. today. Dec 12/94. Is not working (as usual) today.

" 13/31 Dec 13/94. Resumed working in kitchen – Dec 31/94. No change. Still shows delusions. Works steadily in kitchen –

1895 Jan 3/31 Jany 3/95. Wt 141½ pds. Pulse 82. Jan 10/95. Restless and noisy, at night, lately. Jan 31/95. Behavior good, of late; though still somewhat noisy, at times. Has delusions + hallucinations. Works in kitchen –

Feb 2/28 Feb 2/95. Wt 142½ pds. Pat. Feb 28/95. Works in kitchen, part of the time; still shows delusions + hallucinations + is very noisy, at times. Physical condition good. Is clean and tidy, in his habits.

Mar 2/31 Mar 2/95. Wt 142 pds. Pat. Mar 20/95. Quit work in kitchen Mar 31/95. No change in any way. –

Apl 1/30 Apl 1/95. Wt 143½ " " 88. Apl 15/95. Had a very noisy spell, today. Apl 22/95. Very noisy, of late, during the day + slightly noisy, at night. Apl 30/95. No change; no improvement noticed. –

May 31 May 1/95. Wt 148 pds. Pulse 90. May 30/95. A very restless, noisy patient. Does not seem to improve.

June 1/22 June 1/95. Wt 150 " " 82. June 22/95. Restless + noisy, when on ward. Works in kitchen. Has delusions, as strongly as ever. Believes that he sees snakes + all sorts of things; Noisy, also, at night, talking to himself + roaming around. July 1/95. Wt 146 pds. July 31/95. No change to note. Upon anything, he grows more restless + noisy. Still works in kitchen. Still holds his peculiar delusions. Persists in wearing his hat in the house – "to keep flies from troubling him". Habits clean.

July 1/31

Aug 1 Aug 1/95. Wt 142 pds. Pulse 86: Sep 1/95. Wt 145 pds. Pulse 76: Oct 1/95. Wt 143 pds. Pulse 100

Sep 1 Oct 31/95. No change to note. Has "spells" when he is very noisy + loud-talking: is easily agitated:

Oct 31/ Still holds to his peculiar delusions + hallucinations: "spells" trouble him some particularly, at night, when he is sometimes + temporarily noisy. Does not improve mentally. Has good personal habits. Is in good health. Has worked quite steadily in kitchen, but now works only 2 or 3 hours, a day or when extra help is required.

(carried to page 80)

Personal and Medical History of Martin Dibble


3279.

Whole No. 3279.
Residence, Hokah, Minn
Date Admission, 22nd February 1893.
Admitted by D. Phelps. Hour, 7 PM
How Sent, Thomas Ryan Jo. Houston County
Sex, Male
Age, 55
Civil Condition, Single
Children, —
Age Youngest Child,
Occupation, Fiddler
Degree Education,
Profession Religion, Not a church member
Habits, Temperate
Nativity, Canada
Physicians Committing, E. L. Hills and W. G. Crowley
Correspondents, Amos Dibble (Bro) Hokah Minn



No. for Year, 191
Insane Relatives, Insanity not hereditary
Cause Exciting, Spiritualism & financial trouble
Cause Predisposing, not stated
Form, Mania Chronic
Accompanying Bodily Disorder, Asthma
Suicidal or Not, not
Date of this Attack, About 2 years ago
Duration, about 2 years.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 53.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Eid by Dr. Phelps Febr 23/93

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

MEMORY:
Past Events, } probably much impaired
Recent Events, }
Special Subjects, }

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Incorrect

REASONING POWER:
Ordinary Subjects, }
Own Mental State, } Poor
Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:

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

DELUSIONS:
Systematized or Not, None noted
Special Subjects,
Transitory or Not,

HALLUCINATIONS:
ILLUSIONS: Hears voices speaking of killing him

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Rather unwilling to talk; keeps repeating irrelevant statements or words. Refuses often to answer questions, altho' attentive, talks enough to show he hears the questions & knows what is going on — says he is not crazy & ought not to stay here —

Personal and Medical History of Martin Dibble

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 in. WEIGHT, 145 pds. NUTRITION, Seems rather poor.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, No; fairly steady Coatings, Promptness Movement, Prompt
PUPILS, Equality, Equal Size, rather small
Response Light, Yes Accommodation,
SIGHT, Fair
HEARING, Fair
CO-ORDINATION, Arms, Slight, if any impaired.
Legs, Standing, Eyes shut, fair; Gait some.
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, about normal; Equal.
Other Reflexes,
ARTICULATION, Hesitating, Slurred, fairly distinct
FACIAL EXPRESSION, Slightly dull & silly
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Yes	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, Mother living; quite old
Father or Pat. Relations, Father living — quite old —
Brothers or Sisters, Says no relatives were ever "crazy"

1893

This man was brought hereby Deputy Sheriff George N. Blesried and J. H. Blesried, with following history. Temperate in habits; insanity not hereditary. Supposed cause of this attack is Spiritualism and financial trouble; form, Italted; accompanying bodily disorder, asthma; also La fever one fr 8 or 10 years; First symptoms of disease were manifested about 2 years ago, on the subject of Spiritualism. This is first attack. Insanity now manifests on this same subject. Is disposed to injure others from sudden passion. Neither suicidal, filthy, nor destructive, nor has he been confined nor restrained, nor under medical treatment.

Feb 23 Feb 23/93. Was restless all last night, frequently out of bed & sleeps none. Am. Pulse 74. Tr 100·2. Is restless & noisy at times today. Imagines that he has to die"; sees spirits moving around him". Is spraying a good deal.

" 24 Appetite poor; when seen at bath, right ankle was black from contusion. PM. Pulse 78. Tr 99·4. Feb 24/93. Restless for 2 hours & out of bed, but sleeping 6 hours last night. Am. Pulse 84. Tr 99·4. PM. Pulse 70. Tr 98·6. Feb 25/93. Slept 8 hours last night, being restless & out of bed only an hour or so. Am. Pulse 78. Tr 98·6. PM. Pulse 70. Tr 98·6.

" 26 Was visited by sister today. Feb 26/93. Restless for 2 hours, sleeping 7 hours, last night. Am. " 88 " 99·8.

" 27 PM. Pulse 74. Tr 99·2. Feb 27/93. Was quiet and restful, sleeping 8 hours last night. Am. " 88 " 101. Is able & talk more rationally but is feverish, mysterious & incoherent. PM. Pulse 72. Tr 99·2.

" 28 Feb 28/93. Restless & out of bed for an hour or so, but sleeping 8 hours, last night. Am. " 86 " 98.— PM. Pulse 74. Tr 99·2.

Mar 1 Mar 1/93. Passed a quiet night, sleeping 8 hours, last night. Am. Pulse 78. Tr 99·6.

" 2/7 Mar 2/93. Wt 142½ lbs. Pulse 96. March 7/93. Has a bubo. Glands in axilla & neck are enlarged. no mucous patches in sight. Leg is sore; says "he was troubled that way once before & it was opened down to the bone"; says "never had Syphilis". Mar 13/93. Since 1st visit, has, on about ⅓ of the nights, been somewhat restless & out of bed for from 2 to 3 hours each night, but sleeping 4. s. a. 6 hours in each. For remainder of night, has been quiet & slept well. Has a rather nervous physical state, and seems full of hallucinatory ideas. This was not only true at the time of his coming, but persisted through his stay here, into March. He seems to be conversing with people, who having messages, or standing in a position as if praying. Mar 28/93. Since last note, patient has been, nightly, more or less restless

" 13

" 28 and disturbed, occasionally sleeping 6 hours, but more often, 4 or 5 hours each night. Mar 29/93. Has

" 29 kept his bed for about 2 weeks past, by order of the physicians. Has been on digitalis up for a week & more up to the time of going to bed, when his physiological action was so manifest in his circulation that it was discontinued & patient put to bed. Has seemed quite cheerful & has had quite a good appetite while in bed. Was got up today.

Apl 3/6 April 4/93. Wt 120 lbs. Pulse 60. (Wt taken in underclothing). April 6/93. Went to bed again after being got up; remains there till today, when he was got up for the second time. Apl 7/93. Refused meals yesterday,

" 7 and all three today. April 8/93. Eats irregularly without assigning cause; seeming not very unhappy.

" 8 Keeps to bed from the bed. April 20/93. Appetite has been capricious for the past 3 weeks, patient refusing

" 20 meals quite frequently eating poorly. April 25/93. During the past 4 or 5 weeks, has been nightly agitated

" 25 as more or less restless, getting out of bed several times each night, sleeping from 5 to 8 hours. For the past 17 or 18 days, has been up quite steadily, by day. Has eaten irregularly & poorly without assigning cause. As a rule, seems quite cheerful. Talks very little unless questioned or greeted. Moves about slowly, & apparently aimlessly. When asked "who Mrs F is" replies that she is his sister, and that a woman

NAME Martin Dibble

DATE, 189	Weight.	Pulse.	Gain.	Loss.
June 3d	139	60	8½	
July 1st	139	78	-	
Aug 1st	141½	68	3½	
Sept 2d	148	67	5½	
Oct 2d	151	92	3	

CLINICAL REPORT.

bble. CASE NO. _____ R.V.C. COLLEGE

March

has most frequently been only
yet, the greater part of the time,
continued up and around by
ab. Has not changed as
used & say "wait a minute
I tell you what he can be
fairly good; bowels regular.
one we are is trying to do him
up & talk & when
until a few days
from media
to a
habits
self attire
month.
to anything

or this morning when taking medicine 72 was
irregular. Imagined someone is calling him
times and will answer. Three

Appetite poor

Bowels moved
seems to be in a state of stupor at times

occasionally

behaved;
habits are

He is

Change.

habits clean, unlikely about clothing. June 1st Wt 151#. p. 92. 25th restless & noisy 5 hrs, slept 4. 30th appe-
July 2 tite fairly good, but cranky at times refusing meat for over 4 meals. July 2nd Wt. 159#. p. 88. 31st No change.

(carried to page 104)

1893

This man was brought hereby Deputy Sheriff George T
history. Intemperate in habits; Insanity not her
Spiritualism and financial trouble; Form, S
also has fever sore for 8 or 10 years; Dies
Years ago, on the subject of spirits
on this same subject. He dies for
filthy, now destructive, now has n

Feb 23 Feb 23/93. Was restless all last night, frequently must. noisy
at times today. Imagines that he has to die"; Tem good deal
" 24 Appetite poor; when been at bath, right ankle was te Feb 24/93. Restless
for 3 hours out of bed, but sleeping 6 hours last night. Am 98.6. Feb 25/93. Slept
" 25 Thru so last night, being restless out of bed only an hour or 6. PM. Pulse 70. Tem 98.6.
" 26 Was visited by sister today. Feb 26/93 Restless for 2 hours, last night. Am .. 88 .. 99.8.
" 27 PM. Pulse 74. Tem 99.2. Feb 27/93. Was quiet and restful, Sle was last night. Am .. 88 .. 101.
& able & talk more rationally but is feverish, mysterious & incoherent. PM. Pulse 72. Tem 99.2.
" 28 Feb 28/93. Restless out of bed for an hour or so, but sleeping 8 hours, last night. Am .. 88 .. 98.—
PM. Pulse 74. Tem 99.2.

Mar 1 Mar 1/93. Passed a quiet night, sleeping 8 hours, last night. Am. Pulse 78. Tem 99.6.
" 2/7 Mar 2/93. Wt 142½ lbs. Pulse 96. March 7/93. Has a bubo. Glands in axilla & neck are enlarged.
no mucous patches in sight. Leg is sore; says "he was troubled that way once before & it was opened
" 13 clean to the bone"; says "never had Syphilis". Mar 13/93. Since 1st visit, has, on about ⅓ of the nights,
been somewhat restless out of bed for from 2 to 3 hours each night, but sleeping 4. 5. or 6 hours in each.
For remainder of night, has been quiet & slept well. Had a rather nervous physical state, and seemed
full of hallucinatory ideas. This was not only true at the time of his coming, but persisted through his
stay here, into March. He seemed to be conversing with people, or having messages, or standing in
" 25 a position as if praying. Mar 28/93. Since last note, patient has been, nightly, more or less restless
" 29 and disturbed, occasionally sleeping 6 hours, but more often, 4 or 5 hours each night. Mar 29/93. Has
kept his bed for about 2 weeks past, by order of the physicians. Has been on digitalis up for a week & more
up to the time of going to bed, when his physiological action was so manifest in his circulation that
it was discontinued & patient put to bed. Has seemed quite cheerful & has had quite a good appetite while in bed.
Was got up today.

Apl 6 April 4/93. Wt 125 lbs. Pulse 60. (Wt taken in underclothing). April 6/93. Went to bed again after being got
" 7 up; remained there till today, when he was got up for the second time. Apl 7/93. Refused meals yesterday,
" 8 and all three today. April 8/93. Eats irregularly without assigning cause; seeming not very unhappy.
" 20 Keeps indoors from the bed. April 20/93. Appetite has been capricious for the past 3 weeks, patient refusing
" 25 meals quite frequently, eating poorly. April 25/93. During the past 4 or 5 weeks, has been nightly agitated
as more or less restless, getting out of bed several times each night, sleeping from 5 to 8 hours. For the
past 17 or 18 days, has been up quite steadily, by day. Has eaten irregularly & poorly without assigning
cause. As a rule, seems quite cheerful. Talks very little unless questioned or greeted. Moves about
slowly & apparently aimlessly. When asked "who Mr F is" replies that he is his sister, and that a woman

'CLINICAL REPORT.

PATIENT'S NAME Martin Dibble CASE NO. REG. COMMIT March 1

March	Pulse A.M.	Pulse P.M.	Temp. A.M.	Temp. P.M.
1	78		98.6	
2	80		100	
"	88	78	99.4	99.4
3	74		98.2	
"		76		98.6
4	70		98.2	
"		68		100.4
5	72		98.8	
6	72		98.6	
"		72		99.2
7	86		101.4	
"		68		101.2
8	80		100.6	
"	78	72		99.8
9	70		99.2	
"		76		98.8
10	74		99	
"		68		99.2
11	72		99.4	
"		68		98
12	78		99.2	
13	82		76	100.4
"		62		99.6
14	58		98.4	
"	76	76		98.6
15	96		99.8	
"		50		97.8
16	44		99.4	
"		44		98.4
17	47		101.2	
"		44		99.2
18	42		99	
"		42		97.2
19	66		100	
"		64		99.4
20	58		99.2	
"	6	60		99.2
21	54		99.2	
"		54		99.4
22	50		98.4	
"		48		99.8
23	56		99	
"		52		99.2
24	56		98.6	
"		50		97
25	58		98.2	
"		56		99.4
26	60		99.2	
"		70		100.4
27	66		99.6	
"		76		100.4
28	68		99.2	
"		62		100
29	64		99.2	
"				
30	54		98.6	
"		56		99
31	60		98.8	

Pulse this morning when taking medicine 72 was very irregular. Imagined someone is calling him at times and will answer "I hear"

Appetite poor

Pulse improved. Seems to be in a kind of stupor at times

has most frequently been only
fet, the greater part of the time,
continued up and around by
el. Has not changed as
ued & say "wait a minute
y tell you what he can be
fairly Good; bowels regular.
ne are is trying to do him
nd up & talk & when
uctor a few days
t from meds
ite a
Habits
ieep at times
month.
o anything
regular.
clean
ed item
) in the
noisy;
them
behaved;
Habits are
rod.
He is
ark.
e Change.

May 1 habits clean, untidy about clothing. June 1st Wt 158th, p. 72. 25th restless & noisy 5 hrs, slept 4. 30th appe-
June 1 tite fairly good but cranky at times - refusing to eat for over 4 meals. July 2nd Wt 169th, p. 76. 31st No change.
July 2

(carried to page 1054)

1893

This man was [illegible]
Spirit-

[illegible]

[illegible] Slept-
[illegible] 98.6.
[illegible] 99.8.
[illegible] 101.
[illegible] 99.2.
[illegible] 98.—

[illegible] ck are enlarged.
[illegible] it was opened
[illegible] 2/3 of the night,
[illegible] 4. 5. a. 6 hours in each.
[illegible] ical State, and seemed
[illegible] t persisted through his
[illegible] essages, or standing in
[illegible] ghtly, more or less restless
[illegible] ach night. Mar 29/93. Has
[illegible] ptalis up for a week a more
[illegible] festin his circulation that
[illegible] had quite a good appetite while in bed.

up
it was discon
Was got up today.

Apl 6 April 4/93. Wt 125 lbs. Urea
" 7 up; remains there till today, when here
" 8 and all three today. April 8/93. Eats irregular
" 20 keep down from the bed. April 20/93. Appetite has been
" 25 meals quite frequently eating poorly. April 25/93. During the past 4 or 5 weeks, has been nightly refusing as more or less restless, getting out of bed several times each night, sleeping from 5 to 8 hours. In the past 17 or 18 days, has been up quite steadily, by day. Has eaten irregularly & poorly without assigning cause. As a rule, seems quite cheerful. Talks very little unless questioned or greeted. Moves about slowly & apparently aimlessly. When asked "who Mrs H is" replies that she is his sister, and that a woman

3. Went to bed again after being [illegible]
Apl 7/93. Refused morning [illegible] yesterday,
[illegible] cause; seeming not very unhappy.
[illegible] for the past 3 week, patient refusing

who looked like her, was here to visit him at one time;

May 3 May 3/93. Weight 130½ pds. Pulse 58. May 22/93. Sleeps at night has most frequently been only from 4 to 5 or 6 hours each night; occasionally has slept 7 or 8 hours: Yet the greater part of the time is restless from 3 to 4 hours, and out of bed frequently, each night. Has continued up and around by day. Does not go out walking regularly. Occasionally misses a meal. Has not changed as regards his mode of talking. Occasionally when talking, he will pause & say "wait a minute until I find out"; will then put his hand up to his ear & presently tell you what he can be permitted to say. Health is not very good. May 30/93. Appetite fairly good; bowels regular. Sometimes he will go several days without nourishment, and thinks some one is trying to do him an injury. Says he can communicate with the Spirits & quite often will stand up & talk & when asked "whom he is talking to"? answers, the Spirit. Has never been troublesome until a few days ago, when he appeared to have some kind of a delusion; got one of the legs out from under the Radiator & would have struck some one had he not been stopped in time; quite a struggle ensued before he was got under control. Had to be secluded for a while. Habits are clean, and patient is in quite good physical health. Talks a good deal to himself at times.

June 30 June 30/93. There is no material change to note in patients condition, during past month.

July 10 July 10/93. Appetite good. Bowels regular. Is very stubborn at times & will not do anything
" 31 requested of him. July 31/93. Continues about the same. Still full of delusions.

Aug 1/5 Aug/93. Is gaining some in flesh. Aug 15/93. Is very noisy at times; also will occasionally
" 16 stand & talk to himself & when asked whom he is talking to will say "talking to the Spirits". Answers
" 31 quite rationally, at times. Habits clean. Aug 16/93. Refused his supper, this evening. —
Aug 31/93. No material change. Still holds to his delusions.

Sep 7/30 Sept 7/93. Has made quite a gain in weight, the past month. Appetite good. Bowels regular.
Behavior noisy. Talks & claps his hands. There is incoherence of speech. Habits are clean.

Oct 7/31 Oct 3/93. Still continues to gain in flesh. Oct 31/93. No material change in patients condition
Nov 1/31 Nov 1/93. Wt 153 pds. Pulse 68. Nov 21/93. Was struck by a fellow patient (Baker Young) in the
" 30 face; same bruised quite severely. Nov 30/93. Appetite good; bowels regular. Behavior is noisy;
claps his hands; has hallucinations of hearing. Speech is incoherent. Habits are clean. —

Dec 4/31 Dec 4/93. Wt 153 pds. Pulse 72. Dec 31/93. No noticeable change to report. —
(93) Jan 1/31 Jan 1/94. Wt 157 " " 72 (Has gained some, each month, in weight). Jan 31/94. There
(94) is no material change, for several months, in patients condition. Habits continue clean —

Feb 1/28 Feb 1/94. Wt 155 pds. Pulse 56. Feb 28/94. Appetite good; bowels apparently regular. Is noisy-behaved;
clapping his hands; says "he is communicating with Spirits" as he is always talking. Habits are
clean, though he is untidy about his clothing. Physical condition apparently good. —

Mar 1/31 March 1/94. Wt 154½ pds. Pulse 78. March 31/94. Keeps about the same. Still has delusions. He is
very noisy, also quite contrary at times, using very abusive language. He does no work. —

Apl 2/7/30 April 2/94. Wt 156 pds. Pulse 73. April 17/94. Vaccinated today. Apl 30/94. No noticeable Change.
May 1st Wt 156. p 76. 30th Appetite good, bowels reg. behavior noisy, has hallucinations, talks to self, (or "to spirits")
June 1 habits clean, untidy about clothing. June 1st Wt 154. p 72. 25th restless & noisy & low, slept ill. 30th appe-
July 2. tite fairly good, but cranky at times - refusing to eat several meals. July 2nd Wt 169th. p. 76. 31st. No change.

(carried to page 104)

Personal and Medical History of Lorenzo Porter

Whole No. 3280.
Residence, Hokah, Houston Co. Minn
Date Admission, 22nd February 1893.
Admitted by D. Phelps Hour, 7 Pm
How Sent, Thomas Ryan Jeff, Houston County
Sex, Male
Age, 55
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Farm-Laborer
Degree Education,
Profession Religion, Not a church member
Habits, Temperate
Nativity, New York
Physicians Committing, E. L. Hills and E. K. Rovered
Correspondents, Christ. Brown Hokah Minn

No. for Year, 192.
Insane Relatives, Insanity not hereditary
Cause Exciting, not known
Cause Predisposing,
Form, Melancholia - acute ~~or Mania~~
Accompanying Bodily Disorder, No.
Suicidal or Not, Not
Date of this Attack, Last week
Duration, about a week or so
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 55 Years
Time of Leaving, May 29" 93.
Time in Hospital, 3 ms 7 ds.
Result, Recd.

EXAMINATION ON ADMISSION.

Exd by D. Phelps Feb 23/93.

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,

Cannot test, as he cannot talk —

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

Cannot ascertain as he cannot talk

GENERAL DESCRIPTIVE REMARKS:
Appears the struggling to talk, but to be restrained by some delusion — only answers once or twice in monosyllables.

Personal and Medical History of Lorenzo Porter

LORENZO'S WIFE.

Mrs. Porter or Mrs. Nelson Finds Herself in Trouble.

HOKAH, Feb. 21.—Lorenzo Porter, a queer hunter-hermit character, recently disappeared and returned with a wife, whom he called Miss Josephine Amelia Nelson. Recently Constable Nelson, of Hokah, received papers from Austin, Minn., notifying him to serve summons on the woman of divorce proceedings about to be begun at Austin. And now all is laid clear. "Miss Josephine Amelia Nelson" is none other than Mrs. John F. Nelson, her husband now living at Austin. They were married in 1888 and parted in 1891. Her legal husband had probably just been advised of her second marriage, and begun proceedings against her on the charge of adultery. This unhappy ending of the brief married life of Lorenzo Porter has affected him mentally, and he has become insane.—St. Paul Globe.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

eet 11½ in WEIGHT, 140 lbs. NUTRITION, Fairly good
ABNORMALITIES,
ors, none Coatings, Promptness Movement, Sluggish
ty, Slightly unequal, left larger Size,
se Light, very slightly Accommodation,

movement sluggish, but no distinct incoordination -
ON, Arms,
Legs, Standing on one foot, trouble considerable. Standing, Eyes shut, fairly steady.
TREMORS, Hands, none Tongue, none
Facial Muscles, General,
REFLEXES, Patellar, 2 — D. P. Scale
Other Reflexes,
ARTICULATION, Hesitating, Wont speak Slurred,
FACIAL EXPRESSION, dull & depressed
SENSIBILITY,
HEART, Seems normal
LUNGS, Seem normal
EXAM. URINE,

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,

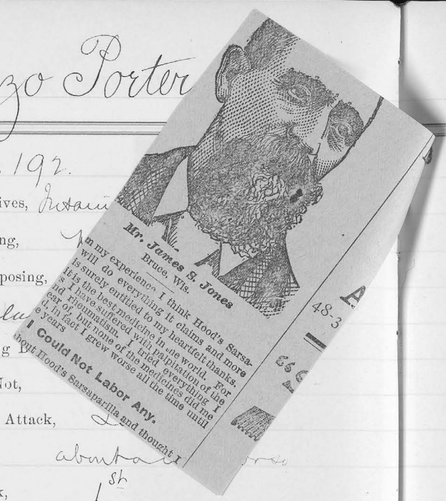
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Can't find out anything as he wont speak

Personal and Medical History of Lorenzo Porter

Whole No. 3280.
Residence, Hokah, Houston Co. Minn
Date Admission, 22nd February 1893.
Admitted by D. Phelps Hour, 7 Pm
How Sent, Thomas Ryan, Jopt, Houston County
Sex, Male
Age, 55
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Farm-Laborer
Degree Education,
Profession Religion, Hokah Church member
Habits, Temperate
Nativity, New York
Physicians Committing, E. L. Wells and E. K. Rowena
Correspondents, Christ. Brown Hokah Minn

No. for Year, 192.
Insane Relatives, Intemperance
Cause Exciting,
Cause Predisposing,
Form, Melancholia
Accompanying
Suicidal or Not,
Date of this Attack,
Duration, about 3 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 55 Years
Time of Leaving, May 29th 93.
Time in Hospital, 3 ms 7 ds.
Result, Recd.



EXAMINATION ON ADMISSION.

Exd by D. Phelps Feb 23/93.

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,

Cannot test, as he cannot talk

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

Cannot ascertain as he cannot talk

GENERAL DESCRIPTIVE REMARKS:
Appears like struggling to talk, but to be restrained by some delusion — only answers once a twice in monosyllables —

Personal and Medical History of Lorenzo Porter

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7 1/4 in WEIGHT, 140 p.d. NUTRITION, Fairly good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, none Coatings, Promptness Movement, sluggish
PUPILS, Equality, slightly unequal, left larger Size,
Response Light, very slightly Accommodation,
SIGHT,
HEARING,
CO-ORDINATION, Arms, movement sluggish, but no distinct incoordination -
Legs, standing on one foot, tremble considerably. Standing, eyes shut, fairly steady.
TREMORS, Hands, none Tongue, none
Facial Muscles, General,
REFLEXES, Patellar, 2 D. P. E. scale
Other Reflexes,
ARTICULATION, Hesitating, don't speak Slurred,
FACIAL EXPRESSION, dull & depressed
SENSIBILITY,
HEART, seems normal
LUNGS, seem normal
EXAM. URINE,

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,

Cant find out anything as he wont speak

1893

This man was brought by Deputy Sheriff George N. Blessed & J. H. Blessed with the following history. Has been of temperate habits; don't know cause of attack; form is depressed. No accompanying bodily disorder or disease; first symptoms manifested last week. This is 1st attack. Insanity is now shown by insomnia, melancholia & depression. Is neither disposed to injure others, nor suicidal, nor filthy, nor destructive. Has not been confined or restrained, nor under medical treatment. Is given to worrying re financial matters.

Feb 23 Feb 23/93. Was restless for 4 hours, sleeping but 2 hours, last night. Is restless today, walking up & down the ward in a slow, dull way. Talks very little; only in answer to questions. Took very little dinner. Ate no supper. Bodily condition clean; no bruises or injuries visible. Bowels regular. P 82. R 20. Tº 98.8 this morning.

" 24 Feb 24/93. Slept 7 hours last night; restless but 1 hour. Is quiet today. Appetite is improving, yet has to be fed with a spoon. P 80. R 19. Tº 98.6. Feb 25/93. Restless for 2 hours, out of bed frequently, & slept but 3 hours last night. Appetite good. Is very quiet. Talks freely when conversation is begun. P 80. R 20 Tº 98.6. —

" 26 Feb 26/93. Last night was again restless for 6 hours, often out of bed, and slept but 2 hours. P 78 R 20 Tº 98.8.

" 27 Ate no dinner. Still quiet & dull. Bowels regular. Feb 27/93. Restless for 3 hours, sleeping but 2 hrs last night.

" 28 Is not noisy. Talks freely; appetite still continues good. P 80. R 18. Tº 98.8. Feb 28/93. Passed last night similarly to the preceding one. There appears to be quite an improvement in patient's condition, by day. Bowels are regular. P 82 R 18. Tº 99.8. — (see note of this examination on 23d inst., when not a single word could be got out of him)

Mar 1 Mar 1/93. Rested fairly well, sleeping 7 hours, last night. Says "he is feeling well, today", though bowels are

" 2 somewhat constipated. P 74 R 18 Tº 98.8. Mar 2/93. P 72 R 20. Tº 98.6. Wt 135 lbs. Pulse 66. —

" 3 Mar 3/93. P 74 R 19. Tº 98.8. Mar 7/93. Says "he don't think he will ever get well", but he feels better now

" 8 than when he first came here. Is still depressed, but talks freely when addressed. Mar 8/93. Has gradually so far come out of his stuporous state as to talk with a fair degree of freedom & with fair clearness. —

" 13 Mar 13/93. Has good appetite & feels a great deal better, but he complains that he does not sleep well, though the N. W records show that, since 1st inst, he has been uniformly quiet & restful, sleeping 8 hours each night.

Summary. Since admission there has been a steady improvement in both his mental & physical condition at time of examination. He seemed extremely depressed and could not be induced to speak at all. Now, he converses quite freely and smiles occasionally. His appetite was excessive was not good, but it has steadily improved and he is now eating quite well and regularly. Wants to go home shortly, he says. He has lost some in

" 19 weight during the first 2 weeks, but has gained some since. Mar 19/93. Complains this morning of

" 20 pain in his head & headache; has been vomiting some. Mar 20/93. Am. Confined to bed. P 78. R 24. Tº 98.9; has nausea; pain in abdomen & in back; vomited some. Tongue is some coated. Rx. Has had no passage

" 21 from bowels; given laxative; vomits, when he attempts to eat. Mar 21/93. Am. Vomits occasionally; P 74. R 22. T 97.4 given brandy. Says "he does not feel well"; no definite symptoms of obstruction; enema ordered to be given. Drinks milk; and took crackers & milk for dinner; given medicine. Urine examined today. Sp. gr. 1020.

" 22 Yellow; no albumen; Mar 22/93. Am. P. 68 R. 18 Tº 98.6. Took a bowl of meat & milk for breakfast. Takes his medicine regularly; says "he feels no better". Appetite fairly good but bowels three constipated.

" 23 Mar 23/93. Is still badly constipated, but has no discomfort. Mar 24/93. Am. P 66. R 18. Tº 98.4.

" 25 Appetite fair good. Bowels move hard more regular. 9:30 Am. Is up & feels better. Mar 26/93. Has continued quiet at night & appeared to rest & sleep well. Is up daily, dressed, in the ward. Seems brighter & to take somewhat more interest in his surroundings — Does out walking & continues to improve.

1893

Mar 31 March 31/93. Has complained of not sleeping well. Has a pain in his back today. Has removed to B² on the 29th inst. from B⁴.

April 4 & " 26 April 4/93. Wt 147 lbs. Pulse 68. April 24/93. Was today transferred from B² to A¹. —

April 26/93. During the early part of this month was somewhat restless & wakeful at night; now rests & sleeps quite well. At all times, has been clean, tidy & well behaved; of good personal habits. — Formerly much depressed, crying & complaining, has grown somewhat more cheerful. Appetite is good.

May 3/93 May 3/93. Wt 147 lbs. Pulse 80. May 29/93. Has seemed quite cheerful of late. Appetite has been fair; behavior quiet. Has been natural, except for a slight slowness which probably existed before. Can be said to have recovered.

Sent home today, alone, on trial.

— Discharged —

From 4th. E. H. Mayer

1894 Nov 1/94 Nov 1/94. Wt 136 lbs. Pulse [illegible] Appetite fair; bowels regular. Behavior good. Habits, clean. Manifests delusions; says "he is bothered with people coming room all day & studies. Physical health is good. No change observable, from month to month. — No change. Still shows delusions. Says "Spirits bother me". Talks to himself, all through the day. Wakes some. No special change to note. Has false beliefs & delusions. A good deal. Wakes well & willingly. Behavior is good. Behavior good; habits clean; says "there is nothing to do here". Walks back & forth in hall & talks loud to himself. Wt 140 lbs. Pulse 76. April 30/95. No noticeable change. — No improvement noted. Says "he is well & should not be here". At school. Does not study so much as he has been. Wakes well. June 1/95. Wt 141 lbs. Pulse 92. June 3/95. Very quiet. Talks & mutters to himself. Has not appeared [illegible] lbs. Pulse 90. July 3/95. Behaves well. Does not trouble himself. Says "he is talking to Spirits". Has delusions. Wt 135 lbs. Pulse 92. Oct 1/95. Wt 130 lbs. Pulse 82. At times, talks loudly to himself; talks about nearly all the time; reads or writes; works some; very [illegible] habits good. Has good physical health. — Wt 136 lbs. P 72. Jan 1/96. Wt 139 lbs. Pulse 80. — Not noticed, mentally. Stays in his room and [illegible] ward. Quiet, well behaved. Habits are good. Keeps about the same, all the time.

(Transfer Book A. Page 281)

Rochester Feb 25th 1896.

The Doctors of the Institution!

Gentlemen!

Since some time I intended to give the Gentlemen my belief of the relation between a patient & a physician & as to the nature origin of disease.

1.) I believe that disease, as a majority, is the result of erring bringing about the symtoms in a preternatural way.

2.) That the physician is the mediator between God, Man & Nature.

3.) That his proscription of medicine embodies the mediation as a remedy in the principle part. & in the greatest number of cases, while comparatively few cases demand the simples application

1893 This man was brought by Deputy Sheriff George N. Blessed & J. H. Blessed with the following history. Has been of temperate habits, dont know cause of attack; finnis depressed. No accompanying bodily disorder or disease; first symptoms manifested last week. This is 1st attack. Insanity is now shown by insomnia, melancholia & depression. Is neither disposed to injure others, nor suicidal, nor filthy, nor destructive. Has not been confined or restrained, nor under medical treatment. Is given to worrying over financial matters.

Feb 23 Feb 23/93. Was restless for 4 hours, sleeping but 4 hours, last night. Is restless today, walking up & down the ward in a slow, dull way. Talks very little; only in answer to questions. Took very little dinner. Ate no supper. Bodily condition clean; no bruises or injuries visible. Bowels regular. P 82. R 20. T. 98. this morning.

" 24 Feb 24/93. Slept 7 hours last night, restless but 1 hour. Is quiet today. Appetite is improving, Yet has to be fed with a spoon. P 80. R 19. T. 98.6. Feb 25/93. Restless for 5 hours, out of bed frequently, & slept but 3 hours

" 25 last night. Appetite good. Is very quiet. Talks freely when conversation is begun. P. 80. R 20 T. 98.6. —

" 26 Feb 26/93. Last night was again restless for 6 hours, often out of bed and slept but 2 hours. P 78 R 20 T 98.8.

" 27 Ate no dinner. Still quiet & dull. Bowels regular. Feb 27/93. Restless for 3 hours, sleeping but 5 hrs last night.

" 28 Is not noisy. Talks freely; Appetite still continues good. P. 80. R 18. T. 98. Feb 28/93. Passed last night

Similarly to the preceding one. Urine appears to be quite cu

are regular. P 82 R 18 T. 99.8. — (see note of this Insanity

Mar 1 Mar 1/93. Rested fairly well, sleeping 7 hours, last night

" 2 somewhat constipated. P 74 R 18 T 98.8. Mar 2/93.

" 3/93 Mar 3/93. P 74 R 19. T 98.8. Mar 7/93. Says "he don't

" 8 know when he first came here. Is still depressed, but

so far come out of his stuporous state as to talk with

" 13 Mar 13/93. Has good appetite & feels a great deal better, Su

the N. W records show that, since 1st inst, he has been

Summary. Since admission here has been a steady im

at time of examination. Is seemed extremely depressed a

Converses quite freely and smiles occasionally. His appe

improved and he is now eating quite well and regularly.

" 19 weight during the first 2 weeks, but has gained some

" 20 pain in his heart & headache; has been vomiting some.

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" 21 from bowels; given laxatives; vomits, when he attempts to

given handy. Says "he does not feel well"; no definite sy

drinks milk; and took crackers & milk for dinner;

" 22 Yellow; no albumen; Mar 23/93. Urine. P. 68 R. 18

Takes his medicine regularly; Says "he feels no better". appe

" 23/93 Mar 23/93. Is still badly constipated, but has no di

" 26 appetite still good. Bowels more hard more regular. 9.3

quiet at night & appeared to rest & sleep well. Is up a

somewhat more interest in his surroundings — Face out

1893

Mar 31 March 31/93. Has complained of not sleeping well. Has a pain in his back today. Was moved to B2 on the 29th inst. from B4.

Apl 4/93 April 4/93. Wt 142 pds. Pulse 68. April 24/93. Was today transferred from B2 to A1. —

" 26 April 26/93. During the early part of this month, was somewhat restless & wakeful at night; now rests & sleeps quite well. At all times, has been clean tidy & well behaved; of good personal habits: — formerly much depressed, crying & complaining, has grown somewhat more cheerful. Appetite is good.

May 3/94 May 3/93. Wt 147 pds. Pulse 80. May 29/93. Has seemed quite cheerful of late. Appetite has been fair; behavior quiet. Has been natural, except for a slight slowness which probably existed before. Can be said to have recovered.

Went home today, alone, on trial.

— Discharged —

E. A. Mayer

From 4th.

1894 Nov 1/93 Nov 1/94. Wt 136 pds. Pulse 72. Nov 30/94 Appetite fair; bowels regular. Behavior good. Habits clean. manifests delusions; says "he is bothered with people coming room all day & studies. Physical health is good. No change observable, from month to month. — No change. Still shows delusions. Says "Spirits bother me sins. Talks to himself, all through the day. Works some. No special change to note. Has false beliefs & delusions. good deal. Works well & willingly. Behavior is good. Behavior good; habits clean; says "there is nothing to do here". Walks back & forth in hall & talks loud to himself. 140 pds. Pulse 76. Apl 30/95. No noticeable change. — No improvement noted. Says "he is well & should not be here". School. Does not study so much as he has been. Works well. June 1/95. Wt 141 pds. Pulse 92. June 29/95. Very quiet & reserved. Talks & mutters to himself. Has not appeared 93 pds. Pulse 90. July 31/95. Behaves well. Does not trouble himself. Says "he is talking to Spirits". Has delusions. Wt 135 pds. Pulse 92. Oct 1/95. Wt 134 pds. Pulse 82. At times, talks loudly to himself; talks about nearly all the time; reads or writes; works some; very normal habits good. Has good physical health. — 136 pds. 872. Jan 1/96. Wt 139 pds. Pulse 80. — Improvement noticed, mentally. Stays in his room and not work on ward. Quiet, well behaved. Habits are good. Keeps about the same, all the time.

(Transfer Book A. Page 281)

of medicine, as distinct from the primary preternatural of action or limitation.

4) That when we are not well we ought to consult the Physician, — by duty — except in trifling cases, when something can be gotten at the Drug store without special prescription. Nevertheless, I also consider those right, which believe in religiously praying for their health, but I prefer to consult the physician, & pray but little, as God knows all & will communicate to the physician by godly influence to know to diagnos.

5) That I consider the physician the "cleanest & most Experienced door to Health, that he knows how to handle the elements producing the disease, — that he is able to prevent these conspiring elements from their destructive work & in a body, which elements antagonize each other & bring about this morbid condition of a sick person.

For any sick morbid part on the body I consider simply a disagreement of elements at the place, which as in ordinary nature or common putrefaction conspire against each other for separation, or for a demand of medicinal applications to improve the soundness or wholeness of state.

6) That nothing should impair a persons health, when life is upheld by a good, clean behavior for all supports of life.

1893

This man was brought by Deputy Sheriff George N. Blessed & J. H. Blessed with the following history. Has been of temperate habits. Dont know cause of attack; family depressed. No accompanying bodily disorder or disease; first symptoms manifested last week. This is 1st attack. Insanity is now shown by insomnia, melancholia & depression. Is neither disposed to injure others, nor suicidal, nor filthy, nor destructive. Has not been confined or restrained, nor under medical treatment. Is given to worrying over financial matters.

Feb 23 — Feb 23/93. Was restless for 4 hours, sleeping but 4 hours, last night. Is restless today, walking up & down the ward in a slow, dull way. Talks very little; only in answer to questions. Took very little dinner. Ate no supper. Bodily condition clean; no bruises or injuries visible. Bowels regular. P 82. R 20. Temp 98.8. this morning.

" 24 — Feb 24/93. Slept 7 hours last night; restless but 1 hour. Is quiet today. Appetite is improving, yet has to be fed with a spoon. P 80. R 19. Temp 98.6. Feb 25/93. Restless for [illegible] hours, out of bed frequently, & slept but 3 hours last night. Appetite good. Is very quiet. Talk freely when [illegible] begun. P 80. R 20. Temp 98.6. —

" 26 — Feb 26/93. Last night, was again restless for 6 hours, often [illegible] hours. P 78. R 20. Temp 98.8.

" 27 — Ate no dinner. Still quiet & dull. Bowels regular. Feb 27 [illegible] last night.

" 28 — Is not noisy. Talks freely; appetite still continues good. P [illegible]

Similarly to the preceding one. These appear to be quite ow[illegible]

are regular. P 82. R 18. Temp 99.8. — (ow note of this Summat[illegible]

Mar 1 — Mar 1/93. Rested fairly well, sleeping 7 hours, last night.

" 2 — somewhat constipated. P 74. R 18. Temp 98.8. Mar 2/93.

" 3 — Mar 3/93. P 74. R 19. Temp 98.8. Mar 7/93. Says "he d[illegible]

" 8 — than when he first came here. Is still depressed, h[illegible] so far some cut of his stuporous state as to talk [illegible]

" 13 — Mar 13/93. Has good appetite & feels a great deal be[illegible] the N. W records show that, since 1st inst, he [illegible]

Summary. Since admission there has been a [illegible] At time of examination, he seemed extremely d[illegible] Converses quite freely and smiles occasionally [illegible] dly improved and he is now eating quite well [illegible]

" 19 — weight during the first 2 weeks, but has [illegible] ne in

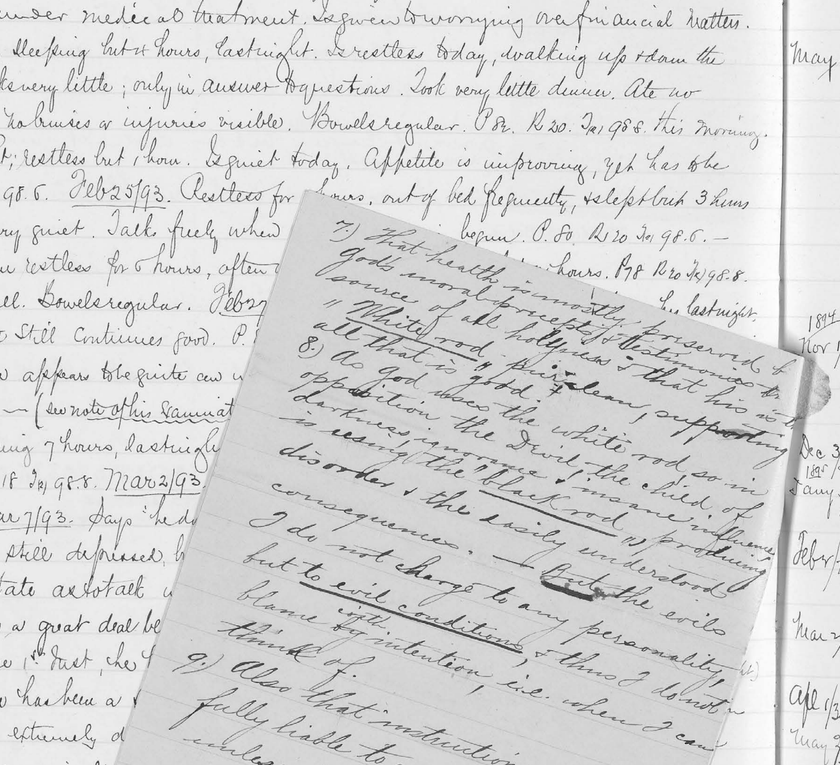
" 20 — pain in his breast & headache; has been t[illegible] ; has nausea; pain in abdomen & in back; [illegible] passage

" 21 — from bowels; given laxatives; vomits, wh[illegible] P 74. T. 97.4 given brandy. Says "he does not feel well [illegible] equivo. drink milk; and took crackers & [illegible] . Sp. gr. 1025.

" 24 — Yellow; no albumen; Mar 23/93. [illegible] for breakfast. Takes his medicine regularly; says "he feels now[illegible] constipated-

" 23/25 — Mar 23/93. Is still badly constipated, but has no dou[illegible] P. T. 98.4.

" 26 — appetite still good. Bowels move hard more regular. 9.30 Am. Temp. [illegible] /93. Has continued quiet at night & appeared to rest & sleep well. Is up daily, dressed, in the ward. [illegible] nights & to take somewhat more interest in his surroundings — Does not walk & continues to improve.



7) That health, immortality, preserved of God's moral precepts & testimonies is the source of all holiness & that his [illegible] source of all holiness & that his [illegible]

" White rod, spiritual [illegible] I suppose all that is good & spiritual [illegible]

8) As God uses the white rod as an opposition the devil & the child of darkness, so [illegible] the black rod is used by the devil in producing disorder & the evils consequence. — But the evils I do not charge to any personality but to evil conditions, & those I do not blame by intention, i.e. when I can't think of.

9) Also that instruction makes me fully liable to controll themselves unless insanity truly testified was to excuse.

10) That at all places a clean behavior favors a patient improvement.

11) That I believe it my duty to report the symptoms I suffer so that the physician is able to treat me.

Respectfully

Ernst Albert Mayer.

1893

Mar 31 — March 31/93. Has complained of not sleeping well. Has a pain in his back today. Has removed to B[illegible] on the 29th inst. from B[illegible]

Apl 4/26 — April 4/93. Wt 147 pds. Pulse 68. April 24/93. Has to day transferred from B[illegible] to A[illegible]

" 26 — April 26/93. During the early part of this month, has somewhat restless & wakeful at night; now rests & sleeps quite well. At all times, has been clean tidy & well behaved; of good personal habits. — Formerly much depressed, crying & complaining, has grown somewhat more cheerful. Appetite is good.

May 3/4 — May 3/93. Wt 147 pds. Pulse 80. May 29/93. Has seemed quite cheerful of late. Appetite has been fair; behavior quiet. Has been natural, except for a slight slowness which probably existed before. Can be said to have recovered.

Sent home today, alone, on trial.

— Discharged —

From Hosp. — E. A. Mayer

1894

Nov 1/30 — Nov 1/94. Wt 136 pds. Pulse 74. Nov 30/94. Appetite fair; bowels regular. Behavior good. Habits clean. Keeps about the same, all the time. Still manifests delusions; says "his bothered with people coming into his room at night". Remains in his room all day & studies. Physical health is good.

Dec 3/31 1895 Jan 3/31 — Dec 3/94. Wt 137 pds. Pulse 76. Dec 30/94. No change observable, from month to month. — Jan 3/95. Wt 140 " " 72. Jan 31/95. No change. Still shows delusions. Says "Spirits bother him at night". Complains of nightly [illegible]. Talks to himself, all through the day. Looks same.

Feb 2/28 — Feb 2/95. Wt 135½ pds. Pulse 80. Feb 28/95. No special change to note. Has false beliefs & delusions. Studies all the time. Talks to himself a good deal. Works well & willingly. Behavior is good.

Mar 2/31 — Mar 2/95. Wt 140 pds. Pulse 76. March 31/95. Behavior good; habits clean; says "there is nothing the matter with him & don't think he ought to be here". Walks back & forth in hall & talks loud to himself. Works around ward. Apl 1/95. Wt 140 pds. Pulse 78. Apl 30/95. No noticeable change. —

Apl 1/30 May 2/31 — May 2/95. Wt 142 pds. Pulse 76. May 31/95. No improvement noted. Says "he is well & should not be here". Always talking about going to the High School. Does not study so much as he has been. Looks well. Habits are neat & clean. June 1/95. Wt 141 pds. Pulse 92. June 29/95. Very quiet & well behaved. Works nearly all the time. Talks & mutters to himself. Has not expressed his delusions lately. July 1/95. Wt 139½ pds. Pulse 90. July 31/95. Behaves well. Does not improve mentally. Always talking to himself. Says "he is talking to Spirits". Has delusions

June 1/30 July 1/31 Aug 1 Sept 1 Oct 1/31 — Aug 1/95. Wt 138 pds. Pulse 84. Sept 95. Wt 135 pds. Pulse 92. Oct 1/95. Wt 134 pds. Pulse 82. Oct 31/95. Does not improve any, mentally. At times, talks loudly to himself; talks about going to School & to College". Stays in his room, nearly all the time; reads or writes; works some; very neat & particular about his work. Personal habits good. Has good physical health. —

Nov 2 Dec 3 1896 Jan 31 — Nov 1/95. Wt 137½ pds. Pulse 92. Dec 31/95. Wt 136 pds. Pulse 72. Jan 1/96. Wt 139 pds. Pulse 80. — Jan 31/96. During the period, no improvement noticed, mentally. Stays in his room and studies the Dictionary, all the time. Does some work around ward. Quiet, well behaved. Habits are good.

Feb 1/24 — Feby 1/96. Wt 137½ pds. Pulse. Feby 29/96. Keeps about the same, all the time.

Mar 2 — Mar 1/96. Wt 137 " " 88. (Carried to Transfer Book A. Page 284)

Personal and Medical History of Fredrich Radke

Whole No. 3286
Residence, Albert Lea, Minn
Date Admission, 4th March 1893
Admitted by D. Phelps Hour, 9 a.m.
How Sent, Seman Blackmer & Freeborn County
Sex, male
Age, 64
Civil Condition, married
Children, yes, 3
Age Youngest Child,
Occupation, farmer
Degree Education,
Profession Religion, Lew Church member
Habits, Good
Nativity, Germany
Physicians Committing, J. W. Barck & J. Brownberg
Correspondents, Chas. A. Radke
Albert Lea Minn

No. for Year, 198.
Insane Relatives, none; not hereditary.
Cause Exciting, Fall from a plank(?) in Oct last
Cause Predisposing, not stated
Form, Senile Dementia
Accompanying Bodily Disorder, no
Suicidal or Not, no
Date of this Attack, About October last
Duration, about 5 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 64.
Time of Leaving, August 13th 1893
Time in Hospital, 5 months & 9 days.
Result, Died; Exhaustion in senile dementia

EXAMINATION ON ADMISSION.

Exd by D. Phelps March 10/93 =

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, very confused - a seeming
Quick or Sluggish, Symetrical impairment

MEMORY:
Past Events,
Recent Events, 2
Special Subjects,

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

REASONING POWER:
Ordinary Subjects,
Own Mental State, Very dull
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient has a strongly paretic appearance. habit is probably due to senile atrophy of brain & perhaps atheromatous change.

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

DELUSIONS:
Systematized or Not, Doubtful if he has any; a
Special Subjects, dull, wondering state of mind
Transitory or Not,

HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Fredrich Radke

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 3 in WEIGHT, 134 lbs. NUTRITION, Considerably impaired
WOUNDS OR ABNORMALITIES, None noted.
TONGUE, Tremors, Coarse Coatings, None Promptness Movement, Hesitating
PUPILS, Equality, Equal Size, Normal
Response Light, Yes Accommodation,
SIGHT, (?)
HEARING, Fair
CO-ORDINATION, Arms, } Hesitating, jerky, uncertain, paretic movement but can't get
Legs, } extreme incoordination. Standing on foot, can't do it.
TREMORS, Hands, coarse Tongue, tremors
Facial Muscles, General, Marked coarse; all movements, tremor
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Jerky speech. Slurred,
FACIAL EXPRESSION, Sluggish has somewhat of paretic look.
SENSIBILITY,
HEART, About normal
LUNGS, Seem normal
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, untidy	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 Fredrich Radke

1893

This man was brought here by Deputy Sheriff J. L. Torgeson & patient's wife & son, with the following history. Is a farmer, of good habits. No history of heredity. Supposed cause of this attack is a fall from a plank(?) in October last; been developing since. Form is chronic & paranoimal. There is no accompanying bodily disorder. First symptoms of disease were manifested after this fall; became absent-minded when at work; then irritable, later, stubborn and somewhat abusive. This is 1st attack. Is now irritable & violent. Threatened to strike his wife with stove handle, from sudden passion. Is not suicidal. Is disposed to be filthy and destructive. Has not been restrained or confined, nor under medical treatment.

Mar 4 Mar 4/93. On admission was put in B3 part of the day; then moved to B3. Walks the floor some; is rather feeble and cannot walk well. Is very stubborn; having to be dressed and undressed by force. Talks some (German) and at times quite noisily. Appetite fairly good. Does not seem to have control of his bladder. Slept a good deal in chair during the day. 3.10 pm. Pulse 94. Mar 5/93. Has restless about ½ the night, sleeping but ½ hours, last night. Am. Pulse 96. Pm. Pulse 82. Hallooed considerable when being dressed & undressed.

" 6 Mar 6/93. Restless all night, sleeping none. Am. Pulse 94. Pm. Pulse 98. Is gradually getting better behaved.

" 7/8 Mar 7/93. Restless about ½ the night, sleeping about 4 hours, last night. Am. Pulse 80. Mar 8/93. Slept but 1 hour last night; very restless when awake. Appetite is slightly improved. Mar 9/93. Slept 4 hours

" 10 last night. March 10/93. Slept 4 hours last night. Visited by a friend to day.

" 11/12 March 22/93. Is uniformly quiet at night. Has, in the whole, rested better & slept from 5 to 7 hours

" 23 at night. March 23/93. Left leg is red & swollen and looks suspiciously like Erysipelas. Was ordered put to bed and isolated.

Apl 4/9 April 4/93. Wt 126½ lbs. Pulse 84. April 7/93. To day, transferred from B4 to A4.

" 10 April 10/93. Has kept in bed & in isolation from the 23d ult, until the 3d inst. Inflammation of the leg probably not erysipelatous. (See attached record of his sickness). Has been up daily since the 3d inst & seems about as well as usual. Uniformly quiet at night. Quiet, silent and inactive by day. Is a feeble-demented, bent old man. Habits are dirty. April 11/93. Leg is doing well. Was to day, visited by his son.

" 22/29 April 22/93. Leg Continues to improve. Is careless, exposing himself to cold at night. April 27/93. Am Tongue is heavily coated; given laxative.

May 3/12 May 3/93. Weight 118 lbs. 086. May 22/93. Is still, nightly, restless for from 2 to 5 hours, each night. Has continued up & around since the date above mentioned. Still repeated of dirty habits. Otherwise no change.

" 29/31 May 29/93. Ate no breakfast or dinner today. Was put to bed at 1 Pm. May 31/93. Appetite is quite good. Patient has to be fed. Bowels seem constipated most of the time. He seems to be growing weaker. Is well-behaved. Complains of his leg hurting him. Talks some but very foolishly. Is of dirty habits (Every day during the month).

June 2/30 June 2/93. Administer and a friend called to see him to day. 6/30/93 Was dirty 15 days during month (June)

July 1/7 July 1/93. Does not eat very well. Is growing much weaker. July 24/93. Very dirty in bed. Much bloated.

" 25/31 July 25/93. Was to day visited by a friend. July 31/93. Patient has been growing steadily weaker. Is very dirty in personal habits. Has a quite typically paretic look, but is judged to be a case of Senile Dementia.

Aug 1 Aug 1/93. Has been failing slowly but steadily in a paretic sort of way; was, to day, moved to C3, the "Sick-ward", & put to bed there. Aug 4/93. Can take no solid food; is given eggnogs & milk. Is very restless; bowels constipated; has a sore on head, which discharges considerably; left knee is red & swollen.

Personal and Medical History of Fredrich Radke

NAME Fredrich Radke.

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
June 6th	106	96		1½
July 5th	105	96		1
(in bed)				

LE CASE OF Fredrich Radke

SS OF MR. Fredrich Radke

AGNOSIS.

P

Gaining slowly but steadily as a
Operates for himself. Has cut off
Can dress & feed himself. Is quiet
quiet & gentle unless excited.
Cannot be weighed. Is restless
Bowels Costive
Has a sore on head which discharges
Considerable. Left knee red and swollen
and is bruised more or less all over the
body.
Appears to be failing. Visited by wife
and son
Bowels costive. Seems somewhat constipated
Dressed by wife. Bowels moved freely.
Dressed by wife
Sore on head discharges freely. Patient
appears to be perspiring a good deal. Left
days and left shoulder and back
Appears quite bright to day. Better
Head dressed
Takes Cod liver oil & nourishment
Bowels moved. Sore on head does not
Bowels moved. Sore on head appears
Appears to be failing. Has taken
Quite bright to day. Has taken
but little nourishment. Has diffi-
culty in swallowing. 12.20 P.M. Died.
10 A.M. Rapidly failing. 12.20 P.M. Died.
The patient though an old man is lacking
some of the signs shows seemingly in
order a good deal from the typical
paretic character of the case.

12 7 5 78

23 7 86

Personal and Medical History of Fredrich Radke

1893

This man was brought here by Deputy Sheriff J. L. Jorgeson & patient's wife & son, with the following history. Is a farmer, of good habits. No history of heredity. Supposed cause of this attack is a fall from a plank(?) in October last; been developing since. Form is chronic paranoimal. There is no accompanying bodily disorder. First symptoms of disease were manifested after this fall, became absent-minded when at work; then irritable, later, stubborn and somewhat abusive. This is 1st attack. Is now irritable & violent. Threatened to strike his wife with stove handle, from sudden passion. Is not suicidal. Is disposed to be filthy and destructive. Has not been restrained nor confined, nor under medical treatment.

Mar 4 — Mar 4/93. On admission was put on B3. part of the day; then moved to B3. Walks the floor some; is rather feeble and cannot walk well. Is very stubborn; having to be dressed and undressed by force. Talks some (German) and at times quite noisily. Appetite fairly good. Does not seem to have control of his bladder. Slept a good deal in chair during the day. 3:10 pm. Pulse 94. Mar 5/93. Has restless about ½ the night, sleeping 4 hours, last night. Am. Pulse 96. Pm. Pulse 82. Hallooed considerable when being dressed & undressed.

" 6 — Mar 6/93. Restless all night, sleeping none. Am. Pulse 94. Pm. Pulse 98. Is gradually getting better behaved.

" 7/8 — Mar 7/93. Restless about ½ the night, sleeping about 4 hours, last night. Am. Pulse 80. Mar 8/93. Slept but 1 hour last night; very restless when awake. Appetite is slightly improved.

" 9 — Mar 9/93. Slept 4 hours last night.

" 10 — March 10/93. Slept 4 hours last night. Was visited by a friend to day.

" 21 — March 22/93. Is uniformly quiet at night. Has, on the whole, rested better & slept from 5 to 7 hours at night.

" 23 — March 23/93. Left leg is red & swollen and looks suspiciously like Erysipelas. Was ordered put to bed and isolated.

Apr 4/5 — April 4/93. Temp 1265 pm. Pulse 84. April 7/93. To day, transferred from B3 to A4.

" 10 — April 10/93. Has kept in bed & in isolation from the 25th ult. to date, since the 3rd inst. Inflammation of the leg probably not erysipelatous. (See attached record of his sickness). Has been up daily since the 3rd inst & seems about as well as usual. Is uniformly quiet at night. Quiet, silent and inactive by day. Is a feeble-demented, bent old man. Habits are dirty. April 11/93. Leg is doing well. Was, to day, visited by his son.

" 22/29 — April 22/93. Leg continues to improve. Is careless, exposing himself to cold at night. April 27/93. Tongue is heavily coated; given laxative.

May 3/22 — May 3/93. Weight 118 lbs. P 86. May 22/93. Is still, nightly, restless for from 2 to 5 hours, each night. Has continued up & around since the date above mentioned. Still reputed of dirty habits. Otherwise no change.

" 29/31 — May 29/93. Ate no breakfast or dinner to day. Was put to bed at 1 Pm. May 31/93. Appetite is quite good. Patient has to be fed. Bowels seem constipated most of the time. He seems to be growing weaker. Is well-behaved. Complains of his leg hurting him. Talks some but very spolvekly. Is of dirty habits (Every day during the month). 6/30/93

June 1/30 — June 1/93. Minister and a friend called to see him to day. Was dirty 15 days during month (June).

July 1/31 — July 1/93. Does not eat very well. Is growing much weaker.

" 25/31 — July 25/93. Was to day visited by a friend. July 31/93. Patient has been growing steadily weaker. Is very dirty in personal habits. Has a quite typically paretic look, but is judged the case of senile Dementia.

Aug 1 — Aug 1/93. Has been failing slowly but steadily in a paretic sort of way; was, to day, moved to C, the "sick ward", & put to bed there. Aug 4/93. Can take no solid food; is given eggnogs & milk. Is very restless; bowels constipated; has a sore on head, which discharges considerably; left knee is red & swollen.

History of Fredrich Radke

THE CASE OF Fredrich Radke

2 3/11

DETAILED HISTORY OF SICKNESS OF MR. Gerdenet Radke
DIAGNOSIS.

DATE 1893	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
Aug 1									Cannot walk from fall. Has been failing slowly but steadily as a paretic sort of way
" 2	7	5	70	84					Can take no solid food. Is given eggnog & milk.
" 3	7	5	70	100					Is very restless. Bowels constipated. Has a sore on head which discharges considerably. Left knee is red & swollen.
" 4	7	5	78	76					Has a sore on head which discharges. Can undress. Left knee red & swollen. And is bruised more or less all over the body.
" 5	7	5	74	78					Appears to be failing. Visited by Wife and Son.
" 6	7	5	70	74					Bowels costive. Seems somewhat brighter to day. Visited by Wife.
" 7	7	5	80	86					Have dressed. Gets about more freely. Visited by Wife.
" 8	7	5	70	76		98.4			Sore on head discharges freely. Patient appears to be failing. Left arm and left shoulder sore.
" 9	7	5	82	96		98.2			Appears quite bright to day. Sore on head discharges freely.
" 10	7	5	88	80					Takes Castor oil & is given nourishment. Bowels moved. Sore on head discharges.
" 11	7	5	72	78					Bowels moved. Sore on head discharges freely. Patient appears to be failing slowly.
" 12	7	5	78						Is quite restless to day. Has taken but little nourishment. Has difficulty in swallowing.
" 13	7		86						10 PM. Rapidly failing. 1:20 PM. Died. This patient though an old man is lucky in some of the signs shown seemingly to be called a grand Junior from the typical progressive character of the case.

6/30/93

Personal and Medical History of Fredrick Radke

1893

This man was brought here by Deputy Sheriff F. L. Torgeson & patient's wife & son, with the following history. Is a farmer, of good habits. No history of heredity. Supposed cause of this attack is a fall from a plank (?) in October last, been developing since. Form is chronic & paroxysmal. There is no accompanying bodily disorder. First symptoms of disease were manifested after this fall, became absent-minded when at work; then irritable, later, stubborn and somewhat abusive. This is 1st attack. Is now irritable & violent. Threatened to strike his wife with stove handle, from sudden passion. Is not suicidal. Is disposed to be filthy and destructive. Has not been restrained nor confined, nor under medical treatment.

Mar 4 Mar 4/93. On admission was put on B3 part of the day; then moved to B3. Walks the floor some, is rather feeble and cannot walk well. Is very stubborn; having to be dressed and undressed by force. Talks some (German) and at times quite noisily. Appetite fairly good. Does not seem to have control of his bladder. Slept a good deal in chair during the day. 3.10 pm. Pulse 94. Mar 5/93. Has restless about ½ the night, sleeping 5 hours, last night. Am. Pulse 96. Pm. Pulse 82. Hallooed considerable when being dressed & undressed.

" 6 Mar 6/93. Restless all night, sleeping none. Am. Pulse 94. Pm. Pulse 78. Is gradually getting better behaved.

" 7/8 Mar 7/93. Restless about ½ the night, sleeping about 5 hours, last night. Am. Pulse 80. Mar 8/93. Slept but 1 hour last night; very restless when awake. Appetite is slightly improved. Mar 9/93. Slept 4 hours

" 10 last night. March 10/93. Slept 4 hours last night. Vaccinated by a friend to day. ——

" 22 March 22/93. Is uniformly quiet at night. Has, on the whole, rested better & slept from 5 to 7 hours

" 23 at night. March 23/93. Left leg is red & swollen and looks suspiciously like Erysipelas. Has been put to bed and isolated.

Apl 4/93 April 4/93. Temp 105½ pm. Pulse 84. April 7/93. To day, transferred from B4 to A4.

" 10 April 10/93. Has kept in bed & in isolation from the 23d ult. to date the 5th inst. Inflammation of the leg partially not erysipelatous. (See attached record of his sickness). Has been up daily since the 3d inst & seems about as well as usual. Is uniformly quiet at night. Quiet, silent and inactive by day. Is a feeble-demented, bent old man. Habits are dirty. April 11/93. Leg is doing well. Was, to day, visited by his son.

" 22/29 April 22/93. Leg continues to improve. Is careless, exposing himself to cold at night. Apl 27/93. Am

Tongue is heavily coated; given laxative.

May 3/93 May 3/93. Weight 118 lbs. P 86. May 22/93. Is still, nightly, restless for from 2 to 5 hours, each night.

22 Has continued up & around since the date above mentioned. Still reported of dirty habits. Otherwise no change.

" 29/31 May 29/93. Ate no breakfast or dinner to day. Was put to bed at 1 Pm. May 31/93. Appetite is quite good. Patient has to be fed. Bowels seem constipated most of the time. He seems to be growing weaker. Is well-behaved. Complains of his leg hurting him. Talks some but very sparingly. Is of dirty habits (Every day during the month).

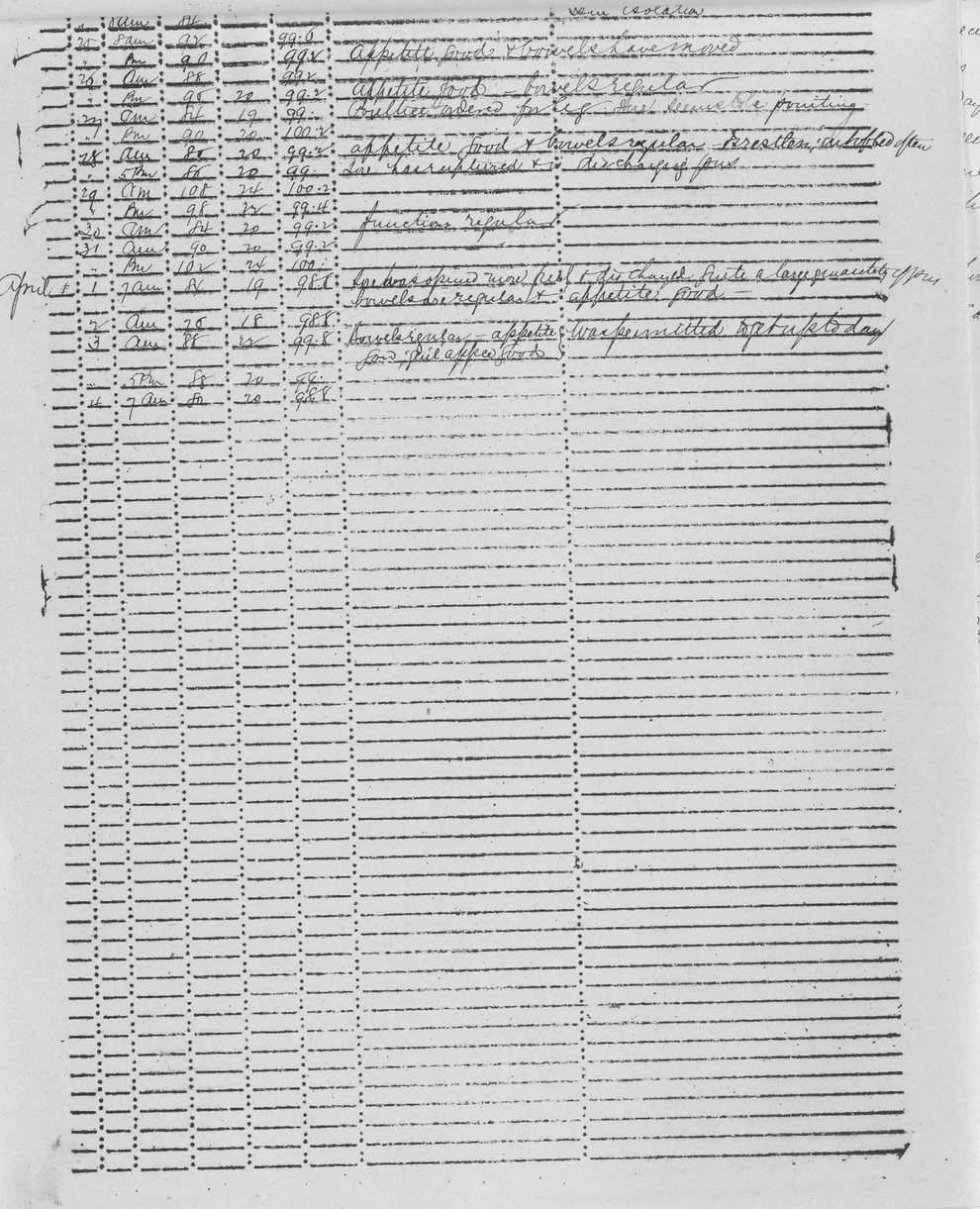
June 9/30 June 9/93. Administer and a friend called to see him to day. 6/30/93 Was dirty 15 days during month (June).

July 1/31 July 1/93. Does not eat very well. Is growing much weaker. July 24/93. Very dirty in ward. Much bed-

" 25/31 July 25/93. Was to day visited by a friend. July 30/93. Patient has been growing steadily weaker. Is very dirty in personal habits. Has a quite typically paretic look, but is judged to be a case of Senile Dementia.

Aug 1 Aug 1/93. Has been failing slowly but steadily in a paretic sort of way; was, to day, moved to C2 the

" 4 "Sick Ward," & put to bed there. Aug 4/93. Can take no solid food; is given eggnogs & milk. Is very restless; bowels constipated; has a sore on head, which discharges considerably; left knee is red & swollen.



Was visited by friends: gen'l cond. good. Examined: Rept by Dr. Chapple. Aug 14/93 to Wt. 139 lbs: cond. stationary: health good: demented: conversation rambling: will behaves cleanly: works in kitchen. — Apl 26. No change to note: Works in Kitchen — Was to day, Transferred to Hastings Hospital.

1893

March

5

6

7/8

9

10

11

12/13

April 17/

" 10

" 11

" 22/

May 3/

" 29/

June 9

July 1

" 25

Aug 1

" 4

Bowels

Patient is bruised, more or less, all over body. Aug 5/93. Was today visited by wife and son. Aug 7/93. Visited by wife, yesterday & today; seems somewhat brighter, today. Aug 8/93. Sore on head discharges freely. Sores are also appearing on left arm, left shoulder & on back. Appears quite weak. Aug 9/93. Sore on head is doing nicely. Patient is some brighter, apparently, today. Aug 12/93. Patient has been taking considerable nourishment the past few days & has seemed some brighter. Is however, quite stupid, today; has taken but little nourishment; shows difficulty in swallowing. Aug 13/93. Continued to fail quite rapidly, during last night and this morning and died at 1.20 PM, today.

This patient, though an old man and lacking some of the vigor, should, seemingly, be called a general Paretic, from the typical, progressive character of the case.

Remains were removed by relatives

Died

Peter P. Sauter

From 68.

1895 Nov 2/95. Wt 147 pds. Pulse 70. Nov 30/95. Patient is still subject to his "peculiar spells"; is also very noisy & excited, at times. Still holds many & various delusions. Works in kitchen, every day. Dec/95 Dec 1/95. Wt 148 pds. Pulse 72. Dec 16/95. Complained of being sick; remained in bed, part of the day. " 19/ Dec 19/95. Feeling all right & went to work again, in kitchen. Dec 31/95. No change. Still has his "spells". 1896 Jan/ Jan 1/96. Wt 146 pds. Pulse 66. Jany 21/96. Transferred to B2 today (on account of a general transfer " 22 of patients in the wards). Jan 22/96. Transferred to B1 East, today. (Had been very obstinate, " 31 in many ways, & this change was deemed desirable). Jan 31/96. No change noticed. "Spells" still occur. He works daily in kitchen (as of late). Physical health good - Feb/ Feb 1/96. Wt 144 pds. 976. Was struck by some one, down in the kitchen & received a black eye, Mar 2 March/96. Wt 146 " " 50. April 1/96. Wt 146½ pds. 976. April 20/96. Behavior, for some time past, April/ noisy. Still holds delusions: thinks that flies & rats are always bothering him & he is continually 30 fighting them & making motions to drive them away. Behavior is now fairly good. Remains " 21/30 no complaint. Works in kitchen every day. April 27/96. Transferred to annex. April 30/96. No change especially noticeable, in his condition.

May 1/96 Summary Nurses Notes by Dr. Phelps. A quiet chronic case: Seldom speaks: Actions queer: Works in Kitchen. Causes trouble chiefly by being noisy: Aug 1/97 Wt. averages 139 lbs. Wt. Aug 31'97 141# Oct 31'97 Health good: Behavior quiet: 1899 Works in Kitchen daily. July 4'98 Visited by wife & daughter. Jan 31'99 Works at present on ward: No change in condition or behavior. (Cont. by Dr. Wanous)

Feb 1 - July 31 1900 Wt 144#: Feb 28 Visited by friends: genl cond. good: demeanor: (Cont by Dr. Chapple) Aug 1/99 to Dec. 31 Wt. 139#: cond. stationary: health good: demeanor: conversation rambling: well behaved April 1/01 cleanly: works in kitchen. - April 26. no change & note: Works in Kitchen - Was today transferred to Hastings Hospital.

Personal and Medical History of Walter Moses

Whole No. 3290.
Residence, Faribault, Minn
Date Admission, 6th March 1893.
Admitted by Dr Phelps Hour, 3 PM
How Sent, 2d Mott. Jo P. Rice County
Sex, male
Age, 17 yrs Nov 8th 1875
Civil Condition, single
Children,
Age Youngest Child,
Occupation, None
Degree Education,
Profession Religion, Not a church member
Habits, temperate & moral, probably
Nativity, Rice County, Minn
Physicians Committing, H. Rogers 2nd C. W. Ward
Correspondents,



No. for Year, 202
Insane Relatives, Father's father died in Rescue Hospital
Cause Exciting, Congenital
Cause Predisposing,
Form, Imbecility
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, Always, Since a child
Duration, Probably from childhood
No. of Attack, Not 1st
No. of Admissions, 1st
Age First Attack, Childhood probably
Time of Leaving, 6th July 1895.
Time in Hospital, 2 yrs 4 mos
Result, Died - Nov 8/95 - Unimproved -

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps, March 10/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Erratic & inaccurate
Quick or Sluggish, Fairly quick but

MEMORY:
Past Events,
Recent Events, Good
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Alert; quick to answer questions
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, Seem impairment
Own Mental State, Poor
Special Subjects, Going away -

GENERAL DESCRIPTIVE REMARKS:
Says he is 17 years old.

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

DELUSIONS:
Systematized or Not, Can't find any; Seems
Special Subjects, a dulled intellectual state -
Transitory or Not, Says he runs away; was going South, so they brought him here -

HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Walter Moses.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8 1/4 in WEIGHT, 173 lbs. NUTRITION, Good & healthy.
WOUNDS OR ABNORMALITIES, None noted
TONGUE, Tremors, None Coatings, None Promptness Movement, Some x
PUPILS, Equality, Equal Size, Slightly dilated
Response Light, Yes Accommodation,
SIGHT, Normal
HEARING, Good
CO-ORDINATION, Arms, Finger to nose, Eyes shut, good. Fair
Legs, Standing on foot, good. Standing, Eyes shut, fair.
TREMORS, Hands, Tongue,
Facial Muscles, General, } No.
REFLEXES, Patellar, - 5 -
Other Reflexes,
ARTICULATION, Hesitating, ~~Slurred,~~ Jerky, but clear.
FACIAL EXPRESSION, Slightly dull, but probably imbecile.
SENSIBILITY, normal
HEART, Normal
LUNGS, Normal
5/20/93 D M EXAM. URINE, Color yellow; reaction acid; Sp. gr. 1022. albumen, none.

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Yes Constipated, Irregular,
APPETITE, Good, Yes Medium, Poor,
SLEEP, Good, Yes 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, } Says father & mother healthy.
Brothers or Sisters,

Personal and Medical History of Walter Moses.

1893

This man was brought here by Deputy Sheriff Stewart with the following history. His habits have been temperate & moral so far as overt acts are concerned, or at least, so far as has been reported. Think some members of the family were insane. The father's father died in an hospital for insane. Supposed cause of this attack is Congenital; form, paroxysmal. Has always been strange from a child; Erratic. This is not 1st attack. Paroxysms are constantly repeating themselves. Now, has constant desire to run away; just returned from an elopement of 15th months' duration. Is disposed to injure others from sudden passion. Is not suicidal. Is clownly. Is now 1½ years, had "crazy spells" which gradually developed into epilepsy; his mother says last was about 6 years ago. Was committed to the Imbecile Asylum, but elopes frequently; was about 2 years at the Asylum. Has not been under medical treatment.

Mar 7/93 Mar 7/93. Was slightly restless for an hour last night, apparently sleeping well. Mar 13/93. Is quiet, always
" 17 intelligent to a certain degree. Is not likely to change. Mar 17/93. Pm. Sick a-bed, with headache and
" 18 dizziness, nausea & discomfort about the heart. Pulse 99. 7 a/102. 9 Pm. Pulse 112. Mar 18/93. Somewhat
" 19½ restless last night. Was today sent down to the "Sick Ward". Am. Pulse 86. Has nausea by spells. Tongue is coated. Wt (in underclothing) 151 lbs. Mar 19/93. Has restless manly all night, last night. Mar 20/93. Slept 6 hours
Apl 4 last night. Fever disappeared very quickly; patient is much improved. Was today got up & moved from C³ to B³.
" 13 Apl 4/93. Wt 164 lbs. Pulse 69. Has been transferred to B¹ since last note. Recently attempted to elope while coming home from the Dance. Apl 13/93. During the first week of stay here, was reported as at first walking around restlessly & uneasily; later, more contentedly. At first talkative & asking questions. Of good appetite & regular bowels. Forgetful & heedless; not playing any games nor inclined to work. A little ugly at times; was trying to unlock the door. Has been uniformly quiet at night; found somewhat restless at times, when closely watched. Has lately been somewhat more active & participating in games, going out walking &c.

May 3 May 3/93. Wt 171 lbs. Pulse 91. Is rapidly regaining his lost weight.
" 22 May 22/93. Has, for some time past, been quite well behaved. Still inclined to be slouchy & untidy.
" 30 Sits idly about on the hall; watching games; occasionally participating in them. Still has a restless air about him. Is ever on the alert for a chance to escape. Health quite good. May 30/93. Appetite good; has a habit of over-eating, at times. Has good bodily health. Is not inclined to walk much. Plays billiards & other games. Talks to himself at times. Quarrelsome occasionally. Says "he is going to run away the first chance he gets."

June 17 June 17/93. Tried to make his escape while out walking today. Maintains the same dull, slightly imbecile appearance.

July 13 July 13/93. Has been, of late, trying to pick the locks, to make his escape. Got noisy and ugly
" 19 today. Was transferred to B³. July 19/93. Appetite good; bowels regular. Is fairly well-behaved on this ward; works well; is willing to do anything asked of him. Is of clean habits.
" 31 July 31/93. Continues about the same in all respects. Has good physical health.

Aug 1/14 Aug 1/93. Keeps in about his usual flesh & health. Aug 14/93. Appetite good. Bowels regular. Is quietly behaved. A good & willing worker on the hall. Tries to make his escape. Is quite often making keys; today trying to open one of the screens; more before he tried to break out, by cutting
" 19 out the screen lock with a case knife, during the night. Habits are clean. Aug 19/93. Was

Personal and Medical History of Walter Moses.

NAME Walter Moses

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
June 5th	171½	81	½	
July 1	—	—	—	
Aug 1st	172	92	½	
Sept 2d	169	76		3
Oct 2d	165	78		4
Nov 1st	169½	88	4½	
Dec 1st	171½	68	2	
Jany 2d 94	166	60		5½
Feby 1st	165	84		1
March 1st	167	96	2	
April 2d	168	84	1	

Mar 31 March 31/94. Has continued about as usual - Always requires strict watching - Still troublesome.
Apl 2/30 April 2/94. Keeps in good physical health. April 30/94. No noticeable Change in his Condition.
May 1st Wt 167¾ lbs. 88. 31st Appetite good. Bowels regular, always trying to make his escape - says he is going to try until he succeeds. Habits clean, kept on B³ during day. Talks rather foolish, otherwise appears
June all right. June 2nd Wt. 165¾ lbs. 80. 30th No change. July 2nd Wt. 165¾ lbs. 96. 6th During
July 25 night was detected by Night Watch trying to open screen. Was very restless during night & whenever
" 31 N.W. would leave him to attend to other duties, would be up by window. 31st No change.
Aug 1/25 Aug 1/94. Wt 165½ lbs. 84. Aug 31/94. Behavior is Fairly good. Talks quite sensibly; appears somewhat foolish. Requires Constant watching as he is always making keys, so that he can make his Escape. Patient is on very close terms with 2 other patients (Haines & Mungen) who are also on the watch for opportunities to get out; these 3 are constantly "planning". Is kept on C³. Habits Clean.
Sept 3/29 Sept 3/94. Wt 165 lbs. Pulse 82. Sept 29/94. Visited by Uncle, today. Sept 30/94. No special Change.
Oct 1/31 Oct 1/94. Wt 167 lbs. " 75. Oct 31/94. About the same. Still requires closest watching
Nov 1/30 Nov 1/94. Wt 169 lbs. P 93. Nov 30/94. Appetite good; bowels regular; behavior fairly good, but he is always
Dec 1/8 contriving some plan of making his escape. Dec 1/94. Wt 165 lbs. P 82. Dec 8/94. Transferred to C³.
" 14/24 Dec 14/94. Brought in a large stone in his pocket "to kill Wm Jessup, Attendant." Dec 19/94. Was found
" 31 unlocking) window-screens with a wire key. Dec 31/94 No change. Requires Constant watching. Health good.
1895 Jan 1/31 Jan 1/95. Wt 168 lbs. P 84. Jany 31/95. No material change; behaves well when closely watched.
Feb 1/28 Feb 1/95. Wt 167 " " 80. Feb 28/95. No change noticeable in any way.

Mar 1st Mar 1/95. Wt 167 lbs. P 84. Mar 31/95. No change noticeable in any way.
Apl 1/30 Apl 1/95. Wt 167 lbs. P 84. Apl 30/95. No change noticeable in any way.
May 1st May 1/95. Wt 167 lbs. P 84. May 31/95. No change noticeable in any way.
June 1/29 June 1/95. Wt 167 lbs. P 84. June 29/95. No change noticeable in any way.
July 1st July 1/95. Wt 167 lbs. P 84. July 31/95. No change noticeable in any way.
Aug 1/31 Aug 1/95. Wt 167 lbs. P 84. Aug 31/95. No change noticeable in any way.
Sept 1/30 Sept 1/95. Wt 167 lbs. P 84. Sept 30/95. No change noticeable in any way.
Oct 1/31 Oct 1/95. Wt 167 lbs. P 84. Oct 31/95. No change noticeable in any way.
Nov 1/30 Nov 1/95. Wt 167 lbs. P 84. Nov 30/95. No change noticeable in any way.
Dec 1/31 Dec 1/95. Wt 167 lbs. P 84. Dec 31/95. No change noticeable in any way.

1896 Jan 1/31 Jan 1/96. Wt 167 lbs. P 84. Jan 31/96. No change noticeable in any way.
Feb 1/29 Feb 1/96. Wt 167 lbs. P 84. Feb 29/96. No change noticeable in any way.
Mar 1st Mar 1/96. Wt 167 lbs. P 84. Mar 31/96. No change noticeable in any way.
Apl 1/30 Apl 1/96. Wt 167 lbs. P 84. Apl 30/96. No change noticeable in any way.
May 1st May 1/96. Wt 167 lbs. P 84. May 31/96. No change noticeable in any way.
June 1/30 June 1/96. Wt 167 lbs. P 84. June 30/96. No change noticeable in any way.
July 1st July 1/96. Wt 167 lbs. P 84. July 31/96. No change noticeable in any way.
Aug 1/31 Aug 1/96. Wt 167 lbs. P 84. Aug 31/96. No change noticeable in any way.
Sept 1/30 Sept 1/96. Wt 167 lbs. P 84. Sept 30/96. No change noticeable in any way.
Oct 1/31 Oct 1/96. Wt 167 lbs. P 84. Oct 31/96. No change noticeable in any way.
Nov 1/30 Nov 1/96. Wt 167 lbs. P 84. Nov 30/96. No change noticeable in any way.
Dec 1/31 Dec 1/96. Wt 167 lbs. P 84. Dec 31/96. No change noticeable in any way.

1897 Jan 1/31 Jan 1/97. Wt 167 lbs. P 84. Jan 31/97. No change noticeable in any way.
Feb 1/28 Feb 1/97. Wt 167 lbs. P 84. Feb 28/97. No change noticeable in any way.
Mar 1st Mar 1/97. Wt 167 lbs. P 84. Mar 31/97. No change noticeable in any way.
Apl 1/30 Apl 1/97. Wt 167 lbs. P 84. Apl 30/97. No change noticeable in any way.
May 1st May 1/97. Wt 167 lbs. P 84. May 31/97. No change noticeable in any way.
June 1/30 June 1/97. Wt 167 lbs. P 84. June 30/97. No change noticeable in any way.
July 1st July 1/97. Wt 167 lbs. P 84. July 31/97. No change noticeable in any way.
Aug 1/31 Aug 1/97. Wt 167 lbs. P 84. Aug 31/97. No change noticeable in any way.
Sept 1/30 Sept 1/97. Wt 167 lbs. P 84. Sept 30/97. No change noticeable in any way.
Oct 1/31 Oct 1/97. Wt 167 lbs. P 84. Oct 31/97. No change noticeable in any way.
Nov 1/30 Nov 1/97. Wt 167 lbs. P 84. Nov 30/97. No change noticeable in any way.
Dec 1/31 Dec 1/97. Wt 167 lbs. P 84. Dec 31/97. No change noticeable in any way.

1898 Jan 1/31 Jan 1/98. Wt 167 lbs. P 84. Jan 31/98. No change noticeable in any way.
Feb 1/28 Feb 1/98. Wt 167 lbs. P 84. Feb 28/98. No change noticeable in any way.
Mar 1st Mar 1/98. Wt 167 lbs. P 84. Mar 31/98. No change noticeable in any way.
Apl 1/30 Apl 1/98. Wt 167 lbs. P 84. Apl 30/98. No change noticeable in any way.
May 1st May 1/98. Wt 167 lbs. P 84. May 31/98. No change noticeable in any way.
June 1/30 June 1/98. Wt 167 lbs. P 84. June 30/98. No change noticeable in any way.
July 1st July 1/98. Wt 167 lbs. P 84. July 31/98. No change noticeable in any way.
Aug 1/31 Aug 1/98. Wt 167 lbs. P 84. Aug 31/98. No change noticeable in any way.
Sept 1/30 Sept 1/98. Wt 167 lbs. P 84. Sept 30/98. No change noticeable in any way.
Oct 1/31 Oct 1/98. Wt 167 lbs. P 84. Oct 31/98. No change noticeable in any way.
Nov 1/30 Nov 1/98. Wt 167 lbs. P 84. Nov 30/98. No change noticeable in any way.
Dec 1/31 Dec 1/98. Wt 167 lbs. P 84. Dec 31/98. No change noticeable in any way.

1899 Jan 1/31 Jan 1/99. Wt 167 lbs. P 84. Jan 31/99. No change noticeable in any way.
Feb 1/28 Feb 1/99. Wt 167 lbs. P 84. Feb 28/99. No change noticeable in any way.
Mar 1st Mar 1/99. Wt 167 lbs. P 84. Mar 31/99. No change noticeable in any way.
Apl 1/30 Apl 1/99. Wt 167 lbs. P 84. Apl 30/99. No change noticeable in any way.
May 1st May 1/99. Wt 167 lbs. P 84. May 31/99. No change noticeable in any way.
June 1/30 June 1/99. Wt 167 lbs. P 84. June 30/99. No change noticeable in any way.
July 1st July 1/99. Wt 167 lbs. P 84. July 31/99. No change noticeable in any way.
Aug 1/31 Aug 1/99. Wt 167 lbs. P 84. Aug 31/99. No change noticeable in any way.
Sept 1/30 Sept 1/99. Wt 167 lbs. P 84. Sept 30/99. No change noticeable in any way.
Oct 1/31 Oct 1/99. Wt 167 lbs. P 84. Oct 31/99. No change noticeable in any way.
Nov 1/30 Nov 1/99. Wt 167 lbs. P 84. Nov 30/99. No change noticeable in any way.
Dec 1/31 Dec 1/99. Wt 167 lbs. P 84. Dec 31/99. No change noticeable in any way.

1900 Jan 1/31 Jan 1/00. Wt 167 lbs. P 84. Jan 31/00. No change noticeable in any way.
Feb 1/29 Feb 1/00. Wt 167 lbs. P 84. Feb 29/00. No change noticeable in any way.
Mar 1st Mar 1/00. Wt 167 lbs. P 84. Mar 31/00. No change noticeable in any way.
Apl 1/30 Apl 1/00. Wt 167 lbs. P 84. Apl 30/00. No change noticeable in any way.
May 1st May 1/00. Wt 167 lbs. P 84. May 31/00. No change noticeable in any way.
June 1/30 June 1/00. Wt 167 lbs. P 84. June 30/00. No change noticeable in any way.
July 1st July 1/00. Wt 167 lbs. P 84. July 31/00. No change noticeable in any way.
Aug 1/31 Aug 1/00. Wt 167 lbs. P 84. Aug 31/00. No change noticeable in any way.
Sept 1/30 Sept 1/00. Wt 167 lbs. P 84. Sept 30/00. No change noticeable in any way.
Oct 1/31 Oct 1/00. Wt 167 lbs. P 84. Oct 31/00. No change noticeable in any way.
Nov 1/30 Nov 1/00. Wt 167 lbs. P 84. Nov 30/00. No change noticeable in any way.
Dec 1/31 Dec 1/00. Wt 167 lbs. P 84. Dec 31/00. No change noticeable in any way.

1901 Jan 1/31 Jan 1/01. Wt 167 lbs. P 84. Jan 31/01. No change noticeable in any way.
Feb 1/28 Feb 1/01. Wt 167 lbs. P 84. Feb 28/01. No change noticeable in any way.
Mar 1st Mar 1/01. Wt 167 lbs. P 84. Mar 31/01. No change noticeable in any way.
Apl 1/30 Apl 1/01. Wt 167 lbs. P 84. Apl 30/01. No change noticeable in any way.
May 1st May 1/01. Wt 167 lbs. P 84. May 31/01. No change noticeable in any way.
June 1/30 June 1/01. Wt 167 lbs. P 84. June 30/01. No change noticeable in any way.
July 1st July 1/01. Wt 167 lbs. P 84. July 31/01. No change noticeable in any way.
Aug 1/31 Aug 1/01. Wt 167 lbs. P 84. Aug 31/01. No change noticeable in any way.
Sept 1/30 Sept 1/01. Wt 167 lbs. P 84. Sept 30/01. No change noticeable in any way.
Oct 1/31 Oct 1/01. Wt 167 lbs. P 84. Oct 31/01. No change noticeable in any way.
Nov 1/30 Nov 1/01. Wt 167 lbs. P 84. Nov 30/01. No change noticeable in any way.
Dec 1/31 Dec 1/01. Wt 167 lbs. P 84. Dec 31/01. No change noticeable in any way.

1902 Jan 1/31 Jan 1/02. Wt 167 lbs. P 84. Jan 31/02. No change noticeable in any way.
Feb 1/28 Feb 1/02. Wt 167 lbs. P 84. Feb 28/02. No change noticeable in any way.
Mar 1st Mar 1/02. Wt 167 lbs. P 84. Mar 31/02. No change noticeable in any way.
Apl 1/30 Apl 1/02. Wt 167 lbs. P 84. Apl 30/02. No change noticeable in any way.
May 1st May 1/02. Wt 167 lbs. P 84. May 31/02. No change noticeable in any way.
June 1/30 June 1/02. Wt 167 lbs. P 84. June 30/02. No change noticeable in any way.
July 1st July 1/02. Wt 167 lbs. P 84. July 31/02. No change noticeable in any way.
Aug 1/31 Aug 1/02. Wt 167 lbs. P 84. Aug 31/02. No change noticeable in any way.
Sept 1/30 Sept 1/02. Wt 167 lbs. P 84. Sept 30/02. No change noticeable in any way.
Oct 1/31 Oct 1/02. Wt 167 lbs. P 84. Oct 31/02. No change noticeable in any way.
Nov 1/30 Nov 1/02. Wt 167 lbs. P 84. Nov 30/02. No change noticeable in any way.
Dec 1/31 Dec 1/02. Wt 167 lbs. P 84. Dec 31/02. No change noticeable in any way.

1903 Jan 1/31 Jan 1/03. Wt 167 lbs. P 84. Jan 31/03. No change noticeable in any way.
Feb 1/28 Feb 1/03. Wt 167 lbs. P 84. Feb 28/03. No change noticeable in any way.
Mar 1st Mar 1/03. Wt 167 lbs. P 84. Mar 31/03. No change noticeable in any way.
Apl 1/30 Apl 1/03. Wt 167 lbs. P 84. Apl 30/03. No change noticeable in any way.
May 1st May 1/03. Wt 167 lbs. P 84. May 31/03. No change noticeable in any way.
June 1/30 June 1/03. Wt 167 lbs. P 84. June 30/03. No change noticeable in any way.
July 1st July 1/03. Wt 167 lbs. P 84. July 31/03. No change noticeable in any way.
Aug 1/31 Aug 1/03. Wt 167 lbs. P 84. Aug 31/03. No change noticeable in any way.
Sept 1/30 Sept 1/03. Wt 167 lbs. P 84. Sept 30/03. No change noticeable in any way.
Oct 1/31 Oct 1/03. Wt 167 lbs. P 84. Oct 31/03. No change noticeable in any way.
Nov 1/30 Nov 1/03. Wt 167 lbs. P 84. Nov 30/03. No change noticeable in any way.
Dec 1/31 Dec 1/03. Wt 167 lbs. P 84. Dec 31/03. No change noticeable in any way.

1904 Jan 1/31 Jan 1/04. Wt 167 lbs. P 84. Jan 31/04. No change noticeable in any way.
Feb 1/29 Feb 1/04. Wt 167 lbs. P 84. Feb 29/04. No change noticeable in any way.
Mar 1st Mar 1/04. Wt 167 lbs. P 84. Mar 31/04. No change noticeable in any way.
Apl 1/30 Apl 1/04. Wt 167 lbs. P 84. Apl 30/04. No change noticeable in any way.
May 1st May 1/04. Wt 167 lbs. P 84. May 31/04. No change noticeable in any way.
June 1/30 June 1/04. Wt 167 lbs. P 84. June 30/04. No change noticeable in any way.
July 1st July 1/04. Wt 167 lbs. P 84. July 31/04. No change noticeable in any way.
Aug 1/31 Aug 1/04. Wt 167 lbs. P 84. Aug 31/04. No change noticeable in any way.
Sept 1/30 Sept 1/04. Wt 167 lbs. P 84. Sept 30/04. No change noticeable in any way.
Oct 1/31 Oct 1/04. Wt 167 lbs. P 84. Oct 31/04. No change noticeable in any way.
Nov 1/30 Nov 1/04. Wt 167 lbs. P 84. Nov 30/04. No change noticeable in any way.
Dec 1/31 Dec 1/04. Wt 167 lbs. P 84. Dec 31/04. No change noticeable in any way.

1905 Jan 1/31 Jan 1/05. Wt 167 lbs. P 84. Jan 31/05. No change noticeable in any way.
Feb 1/28 Feb 1/05. Wt 167 lbs. P 84. Feb 28/05. No change noticeable in any way.
Mar 1st Mar 1/05. Wt 167 lbs. P 84. Mar 31/05. No change noticeable in any way.
Apl 1/30 Apl 1/05. Wt 167 lbs. P 84. Apl 30/05. No change noticeable in any way.
May 1st May 1/05. Wt 167 lbs. P 84. May 31/05. No change noticeable in any way.
June 1/30 June 1/05. Wt 167 lbs. P 84. June 30/05. No change noticeable in any way.
July 1st July 1/05. Wt 167 lbs. P 84. July 31/05. No change noticeable in any way.
Aug 1/31 Aug 1/05. Wt 167 lbs. P 84. Aug 31/05. No change noticeable in any way.
Sept 1/30 Sept 1/05. Wt 167 lbs. P 84. Sept 30/05. No change noticeable in any way.
Oct 1/31 Oct 1/05. Wt 167 lbs. P 84. Oct 31/05. No change noticeable in any way.
Nov 1/30 Nov 1/05. Wt 167 lbs. P 84. Nov 30/05. No change noticeable in any way.
Dec 1/31 Dec 1/05. Wt 167 lbs. P 84. Dec 31/05. No change noticeable in any way.

1906 Jan 1/31 Jan 1/06. Wt 167 lbs. P 84. Jan 31/06. No change noticeable in any way.
Feb 1/28 Feb 1/06. Wt 167 lbs. P 84. Feb 28/06. No change noticeable in any way.
Mar 1st Mar 1/06. Wt 167 lbs. P 84. Mar 31/06. No change noticeable in any way.
Apl 1/30 Apl 1/06. Wt 167 lbs. P 84. Apl 30/06. No change noticeable in any way.
May 1st May 1/06. Wt 167 lbs. P 84. May 31/06. No change noticeable in any way.
June 1/30 June 1/06. Wt 167 lbs. P 84. June 30/06. No change noticeable in any way.
July 1st July 1/06. Wt 167 lbs. P 84. July 31/06. No change noticeable in any way.
Aug 1/31 Aug 1/06. Wt 167 lbs. P 84. Aug 31/06. No change noticeable in any way.
Sept 1/30 Sept 1/06. Wt 167 lbs. P 84. Sept 30/06. No change noticeable in any way.
Oct 1/31 Oct 1/06. Wt 167 lbs. P 84. Oct 31/06. No change noticeable in any way.
Nov 1/30 Nov 1/06. Wt 167 lbs. P 84. Nov 30/06. No change noticeable in any way.
Dec 1/31 Dec 1/06. Wt 167 lbs. P 84. Dec 31/06. No change noticeable in any way.

1907 Jan 1/31 Jan 1/07. Wt 167 lbs. P 84. Jan 31/07. No change noticeable in any way.
Feb 1/28 Feb 1/07. Wt 167 lbs. P 84. Feb 28/07. No change noticeable in any way.
Mar 1st Mar 1/07. Wt 167 lbs. P 84. Mar 31/07. No change noticeable in any way.
Apl 1/30 Apl 1/07. Wt 167 lbs. P 84. Apl 30/07. No change noticeable in any way.
May 1st May 1/07. Wt 167 lbs. P 84. May 31/07. No change noticeable in any way.
June 1/30 June 1/07. Wt 167 lbs. P 84. June 30/07. No change noticeable in any way.
July 1st July 1/07. Wt 167 lbs. P 84. July 31/07. No change noticeable in any way.
Aug 1/31 Aug 1/07. Wt 167 lbs. P 84. Aug 31/07. No change noticeable in any way.
Sept 1/30 Sept 1/07. Wt 167 lbs. P 84. Sept 30/07. No change noticeable in any way.
Oct 1/31 Oct 1/07. Wt 167 lbs. P 84. Oct 31/07. No change noticeable in any way.
Nov 1/30 Nov 1/07. Wt 167 lbs. P 84. Nov 30/07. No change noticeable in any way.
Dec 1/31 Dec 1/07. Wt 167 lbs. P 84. Dec 31/07. No change noticeable in any way.

1908 Jan 1/31 Jan 1/08. Wt 167 lbs. P 84. Jan 31/08. No change noticeable in any way.
Feb 1/29 Feb 1/08. Wt 167 lbs. P 84. Feb 29/08. No change noticeable in any way.
Mar 1st Mar 1/08. Wt 167 lbs. P 84. Mar 31/08. No change noticeable in any way.
Apl 1/30 Apl 1/08. Wt 167 lbs. P 84. Apl 30/08. No change noticeable in any way.
May 1st May 1/08. Wt 167 lbs. P 84. May 31/08. No change noticeable in any way.
June 1/30 June 1/08. Wt 167 lbs. P 84. June 30/08. No change noticeable in any way.
July 1st July 1/08. Wt 167 lbs. P 84. July 31/08. No change noticeable in any way.
Aug 1/31 Aug 1/08. Wt 167 lbs. P 84. Aug 31/08. No change noticeable in any way.
Sept 1/30 Sept 1/08. Wt 167 lbs. P 84. Sept 30/08. No change noticeable in any way.
Oct 1/31 Oct 1/08. Wt 167 lbs. P 84. Oct 31/08. No change noticeable in any way.
Nov 1/30 Nov 1/08. Wt 167 lbs. P 84. Nov 30/08. No change noticeable in any way.
Dec 1/31 Dec 1/08. Wt 167 lbs. P 84. Dec 31/08. No change noticeable in any way.

1909 Jan 1/31 Jan 1/09. Wt 167 lbs. P 84. Jan 31/09. No change noticeable in any way.
Feb 1/28 Feb 1/09. Wt 167 lbs. P 84. Feb 28/09. No change noticeable in any way.
Mar 1st Mar 1/09. Wt 167 lbs. P 84. Mar 31/09. No change noticeable in any way.
Apl 1/30 Apl 1/09. Wt 167 lbs. P 84. Apl 30/09. No change noticeable in any way.
May 1st May 1/09. Wt 167 lbs. P 84. May 31/09. No change noticeable in any way.
June 1/30 June 1/09. Wt 167 lbs. P 84. June 30/09. No change noticeable in any way.
July 1st July 1/09. Wt 167 lbs. P 84. July 31/09. No change noticeable in any way.
Aug 1/31 Aug 1/09. Wt 167 lbs. P 84. Aug 31/09. No change noticeable in any way.
Sept 1/30 Sept 1/09. Wt 167 lbs. P 84. Sept 30/09. No change noticeable in any way.
Oct 1/31 Oct 1/09. Wt 167 lbs. P 84. Oct 31/09. No change noticeable in any way.
Nov 1/30 Nov 1/09. Wt 167 lbs. P 84. Nov 30/09. No change noticeable in any way.
Dec 1/31 Dec 1/09. Wt 167 lbs. P 84. Dec 31/09. No change noticeable in any way.

1910 Jan 1/31 Jan 1/10. Wt 167 lbs. P 84. Jan 31/10. No change noticeable in any way.
Feb 1/28 Feb 1/10. Wt 167 lbs. P 84. Feb 28/10. No change noticeable in any way.
Mar 1st Mar 1/10. Wt 167 lbs. P 84. Mar 31/10. No change noticeable in any way.
Apl 1/30 Apl 1/10. Wt 167 lbs. P 84. Apl 30/10. No change noticeable in any way.
May 1st May 1/10. Wt 167 lbs. P 84. May 31/10. No change noticeable in any way.
June 1/30 June 1/10. Wt 167 lbs. P 84. June 30/10. No change noticeable in any way.
July 1st July 1/10. Wt 167 lbs. P 84. July 31/10. No change noticeable in any way.
Aug 1/31 Aug 1/10. Wt 167 lbs. P 84. Aug 31/10. No change noticeable in any way.
Sept 1/30 Sept 1/10. Wt 167 lbs. P 84. Sept 30/10. No change noticeable in any way.
Oct 1/31 Oct 1/10. Wt 167 lbs. P 84. Oct 31/10. No change noticeable in any way.
Nov 1/30 Nov 1/10. Wt 167 lbs. P 84. Nov 30/10. No change noticeable in any way.
Dec 1/31 Dec 1/10. Wt 167 lbs. P 84. Dec 31/10. No change noticeable in any way.

1911 Jan 1/31 Jan 1/11. Wt 167 lbs. P 84. Jan 31/11. No change noticeable in any way.
Feb 1/28 Feb 1/11. Wt 167 lbs. P 84. Feb 28/11. No change noticeable in any way.
Mar 1st Mar 1/11. Wt 167 lbs. P 84. Mar 31/11. No change noticeable in any way.
Apl 1/30 Apl 1/11. Wt 167 lbs. P 84. Apl 30/11. No change noticeable in any way.
May 1st May 1/11. Wt 167 lbs. P 84. May 31/11. No change noticeable in any way.
June 1/30 June 1/11. Wt 167 lbs. P 84. June 30/11. No change noticeable in any way.
July 1st July 1/11. Wt 167 lbs. P 84. July 31/11. No change noticeable in any way.
Aug 1/31 Aug 1/11. Wt 167 lbs. P 84. Aug 31/11. No change noticeable in any way.
Sept 1/30 Sept 1/11. Wt 167 lbs. P 84. Sept 30/11. No change noticeable in any way.
Oct 1/31 Oct 1/11. Wt 167 lbs. P 84. Oct 31/11. No change noticeable in any way.
Nov 1/30 Nov 1/11. Wt 167 lbs. P 84. Nov 30/11. No change noticeable in any way.
Dec 1/31 Dec 1/11. Wt 167 lbs. P 84. Dec 31/11. No change noticeable in any way.

1912 Jan 1/31 Jan 1/12. Wt 167 lbs. P 84. Jan 31/12. No change noticeable in any way.
Feb 1/29 Feb 1/12. Wt 167 lbs. P 84. Feb 29/12. No change noticeable in any way.
Mar 1st Mar 1/12. Wt 167 lbs. P 84. Mar 31/12. No change noticeable in any way.
Apl 1/30 Apl 1/12. Wt 167 lbs. P 84. Apl 30/12. No change noticeable in any way.
May 1st May 1/12. Wt 167 lbs. P 84. May 31/12. No change noticeable in any way.
June 1/30 June 1/12. Wt 167 lbs. P 84. June 30/12. No change noticeable in any way.
July 1st July 1/12. Wt 167 lbs. P 84. July 31/12. No change noticeable in any way.
Aug 1/31 Aug 1/12. Wt 167 lbs. P 84. Aug 31/12. No change noticeable in any way.
Sept 1/30 Sept 1/12. Wt 167 lbs. P 84. Sept 30/12. No change noticeable in any way.
Oct 1/31 Oct 1/12. Wt 167 lbs. P 84. Oct 31/12. No change noticeable in any way.
Nov 1/30 Nov 1/12. Wt 167 lbs. P 84. Nov 30/12. No change noticeable in any way.
Dec 1/31 Dec 1/12. Wt 167 lbs. P 84. Dec 31/12. No change noticeable in any way.

1913 Jan 1/31 Jan 1/13. Wt 167 lbs. P 84. Jan 31/13. No change noticeable in any way.
Feb 1/28 Feb 1/13. Wt 167 lbs. P 84. Feb 28/13. No change noticeable in any way.
Mar 1st Mar 1/13. Wt 167 lbs. P 84. Mar 31/13. No change noticeable in any way.
Apl 1/30 Apl 1/13. Wt 167 lbs. P 84. Apl 30/13. No change noticeable in any way.
May 1st May 1/13. Wt 167 lbs. P 84. May 31/13. No change noticeable in any way.
June 1/30 June 1/13. Wt 167 lbs. P 84. June 30/13. No change noticeable in any way.
July 1st July 1/13. Wt 167 lbs. P 84. July 31/13. No change noticeable in any way.
Aug 1/31 Aug 1/13. Wt 167 lbs. P 84. Aug 31/13. No change noticeable in any way.
Sept 1/30 Sept 1/13. Wt 167 lbs. P 84. Sept 30/13. No change noticeable in any way.
Oct 1/31 Oct 1/13. Wt 167 lbs. P 84. Oct 31/13. No change noticeable in any way.
Nov 1/30 Nov 1/13. Wt 167 lbs. P 84. Nov 30/13. No change noticeable in any way.
Dec 1/31 Dec 1/13. Wt 167 lbs. P 84. Dec 31/13. No change noticeable in any way.

1914 Jan 1/31 Jan 1/14. Wt 167 lbs. P 84. Jan 31/14. No change noticeable in any way.
Feb 1/28 Feb 1/14. Wt 167 lbs. P 84. Feb 28/14. No change noticeable in any way.
Mar 1st Mar 1/14. Wt 167 lbs. P 84. Mar 31/14. No change noticeable in any way.
Apl 1/30 Apl 1/14. Wt 167 lbs. P 84. Apl 30/14. No change noticeable in any way.
May 1st May 1/14. Wt 167 lbs. P 84. May 31/14. No change noticeable in any way.
June 1/30 June 1/14. Wt 167 lbs. P 84. June 30/14. No change noticeable in any way.
July 1st July 1/14. Wt 167 lbs. P 84. July 31/14. No change noticeable in any way.
Aug 1/31 Aug 1/14. Wt 167 lbs. P 84. Aug 31/14. No change noticeable in any way.
Sept 1/30 Sept 1/14. Wt 167 lbs. P 84. Sept 30/14. No change noticeable in any way.
Oct 1/31 Oct 1/14. Wt 167 lbs. P 84. Oct 31/14. No change noticeable in any way.
Nov 1/30 Nov 1/14. Wt 167 lbs. P 84. Nov 30/14. No change noticeable in any way.
Dec 1/31 Dec 1/14. Wt 167 lbs. P 84. Dec 31/14. No change noticeable in any way.

1915 Jan 1/31 Jan 1/15. Wt 167 lbs. P 84. Jan 31/15. No change noticeable in any way.
Feb 1/28 Feb 1/15. Wt 167 lbs. P 84. Feb 28/15. No change noticeable in any way.
Mar 1st Mar 1/15. Wt 167 lbs. P 84. Mar 31/15. No change noticeable in any way.
Apl 1/30 Apl 1/15. Wt 167 lbs. P 84. Apl 30/15. No change noticeable in any way.
May 1st May 1/15. Wt 167 lbs. P 84. May 31/15. No change noticeable in any way.
June 1/30 June 1/15. Wt 167 lbs. P 84. June 30/15. No change noticeable in any way.
July 1st July 1/15. Wt 167 lbs. P 84. July 31/15. No change noticeable in any way.
Aug 1/31 Aug 1/15. Wt 167 lbs. P 84. Aug 31/15. No change noticeable in any way.
Sept 1/30 Sept 1/15. Wt 167 lbs. P 84. Sept 30/15. No change noticeable in any way.
Oct 1/31 Oct 1/15. Wt 167 lbs. P 84. Oct 31/15. No change noticeable in any way.
Nov 1/30 Nov 1/15. Wt 167 lbs. P 84. Nov 30/15. No change noticeable in any way.
Dec 1/31 Dec 1/15. Wt 167 lbs. P 84. Dec 31/15. No change noticeable in any way.

1916 Jan 1/31 Jan 1/16. Wt 167 lbs. P 84. Jan 31/16. No change noticeable in any way.
Feb 1/29 Feb 1/16. Wt 167 lbs. P 84. Feb 29/16. No change noticeable in any way.
Mar 1st Mar 1/16. Wt 167 lbs. P 84. Mar 31/16. No change noticeable in any way.
Apl 1/30 Apl 1/16. Wt 167 lbs. P 84. Apl 30/16. No change noticeable in any way.
May 1st May 1/16. Wt 167 lbs. P 84. May 31/16. No change noticeable in any way.
June 1/30 June 1/16. Wt 167 lbs. P 84. June 30/16. No change noticeable in any way.
July 1st July 1/16. Wt 167 lbs. P 84. July 31/16. No change noticeable in any way.
Aug 1/31 Aug 1/16. Wt 167 lbs. P 84. Aug 31/16. No change noticeable in any way.
Sept 1/30 Sept 1/16. Wt 167 lbs. P 84. Sept 30/16. No change noticeable in any way.
Oct 1/31 Oct 1/16. Wt 167 lbs. P 84. Oct 31/16. No change noticeable in any way.
Nov 1/30 Nov 1/16. Wt 167 lbs. P 84. Nov 30/16. No change noticeable in any way.
Dec 1/31 Dec 1/16. Wt 167 lbs. P 84. Dec 31/16. No change noticeable in any way.

1917 Jan 1/31 Jan 1/17. Wt 167 lbs. P 84. Jan 31/17. No change noticeable in any way.
Feb 1/28 Feb 1/17. Wt 167 lbs. P 84. Feb 28/17. No change noticeable in any way.
Mar 1st Mar 1/17. Wt 167 lbs. P 84. Mar 31/17. No change noticeable in any way.
Apl 1/30 Apl 1/17. Wt 167 lbs. P 84. Apl 30/17. No change noticeable in any way.
May 1st May 1/17. Wt 167 lbs. P 84. May 31/17. No change noticeable in any way.
June 1/30 June 1/17. Wt 167 lbs. P 84. June 30/17. No change noticeable in any way.
July 1st July 1/17. Wt 167 lbs. P 84. July 31/17. No change noticeable in any way.
Aug 1/31 Aug 1/17. Wt 167 lbs. P 84. Aug 31/17. No change noticeable in any way.
Sept 1/30 Sept 1/17. Wt 167 lbs. P 84. Sept 30/17. No change noticeable in any way.
Oct 1/31 Oct 1/17. Wt 167 lbs. P 84. Oct 31/17. No change noticeable in any way.
Nov 1/30 Nov 1/17. Wt 167 lbs. P 84. Nov 30/17. No change noticeable in any way.
Dec 1/31 Dec 1/17. Wt 167 lbs. P 84. Dec 31/17. No change noticeable in any way.

1918 Jan 1/31 Jan 1/18. Wt 167 lbs. P 84. Jan 31/18. No change noticeable in any way.
Feb 1/28 Feb 1/18. Wt 167 lbs. P 84. Feb 28/18. No change noticeable in any way.
Mar 1st Mar 1/18. Wt 167 lbs. P 84. Mar 31/18. No change noticeable in any way.
Apl 1/30 Apl 1/18. Wt 167 lbs. P 84. Apl 30/18. No change noticeable in any way.
May 1st May 1/18. Wt 167 lbs. P 84. May 31/18. No change noticeable in any way.
June 1/30 June 1/18. Wt 167 lbs. P 84. June 30/18. No change noticeable in any way.
July 1st July 1/18. Wt 167 lbs. P 84. July 31/18. No change noticeable in any way.
Aug 1/31 Aug 1/18. Wt 167 lbs. P 84.

Personal and Medical History of Walt[illegible]

1893

This man was brought here by Deputy Sher[illegible]
habits have been temperate & moral so far as c[illegible]
reported. Think some members of the fam[illegible]
for insane. Supposed cause of this att[illegible]
a child; Erratic. This is not 1st attack
desire to run away; just returned fr[illegible]
to injure others from sudden passion.
"Crazy spells" which gradually developed
ago. Was committed to the Imbecile Asylum,
Asylum. Has not been under medical treatm[illegible]

Mar 7/93 Mar 7/93. Was slightly restless for an hour last night, appar[illegible]s. Mar 13/93. Is quiet, always
" 17 intelligent to a certain degree. Is not likely to change. Mar[illegible] sick a-bed, with headache and
" 18 dizziness, nausea & discomfort about the heart. Pulse 99. 3 p/102. 9[illegible] Pulse 112. Mar 18/93. Somewhat
restless last night. Was today sent down to the "Sick Ward". Am[illegible]. Pulse 86. Has nausea by spells. Tongue is coate[illegible]
" 19/20 Wt (in under clothing) 151 pds. Mar 19/93. Has restless many all night, last night. Mar 20/93. Slept 6 hours
last night. Fever disappeared very quickly; patient is much improved. Was today got up & moved from C[illegible] to B[illegible]
Apl 4 Apl 4/93. Wt 164 pds. Pulse 69. Has been transferred to B[illegible] since last note. Recently attempted to escape
" 13 while coming home from the Dance. Apl 13/93. During the first week of stay here, was reported as
at first walking around restlessly & uneasily; later, more contentedly. At first talkative & asking
questions. Of good appetite & regular bowels. Forgetful & heedless; not playing any games nor
inclined to work. A little ugly at times; and trying to unlock the door. Has been uniformly quiet
at night; found somewhat restless, at times, when closely watched. Has lately been somewhat
more active & participating in games, going out walking &c.

May 3 May 3/93 Wt 171 pds. Pulse 91. Rapidly regaining his lost weight.
" 22 May 22/93. Has, for some time past, been quite well-behaved. Still inclined to be slouchy & untidy.
Sits idly about on the hall; watching games; occasionally participating in them. Still has a restless
" 30 air about him. Is ever on the alert for a chance to escape. Health quite good. May 30/93. Appetite
good; has a habit of over-eating, at times. Semi good bodily health. Is not inclined to work much.
Plays billiards & other games. Talks to himself at times. Quarrelsome occasionally. Says "he is going
to run away the first chance he gets."

June 17 June 17/93. Tried to make his escape while out walking today. Maintains the same dull,
slightly imbecile appearance.

July 13 July 13/93. Has been, of late, trying to pick the locks to make his escape. Got noisy and ugly
" 19 today. Was transferred to B[illegible] July 19/93. Appetite good; bowels regular. Is fairly well-
behaved on this ward; works well; is willing to do anything asked of him. Is of clean habits.
" 31 July 31/93. Continues about the same in all respects. Semi good physical health.

Aug 1/14 Aug 1/93. Keeps in about his usual flesh & health. Aug 14/93. Appetite good. Bowels regular.
Is quietly behaved. A good & willing worker on the hall. Tries to make his escape. Is quite often
making keys; today trying to open one of the screens; once before, he tried to break out, by cutting
" 19 out the screen lock with a case knife, during the night. Habits are clean. Aug 19/93. Was

Personal and Medical History of Walter Moses

Aug 2/93 Struck by a fellow patient (Ed. McCarthy) with the fist today causing it to bleed. Aug 25/93. Was,
" 30 today, trying to unlock the door with a nail. Aug 30/93. While night watch was eating his
supper, patient was caught trying to unlock the (outside) door with a nail.

Sep 7/8 Sep 7/93. Has lost in flesh a little. Sep 18/93. Eloped this evening, by opening the screen in the wash room
" 21/30 Sep 21/93. Was returned today. Sep 30/93. No change from last general notes.

Oct 7/8 Oct 7/93. Continues to lose in weight, without apparent cause. Oct 6/93. Appeared to be implicated
with another patient (Geo. E. Peters) in helping him to unlock a screen so he could make his escape.
" 31 Oct 31/93. Appetite still good. Bowels normal. Works well on the hall. Otherwise no change to note.

Nov 30 Nov 30/93. Appetite good. Apparently rests & sleeps well, at night. Is fairly well-behaved; has to be
closely watched as he makes keys & tries in the doors so as to escape by that way. Talks very foolishly.
Works some on the ward. Habits are clean. Physical health is good. ——

Dec 15/31 Dec 15/93 Keeps in very good flesh. Dec 31/93. No apparent change, & note. —
Jan 1894 2/94 Jan 2/94 Was, today, caught in the act of unlocking a screen in one of the rooms. Jan 21/94. He
Eloped this evening, by unlocking the screen and jumping out of the window. Search was made
" 22 for him, but without results. Jan 22/94 Patient was returned today. But back on B[illegible] ward.
" 31 Jan 31/94. No change to note. He is kept, under careful watch, in C[illegible], in the day time. —

Feb 2/22 Feby 2/94 Keeps in good flesh & physical condition. Feb 22/94. Was caught, this morning, in the act
" 28 of unlocking a screen with a wire key, on C[illegible] ward. Feb 28/94 Appetite good; bowels regular. Is quite
unruly, at times; using abusive language; always threatening to make his escape; often found making
keys or trying them in the doors' & screens' locks; says "he is going to make his escape, no matter how
closely he is watched." Is foolish in his talk & actions. Kept in C[illegible] during the day; habits clean; works.

Mar 31 March 31/94. Has continued about as usual - Always requires strict watching - Still troublesome.
Apl 7/30 April 7/94. Keeps in good physical health. April 30/94. No noticeable Change in his condition -
May 1st Wt 167 3/4 p. 88. 31st Appetite good, bowels regular, always trying to make his escape - says he is going
to try until he succeeds, habits clean, kept on B-3 during day, talks rather foolish, otherwise appears
June all right. June 2nd Wt 165 1/4 p. 80. 30th No change. July 2nd Wt 165 p. 96. 6th During
July 4th night was detected by night watch trying to open screen, was very restless during night & whenever
" 31 H. W. would leave him to attend to other duties, would be up by window. 31st No change.

Aug 1/31 Aug 1/94. Wt 163 1/2 pds. P 72. Aug 31/94. Behavior is fairly good. Talks quite sensibly; appears
somewhat foolish. Requires constant watching as he is always making keys, & that he can make
is Escape. Patient is more closely terms with 2 other patients (Haines & Mungen) who are also
on the watch for opportunities to get out; these 3 are constantly "planning". Is kept in C[illegible]. Habits clean.

Sep 31/94 Sep 3/94 Wt 165 pds. Pulse 82. Sep 21/94. Visited by uncle today. Sep 30/94. No special Change.
Oct 1/31 Oct 1/94. Wt 167 pds " 75. Oct 31/94. About the same. Still requires closest watching
Nov 1/30 Nov 1/94. Wt 169 pds. P 93. Nov 30/94. appetite good; bowels regular; behavior fairly good, but he is always
Dec 1/8 contriving some plan of making his escape. Dec 1/94 Wt 165 pds. P 82. Dec 8/94. Transferred to C[illegible].
" 14/31 Dec 14/94. Brought in a large stone in his pocket "to kill Wm Jessup, attendant." Dec 29/94. Was found
unlocking window-screens with a wire key. Dec 31/94. No change. Requires constant watching. Health good.
1895 Jan 1/31 Jan 1/95. Wt 168 pds. P 84. Jany 31/95. No material Change; behaves well when closely watched.
Feb 1/28 Feb 1/95 Wt 167 " 80. Feb 28/95. No change noticeable in any way.

(carried to 108)

Personal and Medical History of John Larkin Jr

Whole No. 3291.
Residence, University Ave, St. Paul. Minn
Date Admission, 7th March 1893.
Admitted by Dr Theles Hour, 715. Pm
How Sent, John B. Owens Jeff. Ramsey Co
Sex, Male
Age, 29 Years
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, None
Degree Education,
Profession Religion, Not a church member
Habits, Temperate
Nativity, St Paul, Minn
Physicians Committing, Geo. J. Nauley and J. G. McNamara
Correspondents, (Fathers name) John Larkin
University & Park, St Paul.

No. for Year, 203.
Insane Relatives, Sister
Cause Exciting, Congenital
Cause Predisposing,
Form, Imbecile
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, In Infancy
Duration, Since Infancy
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, Infancy.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Exd by Dr Theles Mar 10/93.

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } Confused & poor
Recent Events, }
Special Subjects, }

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

REASONING POWER: very poor
Ordinary Subjects,
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Age 31. Seems always afraid of falling. Stands trembling with knees bent.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Slightly, & dull

DELUSIONS:
Systematized or Not, } no special Ideas noted —
Special Subjects, }
Transitory or Not, }

HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: very dull, Sluggish & fearful
Coherent or Incoherent, Said to Complained things
Voluble or Reticent,

Personal and Medical History of John Larkin Jr

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 in. WEIGHT, 134 pds. NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None noted
TONGUE, Tremors, Normal Coatings, none Promptness Movement, Prompt
PUPILS, Equality, Equal Size, normal
Response Light, Yes Accommodation,
SIGHT, Can't read — Says good
HEARING, Fair
CO-ORDINATION, for Arms, Judge to nose, Eyes Shut, poor.
Legs, Standing, one foot, Can't do it. Standing, Eyes Shut, Sways. Turning quickly, very poor
TREMORS, Hands, slight. Tongue,
Facial Muscles, General, Coarse tremors
REFLEXES, Patellar, Equal — 8 — 9.
Other Reflexes,
ARTICULATION, Hesitating, Slurred, Eathes poor
FACIAL EXPRESSION, Imbecile
SENSIBILITY,
HEART, Normal
LUNGS, normal
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	not very	Clean,	Careless,
BOWELS, Normal,		Constipated,	Irregular,
APPETITE, Good,	Yes	Medium,	Poor,
SLEEP, Good,	yes	Poor,	Irregular,
PULSE,		RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Imbecile 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 John Larkin Jr

1893

This man was brought here by deputy Sheriff H. C. Hawes, with following history. Has been temperate in habits. Insanity hereditary; sister being insane. Supposed cause of attack is congenital; form, chronic imbecility. First symptoms were manifested in infancy. This is 1st attack. He now has a mania for wandering from home. Is not disposed to injure others, nor suicidal, nor filthy nor destructive; there is no bodily disease. Has not been restrained or confined nor under medical treatment.

Mar 8 Mar 8/93. Slightly restless from 3 A.M. time last night. Is very quiet today & did not seem to notice anyone. Talks only when spoken to. Appetite not very good. Bowels regular. Mar 10/93. Has been about as described above. Remains always by himself, laughing. Every little while. Mar 11/93. Does not work any; has to be told to go to the Closet and the Mach-room. Mar 13/93. Sits in one place, all day long. Takes part in any games. Is dull & indifferent. Imbecile. Mar 20/93. Is dirty in his habits. Mar 29/93. Today, transferred to A[th] from B[1].

Apl 4/13 Apl 4/93. Wt 131 lbs. Pulse 62. Appetite is good and bowels seem regular. Apl 13/93. Is uniformly quiet and has seemed to rest & sleep well. Sits idly in indifference, in silence & inactivity all day long. Looks silly & demented. Dirty in his habits.

May 3/93 May 3/93. Wt 135 lbs. Pulse 80. May 22/93. No change to note.

" 31 May 31/93. Eats well. Bowels normal. Is well-behaved. Makes no complaints. Only talks when spoken to & then merely replying to questions.

June 30 June 30/93. Idle, indifferent & inactive, all the time. Silly & demented.

July 3/93 July 3/93. Was today visited by a friend. July 19/93. Attempted to get away today; "was going home" -

" 31 July 31/93. Has become, of late, somewhat more cleanly in habits. In all other respects, about the same.

Aug 1 Appetite good. Bowels seem normal. Need watching when outside. Today transferred to B[th] East.

" 17 Aug 17/93. Appetite only fair. Bowels regular; no cough noticed or other physical trouble. Crouches low, when passing through a door; gives the reason that he is nervous & can't help it. Is well-behaved, quiet and inoffensive. Talks readily when spoken to, but volunteers no remarks. Aug 31/93 Nothing further to note.

Sep 1/30 Sep 1/93. Is quiet, clean & in good health. Sep 30/93. Patient does not change any from month to month, seemingly. Quiet & of good habits.

Oct 3 Oct 3/93. Weight remains quite steady, from month to month. Physical condition good.

" 31 Oct 31/93. Quiet, clean; health good. In all other respects, always the same. —

Nov 2 Nov 2/93. Talks scarcely any, and never, unless spoken to. Quiet and well-behaved. Is peculiar in some ways: when passing through a door-way, bends down; ascribes this to nervousness. —

" 4/30 Nov 4/93. Transferred to the Annex today. Nov 30/93. Seems timid and afraid of the others. Is afraid of falling down stairs, and usually has to be assisted. Is filthy in habits. —

Dec 31 1893 Dec 31/93. Above note still holds good, to this date. Health is apparently good. —

Jan 25 1894 Jan 25/94. Has become very filthy in his habits. Has also fallen down stairs several times. —

" 31 Was to day moved back to B[th] East. Jan 31/94. Appetite medium. Bowels regular. Is very nervous and timid. Appears in fairly good bodily health. Is quietly behaved; harmless. Makes no complaints. Talks very little & then only when spoken to. Evidently is feeble-minded. Has been clean since his readmission to this ward. —

Feb 10/94 Feb 10/94. Was struck by a fellow patient on right ear today, receiving some bruises. Feb 8/94 vaccinated —

Personal and Medical History of John Larkin Jr

NAME John Larkin Jr

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 6th	135	—	—	—
July 6th	135	72	—	—
Aug 5th	133½	86		1½
Sept 4th	134	100	½	
Oct 3d	135	80	1	
Nov 2d	135	90	-	
Dec 2d	— At Annex -			
Jan 1894 3d	- At Annex -			
Feby 1st	129	88		6
March 6th	133½	82	4½	
Apl 1st	135½	72	2	

Nov 1 / Dec 1 / Jan 1/31 Nov 94. Wt 141 lbs. Pulse 96. Dec 94. Wt 138 lbs. Pulse 89. Jan 1/95. Wt 138 lbs. Pulse 79. Jany 31/95. Appetite medium; is given extra diet. Bowels regular. No cough noticed. Physically, is pale & weak but seems in fairly good health. Is quiet & harmless; very nervous & timid; sits in the one place all day. Makes no complaints; says he is all-right"; talks some unless spoken to. Habits cleanly.

Feb 1/13/28 Feb 1/95. Wt 135 lbs. Pulse 72. Feb 13/95. Vomited at breakfast-table this morning. Feb 28/95. Has a weak physique & is nervous, at times, that he sleeps down on the floor. Behavior good. No complaints or injuries to report. Talks very little but is rather sensible in his remarks, but childish in manner & weak-minded. Habits generally cleanly (1 day dirty). Mar 1/95. Wt 138 lbs. P 76.

Mar 1 " 31 Mar 31/95. No change to report upon during the month. (Was 4 days dirty, during month).

Apl 1/30 April 1/95. Wt 140 lbs. Pulse 86. Apl 30/95. About the same. (Clean during month).

May 1 June 1 July 1/4/31 May 1/95. Wt 138 lbs. " 77. June 1/95. Wt 138 lbs. P 81. July 1/95. Wt 136 lbs. P 77. July 31/95. Mother & sister visited him today. July 31/95. Patient shows no special change. He has a weak constitution and is very nervous & easily frightened. He is quiet & harmless. Complains, at times, of pains in his bowels. Talks very little: is imbecile. Is fed extra diet. At times soils his clothes & bed-clothes. (Was dirty 5 Days during June; and 2 Days during July).

Aug 1 Sept 1 Oct 1/31 Nov 1/15 Dec 1 - Jan 1/96/7/31 Aug 1/95. Wt 137 lbs. Pulse 78: Sept 1/95. Wt 135 lbs. Pulse 120: Oct 1/95. Wt 135 lbs. Pulse 84. Oct 31/95. No special change, is still very nervous: talks to none, except when spoken to & then very little. Filthy & touching in habits & dress. Goes on walking. Does no work of any kind. Nov 1/95. Wt 137 lbs. P 76. Nov 8/95. Has a very bad diarrhoea: foul clothes frequently; given medicine. Dec 1/95. Wt 132½ " 84. Jan 2/96. Wt 130 lbs. P 70. Jan 31/96. No change noticable. Very nervous & excitable: appetite rather poor. Habits filthy, at times: gets extra diet, yet is losing in flesh. Talks quite freely when spoken to. Goes walking, but falls down quite often from his nervousness. Bowels regular at present.

See folio 298. Transfer Book A.

1893

This man was brought here by de... Has been temperate in habits. Insanity hereditary, several cases of same. Supposed cause of attack is congenital; form, Chronic imbecility. First symptoms were manifested in infancy. This is 1st attack. He now has a mania for wandering from home. Is not disposed to injure others, nor suicidal, nor filthy nor destructive; There is no bodily disease. Has not been restrained as a prisoner nor under medical treatment.

Mar 8 Mar 8/93. Slightly restless from a short time last night. Is very quiet today & did not seem to notice anyone. Talks only when spoken to. Appetite not very good. Bowels regular. Mar 10/93. Has been about as described above. Remains always by himself, laughing Every little while. Mar 11/93. Does not work any; has to be told to go to the Closet and the Wash-room. Mar 13/93. Sits in one place, all day long. Takes no part in any games. Is dull & indifferent. Imbecile. Mar 20/93. Is dirty in his habits. Mar 29/93. Today, transferred to A[4] from B[3].

Apl 4/93. Wt 131 lbs. Pulse 62. Appetite is good and bowels seem regular. Apl 13/93. Is uniformly quiet and has seemed to rest & sleep well. Sits idly in indifference, in silence & inactivity all day long. Looks sickly & demented. Dirty in his habits.

May 3/93. Wt 135 lbs. Pulse 80. May 22/93. No change to note.

May 31/93. Eats well. Bowels normal. Is well-behaved. Makes no complaints. Only talks when spoken to & then merely replying to questions.

June 30 June 30/93. Idle, indifferent & inactive, all the time. Silly & demented.

July 31/93. Was today visited by a friend. July 19/93. Attempted to get away today; "was going home"-

July 31/93. Has become, of late, somewhat more cleanly in habits. In all other respects, about the same.

Aug 1 Appetite good. Bowels seem normal. Need watching when outside. Today transferred to B[3] East.

Aug 31/93. Appetite only fair. Bowels regular; no cough noticed or other physical trouble. Crouches low, when passing through a door; gives the reason that he is nervous & can't help it. Is well-behaved, quiet and inoffensive. Talks readily when spoken to, but volunteers no remarks. Aug 31/93 Nothing further to note.

Sep 4/30 Sep 4/93. Is quiet, clean & in good health. Sep 30/93. Patient does not change any from month to month, seemingly. Quiet & of good habits.

Oct 3 Oct 3/93. Weight remains quite steady, from month to month. Physical condition good.

Oct 31/93. Quiet, clean; health good. In all other respects, always the same. —

Nov 4 Nov 2/93. Talks scarcely any, and never, unless spoken to. Quiet and well-behaved. Is peculiar in some ways: when passing through a door-way, bends down; ascribes this to nervousness. —

Nov 4/93. Transferred to the Annex today. Nov 30/93. Seems timid and afraid of the others. Is afraid of falling down stairs, and usually has to be assisted. Is filthy in habits. —

Dec 31 1893 Jan 25 Dec 31/93. Above note still holds good, to this date. Health is apparently good. —

Jan 25/94. Has become very filthy in his habits. Has also fallen down stairs several times. —

Jan 31 Has to day been moved back to B[3] East. Jan 31/94. Appetite medium. Bowels regular. Is very nervous and timid. Appears in fairly good bodily health. Is quietly behaved; harmless. Makes no complaints. Talks very little & then only when spoken to. Evidently is feeble-minded. Has been clean since his readmission to this ward. —

Feb 10/94 Feb 10/94. Was struck by a fellow patient on right ear today, receiving some bruises. Feb 28/94 vaccinated—

Feb 28 1894 Feb 28/94. Appetite is rather poor; bowels regular. No cough observed. Physical emaciation is rather weak. — Behavior is quiet & inoffensive; he sits in the one place nearly all day. Talks very little & then only when questioned: answers generally reasonable. Appears to be very timid & nervous. Is cleanly in his personal habits. —

Mar 1/31 March 1/94. Is gaining some, in flesh. March 31/94. No noticeable change. Is quite weak-minded. —

Apl 1/30 April 1/94. Continues to make a slight gain in weight. April 30/94. Patient seems to be gaining slightly in strength, the past month or so: appetite has also improved. In other respect about the same. Habits cleanly.

May 1st Weight 138 # p. 80. 31st Appetite rather poor, is fed extra diet; bowels regular, no cough. Patient has a rather weak constitution, but is in fairly good bodily health. Mentally - is quiet & well behaved - is very timid & nervous - & the slightest thing startles him. Has no complaints or injuries, talks very little in a rational way but is childish & weak-minded. Is cleanly in habits

June 1st Weight 140 # p. 70. 30th No change to report regarding condition during month.

July 2nd " 139# p. 86. 31st " " " " " " " Has been fed extra diet since the 8th inst. Seems to be improving some in strength, from such feeding.

Aug 1/31 Aug 1/94. Wt 138 lbs. Pulse 90. Aug 31/94. Behavior is good & quiet. Bowels regular. No cough observed. Talks very little in a partially rational manner. Is still very timid & nervous, though not quite so much so as he was some months ago. Habits are cleanly. (Was dirty only 1 day, during Month).

Sept 1/30 Sept 1/94. Wt 139 lbs. Pulse 84. Sept 30/94. No change perceptible, during this month. —

Oct 1/31 Oct 1/94. Wt 140 " " 78. Oct 31/94. Patient is getting stronger; is not so nervous as he was formerly. No change, mentally, observable. Habits are become more cleanly of late.

Nov 1 Nov 1/94. Wt 141 lbs. Pulse 96. Dec 1/94. Wt 138 lbs. Pulse 89. Jan 1/95. Wt 138 lbs. Pulse 79.

Dec 1 1894 Jan 31 Jan 31/95. Appetite medium; is given extra diet. Bowels regular. No cough noticed. Physically is pale & weak but seems in fairly good health. Is quiet & harmless; very nervous & timid; sits in the one place all day. Makes no complaints; says "he is all-right"; talks no more unless spoken to. Habits cleanly.

Feb 1/31 Feb 1/95. Wt 135 lbs. Pulse 72. Feb 13/95. Vomited at breakfast-table this morning. Feb 28/95. Has a weak physique & so nervous, at times, that he slips down on the floor. Behavior good: no complaints or injuries to report. Talks very little but is rather sensible in his remarks, but childish in manner & weak-minded. Habits generally cleanly (1 day dirty). Mar 1/95. Wt 138 lbs. P 76.

Mar 1 " 31 Mar 31/95. No change to report upon during the month. (Was 2 days dirty, during month).

Apl 1/30 April 1/95. Wt 140 lbs. Pulse 86. April 30/95. About the same. (Clean during month).

May 1 June 1 July 1/31 May 1/95. Wt 138 lbs. " 77. June 1/95. Wt 138 lbs. P 81. July 1/95. Wt 136 lbs. P 77. July 31/95. Mother & sister visited him today. July 31/95. Patient shows no special change. He has a weak constitution and is very nervous & easily frightened. He is quiet & harmless. Complains, at times, of pains in his bowels. Talks very little: is imbecile. Is fed extra diet. At times soils his clothes & bed-clothes. (Was dirty 5 Days during June; and 2 Days during July).

Aug 1 Sept 1 Oct 1/31 Aug 1/95. Wt 137 lbs. Pulse 78: Sept 1/95. Wt 135 lbs. Pulse 120: Oct 1/95. Wt 135 lbs. Pulse 84. Oct 31/95. No special change: is still very nervous: talks to none, except when spoken to & then very little. Filthy & slovenly in habits & dress. Does not walking. Does not work of any kind.

Nov 1/31 Nov 1/95. Wt 137 lbs. P 76. Nov 8/95. Has a very bad cark-hoe: foul clothes frequently: from medicine.

Dec 1 1895 Jan 7/31 Dec 1/95. Wt 132 " " 84. Jan 7/96. Wt 130 lbs. P 70. Jan 31/96. No change noticeable. Very nervous & excitable: appetite rather poor. Habits filthy, at times: get extra diet, gets a losing in flesh. Talks quite freely when spoken to. Does walking, but falls down quite often, from its nervousness. Bowels regular at present.

Dr. Folio 298. Transfer Book A.

Personal and Medical History of William Eggering

Whole No. 3292.
Residence, 311 Robie St. St Paul
Date Admission, 9th March 1893
Admitted by D. Phelps. Hour, 7.45 P.M.
How Sent, John B. Olivier, Jeff. Ramsey County
Sex, Male
Age, 33
Civil Condition, single
Children, None
Age Youngest Child,
Occupation, Seamster
Degree Education,
Profession Religion, Methodist
Habits, Good
Nativity, Germany
Physicians Committing, Arthur B. Stucker & H. J. O'Brien
Correspondents, Wm E. J. Dickmann (Cousin) 624 La Fond St. St Paul

No. for Year, 2014
Insane Relatives, Not hereditary
Cause Exciting, A Love affair
Cause Predisposing, not stated
Form, Melancholia - Acute
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, probably recent
Duration, probably short
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 33.
Time of Leaving,
Time in Hospital,
Result,

Exd by D. Baker Mar 11/93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Fairly clear
Quick or Sluggish, Fairly active

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

PERCEPTIVITY:
Alert or Dull, Fairly alert
Correct or Illusive, Illusive - does not know nature of this institution nor see anything the matter with patients etc

REASONING POWER:
Ordinary Subjects,
Own Mental State, Somewhat perverted
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, fairly
Indifferent,
Exalted,
Depressed, Yes seems a little feeble-minded.

DELUSIONS:
Systematized or Not,
Special Subjects, Concerning being talked about
Transitory or Not,

HALLUCINATIONS:
ILLUSIONS: That people are talking about him

CONVERSATION:
Coherent or Incoherent, tolerably Coherent
Voluble or Reticent, fairly free -

GENERAL DESCRIPTIVE REMARKS:
Eyelids are quite tremulous when closed. Says, worked for Mr. Deither, a couple of months, at teaming - made love to his daughter. After patient quit work there, he again went to Deither. Wanted to marry her - Mr. Deither refused to have anything to do with him. Had feeling that people were after him - Imagines that people talking by etc, were talking about him.

Personal and Medical History of Wm. Eggering

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7 in. WEIGHT, 139 lbs. Last week 140 - Nov 140 lbs NUTRITION, somewhat below normal
WOUNDS OR ABNORMALITIES, right thumb somewhat deformed from injury. Has external strabismus
TONGUE, Tremors, fairly tremulous Coatings, none. Moist, fissured Promptness Movement, prompt
PUPILS, Equality, Equal Size, about normal
Response Light, Yes Accommodation, Imperfect.
SIGHT, quite good in both eyes: uses left by preference.
HEARING, Good
CO-ORDINATION, Arms, Finger to nose. Eyes shut, good.
Legs, Standing on foot, fairly good. Standing Eyes shut & says it sways some. Lunges feeble & fails
TREMORS, Hands, some coarse Tongue, fine
Facial Muscles, quite marked intention tremors General, None
REFLEXES, Patellar, Equal; somewhat diminished - 3 to 5.
Other Reflexes,
ARTICULATION, ~~Hesitating~~, Cannot read English readily Slurred, ~~slurred~~ about normal.
FACIAL EXPRESSION, about normal.
SENSIBILITY, Seems to be fair.
HEART, 2nd Sound accentuated
LUNGS, Seem good - Girth 35 in Expn -
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Yes Constipated, Irregular,
APPETITE, Good, Yes Medium, Poor,
SLEEP, Good, fairly - need to be Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Short ONSET GRADUAL OR SUDDEN, Quite Sudden

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, mother died, about 40, of cramps - was not very healthy.
Father or Pat. Relations, father died, about 45; probably lung disease - was a hard drinker.
Brothers or Sisters, 1 brother died, of sometime or knee - 2 sisters living; usually pretty healthy.

Personal and Medical History of Wm Eggering

1893

This man was brought here by Deputy Sheriff Hawes, with the following history. Habits have been good. Supposed cause of attack (the 1st) is a love affair. Form is acute, depressed; there is no accompanying bodily disorder or disease. First symptoms of disease were manifested by hallucinations. Imagined some one was after him. Strange behavior, wandering from home. Insanity is now manifested by his claiming that detectives are after him. Is not disposed to injure others, nor suicidal, nor filthy nor destructive. Has not been restrained nor confined. The man has always been an honest, hardworking man, until lately he became the victim of unrequited affection.

Mar 10/93. Mar 10/93. Restless for a couple of hours, but slept 6 hours last night. Mar 11/93 Slept 8 hours last night.

" 13 Mar 13/93. Has been restless, from an hour to two, the last 2 nights, sleeping 6 and 7 hours.

" 23 Mar 23/93. Has been uniformly quiet at night, occasionally restless for an hour or two, getting out of bed some-

" 27 what; on the whole sleeping fairly well, from 6 to 8 hours. Mar 27/93 Today, transferred from B² to B¹.—

Apl 4/93 Apl 4/93. Wt 153½ lbs. Pulse 69. Apl 19/93. Has continued uniformly quiet at night, and has seemed to be restful and to sleep well. By day, has been quiet, clean, tidy and well-behaved. Dressing and taking care of his own person. Does not talk very much unless approached & addressed, when he responds quite promptly & pleasantly and fairly freely. Has not done much work. Has seemed quite cheerful & contented. —

" 24 Apl 24/93. Recently refused, for a time, to go to bed, at bedtime; saying "room was chloroformed". —

May 3 May 3/93. Wt 158 lbs. (Has gained 19 pounds since admission). Pulse 60. —

" 22 May 22/93. Still continues quiet at night & probably sleeps well. Is quiet & well-behaved by day. Does not mingle much with his fellow-patients. In other respects, no material change. —

" 31 May 31/93. Appetite good. Is in good physical condition. Is a quiet & well-behaved patient. — A good & willing worker. Clean, tidy & of good personal habits. Does not take any part in games &c. Is very reticent, speaking only when addressed. Keeps apart from his fellow-patients. Manifest delusions still; on a recent occasion, refusing to go to bed, saying "Some one had Chloroformed his bed & clothing". Apparently rests & sleeps well, at night.

June 30 June 30/93. Lately has refused to do any work. Strolls idly about ward; does not have anything to do with or say to his fellow-patients — included. Is obstinate. Seems growing more stupid every day.

July 3/13 July 3/93. Was today transferred, with some others, to A¹. July 13/93. Has continued quiet, resting & sleeping well at night. Clean, tidy & of good habits. Has also been somewhat better behaved of late: less obstinate; was moved to A² today. July 31/93. Has become foolish-acting of late; puts himself in some very awkward positions; laughs to himself at times. Again, is become quite obstinate. Evidently still holds delusions. Is in good physical condition.

Aug 5 Aug 5/93. On account of this A² section being required for female patients, patients, was, with a

" 31 number of others, today moved to the A camp. Aug 31/93. A quiet, harmless patient; seldom speaks. Does not want to work. Seems good physical health.

Sept 10/30 Sept 10/93. Does not seem to change any. Is quite well-behaved. Sept 30/93. No change to note.

Oct 8 Oct 8/93. Has lately changed for the worse. Laughs a good deal & talks to himself in low tones; goes through strange motions: will balance himself on one foot & swing the other back & forth; "for some

" 10 exercise" he says. Oct 10/93. Today, seemed determined to break his watch. Took it away from him.

" 31 Would balance it on his finger; throw it into the air & catch it by the chain. Oct 31/93. With the last mentioned exceptions, seems to have been fairly well behaved of late. Habits are clean.

Personal and Medical History of Wm Eggering

1893

NAME Wm Eggering

DATE, 189	Weight.	Pulse.	Gain.	Loss.
June 5th	155½	84		2½
July 21st	152	66		1½
Aug 8th	160	—	6	

No 3292

DESCRIPTIVE NOTES FOR NEW CASES.

Admitted Mar 9 1893.

Att. Ward B² E

n by Eatly & Ewing.

Fourth day same

Fifth day same

Talks considerable - reads some.

Otherwise same

Sisth day same

Same.

Seventh day the same Same

Note:- The above is intended to furnish a good descriptive account for us, and also to train in observation and intelligent work, as in case of attendant's record. The headings are meant as suggestions for a descriptive account.

n, seen at bath fairly clean

es none

r other noteworthy items

ilar account from suggestions above.

ly changes or new items.

Mar 13 a good deal after getting started. P. 58

although his what he says is disconnected - appetite good.

bowels reg.

P 60.

Mar 14

Mar 15

P. 62

64

Mar 16

Jan 31 '96 Has helped about work ever since last note. Talks somewhat noisily but behavior fairly good

(See p. 128)

Personal and Medical History of Wm Eg

1893

This man was brought here by Deputy Sheriff Hawe
have been good. Supposed Cause of attack (the 1st) is a lues a
ccompanying bodily disorder or disease. First Symptoms
uniaquied Some one wax after him, Strange behavin,
-fected by his claiming that detectives are after hi
his filthy nor destructive. Has not been exchanie
honest, hardworking man, until lately he becam

Mar 10 Mar 10/93. Restless for a couple of hours, but else pea ght
" 13 Mar 13/93. Has been restless, from an hour & two,
" 23 Mar 23/93. Has been uniformly quiet at night, an bed some
" 27 on the whole sleeping fairly well, from 6 to 8 hou
Apl 4/93 Apl 4/93. Wt 153½ lbs. Pulse 69. Apl 19/93 as seemed the
restful and to sleep well. By day, has been fa ng Care of this
unperson. Does not talk very much unless a quite promptly &
pleasantly and fairly freely. Does not do much work. w interest. —
" 24 Apl 24/93. Recently refused, for a time, to go to bed, at bedtime, formed." —
May 3 May 3/93. Wt 158 lbs. (Has gained 14 pounds since admission.
" 22 May 22/93. Still continues quiet at night & probably sleeps well. Is g ell-behaved by day.
Does not mingle much with his fellow-patients. In other respects, no material change. —
" 31 May 31/93. Appetite good. Is in good physical condition. Is a quiet & well-behaved patient. —
A good & willing worker. Clean, tidy & of good personal habits. Does not take any part in games &c.
Is very reticent. Speaking only when addressed. Keeps apart from his fellow-patients. Manifest
delusions still; on a recent occasion, refusing to go to bed, saying "Some one had Chloroformed
his bed & clothing". Apparently rests & sleeps well, at night.

June 30 June 30/93. Lately has refused to do any work. Strolls idly about ward; does not have anything
to do with or say to his fellow patients - Is clinid & is obstinate. Seems growing more stupid every day.

July 3/13 July 3/93. Was today transferred, with some others, to A'. July 13/93. Has continued quiet;
resting & sleeping well at night. Clean, tidy & of good habits. Has also been somewhat better
" 31 behaved of late: less obstinate; was moved to A' today. July 31/93. Has become foolish-acting
of late; puts himself in some very awkward positions; laughs to himself at times. Again, is
become quite obstinate. Evidently still holds delusions. Is in good physical condition.

Aug 5 Aug 5/93. On account of this A' section being required for female patients, patient, was, with a
" 31 number of others, to day moved to the Annex. Aug 31/93. Quiet, harmless patient; seldom
speaks. Does not want to work. Seems good physical health.

Sep 10/30 Sep 10/93. Does not seem to change any. Is quite well-behaved. Sep 30/93 No change to note.
Oct 6 Oct 6/93. Has lately changed for the worse; Laughs a good deal & talks to himself in low tones; goes
through strange motions: will balance himself on one foot & swing the other back & forth; "for some
" 10 exercise" he says. Oct 10/93. Today, seemed determined to break his watch. Took it away from him.
" 31 Would balance it on his forefinger; throw it into the air & catch it by the chain. Oct 31/93. With
the last mentioned exception, Seems to have been fairly well behaved of late. Habits are clean.

Personal and Medical History of Wm E

1893

No 3292

DESCRIPTIVE NOTES FOR NEW CASES.

Case of M Wm Eggering Admitted Mar 9 1893

Written by Eahy Dwy. Att. Ward B 2 E

First day behavior Walked about ward, did not converse
Talk Quite freely when spoken to
Eating Good
Cough None
Bodily condition, seen at bath Fairly clean
Bruises, injuries None
Bowels Normal
Any complaint or other noteworthy items

Second day write similar account from suggestions above.

Became as fresh appears a week & more but at work

P. 62

Third day same, especially changes or new items.

Mar 14 Fourth day same Talks a good deal after getting started P. 58
although his what he says is disconnected - appetite good.
bowels reg.

Mar 15 Fifth day same P 60.
Talks considerable - reads some.

Otherwise same P. 62

Mar 15 Sisth day same
Same.

64

Mar 16 Seventh day the same Same

Note:- The above is intended to furnish a good descriptive account for us, and also to train in observation and intelligent work, as in case of attendant's record. The headings are meant as suggestions for a descriptive account.

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ocharged. Feb 29 Report
wound; hurts him to cough; pain in chest-
very in bed. Mch 5 Visited by friends: Is beginning to be up & about & to do
some work. Seems to be doing quite well. No serious trouble from wound.
Has helped about work over since last note. Talks somewhat noisily but behavior fairly good
(See P. 128)

Personal and Medical History of Wm Eggering.

1893

Nov 15/93. At present, he is quiet and well-behaved; seems to be improving. Talks a little, and in a fairly rational manner. Does no work. Health is good. Habits are clean. —

Nov 30/93. No material change to note. Continues quiet & well-behaved. —

Dec 31/93. Of late, he has the habit of laughing a good deal, apparently at nothing. Talks incoherently. Otherwise there is no change apparent. —

1894

Jan 31 — Jan 31/94. Above notes still hold good to this date. Patient is in good physical condition. —

Feb 2/28 — Feb 2/94. keeps in good flesh & Physical Condition. Feb 28/94. A harmless patient; talks a good deal in an incoherent & demented manner. He does no work. Health apparently is good.

Mar 31 — March 31/94. Continues about the same. Of late, has been working part of each day, in main kitchen.

Apl 2/30 — April 2/94. Was vaccinated today. April 30/94. No material change. Works same daily in the kitchen

May 2 — Patient is quiet & inoffensive, talks a little but incoherently, works in main kitchen. Clean in habits; health good. June 20. No apparent change. July 27. see note of May 11th. —

June 27 — Aug 5 — Sep 30 — Oct 31 — During this period, there has been no particular change noted in either his mental or physical condition. On Sept 10th Complained of not feeling well & went to bed. Got up on 20th Sept. Had been working quite steadily in main kitchen but after this sick spell, declined to work for a time; of late however has returned to kitchen work. He talks a good deal, but incoherently. Habits clean. Health good.

Nov 30 — Dec 31 — to — 1894 — Jan 31 — During these 3 months, there is no change noticeable. He is quiet & well-behaved; talks a good deal but rather irrationally. Health apparently good. Works, daily, in the main kitchen. —

Feb 1 — to — April 30 — During this quarter, patient has been quiet & well-behaved: works in main-kitchen daily. Talks a good deal but irrationally. Habits clean & tidy. Health apparently good. —

May 1 — June 1 — to — July 31 — During the period, there has been no noticeable change in this patient's condition. He has continued quiet; working daily in the main kitchen: Speech rather irrational: Habits clean: is quite tidy about his appearance. Health is apparently good. —

Aug 1 — Sept — Oct 31 — During these two months, there has been no change to note. Quiet: works daily in main kitchen: Speech irrational & incoherent: habits clean: health is apparently good. —

Nov 95 — Nov/95. Wt 145 lbs. Pct. (Is not so stout as he used to be, yet seems in good physical health).

Dec 1896 — Jan 31 — Nov. Dec & to Jany 31/96. During this period, he has been quiet & well-behaved: works steadily in main kitchen: talks a good deal, but irrationally: habits clean: Dress neat: seems quite contented here.

Feby 4 — March — April 30 — Feby 4/96. Wt 149 lbs. P 68. Feb March & to April 30/96. During the period, no change noticeable in any way. Works steadily in main Kitchen: habits clean: health apparently good.

May 1/96 — to — Aug 1/97 — Summary Nurses Notes by Dr. Phelps — Patient a quiet, chronic case: Fairly well-behaved: No bodily illness noted: Wt 150 to 155 lbs. Aug 31/97 Wt. 147#. Oct 31/97 Health good: Condition unchanging in any respect. Works steadily in Kitchen: Fairly well-behaved: Feb 8/98 Is noted as receiving a small knife wound in in breast. Trans. to Infirmary at 9 A.M. Manner of receiving wound unknown: Feb 9. Slight rise of temp. in afternoon but quiet & well behaved. Feb 29 Report of wound still somewhat discolored; hurts him to cough; pain in chest. Lies quietly in bed. Mch 5 Visited by friends: Is beginning to be up & about & to do some work: Seems to be doing quite well: No serious trouble from wound.

Mch 1/98 — Jan 31/99 — Has helped about work over since last note. Talks somewhat noisily but behaves fairly good

(See p. 128)

Personal and Medical History of Ed. O'Dea

Whole No. 3298.
Residence, Winona, Minn
Date Admission, 16th March 1893.
Admitted by D. Phelps Hour, 7.15 PM
How Sent M. L. Buck, Jail'r, Winona County
Sex, male
Age, 45
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Day Laborer
Degree Education,
Profession Religion, Catholic
Habits, Good
Nativity, England
Physicians Committing, L. A. Kelly & G. A. Gates
Correspondents, Andrew O'Dea (Brother) Atlantic Iowa

No. for Year, 210
Insane Relatives, none as known
Cause Exciting, not known
Cause Predisposing, Previous attacks
Form, Mania Chronic
Accompanying Bodily Disorder, none noticeable
Suicidal or Not, not
Date of this Attack, not given
Duration, not stated
No. of Attack, 2nd probably.
No. of Admissions, 1st (here)
Age First Attack, not given
Time of Leaving, Aug. 14. 1893
Time in Hospital, 4yrs. 4 mo. 29. da.
Result, Died. Apoplexy.

EXAMINATION ON ADMISSION.

Exd by D. Baker Mar 17/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Quite clear as most subjects
Quick or Sluggish, Quite active

MEMORY:
Past Events, seems good
Recent Events, Seems good
Special Subjects,

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

REASONING POWER:
Ordinary Subjects,
Own Mental State, Thinks he is all right
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Inclined to be happy
Depressed,

DELUSIONS:
Systematized or Not,
Special Subjects, of persecution
Transitory or Not, " of hearing "

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:

Has a sort of twitching of left cheek by winking the eye. Also has fine tremors of Eyelids - Says these tremors and the twitching he is now in are all due to the persecutions he has suffered. Complains of distress over his Stomach. "Is filled with foul wind" he says. Says also "he knows the cause of this"; "this an infusion of volatile gas - Hip around him this good while" - Claims he has been persecuted since March 1891. & these people are following him - "Knows they are here too" Says this is a reality.

5/20/93 D-176

Personal and Medical History of Ed. O'Dea

Apr. 3rd 1893,

Doctor:- Dear Sir:- It seems to me that you dont understand my case or how I was subjected to be brought here. This is the third time that I was punished and forced to succumb to these parties, by their infernal intrigues and plots. But the first and second time was rescued when Gov. Boies was informed an d convinced of how I was duped and now the third time, when I came away from DesMoines, to avoid their traeachery, seeing I could get no work there, they followed me as soon as they heard where I was. They heard it from a nephew of mine, who is in Charter Oak, Iowa to whom I wrote when I came to that ungodly place, called Winona.

Where half the people have neither concience, heart nor soul. I happened to strike one man there, out of several, who had the benignity and kindness of a man as far as he could afford; and through whose sincerity I got a boarding place, 'till work did open. But for these poor persecutors who came there and paid Bridget Bosa $100.00 but to let them stay there and torture me, and, as they said to kill or take me away by force. But seeing a poor chance they put Bridget Boas up to get Sheriff Gay to come and see them up stairs where they were 31 days in hiding, talking to me night and day and telling him make me better. They were not there. She has said often that she gave him $loo.oo but to take me here.

so they could kill me or make kill myself by torturing me with volitile ingredients of some kind, which they are doing up on top hall since they came here, so if I do not guard myself I would be crazy or dead long ago.

Their names are Andie O'Dea and wife of Atlantic John Linmane, & Cormick McCauley of DesMoines. When in Clarinda, they got my virility taken from me internally and all kinds of malpractice by drugging and otherwise, and got _____ made from it, so they can see me if convenient wherever I am and know my mind. Nothing out of their mouth although but you sun-of a bitch, all for the money she got for that malpractice. She says these $6,ooo.oo she got in my name are down in the safe in your office, and I want you please to hold it for me What can you expect that a woman who drugged and killed her brother in Davenport for her insurance in two Societies. Father Nugent, Des Moines, told you last fall, he would put a stop th this persecution, but did not. Catholic Knights and othersecret Societies are back in there.

(After Societies) for fear he would get married and die and leave it to some strange parties, as he was notvery ruggid. I have her own words for this and other things, some of which I will mention:- she also drank a p nt of kerosine to kill an innate baby, but did not acomplish it and he is not much better lately. I was in Atlantic one day about two years ago; I went to a restaurant to have a lunch and as I went in to the table, he told the proprietor to put poison in my coffee; he is your brother said the proprietor, yes, but put it in we wait to kill time, so turned back and had no lunch till after a while, and used all kinds of guys to hook me at that time, but did not make it. And with regard to the money that they got for the contract down below, they sent for a priest to Marengo, who beloved to an irish Catholic Society, to sign the contract, which contract was, as far as I understand, to let them and brotherinlaw have half, and I the other half, if ever got out there; and she afterwords sent for my part of the money and said I was sick and she taking care of me in my name in her care. I did not know til she got the money that I was sick and she as now, trying to poison and get the best of me. This very priest went to school when I taught in Warren Co., Iowa in 1869, when I was a young fellow. She also gave $5oo.oo to P R Witter in pope Co., Iowa to catch me by force and shut me up in pope Co., Asylum. & $2oo,oo to his daughter, and some to the hired girls there to float her schemes, so as a great many people have said, I must have a pretty strong constitution and good patience that they have not killed me long ago, and she has said that she ordered the Winona Sheriff to take book pencil & spectacles from me, at the time she gave him the $loo.oo in money which he did, I am fairly sick and played out since I came here, from firing this electricity at me night and day through floor. Can see every thing I see; I cant stand it much longer, please in the name of God and for His sake, let me go from here to do for myself. (OVER)

Father or Pat. Relations, Father died when patient was young - of Alc.
Brothers or Sisters, Brother died from accident - Three living (4) he claims are healthy.
1 sister died in Childbirth - 2 sisters living are healthy -

Personal and Medical History of Ed. O'Dea

Whole No. 3298.
Residence, Winona, Minn
Date Admission, 16th March 1893.
Admitted by D. Phelps Hour, 7.15 PM
How Sent A. L. Buck Jr. Winona County
Sex, male
Age, 45
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Day Laborer
Degree Education,
Profession Religion, Catholic
Habits, Good
Nativity, Ireland
Physicians Committing, Dr. Kelly & G. A. Gates
Correspondents, Andrew O'Dea (Brother) Atlantic Iowa

No. for Year, 210
Insane Relatives, none as known
Cause Exciting, not known
Cause Predisposing, Previous attacks
Form, Manic Chronic
Accompanying Bodily Disorder, how noticeable
Suicidal or Not, not
Date of this Attack, not given
Duration, not stated
No. of Attack, 3rd probably.
No. of Admissions, 1st (here)
Age First Attack, not given
Time of Leaving, Aug. 14 1893
Time in Hospital, 4 yrs. 4 mo. 29 ds.
Result, Died Apoplexy.

EXAMINATION ON ADMISSION.

Ed'd by D. Bates Mar 17/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, quite clear as most subjects
Quick or Sluggish, quite active

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

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

REASONING POWER:
Ordinary Subjects,
Own Mental State, Thinks he is all right
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Inclined to be happy
Depressed,

DELUSIONS:
Systematized or Not,
Special Subjects, of persecution
Transitory or Not,

HALLUCINATIONS: "of hearing"

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:

Has a sort of twitching of left cheek by winking the eye. Also has some tremors of eyelids. Says these tremors and the condition he is now in are all due to the persecutions he has suffered. Complains of bitters over his stomach. Is filled with foul wind. Says he also knows the cause of this; this an infusion of volatile gas. Sits around him this good while. Claims he has been persecuted since March 1891. Says these people are following him. "Knows they are here too." Says this is a reality.

Personal and Medical History of Ed. O'Dea

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 5¾ in. WEIGHT, 159 lbs. NUTRITION, Fair
WOUNDS OR ABNORMALITIES, Had fracture of right ankle, left ulna, at wrist, quite markedly deformed
TONGUE, Tremors, marked Coatings, slight Promptness Movement, fairly free
PUPILS, Equality, unequal; right very slightly large. Size,
Response Light, Yes; but dilatation somewhat impaired Accommodation, Yes.
SIGHT, farsighted — Cannot read at near-sight.
HEARING, Somewhat impaired.
CO-ORDINATION, Arms Finger to nose, Eyes shut, good.
Legs, Standing, Eyes shut, Sways slightly.
TREMORS, Hands, Some Tongue, marked
Facial Muscles, slight General, none noticed
REFLEXES, Patellar, equal — exaggerated —
Other Reflexes, Has slight ankle-clonus
ARTICULATION, Hesitating, fairly prompt Slurred, Somebrogue
FACIAL EXPRESSION, about normal
SENSIBILITY, of hands, seems good.
HEART, seems sound accentuated
LUNGS, seem fairly good. Chest 36½ in. Expn —. Has rather a bad cough.
EXAM. URINE, 5/20/93 D. Mc

Color, yellow; reaction, acid; Sp. gr. 1022. Small trace albumen.

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Yes Irregular,
APPETITE, Good, has been very good. Medium, but takes no food now Poor,
SLEEP, Good, Claims has been; but not Poor good now Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS, Head somewhat peculiarly shaped; right half is higher & more prominent than left, ova vertex.

HISTORICAL.

LENGTH OF INVASION, probably slow ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, mother died, about 60 — of old age — Claims was healthy.
Father or Pat. Relations, Father died when patient was young — of Unc.
Brothers or Sisters, Brother died from accident — Three living (4) he claims are healthy.
1 sister died in childbirth — 2 sisters living are healthy —

She says Supervisor let her go up stairs, she is cursing and calling me a dammed Sun-of-a-bitch all along. Please attach that money which is in her name in satchel, or safe, for me. So word I cant express or imagination conceive the boundless tortures which I have been through.
Yours &c.

Edward O'Dea.

Personal and Medical History of Ed. O'Dea

1893

This man was brought here by a deputy-Sheriff, with the following history. Is a day laborer; of good habits; cause of this attack is not known; form is chronic paranoyd. No accompanying bodily disorder noticeable; first symptoms were manifested by delusions. This is not the 1st attack. From his own statement, he was in Asylum at Dorchester, April 1st 1891; and on May 24th 1891. He now imagines persons are trying to injure & poison him & are following him. Is not disposed to injure others, nor suicidal, nor filthy nor destructive. As to any bodily disease, not known. On the above 2 different times was in Asylum for 3 months (about).

Mar 17 March 17/93. Restless 3 hours last night, sleeping 5 hours. Took no food yesterday & no breakfast this morning. Says he has no appetite. Slept none, he says "Was not let sleep"; "some strangers came in last night; he did not see them; heard them say 'we've got you now'" — This the old business. Asks go.

" 18 March 18/93. Was quiet & slept 7 hours last night. Is refusing food still. However, partaking of a

" 19 good supper today. Has hallucinations of hearing. Seemed crying today. March 19/93. Rested better,

" 20 sleeping 8 hours, last night. Ate 2 meals today, refusing one. March 20/93. Quiet and slept well,

" 21 last night; Ate but one meal today. Is constipated. March 21/93. Was somewhat restless for a couple of

" 23 hours, sleeping 8 hours last night. Ate well today. March 23/93. Slightly restless the night before last; quite so, last night, sleeping 6 and 4 hours. Refused dinner today.

Apl 4 April 4/93. Wt 148½ pds. Pulse 88. Has lost heavily in weight. Has been uniformly quiet at night,

" 7 but nightly, more or less restless, sleeping from 3 to 6 hours. Apl 7/93. Missed the past 6 or 7

" 19 meals, eating a good breakfast this morning. Apl 19/93. Continues uniformly quiet at night, but quite often somewhat restless. By day, is quiet, clean, tidy & well-behaved. Keeps apart from others, talking very little with anyone except the officers. Threw Ledaily approaches & entreatments to be let go. He is very much disturbed by the voices which he hears threatening him with all manner of evil & harm; thinks himself persecuted and filled with electricity &c. Has written some letters to parties about these matters.

May 3/93 May 3/93. Wt 148 pds. Pulse 70. May 10/93. Continues quiet at night & apparently sleeps well: not

" 10 very often restless. Conduct & behavior by day quite good. Is now eating regularly & well. At times, when sitting onward, holds a paper in front of his face, fearing that some one, who, he says, is looking for him, may find him, (evidently still holding to his delusions). Writes quite frequent letters, to people in official positions, endeavoring, in this way, to secure his release from here. Is slowly

" 31 regaining some of his lost weight. Is in fair physical health. May 31/93. Appetite generally good. Bowels are constipated, at times. No cough noticed. Refuses to work or to go out walking. Hears some one talking to him; and is continually "bothered with bees".

June 14 June 14/93. As a rule. Sleeps well at night; last night, however, was restless and talking; slept but 4 hours.

" 30 June 30/93. Appetite generally good; though he refuses meals, occasionally. Bowels somewhat constipated. Sits, at times, with a paper or handkerchief over his head so he can't hear his relations talking to him from up-stairs. ——— Does not walking fairly regularly: Does no work.

July 31 July 31/93. Appetite good. Patient is in good bodily health. Is still somewhat troubled with constipation, at times. Still "hears people talking to him"; "they bothered him so that he could not eat his dinner yesterday". Talks but little. Talk is full of delusions.

Aug 3/93 Aug 3/93. Keeps in his usual fleck. Aug 18/93. Says that the Doctors wont let him go & he is going

Personal and Medical History of Ed. O'Dea

NAME Ed. O'Dea

DATE, 189	Weight.	Pulse.	Gain.	Loss.
June 5th	153¼	—	5¼	
July 1st	157	—	3¾	
Aug 3d	158½	—	1½	
Sept 8th	158	—		½
Oct 3d	160	—	2	

No 3298

RIPTIVE NOTES FOR NEW CASES.

Admitted March 16 '93

by M R 26 Att. Ward B2 E

sits on seat most of time.
Cooperative & quite accessible
- not eating

seen at bath quite clean

None

other noteworthy items Moves comfortably P.M. 92.

lar account from suggestions above. No change.
good supper
afternoon quiet.
P.82.

changes or new items.

. No Supper. Sat quiet most
P-100.

7 day.

20 Fourth day same appetite poor. very nervous
Walks about hall some; but most of time sits on a seat
P. 88

21 Fifth day same appetite improving slightly.
P 84

22 Sixth day same appetite fair. Bowels regular.
P 86

23 Seventh day the same appetite changeable
P 84

Note:- The above is intended to furnish a good descriptive account for us, and also to train in observation and intelligent work, as in case of attendant's record. The headings are meant as suggestions for a descriptive account.

" 20 ... nervous restless & had to be held for some time. Sept 30/94. About as usual. Still deluded.

Oct 3 / Nov 1 / Dec 1894 / Jan 31 1895 } Oct 31/94. Wt 149 pds. Pulse 75. Nov 1/94. Wt 154 " " 90. Dec 1/94. Wt 154 pds. P 90. Jan 2/95. Wt 154 pounds. Pulse 78. Jan 31/95 - Occasionally restless & noisy at night. Behavior good, in wards abstinate, at times. Has delusions & hallucinations, acts to go away - says "told him untruthfully" Does no work. Habits Clean. (carried to 232)

1893

This man was brought here by a deputy-Sheriff, with h
of good habits; cause of this attack is not known; form
-ming bodily disorder noticeable; first symptoms were n
attack. From his own statement, he was in Asylum at
1891. He now imagines persons are trying to injure
injure others, non-suicidal, non filthy, non destruct
above 2 different times was in asylum for 3

Mar 17 March 17/93. Restless 3 hours last night, s
this morning. Says he has no appetite. Slept
last night; he did not see them; heard them
" 18 March 18/93. Was quiet & slept 7 hours last night
" 19 good supper today. Has hallucinations of hearing.
" 20 Sleeping 8 hours last night. Ate 2 meals today, refusing
" 21 last night; Ate but one meal today. Is constipated. March 21/93
" 23 hours, Sleeping 8 hours last night. Ate well today. March 23/93
Quite Co, last night, sleeping 6 and 4 hours. Refused dinner today.

Apl 4 April 4/93. Wt 148½ pds. Pulse 88. Has lost heavily in weight. Has been uniformly quiet at night
" 7 but nightly, more or less restless, sleeping from 3 to 6 hours. Apl 7/93. Missed the past day 7
" 19 meals, eating a good breakfast this morning. Apl 19/93. Continues uniformly quiet at night,
but quite often somewhat restless. By day, is quiet, clean, tidy & well-behaved. Keeps apart
from others, talking very little with anyone except the officers. Shows bodily appearances &
he let go. He is very much disturbed by the voices which he hears threatening him with all
manner of evil & harm; thinks himself persecuted and filled with electricity &c. Has written
some letters & parties about these matters.

May 3/93 May 3/93. Wt 148 pds. Pulse 70. May 20/93. Continues quiet at night & apparently sleeps well: not
very often restless. Conduct & behavior by day quite good. Is now eating regularly & well. At times,
when sitting on ward, holds a paper in front of his face, fearing that some one, who, he says, is looking
for him, may find him, (evidently still holding to his delusions). Writes quite frequent letters,
to people in official positions, endeavoring, in this way, to secure his release from here. Is slowly
" 31 regaining some of his lost weight. Is in fair physical health. May 31/93. Appetite generally good.
Bowels are constipated, at times. No cough noticed. Refuses to work & says out walking. Hears
some one talking to him; and is continually "bothered with bees".

June 14 June 14/93. As a rule. Sleeps well at night; last night, however, was restless and talking; slept but 4 hours.
" 30 June 30/93. Appetite generally good; though he refuses meals, occasionally. Bowels somewhat constipated.
Sits, at times, with a paper or handkerchief over his head as he can't hear his relations talking to
him from up-stairs. Does not walking fairly regularly; does no work.

July 31 July 31/93. Appetite Good. Patient is in good bodily health. Is still somewhat troubled with constip-
-ation, at times. Still hears people talking to him; "they bothered him so that he could not eat
his dinner yesterday." Talks but little. Talk is full of delusions.

Aug 3/93 Aug 3/93. Keeps in his usual health. Aug 18/93. Says that the Doctors won't let him go & he is going

No 3298

DESCRIPTIVE NOTES FOR NEW CASES.

Case of Mr Ed. O'Dea Admitted March 16, '92.

Written by M R 26 Att. Ward B2 I

17 First day behavior Quiet; sits on seat most of time.
Talks Cowardly, Colorgenerally quite accessible;
Eating no breakfast - not eating
Cough Some
Bodily condition, seen at bath Quite Clean
Bruises, injuries None
Bowels Constipated
Any complaint or other noteworthy items Misses company P.M. 92.
is after time.

18 Second day write similar account from suggestions above. No breakfast.
at dinner Very good supper
Cryed some in forenoon. afternoon quiet.
Bowels moved
P-82.

19 Third day same, especially changes or new items.
Breakfast & dinner. no Supper. Sat quiet most of day.
P-100.

20 Fourth day same appetite poor. very moody
Walks about hall some; but most of time sits on a seat.
P. 88

21 Fifth day same appetite improving slightly.
P 84

22 Sixth day same appetite fair. Bowels regular.
P 86

23 Seventh day the same appetite changeable
P 84

Note:- The above is intended to furnish a good descriptive account for us, and also to train in observation and intelligent work, as in case of attendant's record. The headings are meant as suggestions for a descriptive account.

Oct 3/94 Oct 3/94. Wt 159 pds. Pulse 95. Oct 31/94. No special change. Still full of delusions as ever.
Nov 1/94 Nov 1/94. Wt 159 " " 90. Dec 1/94. Wt 154 pds. P 90. Jany 2/95. Wt 154 pounds. Pulse 78-
Dec
Jan 95 Jan 31/95 - Occasionally restless & noisy at night. Behavior good, tidy & clean. Converses rationally, at times. Has delusions of persecution - asks to go away - says "hell has not awful" Does no work. Habits Clean. (carried to 232)

1893

walk away". Aug 23/93. very noisy in morning. Has been worse than usual, the past few days.
" 31 Aug 31/93. Had to run away recently (27th). Is deluded. Thinks his relations are talking to him. Appetite medium. Bowels generally free. Gen good physical health.
Sept 8/30 Sept 8/93. Maintains quite even weight. Sept 30/93. Is still full of delusions. Sits around, all day, while on hall, with a paper on his head.
Oct 19/31 Oct 19/93. Is still full of delusive ideas. Oct 31/93. Does not go out walking, nor take part in any games. Physical condition good. In other respects, no change.
Nov 1/30 Nov 1/93. Wt 164 pds. Pulse 84. Nov 8/93. Seldom walks out. Complains, at times, of pains in his back. Is deluded; says "his relations keep bothering him". Appetite & physical condition are good.
" 30 Nov 30/93. Still refuses to go out walking - Manifest delusions still. Health good. —
Dec 4/6 Dec 4/93. Wt 157½ pds. Pulse 80. Dec 6/93. Was very noisy last night and slept only 4 hours. Is also quite noisy today - says "somebody is throwing poison down on him" - Dec 6/93. Noisy about 5 hours, sleeping but 4 hours, last night. Missed 2 meals, today. Dec 15/93. As one of the past few nights, has been restless & noisy and has slept poorly. Dec 21/93. Noisy all last night; slept none.
" 21 Dec 21/93. Noisy & restless, quite often by day. Still shows delusions. Habits are clean. —
Jan 5/25th Jan 2/94. Wt 167 pds. Pulse 96. Jan 15/94. Sits about or a seat - Occasionally refuses food -
" 16 Jan 16/94. Has been quite noisy, today. Jan 31/94. No change; and no improvement is noted -
Feb 1/13 Feb 1/94. Wt 166 pds. Pulse 80. Feb 15/94. Has been a few nights this month, very restless & noisy, sleeping poorly then. Is also extremely noisy, at times, by day. Full of delusive ideas. Generally sits, while in board, in the one place, with a paper over his head, to keep electricity from penetrating his brain". Reads some - Does not walk out with the rest. Personal habits are good. —
Mar 2/31 March 2/94. Wt 168 pds. Pulse 90. March 31/94. Does not change any. Still shows delusions: and keeps the paper over his head, (as mentioned above). Occasionally misses a meal or so. —
April 2/26 April 2/94. Wt 172½ pds. Pulse 84. April 26/94. Occasionally noisy at night, sleeping poorly sometimes, noisy also by day: deluded. Soiled his bed the past 2 nights. Today, transferred to B3E.
" 30 April 30/94. Appetite good; bowels regular. Has been quietly behaved & habits have been clean since in this hall. Wants very badly to get out & go home, as he considers himself perfectly well. Talks a good deal about it.
May 1st Wt. 164½ #p. 70. From 4th to 19th quite restless, sleeping on average 5 hrs. 31st Appetite good. bowels regular, behavior quiet, generally has delusions, is always asking to get out. habits clean, does not
June work, talk rational at times. June 2nd Wt 164th p. 76. 10th Restless 5 hrs. noisy 5 hrs. slept 5 hrs.
" 30 conduct on ward very good. appetite good. bowels reg. 20th No change. July 2nd Wt 163 2/4 p. 92.
July 19th Extremely noisy 5 hrs. 31st Appetite good, bowels reg. behavior at times quite noisy - saying that elec-
" 31 tricity was coming down from above & penetrating his brain. always keeps head covered with paper. talk incoherent. habits clean, does no work. Aug 1/94. Wt 158 pds. P. 75. Aug 31/94. No change.
Aug 1/30 Sept 3/94. Wt 154½ pds. P 100. Sept 7/94. When out walking, today, patient took a club with him & began to walk
Sept 3/ away from the crowd; would not come back when called; commenced to run when Attendants started after him & when overtaken he turned & began using the club, striking & occasionally attacking & kicking Att. Olson.
" 20 (was very excited & unruly & had to be held for a time. Sept 30/94. About as usual. Still deluded.
Oct 3/ Oct 3/94. Wt 154 pds. Pulse 95. Oct 31/94. No special change. Still full of delusions as ever.
Nov 1 Dec 1 Nov 1/94. Wt 154 " " 90. Dec 1/94. Wt 154 pds. P 90. Jany 1/95. Wt 154 pounds. Pulse 78 -
Dec 1/94 Jan 1/95 Jan 31/95 - Occasionally restless & noisy at night. Behavior good, but at the abstinate, at times. Has delusions & still acts to go away - Says "he'll live until awhile" Does no work. Habits Clean. — (carried to 232) —

for him,
to people in offices
" 31 regaining some of his
Bowels are constipated, at
some one talking to him; and is co
June 14 June 14/93. As a rule. Sleeps well at night, however, was restless and talking; slept but 4 hours.
" 30 June 30/93. Appetite generally good; though he refuses meals, occasionally. Bowels somewhat constipated. Sits, at times, with a paten or handkerchief over his head "so he can't hear his relations talking to him" from up-stairs. — Does not walking fairly regularly; does no work.
July 31 July 31/93. Appetite good. Patient is in good bodily health. Is still somewhat troubled with constipation, at times. Still "hears people talking to him"; "they bothered him so that he could not eat his dinner yesterday." Talks but little. Talk is full of delusions.
Aug 3/18 Aug 3/93. Keeps in his usual place. Aug 18/93. Says that the Doctors won't let him go & he is going

apparently sleeps well: not
ing regularly & well. At times,
at some one, who, he says, is looking
noisy). Writes quite frequent letters,
to his release from here. Is slowly
ealth. May 31/93. Appetite generally good.
refuses to work & boys out walking. Hears
with bees".

Personal and Medical History of Chas. Swanson #2

Whole No. 3300
Residence, St Paul, Minn
Date Admission, 20th March 1893.
Admitted by D. Phelps. Hour, 7.30 PM
How Sent, John. B. Oliver, Jr., Ramsey County
Sex, Male
Age, 28 years
Civil Condition, Single
Children, —
Age Youngest Child,
Occupation, Carpenter
Degree Education,
Profession Religion, Yes: Lutheran
Habits, so far as known, all right.
Nativity, Sweden
Physicians Committing, O. A. Flieberg & G. J. Hauley.
Correspondents, John Swanson (brother)
631 E. 5th St. St. Paul

No. for Year, 212.
Insane Relatives, A paternal Aunt
Cause Exciting, probably failure in love affairs
Cause Predisposing, Hereditary
Form, Melancholia - Chronic
Accompanying Bodily Disorder, Not to our knowledge
Suicidal or Not, not
Date of this Attack, abnt 20 mos ago; Melancholia
Duration, abnt 20 months
No. of Attack, 1st (seems continuous)
No. of Admissions, 2nd
Age First Attack, 26 abnt
Time of Leaving, 23d September 1894
Time in Hospital, 1 year 6 mo 3 ds
Result, Died: tuberculosis pulmonalis

EXAMINATION ON ADMISSION.

Evid by D. Baker March 23/93.

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,
} will not speak

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, & sad
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
} will not speak
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
} will not talk.

GENERAL DESCRIPTIVE REMARKS:
Patient appears quite sad & gloomy — Could not be induced to try many of the tests nor would he say a word.

Personal and Medical History of Chas. Swanson #2

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6½ in WEIGHT, 125 pds NUTRITION, Rather poor.
WOUNDS OR ABNORMALITIES, See previous record
TONGUE, Tremors, will not show tongue Coatings, —— Promptness Movement, ——
PUPILS, Equality, Equal Size, about normals
Response Light, Yes Accommodation,
SIGHT, good
HEARING, fair
CO-ORDINATION, Arms, finger to nose, Eyes shut, wont test —
Legs, Standing a foot, wont test. Standing, Eyes shut, Sways slightly —
TREMORS, Hands, Quite steady — Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal somewhat exaggerated.
Other Reflexes,
ARTICULATION, Hesitating, wont speak Slurred, ——
FACIAL EXPRESSION, Sad
SENSIBILITY,
HEART, See previous examination
LUNGS,
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, ? Constipated, Irregular,
APPETITE, Good, Not very Medium, Poor,
SLEEP, Good, ? Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, See previous examination ONSET GRADUAL OR SUDDEN,

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

Personal and Medical History of Chas. Swanson #2

1893

This man was brought here by Deputy-Sheriff Irish, with the following history. Habits, so far as known, all right. Insanity seems hereditary. A failure in love affairs may have some influence in causing this attack. Form is chronic, mixed, exalted & depressed — No accompanying bodily disease or disease known of. First symptoms of disease was manifested about 20 months ago, a melancholia. This, the first attack, seems continuous. Insanity is now manifested as a noisy subject. Is neither disposed to injure others, nor suicidal, nor filthy nor destructive. Was easily impressed & sensitive.

Nov 3/10 Patient was here before from July 2? 1892 to Sept 7th 1892. (See Vol 20. page 1. No. 3066.)

Mar 20/93. On admission, put on B?. Mar 21/93. Has quiet & slept 7 hours last night. Ate but a few mouthfuls for breakfast. Mar 23/93. Slightly restless for an hour in each of past 2 nights, sleeping 7 hours & has taken a little food at each meal, but refused dinner today. Apl 4/93. Has been quite often quite restless. Sometimes for over half the night, sleeping correspondingly long. Wt 131½ pds. Pulse 74. —

Apl 17/93. Ever since his return, patient has been inclined to be ugly & irritable, taciturn and sulking; and has, at times, done violence. Today was worse than usual in this respect & was transferred from B to C3.

Apl 20/93. Semi-fondly quiet at night, but slightly restless, apparently getting sufficient sleep. Has, at all times, been clean tidy in dress & personal care. In ate??, took very little food; later, ate well. At times, stubbornly refusing to speak, has begun talking fairly freely & pleasantly. Since his transfer to C3 has sat in silence & quietness nearly all day long. Seems good health.

May 3/94 May 3/93. Wt 136½ pds. Pulse 90. May 11/93. Complains today of diarrhoea.

" 20 May 20/93. Patient, for some time, has been quiet, restful & apparently sleeping well at night. Appetite is good and bowels seem normal. Is more closely watched on this (C3) ward, and is not so frequacious as formerly, only on 2 occasions, since his transfer, having got into fights. Health about as usual. —

" 31 May 31/93. Appetite & bowels are irregular; no cough noticed. Seems good physical condition. — Has "spells" when he is ugly, striking & kicking his fellow-patients with cause or provocation. Has a mania for tearing the clothes of others. When not under "spell" will sit quietly in one place & not speak. Has received a few injuries recently in fights with fellow-patients; Forehead bruised (May 22nd); Eye blacked (May 28th); forehead bruised in a struggle with attendants yesterday. Talks very little; seldom answering questions. Wants to go away. Seems neat & tidy in habits. Has not been secluded. —

June 30 June 30/93. Apparently restful & sleeping well, at night. Appetite is good; bowels regular. Is in good physical condition & has been gaining in flesh. Retains personal habits. Talks very little. Most of the time is very well-behaved & quiet, but has an occasional ugly "spell" when he acts as above-described. Has had his face & cratched & finger bitten in 2 different fights with his fellow-patients. Was, at times, had to be fed out on the hall on account of his fighting in dining-room.

July 31 July 31/93. There is no change to note in either patient's condition, conduct or behavior. Still occasionally has his ugly spells when he gets into fights & as usual receives some slight injuries.

Aug 1/31 Aug 1/93. Keeps about in his usual health. Aug 31/93. Appetite is not very good. Bowels regular. Makes no complaints. Patient has ugly, stubborn "spells", lasting from 1 to 4 days; will then also annoy others by shoving them about & talking insolently. Habits are neat. Face was bruised and thumb of left hand bitten by a fellow-patient (John Mannix) today.

Sept 1/30 Sept 1/93. Continues in good physical condition. Sept 30/93. Appetite has improved & is now quite fair.

NAME Charles Swanson #2

DATE. 189 3	Weight.	Pulse.	Gain.	Loss.
June 3?	132	77		4½
July 2nd	137	66	5	
Augt 1st	138	70	1	
Sept 2nd	138	94	-	
Oct 1st	135	80		3
Nov 2?	130½	68		4½
Dec 4th	128	62		2½
Jany 1894 ??	125	90		3

...es spells" of talking in a loud, insolent manner to whoever ... are neat & clean. — —

...ly fair. Still very sullen & stubborn. Mother respects, no ... — Oct 31/93. Appetite fair. Physical condition good. Is still ... bench, staring into vacancy. Is not noisy, however. Does not seem ..., nor answer, when spoken to. Clean & tidy in personal habits. ...enity much depressed. —

... in flesh the past 2 months. Nov 30/93. Appetite fair; bowels ...lace nearly all day, speaking to none. Seems depressed and of a ... to comprehend. Talks incoherently. Habits are neat and clean. ...rovement noticed in patient's condition. —

... in flesh, for the past 4 months. Jan 14/94. Appetite, for past 5 ... Patient does not seem to change (with exception of loss in weight) ... Physical condition only fair. Habits continue clean. —

...eb 21/94. Appetite very poor, during past 10 days. Feb 27/94. Patient ... took about a pint of milk at breakfast, to day; same at dinner. ... ate nothing, at any of the meals, today. Bowels are irregular. ...ner, is very stupid; takes no notice of what is going on or said ...; is difficult to arouse. Talks very little; is incoherent. Habits fair. No improvement is noticed in either his physical or mental condition. Sleep & rest, also quite poor.

Mar 1 March 1/94. Wt 112 pds (a loss of 10 pounds, in past month). Pulse 90. Ate no solid food, today, but drank

" 2 about a pint of milk. March 2/94. Ate no breakfast or dinner. At supper, he ate voraciously. —

" 3/7 March 3/94. Appetite is improving. March 7/94. Appetite has been quite good, the past three days. —

" 31 March 31/94. Appetite very irregular for past 3 weeks; will eat well, for 2 or 3 days, then, for about the same length of time, will eat very little. Bowels seem constipated. Patient also has some cough. He seems weak. Is very stupid & obstinate. Talks very little & incoherently. Seems brooding over something.

Apl 1/28 Apl 1/94. Wt 117 pounds (has recovered some of his lost flesh). Apul 26/94. Has vaccinated, today. —

" 30 April 30/94. Patient continues as described above for past 2 or 3 months. No improvement is noticed —

May 1st Weight 119th. pulse 76. May 11th For last four days has been very stupid, appetite poor, has some cough, 12th, 13th & 14th the same, 15th & 18th the same, 19th some better, appetite improved. 22nd Fought with a fellow patient, was thrown on the floor with considerable violence & received a scalp wound 1½" in length. May 31st appetite poor, bowels very irregular, physical condition not considered good. Troubled with constipation & cough-ness considerable phlem. Behavior most of the time has been stupid or melancholy.

Occasionally noisy, spells of short duration, very obstinate talks incoherently. For injuries see 2nd. No improvement. June 1st 1894 Weight 121th, pulse 80. June 29th fighting with Chas. Claflin, face slightly bruised June 30th Physical condition, appetite behavior & mental state same as last month, does not seem to improve.

July 1st Weight 126th. pulse 78. 8th & 14th noisy spells. also 19th 24 & 25th. The above spells last but a few minutes. 31st & 2? noisy spells — appetite for past ten days very poor.

(p. 70 Transfer book.)

1893

This man was brought here by Deputy-Sheriff Irish, so far as known, all right. Insanity seems hereditary some influence in causing this attack. Form is of Nos accompanying bodily disorder or disease known manifested about 20 months ago, as melancholy Insanity is now manifested in various but suicidal, nor filthy nor destructive. Urine

Nov 3/10 Patient was here before from July 2d 189

Mar 20/93. On admission, patient B't. Mo

" 23 mouthful for breakfast. Mar 23/93. Slightly

Apl 4 has taken a little food at each meal, but refuses them

sometimes for over half the night, sleeping Conscp

" 17 Apl 17/93. Ever since his return, patient has been inclined

" 20 and has, at times, done violence. Today was worse than usual in Apl 20/93. Uniformly quiet at night, but slightly restless, ap-

Has, at all times, been clean tidy in dress & personal care. In attend, to At times, stubbornly refusing to speak, has begun talking fairly freely & pleasantly. Since his transfer to C3 has sat in silence & quietness nearly all day long. Gen good health.

May 3/14 May 3/93. Wt 136½ lbs. Pulse 90. May 14/93. Complains today of diarrhoea.

" 20 May 20/93. Patient, for some time, has been quiet, restful & apparently sleeping well at night. Appetite is good and bowels seem normal. Is more closely watched on this (C3) ward, and is not so frequent in formerly, only on 2 occasions, since his transfer having got into fights. Health about as usual. —

" 31 May 31/93. Appetite & bowels are irregular; no cough noticed. Gen good physical condition. — Has "spells" when he is ugly, striking & kicking his fellow-patients with cause or provocation. Has a mania for tearing the clothes of others. When not under "spell" will sit quietly in one posture & not speak. Has received a few injuries recently in fights with fellow-patients; forehead bruised (May 22d); eye blacked (May 28th); forehead bruised in a struggle with attendants yesterday. Talks very little; seldom answering questions. Wants to go away. Is neat & tidy in habits. Has not been secluded. —

June 30 June 30/93. Apparently restful & sleeping well, at night. Appetite is good; bowels regular. Is in good physical condition & has been gaining in flesh. Neat in personal habits. Talks very little. Most of the time is very well-behaved & quiet, but has an occasional ugly "spell" when he acts as above described. Has had his face & cranium & finger bitten in 2 different fights with his fellow-patients. Has, at times, had to be fed at the hall on account of his fighting in dining room.

July 31 July 31/93. There is no change to note in either patient's condition, conduct or behavior. Still occasionally has his ugly spells when he gets into fights & as usual receives some slight injuries.

Aug 31/31 Aug 31/93. Keeps about in his usual health. Aug 31/93. Appetite is not very good. Bowels regular. Makes no complaints. Patient has ugly, stubborn "spells", lasting from 1 to 4 days; will then also, among others by showing them about & talking insolently. Habits are neat. Face was bruised and thumb of left hand bitten by a fellow-patient (John Mannix) today.

Sep 1/30 Sep 1/93. Continues in good physical condition. Sep 30/93. Appetite has improved & is now quite fair.

(No. 3066.)

a few spring Thurs quite restless.

e 7th. —

w and talking; transferred from B't to C3 — ting different sleep. little food; later ate well.

Cont'd Sep 30/93. Is sullen, morose & has "spells" of talking in a loud, insolent manner to whoever may approach him. Habits are neat & clean. — —

Oct 20 Oct 20/93. Appetite is still only fair. Still very sullen & stubborn. In other respects, no

" 31 material change to note. — Oct 31/93. Appetite fair. Physical condition good. Is still very sullen & contrary. Sits on a bench, staring into vacancy. Is not noisy, however. Does not seem to take notice of what is going on, nor answer, when spoken to. Clean & tidy in personal habits. Is generally incoherent. Is evidently much depressed. —

Nov 2/30 Nov 1/93. Patient has been losing in flesh the past 2 months. Nov 30/93. Appetite fair; bowels irregular; remains in the same place nearly all day, speaking to none. Seems depressed and of a melancholy disposition. Slow to comprehend. Talks incoherently. Habits are neat and clean.

Dec 31 Dec 31/93. No change; no improvement noticed in patient's condition. —

Jan 2/18 Jan 1/94 Has been steadily losing in flesh, for the past 4 months. Jan 14/94. Appetite, for past 5

" 31 days, has been poor. Jan 31/93. Patient does not seem to change (with exception of loss in weight) any, from month to month. Physical condition only fair. Habits continue clean. —

Feb 4/12 Feb 1/94 Wt 122 lbs. Pulse 106. Feb 21/94. Appetite very poor, during past 10 days. Feb 27/94. Patient

" 28 has eaten nothing, the past 2 days. Took about a pint of milk at breakfast, today; came at dinner ate nothing at supper. Feb 28/94. Ate nothing, at any of the meals, today. Bowels are irregular. He seems very weak. In manner, is very stupid; takes no notice of what is going on or said to him: sits with his head down; is difficult to arouse. Talks very little; is incoherent. Habits fair. No improvement is noticed in either his physical or mental condition. Sleep & rest, also quite poor.

Mar 1 March 1/94. Wt 112 lbs (a loss of 10 pounds, in past month). Pulse 90. Ate no solid food, today, but drank

" 2 about a pint of milk. March 2/94. Ate no breakfast or dinner. At supper, he ate voraciously. —

" 3/7 March 3/94 Appetite is improving. March 7/94. Appetite has been quite good, the past three days. —

" 31 March 31/94. Appetite very irregular for past 3 weeks; will eat well, for 2 or 3 days, then, for about the same length of time, will eat very little. Bowels seem constipated. Patient also has some cough. He seems weak. Is very stupid & obstinate. Talks very little & incoherently. Seems brooding over something.

Apl 1/28 Apl 1/94 Wt 117 pounds (has recovered some of his lost flesh). April 26/94. Has vaccinated, today. —

" 30 April 30/94. Patient continues as described above for past 2 or 3 months. No improvement is noticed —

May 1st Weight 119#, pulse 76. May 11th For last four days has been very stupid, appetite poor, has some cough, 12th, 13th & 14th the same, 15th to 18th the same, 19th some better, appetite improved. 22nd Fought with a fellow patient, was thrown on the floor with considerable violence & received a scalp wound 1½" in length. May 31st appetite poor, bowels very irregular, physical condition not considered good. Troubled with constipation & cough-ing considerable phlegm. Behavior most of the time has been stupid or melancholy.

Occasionally noisy, spells of short duration, very obstinate talks incoherently. For in-

June 1st juries see 22nd. No improvement. June 1st 1894 Weight 121#, pulse 80. June 28th fight-ing with Chas. Claflin, face slightly bruised June 30th Physical condition, appetite behavior & mental state same as last month, does not seem to improve.

July 1st Weight 126#, pulse 76. 8th & 14th noisy spells, also 19th & 25th. The above spells last but a few minutes. 21st & 25th very noisy spells — appetite for past ten days very poor.

(p. 70 Transfer book.)

Personal and Medical History of Charles. E. Crites

Whole No. 3301.
Residence, 183 Pleasant Ave, St. Paul.
Date Admission, 20th March 1893.
Admitted by D. Phelps Hour, 7.30 PM
How Sent, John. B. Oliver Sh't, Ramsey County
Sex, Male
Age, 40
Civil Condition, married
Children, (2) 1 Boy and 1 Girl
Age Youngest Child,
Occupation, R.R. Clerk
Degree Education,
Profession Religion, Not a church member
Habits, Has Morphine & Cocaine habit
Nativity, Canal Dover, Ohio
Physicians Committing, Geo. F. Hanley & A. Macdonald
Correspondents, (Wife) Flora. M. Crites 183 Pleasant Ave.
(Friend) W.W. Cooley St Paul. Minn
% Thiels Detective Agency

No. for Year, 213.
Insane Relatives, None; not hereditary
Cause Exciting, Unknown
Cause Predisposing, not stated
Form, Mania from Morphinism
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, 1½ years ago
Duration, about 1½ years
No. of Attack, not 1st
No. of Admissions, 1st
Age First Attack, not given
Time of Leaving, May 25th '93
Time in Hospital, 2 mos 5 ds.
Result, Recd.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Ex'd by D. Baker March 23/93.

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

MEMORY:
Past Events, Say fairly good
Recent Events, fairly good
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, } Fair
Own Mental State, }
Special Subjects,

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

DELUSIONS:
Systematized or Not,
Special Subjects, Regard to persecution & influence &c
Transitory or Not,

HALLUCINATIONS: "Of hearing"

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly free

GENERAL DESCRIPTIVE REMARKS:

Eyelids very tremulous when eyes are closed. Says occasionally feels trembling in Knee joints & limbs. Has the idea that some outside influence is at work taking people at first (Can't particularize) seem following him; trying to help him some "Hocus pocus" Dodge or other. Has felt this influence for past 2 years. Last week heard some persons make derogatory remarks himself that he sought assistance of detective agency. Has had voices more particularly within past year. Seems this something like Hypnotism. Thinks mesmerism can gain such control over another that they can make that person do as they please. Seems himself maltreated by these persons & this invisible power. Has slight sensation as if some one were lifting up his testicles.

Personal and Medical History of Chas. E. Crites

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ in WEIGHT, 125 3/4 lbs (has wgd 138 1/2 lbs) NUTRITION, Slightly below normal.
WOUNDS OR ABNORMALITIES, Very numerous small scars of hypodermic injection over arms & chest. Great toe of right foot gone (accident)
TONGUE, Tremors, Some tremulous - Coatings, Yes Promptness Movement, Rather deliberate
PUPILS, Equality, Equal, left slightly hazy. Size, about normal
Response Light, Yes Accommodation,
SIGHT, Quite good
HEARING, Good
CO-ORDINATION, Arms, Finger to nose, Eyes shut, good
Legs, Standing unfoot, quite steady. Standing, Eyes shut, sway slightly.
TREMORS, Hands, Considerable Coarse Tongue, Some
Facial Muscles, Steady General,
REFLEXES, Patellar, Equal - somewhat exaggerated - good -
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred, good.
FACIAL EXPRESSION,
SENSIBILITY,
HEART, (See Ward record)
LUNGS, Seem good.
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Yes Poor,
SLEEP, Good, Rather Poor, and 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 at 62. Was troubled with headaches & nervousness
Father or Pat. Relations, Father died about 67; don't know cause
Brothers or Sisters, 1 brother living - all fair health - 1 sister living - fairly well - Older brother drank for a while - contracted habit in army - has not drunk now for some time.

Personal and Medical History of Chas. E. Crites

1893

This man was brought here by Deputy Sheriff Irish, with following history of case. Has the Morphine & Cocaine habit. Supposed cause of this attack is unknown. Form is Chronic. There is no accompanying bodily disorder or disease. First Symptoms were manifested 1½ years ago. This is not the 1st attack. Insanity is now manifested by thinking himself persecuted. Has shown a disposition to injure others. Is not suicidal, nor filthy, nor destructive. Has not been restrained or confined, but has been under Medical treatment.

Mar 21 March 21/93. Passed a comparatively quiet restful night, sleeping about 7 hours, last night. Kept in bed today by Dr's orders; bowels constipated. Heart sounds free from murmurs; Rather feeble. Says he has been taking from 4 to 6 grains of morphine per day. March 22/93. Has very quiet all last night, but slept only about 3 hours. Eats fairly well. Heard 'voices', especially last night, not threatening but derogatory to him; no particular individual, but knows who knows his case & circumstances; has heard 'voices' for nearly 2 years. Plan of treatment consisted in rapid withdrawal of the morphine, beginning with 4 grains a day, reducing by ½ grain per day, and giving of sodium bromide, in increasing doses, combined with tincture (compound) of gentian. March 26/93. Has been uniformly quiet, lying quietly, but sleeping lightly, and but 4 or 5 hours a night. Is still kept in bed. Pulse & Temperature have been about normal. Wt today, in underclothing 117½ pds.

" 26

" 27 March 27/93. Slept 5 hours last night. Is suffering some pain & a burning sensation in his limbs.

Apl 2 April 2/93. Has passed somewhat restless nights, sleeping rather poorly, from 2 to 5 hours. Still suffers

" 3 considerable pain. April 3/93. Slept about 5 hours last night. Sick today. Still suffers some. —

" 4/11 April 4/93. Rested & slept fairly well last night. Wt 120 pounds (dressed). April 11/93. Has continued somewhat restless at night, sleeping from 2 to 5 hours; has been up daily. Wt 120½ pounds. — —

" 13 April 13/93. Was today transferred from C² to A². Patient was made quite nervous by the change &

" 21 requested to be sent back. April 21/93. Troubled some with restlessness & sleeplessness since last note of this subject, but now reports that he is sleeping fairly well. Appetite has improved quite decidedly & patient is gaining in weight & strength. Soon after coming here, patient complained bitterly of the injustice of sending him to the Hospital for the Insane and wrote frequent letters to his wife & sister, telling them of the indescribable horrors of the place, and asking to be taken out as soon as possible. Was also disturbed by hallucinations, which bothered him day & night. Has seemed to be more contented & better satisfied lately, & when recently questioned about his hallucinations, seemed reluctant to talk about them. Has at all times been clean, quiet, tidy & well-behaved; is however, greatly given to finding fault with everything. Talked rather deliberately & willingly; has a bad expression. The withdrawal of the morphine was carried out fully as rapidly as indicated, and

" 21 patient has had none for over 3 weeks. Apl 21/93. Slipped and hurt his back this PM. Plaster applied.

May 3/11 May 3/93. Wt 131 pds. Pulse 78. May 11/93. Complains today of a cold.

" 25 May 25/93. Patient continues to rest and sleep well at night. Appetite also much improved, and he has steadily gained in weight and strength. Has been quite quiet, gentlemanly & polite. There was no perceptible mental perversion at time of his leaving, though mind was, perhaps, somewhat weakened. Is, probably, in not very stable condition.

Was permitted to leave on trial, this evening. —

Discharged June 7th 93.

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Feby 1
July 30/31
Aug 1 1900
Jany 31
Feby 1 1901
Jany 31
Aug 31
Jany 30/31 1902

...work.
...sions about "Spirits" and
...at everything is slime and filth."
Wt 160#
...visited by sister & friends. Nov 29. Visited by friend.
...good. Does no work. Quite chatty in habits. Very delusional
has ang... almost continually. Delusions are of a persecutory nature. —
Wt 156½" May 1. Wt 166# Aug 1. Wt 167". Jany 31/02. No change of importance, during year:
Does no work whatever: usually "haranguing", with much profanity, in regard to the
"Spirits" that are troubling him. Dec 31. No change: Health good. Dec 11/02 Visited by friends
Visited by friends: Jany 31/03. Health quite good. Habits & mental condition as before. —

Personal and Medical History of Chas. E. Crites

1893

March 21 — March today

" 26 — gentl

" 27 — Ma

April 2 — Apri

" 3 — Cones

" 13 — Apri

" 21 — preg

May 3/94 — M

" 25 — g

" 21

MEDICAL NOTES IN THE CASE OF C. E. Crites.

	MO:	DA:	BR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
March		20					Came on Ward 7.30 PM.	Morphine Habit.
		21	2.30	72	98.4		Appetite fairly good but nothing seems to suit him	
			5.00	82	98		3.30 Complained of	Sandwich, milk & buttermilk
		22	7.30	68	98.2		Ate very little for breakfast.	gave Morphine.
			5.00	74			1 CM Bromides given.	
		23	2.30	76	98		Appetite fairly good	says he feels fairly well but
			6.00	78			restless. Bowels moved 2 P.M.	
		24	7.30	82	97.8		says he begins to feel	the want of morphine at 5 PM
			5.00	72			5 P.M. Gave Morphine pill.	
		25	7.30	80	97.2		" " " "	
			5.00	62				
		26	7.30	82				
			5.00	72			Morphine twice today.	
		27	7.30	78.8			Appetite fairly good	bowels regular.
			5.00	80			says he does not feel as well this morning as yesterday.	
		28	7.30	88			Bowels moved regular. Appetite fairly good	
			5.00	86			but Complains of Pains in leg and back at times	
		28	7.30	88	Meal			
			5.00	86	2.00 P.			
		29	7.30	86				
			5.00	90				
		30	7.30	94	out of bed		9 Complains of Pain in head and being Cupped.	
			5.00	79			7.30 Gave Morphine.	
		31	7.30	76			2.30 Gave Cortes bath.	
			5.00	69				
April		1	7.30	80				
			5.00	79				
		2	9.00	78				
			6.00	76				
		3	7.30	92				
			6.30	84			up today	
		4	7.30	88			" "	
			5.00	92				
		5	7.30	92				
			5.00					
		6	7.00	84			Appetite good bowels moved regular.	
			5.00	88				
		7	7.00	88				
			5.00	92			Appetite good On Ward doing nicely.	
		8	7.00	80				
			5.00	84				
		9	2.30	76				
			5.00	*				
		10	7.00	94				
			5.00	84			Continues to find fault.	
		11	7.00	78				
			5.00	88				
		12	7.00	90			Appetite very good.	
			5.00	82				
		13	7.00	90			Transfered to A2	

is not very stable condition.

Was permitted to leave on trial, this evening. —

Discharged June 7th 94.

Personal and Medical History of Martin Dibble

June 7th

1893 Aug 4/93 — Aug 1/94. Wt 158½ lbs. P 68. Aug 31/94. Behavior quite noisy, talking to himself and clapping his hands. Has delusions & hallucinations. Talks fairly sensibly when in conversation with anyone. Habits are clean but he is slouchy in appearance & about his clothing. Is indolent and does not work any.

Sep 3/30 — Sep 3/94. Wt 155½ lbs. Pulse 78. Sep 30/94. No change in either mental or physical condition.

Oct 1/31 — Oct 1/94. Wt 157 " " 74. Oct 31/94. Keeps about the same. Seems contented here.

Nov 1 — Nov 1/94. Wt 157 " " 76. Dec 1/94. Wt 158 lbs. Pulse 72. Jan 1/95. Wt 160 lbs. Pulse 74.

Dec 1 — Jan 31/95. Appetite good; bowels regular; behavior quite noisy, talking all day; says he is conversing with the "spirits"; is stubborn & contrary. Inclined to be slouchy in dress. Has hallucinations. Habits clean. Does no work.

1895 Jan 2/31

Feb 1/28 — Feb 1/95. Wt 162½ lbs. Pulse 70. Feb 28/95. about as usual. Still "converses with the spirits &c".

Mar 1/3 — March 1/95. Wt 163 " " 70. March 31/95. No change noticeable in his condition.

April 1/30 — April 1/95. Wt 167 " " 70. (Is gaining some in flesh). April 30/95. No change to note.

May 1 — May 1/95. Wt 168 " " 92. June 1/95. Wt 170 lbs. Pulse 72. June 11/95 Visited by friend.

June 1/4 — July 1/95. Wt 170 " " 70. July 31/95. Behavior noisy; abusing everybody because he

July 1/32 — can't go home". Talks incoherently. Has his old delusions & hallucinations. Does not work.

Aug 1 — Aug 1/95. Wt 167½ lbs. Pulse 72. Sept 2/95. Wt 169 lbs. Pulse 72. Oct 1/95. Wt 169 lbs. Pulse 78.

Sept 2 — Oct 31/95. Quite noisy, at times abusive in his language. Habits clean. Does no work. (Oct 8/95. Was

Oct 1/8 — visited today by 2 of his sisters. Behavior was good. Dr. H. notes: Has illusions; sees devils &c:

" 31 — claps his hands above his head, in endeavor to catch them. At times, will talk quite coherently, for short time: at others, is incoherent, abusive, profane & obscene. Nov 1/95. Wt 166½ lbs. Pulse 72

Nov 1 — Dec 1/95. Wt 170 lbs. Pulse 92. Jan 1/96. Wt 167 lbs. Pulse 84. Jan 4/96. Transferred to B1 (on a

Dec 2 — of a general change in wards). Jan 31/96. Behavior quite noisy. Still has hallucinations and

1896 Jan 1/31 — delusions. Continues to "catch the spirits" when he is found clasping his hands. Does no work.

Feb 1/96 — Summary Nurses Notes by Dr. Phelps. Patient a chronic, demented case: Talks in

to — a noisy though not very troublesome way: Talks to himself & strikes his hands

Aug 1/97 — together: Wt. 166 to 169 lbs: No bodily illness noted. Aug 31 97 Wt. 172 lbs.

Oct 31 97 Health good: Is Noisy: Talks incoherently. Does no work. Is fairly well

1899 behaved. Jan 31 99 Intervening notes show no change. Sent by Dr Osmond Feb 1 - July 31 99

Wt. 168 lbs. Appetite good: physical cond. good: noisy: has delusions & illusions.

July 31 — Jan 31 1900 (cont. by Dr. Chappell) Wt. 168 lbs. Aug 9 Visited by friends: cond. stationary

to — health good. very deluded: at times noisy: otherwise well behaved: tidy but very

Jan 31/900 — inactive. Feby 1900. Wt 165 lbs. Bds. July 20. Vaccinated; result negative. July 31. Patient remains

Feby 1 — the same, from day to day. Appetite, sleep & physical condition good: is cleanly in habits but does no work.

July 30/31 — Talks a great deal, at times, becoming very noisy: has illusions and delusions about "Spirits" and "The Life", about which he harangues continually. Thinks that everything is filthy."

Aug 1 — Wt 160 lbs. Sept 10. Transferred to D. Nov 27. Visited by sister & friend. Aug 9. Visited by friend.

1900 — Very little change: health good. Does no work: quite cleanly in habits. Very delusional

Jany 31 — harangues almost continually. Delusions are of a persecutory nature. —

Feby 1 — Wt 156½ lbs. May 1. Wt 166 lbs. Aug 1. Wt 167 lbs. Jany 31/01. No change of importance, during year.

1901 — Does no work whatever: usually "haranguing", with much profanity, in regard to the

Jany 31 — "Spirits" that are troubling him. Sept 31. No change: health good. Dec 11/02 Visited by friends

Aug 31 — Visited by friends: Jany 31/03. Health quite good. Habits & mental condition as before. —

1903 Jany 30 31

Personal and Medical History of James Leach

Whole No. 3303.
Residence, St Paul, Minn
Date Admission, 23rd March 1893.
Admitted by Dr Kilbourne Hour, 7.15 PM.
How Sent, John. S. Olivier Jeff, Ramsey County
Sex, Male
Age, 37
Civil Condition, Married
Children, Yes. 4.
Age Youngest Child,
Occupation, Laborer
Degree Education,
Profession Religion, Is a church member
Habits, Intemperate
Nativity, Ireland
Physicians Committing, J. F. Baker & Ovide Mattel
Correspondents, Mary Leach
(Wife's address) No 4. Buntop Place St Paul, Minn
(corner Broadway & Wabasha Sts)

No. for Year, 215
Insane Relatives, None
Cause Exciting, Sunstroke
Cause Predisposing, Not Stated
Form, Mania – Acute
Accompanying Bodily Disorder, No, Except effects of Sunstroke
Suicidal or Not, Has made threats
Date of this Attack, 1st October 1892
Duration, about 5 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 36 past
Time of Leaving, May 28th '93
Time in Hospital, 2 mos, 5 ds.
Result, Improved

Exd by D. Baker Mar 28/93

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Fairly clear
Quick or Sluggish, somewhat sluggish

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

PERCEPTIVITY:
Alert or Dull, Fairly alert
Correct or Illusive, Fairly Correct

REASONING POWER:
Ordinary Subjects,
Own Mental State, Fairly good; thinks he has been sick
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Had a sunstroke last July or August. Did not fall down – Was only dizzy. Was working, travelling in city work, at the time. Did not do much work since – Head felt light, mean in spells. Does not trouble him now. Used to drink some –

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Worse; Says he is now getting over it

DELUSIONS:
Systematized or Not, Has had fears of being killed. of the Knights of Labor. has none now
Special Subjects,
Transitory or Not,

HALLUCINATIONS: Has had "hearing"

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, Fairly prompt in questioning. There is an air of restlessness & uneasiness about him.

Personal and Medical History of James Leach

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6½ in WEIGHT, 144 pds. NUTRITION, Rather pale & apparently anemic – says he is about his usual weight
WOUNDS OR ABNORMALITIES, Scar on left parietal part of skull & right cheek. Is bald.
TONGUE, Tremors, quite marked Coarsely Tremulous Coatings, Slight Promptness Movement, prompt
PUPILS, Equality, Equal Size, Slightly contracted
Response Light, Yes Accommodation, Yes
SIGHT, Fairly good
HEARING, Hears watch (by both ears) only in contact
CO-ORDINATION, Arms, Right more, Eyes shut, fair
Legs, Standing a foot, some unsteadiness. Standing, Eyes shut, Slight Swaying. Turning quickly. Fair to Poor
TREMORS, Hands, Some slight Tongue, Marked Coarse
Facial Muscles, Considerable intention tremor General, None
REFLEXES, Patellar, Equal; Slightly exaggerated – 6 or 7 –
Other Reflexes,
ARTICULATION, Hesitating, Somewhat Slurred, Somewhat
FACIAL EXPRESSION, Rather dull
SENSIBILITY, Fair
HEART, Sounds seem fair
LUNGS, Seem good; Girth 37". Xp. 2 3/4 in
5/29/93 Dr M. EXAM. URINE,
Color yellow; reaction, acid; Sp gr 1004. albumen, very slight

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 2 ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, does not know of mother now living; was well when he last heard.
Father or Pat. Relations, dont know if father yet alive – was well " – " "
Brothers or Sisters, 1 brother living; good health; 1 sister living in Ireland – good health –

Personal and Medical History of James Leach

1893

This man was brought here by T. C. Haas, Deputy, with following history. Habits have been intemperate. No history of heredity. Supposed cause of this attack is Sunstroke; form of attack is chronic, depressed. No accompanying bodily disorder or disease, except effects of sunstroke. First symptoms of disease were manifested in October 1892. This is 1st attack. Insanity is now manifested by the fear that some one will kill him and objection to work for fear of the Knights of Labor. Has made threats of injuring others & has threatened to kill himself with a razor, which was taken from him. Is not filthy nor destructive, nor has he been restrained or confined, nor under medical treatment. —

Mar 24 March 24/93. Was quiet, rested fairly well and slept 7 hours, last night. Am. Pulse 100. PM. Has been very quiet today; quite talkative; walks about the hall, talking with patients. Seems quite contented.
" 25 Appetite is fair. March 25/93. Quiet restful last night, sleeping 8 hours. Am. Pulse 86. —
" 27 March 27/93. Sleeps well; slightly restless last night. Appetite is good. March 28/93. Slept 7 hours
" 29/30 last night. Am. Pulse 84. March 29/93. Slept 7 hours last night. Am. Pulse 84. Mar 30/93. Slightly
" 31 restless for a couple of hours last night; sleeping 6 hours. Am. Pulse 86. March 31/93. Slept 8 hours last night.
Apl 1 Am. Pulse 76. April 1/93. Restless for a couple of hours, sleeping 6 hours, last night. Am. Pulse 81. —
" 2/4 April 2/93. Restless for 1 hour, sleeping 7 hours, last night. Am. Pulse 84. Apl 4/93. Wt 142½ lbs. Pulse 70
" 25 April 25/93. Comparatively restful & perfectly quiet at night, sleeping well. By day is very quiet; is clean tidy & well-behaved. Spends a good deal of time in wandering aimlessly about the hall; talks some with his fellow patients; answers the physicians' greeting pleasantly but has very little to say to them. Does not give expression to delusions or hallucinations. Has written letter to his wife. —
" 26 April 26/93. Wt 136 lbs. (Has lost 4 pounds in weight.) —
May 1/3 May 1/93. Is eating poorly. May 3/93. Wt 139 lbs. Pulse 62.
" 10/16 May 10/93. Was today visited by wife. May 25/93. Was transferred to A' today.
" 28 May 28/93. Conduct & behavior have continued about as described in note of 25th ult. Has been quite quiet. Has retained delusive ideas, however, about Knights of Labor etc. Seems to think his trouble comes through them.

Today Escaped from a new Attendant, while out upon the grounds. —

June 8 June 8/93. Word was recently received that patient had arrived safely at home, and that he would be kept there on trial.

— Discharged —

Personal and Medical History of Walter Moses

From 84.

1894
Mar 7/13 March 2/95: Wt 162 lbs. Pulse 76. March 23/95. Always scheming to make his escape; making keys etc.
" 31 March 31/95. Behavior has been fair - No change noted in any respect, during the month. —
Apl 1/15 April 1/95. Wt 162 lbs. Pulse 78. Apl 25/95. Again trying to get window-screen open; had 8 wire-
" 28/30 keys in his pocket. Apl 28/95. Complains of headache. Apl 30/95. Feels better. Patient eats & sleeps well: bowels regular. Physical condition good. Behavior fair, tho' he requires the closest watching.
May 1/31 Does not seem to improve any, mentally. May 1/95. Wt 159 lbs. Pulse 90. May 31/95. No change noted. Still requires closest watching as he is always making keys & trying to make his escape. Behavior, otherwise, fairly good. Works in dining-room and ward. June 1/95. Wt 162 pounds. Pulse 76-
June 1 - 30 June 30/95. About the same, from month to month - Works some - Health apparently good.
July 1/6 July 1/95. Wt 165 lbs. Pulse 108. July 6/95. While out walking with the crowd today, patient made his Escape. Diligent search was made for him, but without avail. -

Discharged Nov 16/95

Oct 9/95 Letter from Sheriff of ____ County in California states that patient had been arrested by him.

From 6. 48.

Charles Johnson #3

Jan (cont. by Dr. Wanous) Feb. 1 - July 31 '99 Wt. 159#. Rather pugnacious and troublesome
Has to be watched continually: goes out with crowd: physical cond. fairly
good: Feb 27 Had an extremely noisy & pugnacious spell: Mar. 2 Very pugnacious:
had to be held on floor: Mar 27 Had to be put in seclusion: continues to be trou-
blesome day after day: July 31 Continues pugnacious & noisy: has to be watched con-
1900 to Jan 31 stantly (cont. by Dr. Chaffee) Aug 1 '99 - Jan. 31. 1900. Wt. Aug 1. 177#. Wt. Dec. 5: 191#. Up to this
time has been quite restless, noisy & at times violent: Jan 18 Behavior has improved.
Transfered to annex. Struck by C. Olson: cut slight cut on lip: Jan 31. Physical
Febry 1 health good: very demented: does not talk. untidy: does nothing: Febry 1900. Wt 170#. B.P. 6.
July 30/31 July 30. Vaccinated: result negative: July 31. Health fairly good: demented: quite stuporous:
Talks very little; quite restless in behavior. Has worked a little about grounds: habits untidy.
Aug 1 Wt 170½ lbs. — Sept 10. Transferred to D'. Sept 13. To D'. Oct 13 Visited by sister. Jan 31/901. Very
1901 Jan 31 little change: health good. Does no work: Is stubborn & lazy & slovenly in habits: is demented:
July 2 1901 at times, pugnacious, without any provocation. Febry Wt. 175# May. Wt 160# July 1. Wt 188#
Jany 31 Health good: does no work: walks about ward in a lordly manner, rarely speaking: irritable
July 31 and pugnacious, at times. Jul 31/01. Has worked a little about grounds, lately; but
usually does nothing. Surly in manner: habits slouchy. Says very little. -
1903 Jany 31 No work: no special change. Habits untidy: very surly & contrary in manner. -

Personal and Medical History of Chas. O. Atherton

Whole No. 3305

Residence, Kasson, Minn

Date Admission, 27th March 1893. —

Admitted by D. Kilbourne Hour, 3 P.M.

How Sent, E. F. Hay, Jof P, Dodge County

Sex, Male

Age, 31 Years

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Physician

Degree Education,

Profession Religion, Not a Church member

Habits, Always temperate & of good habits

Nativity, Illinois

Physicians Committing, C. O. Wright & J. Bedient

Correspondents, Mrs J. A. Atherton, (mother) Kasson Minn

No. for Year, 217

Insane Relatives, None

Cause Exciting, Overwork & mental anxiety

Cause Predisposing, not stated

Form, General Paresis

Accompanying Bodily Disorder, None

Suicidal or Not, Not

Date of this Attack, Some months ago

Duration, Some months

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 30.

Time of Leaving, Aug. 8th 93

Time in Hospital, 4 mo 11 d.

Result, Improved

EXAMINATION ON ADMISSION.

Exd by D. Bates Mar 28/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Somewhat confused

Quick or Sluggish, Somewhat sluggish

MEMORY:

Past Events, Seems hesitating & confused

Recent Events, tho' decided lapses not discovered

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Moderately alert — hesi-

Correct or Illusive, tating in being spoken to.

REASONING POWER:

Ordinary Subjects,

Own Mental State, Declares, absolutely, nothing the matter with him.

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, irritable; easily annoyed at little things.

Depressed,

DELUSIONS:

Systematized or Not, None definite discovered

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Denies any

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, fairly coherent as far as carried

Voluble or Reticent, talks willingly in answer to questions —

GENERAL DESCRIPTIVE REMARKS:

Excessive muscular effort in protruding tongue & in all other movements (& quite amused when Reflexes are being tested). Has very manifest mental enfeeblement in all questions & actions — Has sometimes trouble in expressing his thoughts, as if lacunae memory occurred.

Personal and Medical History of Chas. O. Atherton

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8½ WEIGHT, 161 lbs NUTRITION, Fair; a little pale

WOUNDS OR ABNORMALITIES, None noticed

TONGUE, Tremors, marked Coatings, none Promptness Movement, some sluggishness of movement & jerkiness —

PUPILS, Equality, Equal Size, about normal

Response Light, Some Accommodation, Yes

SIGHT, Good

HEARING, Good

CO-ORDINATION, Arms, Diiguto nose, eyes shut, fairly good — Swaying quietly, some hesitation

Legs, Staggering unsteady, somewhat unsteady art. more than in left. Staggering, Eyes shut, fairly steady

TREMORS, Hands, very slight Tongue, Very tremulous

Facial Muscles, Excessive intention tremors General,

REFLEXES, Patellar, equal; both exaggerated — about 10 —

Other Reflexes,

ARTICULATION, Hesitating, quite markedly Slurred, quite markedly

FACIAL EXPRESSION,

SENSIBILITY, Seems fair

HEART, Seems good, tho' 2d sound slightly accentuated

LUNGS, Seem good. Girth 36½ & 37½

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes? Careless,

BOWELS, Normal, Yes Constipated, Irregular,

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, Yes Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Probably Now ONSET GRADUAL OR SUDDEN, Some months.

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

Mother or Mat. Relations, Two dies living — 70 — health good

Father or Pat. Relations, Father died — Or — don't know cause

Brothers or Sisters, 2 brothers living; claims good health; 2 sisters living; health good. No hereditary disease or consumption in family, he says —

Personal and Medical History of Chas. O. Atherton

1893

This patient was brought here by D. Bedient with the following history. Has always been temperate & of good habits. Supposed cause of this attack is overwork & mental anxiety; form is depressed. No accompanying bodily disorder or disease that is known; first symptoms of disease have been manifested for some months. This is 1st attack. There is now a loss of faculties. Does not dispose to injure others, nor suicidal, nor filthy nor destructive. Has not been restrained or confined nor under medical treatment. No further particulars known.

Mar 28 March 28/93. Was restless for about 3 hours last night, sleeping 5 hours. Ate well at breakfast.

" 29/93 March 29/93. Quiet but restless last night, sleeping 4 hours. March 30/93. Slept 7 hours last night.

Apl 4 Put on medicine today. April 4/93. On 2 of the past 4 nights, was more or less restless, sleeping 4 or 6 hours respectively; On the remaining 3, rested well. Wt 160 lbs. Pulse 86. Apl 9/93. Occasionally slightly restless at night, sleeping 7 or 8 hours. Apl 9/93. Was visited today by a friend.

" 9

" 14 April 14/93. Rest & sleep well. Was visited today by Lylis mother & friend (W. B.).

" 26 April 26/93. Remains uniformly quiet at night & for the past 2 weeks has rested & slept well. Is up daily, in the ward; is clean, tidy in personal appearance; is quiet & well-behaved. Plays games with a good deal of apparent interest; moves about some; claims that he feels well & is well. Is apparently fairly contented & happy, although he has complaints bitterly this process of the blasting of his life's hopes & work by keeping him shut up here. Has a quite marked, drawling, tremulous speech & is somewhat awkward in his gait. In other words, shows the characteristics of a general paretic. — April 28/93. Has continued quiet & restful at night. Has been clean, tidy & well-behaved by day. Was today moved to B'. —

" 28

May 3/93 May 3/93. Wt 157½ lbs. (has lost some in flesh). Pulse 76. May 26/93. Seems a little more bright and cheerful. Is apparently more contented here, now characteristics above noted, continue to manifest themselves. Was transfered to A' today. May 31/93. Appetite is fair. Patient is easily excited & quite nervous. Plays card, taking quite an interest in them. Reads considerably. Always quite; not irritable. Talks better than at time of coming here. Always says "he feels first-rate" and is anxious to go home. —

" 31

June 28 June 28/93. Appetite is very good. Bowels regular. Plays cards a great deal of the time, even when outside on the grounds. Also reads a good deal. Is quite free in conversation. Speech still hesitating and somewhat drawling. Considers himself "perfectly well".

July 15-31 July 15/93. Was today visited by his mother & relatives. July 31/93. Eat well. Bowels normal. — Wants to go home. Thinks that he is cured. Is steadily quiet. Of hesitating speech & blank face. Does not fail in health. —

Aug 5 Aug 5/93. Was, with some of his fellow-patients, today transfered to B', in order to make room for the female patients who are about to occupy this A' East section, while A' West section is under re-construction.

" 8 Aug 8/93. There has been no perceptible change in patients condition from that described in the above present general notes. Was today visited by his mother & by her, taken home on trial.

— Discharged —

Personal and Medical History of John R. Young

Feb 28/95. No special change). Appetite good; bowels regular; make no still has "spells" & is quiet to much loud-talking. Has delusions.

h 31/95. About the same in every way, from month to month.

30/95. No change noticeable, in any way. He is very annoying, at times.

31/95. Somewhat noisy, at times, talking loudly. Otherwise, about same.

30/95. Still talkative & restless. Has violent "spells" of anger,

6 pm. 80. July 31/95. No change. He has many & various delusions.

b 1/95. Wt 150 lbs. Pulse 90: Oct 1/95. Wt 151 lbs. Pulse 104.

very loudly & noisily talkative. Has frequent "spells of anger". Some

eculiar noise with his throat. Make no complaints. Physical

ion. Of late, appear to be growing worse. Nov 1/95. Wt 146 lbs. 086.

/96. Wt 145 lbs. 078. Jan 1/96. Transfered to B 2nd (on account

Jan 31/96. Patient does not seem to improve, in any way: So

th loudly & gets very excited at times: abuses nurses & doctors:

'he still holds various delusions. Still makes his "peculiar noise"

lbs. Patient rather abusive: Talks in a threatening way to

: occasionally untidy: Always somewhat noisy & restless

143 to 146 lbs. Aug 1/97 Wt 129.5 Oct 31/97 Talks to himself

good. Does not do any work: Talks very incoherent &

1898 rambling. Jan 1/98 Trans. to Annex. Jan 31/99 Intervening notes show no change

of importance during period (Cont. by Dr Watrous) Feb 1-July 31/99 Wt 128 = Sleeps well: generally well behaved: May 1 Ate nothing today: sits & lies about in listless manner:

dull & stupid: Cried both & put to bed. Appeared quite weak: still refuses nourishment: Fed with tube May 7 Began eating from tray: Has habit of scratching head continually: talks to self most of time: May 31 Up on ward. Trans. to

annex: June 1 Again refused nourishment, transfered to Infirmary: June 11 Began eating: Appear melancholy & depressed: fears that he will not recover.

June 11 Trans. to annex: Better. July 31 No change. (Cont. by Dr. Chapple) Aug 1-'99-Jan 31 1900. Wt 124 lbs

Sept 27 Physical examination made: sluggish percussion note over spines dull: Heart murmur

to- faintly well physically: growing more demented: more slouchy in habits: destroys clothing

Jany 31/1900. rather surly, but otherwise well behaved: very inactive. Febry 1/1900 Wt 119 lbs. 070.

Febry 10 Ten days' temperatures show very slight changes. July 1900. Vaccinated: result negative. July 31. Has

July 20/31 remained about same, during period: very inactive: untidy in habits. Thoroughly demented: Talks

Considerably to himself, but is very incoherent & mostly unintelligible, otherwise quiet. Phy. Exam. quite good

Aug 1 1900 Wt 149½ lbs. Sept 10. Transfered to B 2nd Nov 30. Becoming more demented. Untidy: Destructive -

Sept 31 Gradually becoming more demented: slouchy & filthy in habits: quite destructive of his clothing.

Talks to himself very unintelligibly: never shows any interest in anything about him. General

July 2. health good. Febry Wt 155 lbs: May 1. Wt 163 lbs. July Wt 169 lbs: Nov. Wt 169 lbs. Jany 31 02. Little

Aug 31 change: very demented: incoherent: habits untidy: constantly tears clothing: has to be kept in straight-suit: never causes any other trouble. Physical health fairly good.

Carried to 256

Personal and Medical History of Chas. O. Atherton

NAME Chas O. Atherton

DATE. 189 3	Weight.	Pulse.	Gain.	Loss.
June 7th	156		1½	
July 1st	151½	98		4½
Aug 2d	150	76		1½

1893

This patient was brought here by D. Bedicat with the f
-perate + of good habits. Supposed cause of this attack is
is depressed. No accompanying bodily disorder or disea
disease have been manifested for some months. This is 1st att
Does not disposed to injure others, nor suicidal, nor filthy no
or confined nor under medical treatment. No further parti

Mar 28 March 28/93. Was restless for about 3 hours last night, sleeping
" 29/93 March 29/93. Quiet but restless last night, sleeping 4 hours. Mo
Apl 4 Put on medicine today. April 4/93. On 2 of the past 4 nights,
" 9 4 + 6 hours respectively; On the remaining 3, rested well. M
" 14 -Lially slightly restless at night, sleeping 7 or 8 hours. Apl
April 14/93. Quiet + sleeps well. Was visited today by his mother +
" 26 April 26/93. Has uniformly quiet at night + for the past 2 wee
daily, in the ward; is clean, tidy in personal appearance; is
with a good deal of apparent interest; moves about some; cle
Is apparently fairly contented + happy, although he has comp
blasting of his life's hopes + work by keeping him shut up here
tremulous + speech is somewhat awkward in his gai
" 28 -teristics of a general paretic. — April 28/93. Has continu
been clean, tidy + well-behaved by day. Was today moved to B

May 3/96 May 3/93. Wt 157½ pds. (Has lost some in flesh.) Pulse 76. May 26/93. Seems a little more bright
and cheerful. Is apparently more contented here, now. Characteristics above noted, continue to
" 31 manifest themselves. Was transferred to A' today. May 31/93. Appetite is fair. Patient is easily
excited + quite nervous. Plays card, taking quite an interest in them. Reads considerably. Always
quite + not irritable. Talks better than at time of coming here. Always says "he feels first-rate"
and is anxious to go home. —

June 28 June 28/93. Appetite is very good. Bowels regular. Plays cards a great deal of the time, even
when outside on the grounds. Also reads a good deal. Is quite free in conversation. Speech
still hesitating and somewhat drawling. Considers himself "perfectly well".

July 15 to 31 July 15/93. Was today visited by his mother + relatives. July 31/93. Eats well. Bowels normal. —
Wants to go home. Thinks that he is cured. Is steadily quiet. Of hesitating speech + blank face.
Does not fail in health. —

Aug 5 Aug 5/93. Was, with some of his fellow-patients, today transferred to B', in order to make room for the female
" 8 patients who are about to occupy this A' East section, while A' West section is under re-construction.
Aug 8/93. There has been no perceptible change in patient's condition from that described in the above
present general notes. Was today visited by his mother + by her, taken home on trial.

— Discharged —

Personal and Medical History of John R. Young

From 54

1895
Feb 2/95 Feb 2/95. Wt 157 pds. Pulse 72. Feb 2/95. No special change. Appetite good; bowels regular; make no
complaints. Behaves well, though he still has "spells" + is given to much loud-talking. Has delusions.
Mar 2/95 Mar 2/95. Wt 156 pds. Pat. March 31/95. About the same in every way, from month to month.
Apr 2/95 April 2/95. Wt 157 " " 80. April 30/95. No change noticeable, in any way. He is very annoying, at times.
May 1/95 May 1/95. Wt 160 " " 86. May 31/95. Somewhat noisy, at times; talking loudly; otherwise, about same.
June 1/95 June 1/95. Wt 154 " " 76. June 30/95. Still talkative + rattles; has violent "spells" of anger,
but never fights. July 1/95. Wt 156 pds. Pulse 80. July 31/95. No change. He has many + various delusions.
Aug 1/95 Aug 1/95. Wt 148½ pds. Pulse 80. Sept 1/95. Wt 150 pds. Pulse 90: Oct 1/95. Wt 151 pds. Pulse 104.
Sept 1 Oct 31/95. Patient still holds delusions. Is very loudly + noisily talkative. Has frequent "spells of anger". Never
Oct 1/95 fights, however. Constantly makes a peculiar noise with his throat. Makes no complaints. Physical
Nov 1 condition good. Will do no work whatever. Of late, appears to be growing worse. Nov 1/95. Wt 146 pds. Pulse 86.
Dec 1 Dec 1/95. Wt 147 pds. Pulse 82. Jan 1/96. Wt 145 pds. Pulse 78. Jan 1/96. Has fever to 101° (on account
Jan 1896 to Jan 31/96 of a general change in the wards). Jan 31/96. Patient does not seem to improve in any way: Is
cranky, obstinate + disagreeable. Talks loudly + gets very excited at times: abuses nurses + Doctors.
Talks quite rationally, at times, tho' he still holds various delusions. Still makes his "peculiar noise".
Feb 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. Patient rather abusive: Talks in a threatening way to
himself: Does no work normally: occasionally untidy: Always somewhat noisy + restless:
no bodily illness noted: Wt 143 to 146 lbs. Aug 1/97 Wt 129.5 Oct 31/97 Talks to himself
a good deal. General health fairly good. Does not do any work: Talks very incoherent +
1898 rambling. Feb 2/98 Trans. to Annex. Jan 31/99 Intervening notes show no change
of importance during period (Cont. by Dr Warnock) Feb 1 - July 31/99 Wt 128 lbs: Sleeps well: gener-
ally well behaved: May 1 Ate nothing today: sits + lies about in listless manner:
dull + stupid: Shaved both + put to bed appeared quite weak: still refuses nourish-
ment: fed with tube May 7 Began eating from tray: Has habit of scratching
head continually: Talks to self most of time. May 31 Up on ward: Trans. to
Annex: June 1 Again refused nourishment, transferred to Infirmary: June 16 Be-
gan eating: Appears melancholy + depressed: fears that he will not recover.
June 1899 to Sept 27 Trans. to Annex: Better. July 31 No change. (Cont. by Dr Chapple) Aug 1-99 Jan 31 1900. Wt 124 lbs
Physical examination made: Sluggish percussion note: over apices dull: heart murmurs
Sept 27 to Jan 31/900 fairly well physically: growing more demented: more slovenly in habits: destroys clothing
Feb 1900 rather surely, but otherwise well behaved: very inactive. Feb 1/900 Wt 124 lbs. Pulse 70.
" 10 Ten days' temperature shows very slight changes. July 1900. Vaccinated: result negative. July 31. Has
July 1901 remained about same, during period: very inactive; untidy in habits. Thoroughly demented: talks
Considerably to himself, but is very incoherent + mostly unintelligible, otherwise quiet. Phys Cond fairly good
Aug 1 1901 Wt 149½ lbs. Sept 10. Transferred to D'. Nov 30. Becoming more demented. Untidy: Destructive -
Jan 31 1902 Gradually becoming more demented: slouchy + filthy in habits: quite destructive of his clothing.
Talks to himself very unintelligibly: never shows any interest in anything about him. General
health good. Feby Wt 155 lbs: May 1. Wt 163 lbs: July Wt 169 lbs: Nov. Wt 169 lbs: July 31 02 Little
Feby 1 1903 change: very demented: incoherent: habits untidy: constantly tears clothing: Eat fair: Sleeps
July 31 1903 straight-out: never causes any other trouble. Physical health fairly good.

Carried to 256

Personal and Medical History of Ole C. Tuff

Whole No. 3307
Residence, Frankford, Mower Co. Minn
Date Admission, 29th March 1893.
Admitted by Dr Kelbourn and Hour, 7 15 PM
How Sent, S.S. Washburn Sheff, Mower County
Sex, male
Age, 32 years
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Farmer
Degree Education,
Profession Religion, Not a church member
Habits, Temperate
Nativity, Minnesota
Physicians Committing, Dr L. Hollister & O.W. Gibson
Correspondents, Joseph C. Tuff (brother)
Grand Meadow - Minn

No. for Year, 219
Insane Relatives, None
Cause Exciting, nothing known
Cause Predisposing, not stated
Form, Melancholia-Acute
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, Six weeks ago
Duration, Six weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 32 years
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Ent'd by D. Baker Mar 29/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear
Quick or Sluggish, fairly active

MEMORY:
Past Events,
Recent Events, seems apparently poor; probably from agitation
Special Subjects,

PERCEPTIVITY:
Alert or Dull, fairly good
Correct or Illusive, fairly correct

REASONING POWER:
Ordinary Subjects, seems fairly good
Own Mental State, " "
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Eyelids tremble much when closed. Says he is afraid sometimes. Can't explain why.

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

DELUSIONS:
Systematized or Not,
Special Subjects, fears of injury
Transitory or Not,

HALLUCINATIONS: None detected
ILLUSIONS: " "

CONVERSATION:
Coherent or Incoherent, Coherent.
Voluble or Reticent, Rather reticent; only forces answers to questions; seems willing, however, to answer to best of his ability.

Personal and Medical History of Ole C. Tuff

IN PROBATE COURT.

Ole C. Tuff Committed to the Insane Asylum—Probate Notes.

A young man by the characteristic name of Ole C. Tuff, appeared in the sacred precincts of Probate Judge Washburn yesterday, accompanied by James F. Carson, prepared to prove the stability of his brain power. Ole did look "tuff" for instead of wearing the bran new suit of clothes which his friends furnished him, he carried them under his arm. He was afraid to wear them for fear there was poison in them. His hallucination was that people were forever trying to end his existance by poisoning him. It appears that he and his brother had been "baching" themselves at their place in Frankford some time, and the younger one's constitution rebelled, whether from the bill of fare or not is not known. He was examined, declared insane, and committed to the asylum at Rochester. Officer Carson accompanied him.

Considerable other business was

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 176 lbs (used to weigh 185 & 190 lbs) NUTRITION, Fair, but somewhat below normal
ABNORMALITIES, a few small scars on hand, flow burns. Some files possibly (?).
Coatings, heavy white Promptness Movement, Prompt for some } deviation to the left.
Size, about normal.
Accommodation, Yes
Good
Arms, Quick to move, Eyes shut, fairly good.
Legs, Standing on foot, fairly steady. Standing, Eyes shut, fairly steady.
Tongue, Very marked
General,
REFLEXES, Patellar, Equal, Exaggerated for q. D. P. Scale.
Other Reflexes,
ARTICULATION, Hesitating, fairly prompt Slurred, Fairly Clear.
FACIAL EXPRESSION, tinged with sadness.
SENSIBILITY,
HEART, Sounds seem clear
LUNGS, Some harshness of respiration. Girth 38½ Exp. 2½"
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Yes	Careless,
BOWELS, Normal,	Constipated,	Irregular, has had diarrhoea with recently
APPETITE, Good,	Medium,	Poor, Yes
SLEEP, Good,	Poor, Yes,	Irregular,
PULSE,	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Rather Short ONSET GRADUAL OR SUDDEN, Probably sudden

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother died; fairly Young; of Consumptive tendencies —
Father or Pat. Relations, Father died — about 50 — Don't know cause —
Brothers or Sisters, 1 brother & 1 half brother living; think half brother healthy; one brother not very healthy; has Dyspepsia & nervous. 5 or 6 brothers & sisters died when young —

Personal and Medical History of Ole. C. Tuff

Whole No. 3307
Residence, Frankford, Mower Co. Minn
Date Admission, 27th March 1893.
Admitted by Dr. Kilbourne Hour, 7.15 PM
How Sent, S.S. Washburn & Jeff, Mower County
Sex, Male
Age, 32 years
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Farmer
Degree Education,
Profession Religion, Not a Church member
Habits, Temperate
Nativity, Minnesota
Physicians Committing, W. L. Hollister & O. W. Gibson
Correspondents, Joseph C. Tuff (brother)
Grand Meadow - Minn

No. for Year, 219
Insane Relatives,
Cause Exciting,
Cause Predisposing,
Form, M.
Accompa.
Suicidal or No.
Date of this Attac.
Duration,
No. of Attack, 1
No. of Admissions, 1st
Age First Attack, 32 years
Time of Leaving,
Time in Hospital,
Result,

account of
to New
s next week,
ll give our
of a
ll Goods,
ST!

EXAMINATION ON ADMISSION.

Exd by D. Baker Mar 28/93.-

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear
Quick or Sluggish, fairly active

MEMORY:
Past Events,
Recent Events, seems apparently good; probably from institution
Special Subjects,

PERCEPTIVITY:
Alert or Dull, fairly good
Correct or Illusive, fairly correct

REASONING POWER:
Ordinary Subjects, seems fairly good
Own Mental State, " " "
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Eyelids tremble much when closed. Appears afraid sometimes. Cannot explain why.

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

DELUSIONS:
Systematized or Not,
Special Subjects, fears of injury
Transitory or Not,

HALLUCINATIONS: None detected
ILLUSIONS: - - -

CONVERSATION:
Coherent or Incoherent, Coherent.
Voluble or Reticent, Rather reticent; only loses answers questions; seems willing, however, to answer to best of his ability.

Personal and Medical History of Ole. C. Tuff

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 9 3/4. WEIGHT, 176 lbs (last weight 185 lbs 190 lbs) NUTRITION, Fair, but somewhat below normal
WOUNDS OR ABNORMALITIES, a few small scars on hands, from burns. Some piles possibly (?).
TONGUE, Tremors, very marked Coatings, heavy white Promptness Movement, prompt but some deviation to the left.
PUPILS, Equality, Equal Size, about normal.
Response Light, Yes Accommodation, Yes
SIGHT, Good
HEARING, Good
CO-ORDINATION, Arms, Finger to nose, Eyes shut, fairly good.
Legs, Standing in foot, fairly steady. Standing, Eyes shut, fairly steady.
TREMORS, Hands, pronounced Tongue, very marked
Facial Muscles, Slight General,
REFLEXES, Patellar, Equal, Exaggerated for a Dr. P's Scale.
Other Reflexes,
ARTICULATION, Hesitating, fairly prompt Slurred, fairly Clear.
FACIAL EXPRESSION, tinged with sadness.
SENSIBILITY,
HEART, Sounds seem clear
LUNGS, some harshness of respiration. Girth 38½ A/p. 2½"
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Irregular, has had diarrhoea with Dysentery
APPETITE, Good, Medium, Poor, Yes
SLEEP, Good, Poor, Yes, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Rather short ONSET GRADUAL OR SUDDEN, Probably sudden

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother died; fairly young; of Consumptive tendencies
Father or Pat. Relations, Father died - about 50 - Don't know cause -
Brothers or Sisters, 1 brother & 1 half brother living; think half brother healthy; one brother not very healthy; has Dyspepsia & is nervous. Six brothers & sisters died when young -

Personal and Medical History of Ole C. Tuff

1893

This man was brought here by James. F. Carson City Marshal and Andrew Tuff, a cousin, with the following history. Is a farmer; habits temperate; ass to cause of this attack, nothing is known. Form is depressed. No accompanying bodily disorder or disease. First symptoms were manifested six weeks ago; he grew suspicious & afraid. This is 1st attack. Insanity is now manifested by fear. Is not disposed to injure others, nor suicidal, nor filthy nor destructive. Has been confined only for last 2 or 3 days. Has not been under medical treatment for 10 or 12 years. Has been staying alone.

Mar 28 March 28/93. On admission, was put on B² (Liquid Diet). Quiet, but restless nearly all last night, sleeping but 2 hours. Am. Pulse 84. Ate no breakfast. Tongue is heavily coated. Refused laxative. Says "no one has been drugging him." March 29/93. Quiet but restless all night, sleeping
" 29 some. Am. Pulse 96. March 30/93. Slept 4 hours last night; restless when awake. Am. Pulse 92.
" 30 March 31/93. Restless all last night, sleeping none. Am. Pulse 108. Has eaten poorly since admission
" 31 today, refused all food. — April 1/93. Restless 5 hours, sleeping 3, last night. Am. Pulse 112.
Apl 1 Took no food, except a little milk, today; and that reluctantly. April 2/93. Slept but 3 hours,
" 2 last night. Am. Pulse 108. April 3/93. Slept 3 hours last night. Am. Pulse 82. April 4/93. Slept 5
" 3/4 hours last night. Am. Pulse 76. Wt 169 pds. Has lost 7 pounds since admission, without other
" 5/6 cause than refusal to eat well. April 5/93. Slept 4 hours last night. Apl 6/93. Is repeated as
" 7 having slept 8 hours last night. Am. Pulse 92. April 7/93. Am. Pulse 92. Is eating poorly. —
" 8/11 April 8/93. Am. Pulse 86. April 11/93. Wt today 165 pounds, a loss of 4 pounds within a week.
" 16/18 April 16/93. Quite frequently refuses entire meals; eats poorly at best. Apl 18/93. Wt 158½ pounds;
" 25 a loss of 6½ pounds in the past week. April 25/93. Wt 161½ pds; 3 pounds gain. Has been eating
" 28 some better. April 28/93. Is nightly somewhat restless; never noisy; probably sleeping fairly well. At first, could be led by considerable questioning & urging to say a little and tell how he feels; will scarcely say a word now. Moves about the ward some, but in a very slow unanimated way. Sits about among others, saying nothing, apparently not interested in anything. As noted above, has taken food poorly, and lost in all, in weight, 17½ pounds. Personal habits have been good, patient being clean and tidy; also quiet & well-behaved. —

May 3/ May 3/93. Wt 162 pds. Pulse 70. (Has lost considerably in weight, in past month). May 7/93. Refused to
" 26 give sample of urine, for testing. May 26/93. Is infrequently slightly restless at night. Goes out walking daily. While on ward, lies about on the benches; shirt unbuttoned, & slouchy in dress. Cannot be induced to speak; makes signs only. Appetite not very good. Does no work. Seems contented here. Is quite good-natured. His brother came to see him (on 22d & 23d inst); but did not find him well enough to go home. May 31/93. Appetite changeable; bowels regular. No cough noticed. Recently, has
" 31 commenced to talk a little; is slovenly in dress. Lies about on the benches, most of time, while in hall.
June 30 June 30/93. Appetite & rest at night, continue good. Bowels normal. Very untidy & slovenly; cannot be induced to keep his shirt & clothes buttoned. Does a little work in the hall. Quiet & well-behaved; talks very little & then only to ask for tobacco or something he wants.
July 3/ July 3/93. Was transferred to B¹ today. July 5/93. Visited by his brother.
" 19 July 19/93. Has a habit of taking food from other patients at the table. Has, on this account, been
" 31 given his meals out on the hall lately. July 31/93. Seems a trifle lighter, of late. Does not seem to be

Personal and Medical History of Ole C. Tuff

NAME Ole C Tuff

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
June 5th	171½	—	9½	
July 14th	181½	83	14	
Aug 7th	184	84	1½	
Sept 30	192	—	8	

little more than usual, but only still to make some request for himself. Seems to answering any questions put to him regarding himself. Seems of
[illegible] briness. Is in good physical health & has made a decided
months. —
to the Annex. Aug 31/93. No noticeable change in condition.
ut and lazy. Rather untidy in dress. No work. Health good. —
very indolent; masturbates openly & is filthy in habits. Does not
rely make signs for what he want. Physical health good.
Sight & hearing inclined to talk, of late. Is rather slouchy in
Oct 31/93. No material change. Health good.
patient; very indolent; sits in one place and seldom speaks,
work. Physical condition is good. —
Sits on a seat or mopes about the hall. Is in good health.
change to note, at this date. Does no work. Indolent & lazy.
ange any from month to month. He is quiet & well-behaved, but
s. Talks a little, when addressed. Health is good. — —
to this date. He is still indolent & very slouchy about his dress.
reput. Of late, he has been working about the grounds, occasionally
Patient is quiet & inoffensive, works outside occasionally, is very indolent; will
hide in closets to get out of work, talks a little & quite rationally. Habits rather
filthy, dress untidy, general health good. June 29th Former note good up to date.
July 27th No change. July 31/94. General health keeps good. Very idle & lazy. Habits rather dirty —

Aug 31 / Sep 30 / Oct 31 — During this period, patient has been quiet & inoffensive. Works in dining room at present. Is too slow & lazy while at outside work. Seldom speaks unless spoken to & then only in monosyllables. Seems to indolent even to talk. Lies around sleeping when chance when around. Habit clean. Does some tidy. Health good.

Nov 30 / Dec 31 / 1894 / Jan 31 — During these 3 months, no special change to note. He is quiet; does a little work; will not speak, unless urged. Habits clean. Some tidy in dress, of late. (Was a little feverish & in bed Dec 25th & 27th). Health good.

to / Apl 30 — For this quarter, nothing special has occurred calling for remark. He has been quiet & well-behaved. Indolent; does no work or very little. Health is apparently good. Is clean.

May 1 / June / to / July 31 — During these 3 months: no noticeable change. He has been quiet: dull & rather stupid. For a time, worked some outside but only work a little in ward of late. Seldom speaks. Habits neat clean. Health good.

Aug 1 / 5th — / Oct 31 — During this period, patient's condition has been about as previously reported. Very quiet: does not talk, only when spoken to. Works some around. Habits clean & he keeps himself more tidy. Health good.

Nov 4 / Dec / Jan 31/96 — Nov 4/95. Wt 161 pds. P 104. Nov Dec & to Jany 31/96. During this quarter, patient has been quiet, stupid, indolent; does a little work: seldom speaking unless spoken to. Habits clean: health is good. —

Febr — Febr 96. Wt 150 pds. P 90. Mar 15/96. Visited by friends. Apl 30/96. No change noticeable, during the period.

Mar 15 / Apl 30 — Does a little work but quite inclined to be lazy. Habits clean: health apparently good. Talks very little. Dr. E. note: Never sick & never makes any complaints. In fact, he never talks any except to beg for tobacco.) —

See Transfer Book "I" Folio 290

1893

This man was brought here by James
with the following history. Is a farmer
nothing is known. Form is depressed. No ac[illegible] unknown or diseased. Irish. Symptoms
were manifested six weeks ago; he grew suspicious & afraid. This is 1st attack. Insanity
is now manifested by fear. Is not disposed to injure others, nor suicidal, nor filthy nor destructive
Has been confined only for last 2 or 3 days. Has not been under medical treatment for 10 or 12 years.
Has been staying alone.

Mar 28 March 28/93. On admission, was put on B3 (Luminal 8 grs). Quiet, but restless nearly all last night, sleeping but 2 hours. Ann. Pulse 84. Ate no breakfast. Tongue is heavily coated. Refused laxative
" 29 sent him. Says "now she has been drugging him". March 29/93. Quiet but restless all night, sleeping
" 30 none. Ann. Pulse 96. March 30/93. Slept 4 hours last night; restless when awake. Ann. Pulse 92.
" 31 March 31/93. Restless all last night, sleeping now. Ann. Pulse 108. Has eaten poorly since admission
Apl 1 today, refused all food. — April 1/93. Restless 5 hours, sleeping 3, last night. Ann. Pulse 112.
" 2 Took no food, except a little milk, today; and that reluctantly. April 2/93. Slept but 3 hours,
" 3/4 last night. Ann. Pulse 108. April 3/93. Slept 3 hours last night. Ann. Pulse 88. April 4/93. Slept 5
hours last night. Ann. Pulse 76. Wt. 169 pds. Has lost 7 pounds since admission, without other
" 5/6 cause than refusal to eat well. April 5/93. Slept 4 hours last night. Apl 6/93. Is reported as
" 7 having slept 8 hours last night. Ann. Pulse 92. April 7/93. Ann. Pulse 92. Is eating poorly. —
" 8/11 April 8/93. Ann. Pulse 86. April 11/93. Wt today 165 pounds, a loss of 4 pounds within a week.
" 16/18 April 16/93. Quite frequently refuses entire meals; eats poorly at best. Apl 18/93. Wt 158½ pounds;
" 25 a loss of 6½ pounds in the past week. April 25/93. Wt 161½ pds; 3 pounds gain. Has been eating
" 28 somewhat better. April 28/93. Is slightly somewhat restless; nights noisy; probably sleeping fairly well. At
first, could be led by considerable questioning & urging to say a little and tell how he feels; will scarcely
say a word now. Moves about the ward some, but in a very slow unanimated way. Sits about among
others, saying nothing, apparently not interested in anything. Ate noted above, has taken food
poorly, and lost, in all, in weight, 17½ pounds. Personal habits have been good, patient being clean
and tidy; also quiet & well-behaved. —

May 3/ May 3/93. Wt 160½ pds. Pulse 70. (Has lost considerably in weight, in past month). May 7/93. Refused to
" 26 give sample of urine, for testing. May 26/93. Is infrequently slightly restless at night. Goes out walking
daily. While in ward, lies about on the benches; shirt unbuttoned, & slouchy in dress. Cannot be
induced to speak; makes signs only. Appetite not very good. Does no work. Seems contented here.
Is quite good-natured. His brother came to see him (on 22d & 23d inst); but did not find him well enough
" 31 to go home. May 31/93. Appetite changeable; bowels regular. No cough noticed. Recently, has
commenced to talk a little; is slovenly in dress. Lies about on the benches, most of time, while in hall.
June 30 June 30/93. Appetite most at night, continue good. Bowels normal. Very untidy & slovenly; cannot be
induced to keep his shirt & clothes buttoned. Does a little work in the hall. Quiet & well-behaved;
talks very little & then only to ask for tobacco or something he wants.
July 3/ July 3/93. Was transferred to B1 today. July 5/93. Visited by his brother.
" 19 July 19/93. Has a habit of taking food from other patients at the table. Has, on this account, been
" 31 given his meals in the hall lately. July 31/93. Seems a trifle brighter, of late. Does not seem to be

July 31 (Contd) too drowsy & sleepy. Speaks a little more than usual, but only still to make some request for tobacco &c. Yet at times, is quite free in answering any questions put to him regarding himself. Seems a little more inclined to habits of tidiness. Is in good physical health & has made a decided gain in flesh in the past 2 months. —

Aug 5/31 Aug 5/93. Was today transferred to the Annex. Aug 31/93. No noticeable change in condition.
Sep 1/ Sep 1/93. Quiet, harmless, indolent and lazy. Rather untidy in dress. No work. Health good. —
" 27 Sep 27/93. No change in condition. Very indolent; masturbates openly & is filthy in habits. Does not talk any (he did for a while); merely makes signs for what he wants. Physical health good.
Oct 6 Oct 6/93. Appears somewhat brighter & more inclined to talk, of late. Is rather slouchy in
" 31 matters of dress & dirty in habits. Oct 31/93. No material change. Health good.
Nov 30 Nov 30/93. A quiet, inoffensive patient; very indolent; sits in one place and seldom speaks, unless addressed. He does no work. Physical condition is good. —
Dec 31 Dec 31/93. Still indolent. Sits idly in a seat or mopes about the hall. Is in good health.
1894 Jan 31 Jan 31/94. There is no apparent change to note, at this date. Does no work. Indolent & lazy.
Feb 28 Feb 28/94. This patient does not change any from month to month. He is quiet & well-behaved, but indolent; careless & untidy in appearance. Talks a little, when addressed. Health is good. —
Mar 31 March 31/94. Former note is good, up to this date. He is still indolent & very slouchy about his dress.
Apl 30 April 30/94. No noticeable change to report. Of late, he has been working about the grounds, occasionally.
May 29 Patient is quiet & inoffensive, works outside occasionally, is very indolent; will hide in closets to get out of work, talks a little & quite rationally. Habits rather
June filthy, dress untidy, general health good. June 29th Former note good up to date.
July 2 " No change. July 31/94. General health keeps good. Very idle & lazy. Habits rather dirty —
Aug 31 During this period, patient has been quiet & inoffensive. Works in dining room at present. Was
Sep 30 too slow & lazy while at outside work. Seldom speaks unless spoken to & then only in monosyllables.
Oct 31 Seems to indolent even to talk. Lies around sleeping when chance presents. Habits clean. Dress rather tidy. Health good.
Nov 30 During these 3 months, no special change to note. He is quiet; does a little work; will not speak,
Dec 31/94 unless urged. Habits clean. Rather tidy in dress, of late. (Was a little feverish & in bed Dec 25th & 27th). Health good.
Jan 31 to For this quarter, nothing special has occurred calling for remark. He has been quiet &
Apl 30 well-behaved. Indolent, does no work or very little. Health is apparently good. Is clean.
May 1 to During these 3 months, no noticeable change. He has been quiet: dull & rather stupid. For
June 30 a time, worked some outside but only work a little in ward, of late. Seldom speaks. Habits more clean. Health good.
July 31 During this period, patient's condition has been about as previously reported. Very quiet: does not talk,
Aug 1 to only when spoken to. Works some in ward. Habits clean & he keeps himself more tidy. Health good.
Oct 31
Nov 4 to Nov 4/95. Wt 181 pds. P 104. Nov Dec & to Jan 31/96. During this quarter, patient has been quiet.
Dec Stupid, indolent; does a little work: seldom speaks unless spoken to. Habits clean: health is good. —
Jan 31/96 Febr 96 Wt 180 pds. P 90. Mar 15/96. Visited by friends. Apl 30/96. No change noticeable, during the period:
Febr Does a little work but seems inclined to be lazy. Habits clean: health apparently good. Talks very little.
Mar 15 D. E. Wetz: Never sick & never makes any complaints: (fact, he never talks any except to beg for tobacco.) —
Apl 30

Dec Transfer Book "F" Folio 290

Personal and Medical History of Louis Marek (Hors)

Whole No. 3310

Residence, in Washington Co. for last 8 or 10 mos

Date Admission, 30th March 1893.

Admitted by D. Phelps Hour, 7.15 Pm

How Sent, Thos. L. Moran Jolp, Dakota County

Sex, Male

Age, about 25 years

Civil Condition, Single

Children, None

Age Youngest Child, —

Occupation, Cooper by trade

Degree Education,

Profession Religion, Catholic

Habits, Good, so far as known

Nativity, Bohemia

Physicians Committing, H. VanBeeck & A. A. Finch

Correspondents, Frank Urban
Point Douglass, Washington Co.

No. for Year, 2222

Insane Relatives, Cannot find out

Cause Exciting, masturbation

Cause Predisposing, not stated

Form, Melancholia - Acute

Accompanying Bodily Disorder, No

Suicidal or Not, Not

Date of this Attack, March 28th 1893

Duration, a few days

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 25 years.

Time of Leaving, June 29. 1897

Time in Hospital, 4 yr. 2 mos. 30 da.

Result, Transfered to Fergus Falls.

EXAMINATION ON ADMISSION.

Exd by Dr. Baker Mar 31/93

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Somewhat confused

Quick or Sluggish, Somewhat sluggish

MEMORY:

Past Events,

Recent Events, Seems fairly good as far as tested

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Does not know what place this is

REASONING POWER:

Ordinary Subjects,

Own Mental State, says he is sick

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, probably somewhat

DELUSIONS:

Systematized or Not,

Special Subjects, 2

Transitory or Not,

HALLUCINATIONS: Cannot determine now.

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Fairly free on questioning

GENERAL DESCRIPTIVE REMARKS: Some confusion apparently. Understands English with difficulty - Hands are thin tremis Stand unremarkably. Secretes during examination, wanting to get up & move from the chair where the Dr had him sit, to others. Coming back only when firmly Commanded to do so. Made repeated efforts to speak in private & desisted only on firm Command. Indicates that he considers himself wrong in his head. Is evidently somewhat feebleminded, or partially demented. No trouble, secondary to the heart lesion, was found.

Personal and Medical History of Louis Marek

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8½ WEIGHT, 135 lbs NUTRITION, a trifle color rather thin, but has spirit

WOUNDS OR ABNORMALITIES, 2

TONGUE, Tremors, very slight Coatings, slight; large, red, smooth Promptness Movement, rather slow

PUPILS, Equality, Equal Size, about normal

Response Light, yes Accommodation, Yes

SIGHT, Good

HEARING, Good

CO-ORDINATION, Arms, Fingers now, eyes shut, good.

Legs, standing a foot, good: standing, eyes shut, good.

TREMORS, Hands, slight, coarse Tongue, very slight

Facial Muscles, almost none General,

REFLEXES, Patellar, Equal; diminished - about 2 or 3 D. Pts scale

Other Reflexes,

ARTICULATION, Hesitating, probably fair. Understands English poorly. Stammered,

FACIAL EXPRESSION, somewhat dull

SENSIBILITY, has very loud, limited systolic murmur, and a to and fro soft murmur over rt side of heart

HEART, Impulse very strong, visible, diffused; forcing the chest out quite markedly, reaching out to the nipple line

LUNGS, Seem fairly good —

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, fairly Careless,

BOWELS, Normal, Yes Constipated, Irregular,

APPETITE, Good, Medium, Poor, yes

SLEEP, Good, fairly Poor, Irregular,

PULSE, irregular RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 2 ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, mother living — 58 - claims healthy.

Father or Pat. Relations, father dead - probably 2 and last trouble

Brothers or Sisters, 2 brothers — healthy — 2 sisters — healthy

Personal and Medical History of Louis Marek

1893

This man was brought here by Sheriff Stiland with the following history. Habits are good, so far as known. Can't find out any history as to heredity. Cause of this attack is masturbation: Insanity is acute. No accompanying bodily disease or disease. First symptoms were manifested March 25th 1893 by indecent exposure. This is first attack. Insanity is now manifested by continually indecently exposing himself. Is not disposed to injure others, not suicidal, not filthy nor destructive. Has not been restrained or confined, nor under medical treatment.

Mar 31 March 31/93. Quiet, but restless, sleeping but 5 hours last night. Am. Pulse 88. Has been restless today, continually unbuttoning his pants, exposing his privates & handling them. Took no food at all.

Apl 1 April 1/93. Restless for 4 hours, sleeping 4, last night. Am. Pulse 84. Ate no breakfast. Drank a glass of milk under protest, saying "that it was not right". Persists in demuding himself. Constantly playing with his penis. Transferred to C4. April 2/93. Was slightly restless last night, but slept fairly well.

" 3 Am. Took no breakfast. Tongue is coated. Is out on the hall, dressed. April 3/93. Slept well last night, resting well. Took some food today, but eats scantily. Keeps dressed. Penis was blistered on the 1st inst.

" 4 Escaped from his hall & attempted to run away today. Wt 127 3/4 lbs. Pulse 79. April 5/93. Was slightly restless last night. Has slept well the last 2 nights. Is taking food a little more freely.

" 6 April 6/93. Restless for a couple of hours, sleeping 7 last night. Eat still a little better.

" 7 April 7/93. Rested very well last night, sleeping 9 hours. Appetite is fairly good at present.

" 14 April 14/93. For some time has been clean, tidy in dress & habits & was today, transferred to B3.

" 28 April 28/93. On account of depression of spirits, crying & restlessness at night was today transferred to B3.

" 29 April 29/93. Following the 7th inst, patient was uniformly quiet, rested & slept well at night, until most recently when he has been restless & has slept rather poorly; last night sleeping but 2 hrs. after the first few days, during which patient denuded himself & behaved very badly, has kept neatly & tidily dressed & has been clean in habits & has seemed free from such marked sexual erethism. Appetite was good from time following the 7th inst, when patient began refusing occasional meals & on the whole Eating poorly, this persisting up to the present. For a time patient was quite cheerful & sensible, talking quite freely, coherently, rationally, playing the violin, participating in amusements, asking to go home, however; gradually became more earnestly pleading in his requests to go home, growing more emotional, and depressed, crying easily; this last condition continuing up to the present. April 30/93. Today ate neither dinner nor supper.

May 1/93 May 1/93. Is still refusing food. May 2/93. Remained in bed this morning; took no breakfast. Says he is hungry, but thinks he can't go home if he eats anything; when toed different, he drank 2 glasses

" 3 of milk, and got up & dressed. Tongue is heavily coated. May 3/93. Wt 126 pounds. Pulse 82.

" 7/93 May 7/93. Refused sample of urine for testing. May 12/93. Got out of the door of his ward this morning,

" 19 and came down to the office. May 19/93. Ate no dinner or supper yesterday and no breakfast this morning.

" 22 May 22/93. For the first few nights after his removal to this ward (B3), patient was very restless, and frequently out of bed at night, sleeping only 4 or 5 hours; since then, has been less restless and sleeping from 6 to 8 hours, each night. Is up & around daily. Constantly teasing the Dr. to "please let me go home". Deems himself well enough; is emotional; cries when told he is not yet strong enough to go. Writes an occasional letter. Appetite is variable; sometimes eating poorly; at other times refusing food. Does not walking, but keeps by himself - standing in one place most of the time. Does no work.

History of Louis Marek

Vol 23 Folio 117
+ 331 0

NAME
DATE

DETAILED HISTORY OF SICKNESS OF MR. Louis Marek
DIAGNOSIS. Acute articular rheumatism
Complicated with mitral regurgitation
with hypertrophy & slight dilatation of left

1893-4 pt 2.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP. AM	TEMP. PM	
Dec 25		4[illegible]		96					Improving upward since from 82.
26	7	5	76	70					Refuses medicine
27	7	5	86	84					" " " Appetite good
28	7	5	104	90					Eats fairly well and appears to be getting some stronger
29	7	5	86	72					Nose bleeds a great deal but stops of its own
30	7	5	82	76					Complains of pain in left shoulder.
31	7	5	86	86					
Jan 1	7	5	88	72					
2	7	5	96	87					Weight 126 lbs. Complains of
3	7	5	80	80					pain all over body
4	7	5	84	72					Gave sponge bath.
5	7	5	86	72					Appetite good. Bowels regular
6	7	5	76	60					Doing nicely. Wants to get up.
7	7	5	24	60					Wanted up
8	7	5	72	60					Wants to get up and dress
9	7	5	24	60					
10	7	5	72	66					Wants to get up. Appears fairly strong.
11	7	5	66	70					Appetite good. Bowels regular.
12	7	5	76	72					
13	7	5	80	80					
14	7	5	118	72			99		Does not seem as much up today
15	7	5	72	67					
16	7	5	72	60					Lost on an average of 6 lbs from Jan 1st
17	7	5	72	68					
18	7	5	80	72					
19	7	5	76	62					Does quietly in bed. Has no pain of Crying, appetite fairly good. Bowels regular.
20	7	5	70	60					

Appetite improving. Complains of pain

Jan 21st Jan 2/94. Has lost very markedly in flesh, in the past month. Complains of pains "all over this body". Jan 6/94. Appetite good; bowels regular. Is doing nicely. Wants to get up. Was, today, visited by an acquaintance. Jan 7/94. Wants to get up and does. Jan 10/94. Is very

(Carried to page 132)

Personal and Medical History of Louis Marek

189[3]

Mar 31 [illegible]

Apl 1 [illegible]

" 2 [illegible]

" 3 [illegible]

" 4/5 [illegible]

" 6 [illegible]

" 7 [illegible]

" 14 [illegible]

" 28 [illegible]

" 29 [illegible]

" 30 [illegible]

May 1/[illegible]

" 3 [illegible]

" 7/[illegible]

" 19 [illegible]

" 22 [illegible]

Writes an occasional letter. Appetite is variable; sometimes eating freely; at other times refusing food. Goes out walking, but keeps by himself - standing in one place most of the time. Does no work.

NAME Louis Marek

DATE. 189[3]	Weight.	Pulse.	Gain.	Loss.
June 5th	131½		5½	
July 1st	136½		5	
Aug 3d	134½			2
Sept 8th	141½		7	
Oct 3d	139	70		3½
Nov 1st	141	76	2	
Dec 4th	137½	88		3½
(1894) Jany 2d	106½	96		(23 lbs)
" 22	"	"	"	
" 23	"	"	"	
" 25	Transferred to C 2			

le; sometimes refusing food. Bowels, as a rule, regular. No cough word, except to ask to be let go home. Very quiet most of the time; aloof from them, either standing, gazing vacantly in the ground a ground. Is very much emaciate.

at night; though, last night, was quite restless, sleeping but 4 hours. today. June 30/93. Appetite has continued quite poor, of late; patient bowels are generally regular. No cough noticed. Is depressed. Stand vacant gaze upon him, does not talk. Wants to go home.

at on the ground. July 12/93. Patient was ascertained to be at uest for him & he was brought back this evening. July 17/93. Found w a walk; attempted to escape by it. July 31/93. Appetite still Patient appears much delay- [illegible] Looks sound

1. A.M. - 98 100[8] P.M. - 100-103 Incholia.
2 - A.M. 96 101[4] ½ Day - Past 3 months.
Med = Touch free. " " 96 - 101[0] - " 98 - 101[6] 2. Is an
" " " " " 100 - 101[2] - " 100 - 100[8] change any.
A.M. 100 - 101[2] - 100 - 103 eported as
Refused med. " 96 - 100[0] - 98 - 102[0] ried to
Whiskey " 98 101[6] 100 - 101[0] ull. Appe-
playing the

times.
German
wever, good.
, occasionally.
ng to get out

of the door, today. Nov 30/94. Appetite generally good. Talks but little; stands idly about in hall, most of the time - Works some occasionally. Seems very much depressed.

Dec 1/93 Dec 1/93. Has lost slightly in weight, in the past month. Dec 12/93. Slept but 4 hours; was restless last night.
" 14/93 Dec 14/93. Can hardly walk about, today. Dec 15/93. Cannot walk. Semi bed. Says "it is Rheumatism
" 15 has had it before". Appetite very poor - Put on medicine. Dec 16/93. Lies quietly in bed. A.M. 100
" 23 P.M. Pulse 100. T @ 102. Appetite poor. Took no supper. Dec 23/93. See attached record of Nurse. -
" 25 Dec 25/93. Transferred to C 2 the "Sick-ward" and put to bed there. (See heading of the attached
" 26/27 Nurse's record for Diagnosis). Dec 26/93. Refuses medicine; appetite poor. Dec 27/93. Eating
" 29 fairly well, today, & appears to be getting stronger. Dec 29/93. Nose bleeds a great deal. -
1894 Appetite improving. Complains of pain in left shoulder.
Jan 1 Jan 1/94. Has lost very markedly in flesh, in the past month. Complains of pains "all over
" 6 this body". Jan 6/94. Appetite good; bowels regular & doing nicely. Wants to get up. Was
" 7/10 today, visited by an acquaintance. Jan 7/94. Wants to get up and does. Jan 10/94. Is very

(Carried to page 132)

1893

Mar 31

Apl 1

" 2

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May 1

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" 22

Writes an occasional letter. Appetite is variable; sometimes eating freely; at other times refusing food. Goes out walking, but keeps by himself - standing in one place most of the time. Does no work.

May 31 May 31/93. Appetite very changeable; sometimes refusing food. Bowels, as a rule, regular. No cough has been noticed. Scarcely says a word, except to ask to be let go home. Very quiet most of the time, goes out with the rest but keeps aloof from them, either standing, gazing vacantly at the ground around him or sitting down on the ground. Is very emaciate.

June 13 June 13/93. Apparently sleeps well at night; though, last night, was quite restless, sleeping but 4 hours.

15/30 June 15/93. Appetite is very poor today. June 30/93. Appetite has continued quite poor, of late; patient at times, refusing his meals. Bowels are generally regular. No cough noticed. Is depressed. Stands about most of the time, with a vacant gaze upon him. Does not talk. Wants to go home.

July 11/ " 17 July 11/93. Eloped to-day, while out on the grounds. July 12/93. Patient was ascertained to be at Owatonna; an attendant was sent for him & he was brought back this evening. July 17/93. Found a door open, when returning from a walk; attempted to escape by it. July 31/93. Appetite [illegible] Bowels normal. Patient appears much depr[illegible]

" 31 1893 [illegible] Looks sound

Dec " 17	No breakfast	A.M. - 98	100 E	P.M. - 100-102	melancholia.	
" 18	Bowels constipated -	A.M. 96	101	½ Bay	Past 3 months.	
" 19	Appetite poor - Med - Tincture Iron - "	" 96 - 101	"	98 - 101	Cl. Is an	
" 20	" " " " " "	" 100 - 101	"	100 - 100	change any.	
" 21	" "	A.M. 100 - 101	"	100 - 103	started as	
" 22	" " Rubbed med.	" 96 - 100	"	98 - 102	ried to	
" 23	" " Egg nog Whiskey	" 98	101	100 - 101	ull. Appe-	
" 25	Transferred to C 2				laying the	

" 30 of the door, today. Nov 30/94 Appetite generally good. Eats but little; stands idly about in hall, most of the time - works some occasionally. Seems very much depressed.

Dec 14/ " 14 Dec 14/93 Has lost slightly in weight in the past month. Dec 12/93, Slept but 4 hours; was restless last night. Dec 14/93 Can hardly walk about today. Dec 15/93. Cannot walk. Semi bed. Says "it is rheumatism has had it before". Appetite very poor - Put on medicine. Dec 16/93. Lies quietly in bed. A.M. P 106

" 23 P.M. Pulse 100. T 102. Appetite poor. Took no supper. Dec 23/93. See attached record of Nurse. -

" 25 Dec 25/93. Transferred to C 2 the "Sick-ward" and put to bed there. (See heading of the attached

" 25/27 Nurse's record for Diagnosis). Dec 26/93. Refuses medicine; appetite poor. Dec 27/93. Eating

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1894 Appetite improving. Complains of pain in left shoulder.

Jan 1 Jan 1/94. Has lost very markedly in flesh, in the past month. Complains of pains "all over

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" 7/10 today, visited by an acquaintance. Jan 7/94. Wants to get up and does. Jan 10/94. Is very

(carried to page 131)

1893

Mar 31

Apl 1

" 2

" 3

" 4

" 6

" 7

" 14

" 28

" 29

" 30

May 1

" 3

" 7

" 19

" 22

Writes an occasional letter. Appetite is variable; sometimes eating poorly; at other times refusing food. Goes out walking, but keeps by himself - standing in one place most of the time. Does no work.

May 31 — May 31/93. Appetite very changeable; sometimes refusing food. Bowels, as a rule, regular. No cough has been noticed. Scarcely says a word, except to ask to be let go home. Very quiet most of the time; goes out with the rest but keeps aloof from them, either standing, gazing vacantly at the ground around him or sitting down on the ground. Is very emaciate.

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July 11 — July 11/93. Eloped today, while out on the ground. July 12/93. Patient was ascertained to be at Owatonna; an attendant was sent for him & he was brought back this evening. July 17/93. Found a door open when returning from a walk; attempted to escape by it. July 31/93. Appetite still very changeable. Bowels normal. Patient appears much depressed; seldom speaks. Looks as if always watching for a chance to escape. Is always a case of rather agitated melancholia. Patient is in quite good physical condition & has gained considerably in weight the past 2 months.

Aug 31 — Aug 3/93. Keeps in about his usual flesh. Aug 31/93. Depressed; stupid & dull. Is on extra diet now & appetite has improved. Bowels generally regular. Does not seem to change any. Very anxious to go home. Does no work.

Sep 8/10 — Sep 8/93. Has made quite a gain in flesh, the past month. Sep 10/93. Was last night, reported as noisy, crying & praying; slept only 4 hours. Sep 11/93. Is today in one of his "spells". Tried to sneak away from the building. Sep 30/93. Continues about the same; depressed & dull. Appetite, for some time, has been good. Bowels normal. Takes great pleasure in playing the violin. Bodily health good. Ceases to go home.

Oct 14 — Oct 14/93. Seems to be improving some. Talks freely & seems quite sensible, at times.

" 31 — Oct 31/93. Has again changed. Is deluded; depressed; wants to go home. Talks in German language. Is neat & tidy. Appetite good. Weight fluctuates. Physical condition, however, good.

Nov 8 — Nov 8/93. Not much change to report - says a good deal. Walks some. Goes walking, occasionally.

" 22 — Wants to go home. Ceases to be allowed this. Nov 22/93. Is in one of his "spells". Trying to get out of the door, today. Nov 30/94. Appetite generally good. Talks but little; stands idly about in hall, most of the time - works some occasionally. Seems very much depressed.

Dec 4/5 — Dec 4/93. Has lost slightly in weight, in the past month. Dec 12/93. Slept but 4 hours; was restless last night.

" 14/15 — Dec 14/93. Can hardly walk about, today. Dec 15/93. Cannot walk. Is in bed. Says "it is rheumatism has had it before". Appetite very poor - Put on medicine. Dec 16/93. Lies quietly in bed. Temp. 98.6 P.M. Pulse 100. T (R) 102. Appetite poor. Took no supper. Dec 23/93. See attached record of nurse. -

" 25 — Dec 25/93. Transferred to C: the "Sick-ward" and put to bed there. (See heading of the attached nurse's record for Diagnosis). Dec 26/93. Refuses medicine; appetite poor. Dec 27/93. Eating fairly well, today, & appears to be getting stronger. Dec 29/93. Has bleeds a great deal. - Appetite improving. Complains of pain in left shoulder.

" 29/37

Jan 1/94 — Jan 1/94. Has lost very markedly in flesh, in the past month. Complains of pain "all over his body". Jan 6/94. Appetite good; bowels regular. Is doing nicely. Wants to get up. Was, today, visited by an acquaintance. Jan 7/94. Wants to get up and does. Jan 10/94. Severe

" 6

" 7/10

(Carried to page 132)

Personal and Medical History of Charles C. Felver

Whole No. 3311

Residence, 806 Bryant Ave. No.

Date Admission, 31st March 1893

Admitted by D. Phelps Hour, 7.15 PM.

How Sent, John A. State Asst., Hennepin County

Sex, male

Age, 29 years

Civil Condition, single

Children, no

Age Youngest Child,

Occupation, Cigar-maker

Degree Education,

Profession Religion, not a church member

Habits, Good

Nativity, Indiana

Physicians Committing, J. M. Kistler & R. J. Hill.

Correspondents,

No. for Year, 223.

Insane Relatives, mother sister & [illegible] neurotic diathesis

Cause Exciting, sunstroke about 2 years ago.

Cause Predisposing, previous attack

Form, Dementia

Accompanying Bodily Disorder, None

Suicidal or Not, not

Date of this Attack, about 2½ years ago.

Duration, seems somewhat continuous

No. of Attack, 2nd probably

No. of Admissions, 2nd

Age First Attack, 27 years, (about).

Time of Leaving, 11th December 1901

Time in Hospital, 8 yrs 8 mos 10 ds

Result, Transferred to Hastings Asylum

J.H.P.m

Change of address of mother
of Chas. Felver to
516 Aldrich Ave N.
Mpls
apr 1/96

Examination on Admission.

Psychical Characteristics.

Recent Events, } Can't test

Special Subjects, }

PERCEPTIVITY: probably dull

Alert or Dull,

Correct or Illusive,

REASONING POWER: Can't test

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Obstinate; resist; and will not move at all voluntarily; is cramped in bed; lies holding head up from pillow in a strained, tiresome position —

EMOTIONAL STATE:

Normal, Calm,

Indifferent, probably (won't speak).

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None detected

Special Subjects, (will not speak)

Transitory or Not,

HALLUCINATIONS: ?

ILLUSIONS: ?

CONVERSATION: Says nothing at all

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Chas. C. Felver

Examination on Admission. (Continued.)

Physical Characteristics.

HEIGHT, 6 ft 3½ in WEIGHT, 145½ (in under clothes) NUTRITION, below normal

WOUNDS OR ABNORMALITIES, Slight scars. 192 – 5/19/91 – — abnormalities, (?) —

TONGUE, Tremors, ~~Dull~~ will not show — Coatings, Promptness Movement,

PUPILS, Equality, Equal Size, about normal

Response Light, ? not tested Accommodation, ? not tested

SIGHT, probably fair

HEARING, " "

CO-ORDINATION, Arms, } will not do as asked

Legs, }

TREMORS, Hands, Coarse Tongue, not tested

Facial Muscles, None at present General, None

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Won't speak = mumbles sometimes at times —

FACIAL EXPRESSION, Dull

SENSIBILITY, —

HEART, Sounds faint — no murmur heard.

LUNGS, no cough — Sounds faint

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Yes Clean, Careless,

BOWELS, Normal, Constipated, Yes Irregular,

APPETITE, Good, Medium, Poor, Yes; refuses all but little food

SLEEP, Good, Poor, Yes Irregular,

PULSE, Can't Record 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, } See previous history

Brothers or Sisters, }

Personal and Medical History of Charles C. Felver

Whole No. 3311.
Residence, 806 Bryant - No. No.
Date Admission, 31st March 1893
Admitted by D Phelps Hour, 7.15 PM
How Sent, John A State Jeff., Hennepin County
Sex, male
Age, 29 Years
Civil Condition, single
Children, no
Age Youngest Child,
Occupation, Cigar - maker
Degree Education,
Profession Religion, not a church member

No. for Year, 223.
Insane Relatives, mother, sister of peculiar neurotic diathesis
Cause Exciting, sunstroke about 2 years ago
Cause Predisposing, previous attack
Form, Dementia
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, about 2 years ago.
Duration, seems somewhat continuous
No. of Attack, 2nd probably
No. of Admissions, 2nd
Age First Attack, 27 years, (about).
Time of Leaving, 11th December 1901
Time in Hospital, 8 yrs 8 mos 10 ds
Result, Transferred to Hastings Asylum



Exd by Dr Baker April 93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } Can't test
Recent Events, }
Special Subjects, }
PERCEPTIVITY: probably dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Can't test
Ordinary Subjects,
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Obstinate; resists; and will not move at all voluntarily; brancuick in bed; lies low; head up from pillow in a strained, tiresome position —

EMOTIONAL STATE:
Normal, Calm,
Indifferent, probably (won't speak).
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, None detected
Special Subjects, } will not speak)
Transitory or Not, }
HALLUCINATIONS: ?
ILLUSIONS: ?
CONVERSATION: Says nothing at all
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Chas. C. Felver

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 3½ in WEIGHT, 145½ (in under clothes) NUTRITION, below normal
WOUNDS OR ABNORMALITIES, Slight scars. 192 - 8/19/91 — abnormalities (?) —
TONGUE, Tremors, ~~will not show~~ — Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, about normal
Response Light, ? not tested Accommodation, ? not tested
SIGHT, probably fair
HEARING, " "
CO-ORDINATION, Arms, } will not do as asked
Legs, }
TREMORS, Hands, Coarse Tongue, not tested
Facial Muscles, None at rest General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Won't speak - mumbles sometimes at times -
FACIAL EXPRESSION, Dull
SENSIBILITY, —
HEART, Sounds faint — no murmur heard.
LUNGS, no cough - Sounds faint
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Yes Clean, Careless,
BOWELS, Normal, Constipated, Yes Irregular,
APPETITE, Good, Medium, Poor, Yes; refuses all but little food.
SLEEP, Good, Poor, Yes Irregular,
PULSE, Record 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, } see previous history
Father or Pat. Relations, }
Brothers or Sisters, —

1893 This man was brought here by deputy-Sheriff Lewis Maisch, with the following history.- Has been of good habits. Insanity is hereditary; his mother & sister being of a peculiar neurotic diathesis. Exciting cause is Sunstroke, about 2 years ago; form is chronic & depressed. No accompanying bodily disorder or disease. First symptoms were manifested about 2 years ago, when he wandered away from home. Probably 2d attack this; Has been nearly dazed for 2 years. Insanity is now manifested by his refusal to talk and wanting to lie down all the time. Is violent at times. Is not suicidal. Is however, filthy & destructive. Patient comes from a nervous family. Has been under medical treatment; results negative.

Note * Was confined in this Hospital before, for a period of about 9 months (from Augt 6th 1891 to April 8/92) See Vol 17. Page 201. No 2288.

Apl 1 April 1/93. Patient seems while at home had been unmanageable, remaining in bed, refusing to have his bed changed, & be attended to in regard to personal toilet. When he arrived here his hair had grown down to his shoulders & he showed other evidences of neglected care. Was somewhat restless last night, sleeping 5 hours. Remains in bed today voluntarily & is not disturbed. Refused all food at breakfast & supper and ate but very little dinner. " 2 April 2/93. Restless 6, sleeping but 3 hours, last night. Is eating " 3 very little indeed. April 3/93. Restless for 7, sleeping but 2 hours, last night. Ate a little at each " 4 meal today. Is constipated. April 4/93. Slept 5 hours last night. Wt (in underclothing) 145½ lbs. Ofs.

" 29 April 29/93. Is nightly restless from 1 to 3 hours, sleeping from 5 to 8 hours. Has remained in bed way days, lying there comparatively quietly. Is dirty in his habits. Has been shaven & barbered and put in fairly good trim. Does not resist, to any great degree, being cared for. Is eating quite well. Bowels have a tendency to constipation. Pulse and temperature are about normal. (See attached Clinical record).- Does not talk any. Occasionally mumbles indistinct reply to questions & greetings.

May 3 May 3/93. Weight (in bed) 144 lbs. Pulse 82. Has gained some in flesh.

" 24 May 24/93. Has continued to keep his bed until today, when he was got up, dressed, and put out on the hall. Rest & sleeps at night, for some time as last above described, has improved of late. Is now up in the hall daily; goes out walking. When spoken to, mutters something indistinctly. Still has to be fed. Shows no ward, sits idly in Chair. Still inclined to be dirty in his habits.

" 31 May 31/93. Appetite good, but he will not feed himself; has to be fed and dressed. Sits in one place, all day, unless moved by some one. Does not speak. Bowels irregular. Habits are dirty. (number of days dirty, last month, 23).-

June 30 June 30/93. Continues about as described in last note.

July 1 July 1/93. Wanted to take to his bed again; has been forcibly gotten up, and now sits about in about

" 19 the same dull way, in which he formerly laid in bed. July 19/93. Appetite good, if some one feeds him but will not help himself; still has to be dressed & undressed. Seems to be entirely helpless, and, when he goes outside, has to be led by some one to & from his ward; would not take a seat unless Someone helps him to it. Laughs to himself. Never talks any. Habits are filthy.

" 31 July 31/93. No noticeable change in patients condition, conduct or behavior, since last note.

Aug 15 Aug 15/93. Appetite good. Still has to be fed, dressed & undressed. Will not move unless some one helps him. Will, occasionally, laugh to himself. Does not talk any. Bowels regular. Habits dirty.

Sept 1/30 Sept 1/93. Maintains his usual weight. Sept 30/93. Appetite good; bowels normal. Feeds himself now, but

NAME Chas C. Felver

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 3d	166	90	8	(Estd)
July 1st	168	88	2	
Augt 1st	168	84	—	
Sept 2nd	169	84	1	
Oct 3d	173	87	4	
Nov 1st	175	82	2	
Dec 1st 1893	174	68		1
Jany 2nd	177	72	3	

CASE OF Chas Felver CR 117

	NOTES BY NURSE	NOTES BY PHYSICIAN.
	not eat any breakfast	
	with dinner	
	no supper	
	Pulse poor	
	one slice of bread	
	breakfast drank	
	a cup of milk	
	dinner)	
	a good breakfast	
	Pulse fairly good	

15	XA.M.	68	
"	5 P.M.	69	
16	8 A.M.	86	
"	4 P.M.	74	
17	8 A.M.	74	seems to be in a ~~state~~ state of ~~stupor~~ stupor condition
			Will pour ~~out~~ ~~water~~ water
			Does not talk any
			Appetite fairly good
			Bowels costive
17	5 P.M.	58	
18	8 A.M.	76	
"	5 P.M.	64	
19	8 A.M.	72	
"	5 P.M.	66	
20	8 A.M.	74	
21	8 A.M.	64	
"	5 P.M.	67	
22	8 A.M.	78	
"	5 P.M.	76	
23	8 A.M.	64	
"	5 P.M.	62	
24	8 A.M.	72	
"	5 P.M.	62	
25	8 A.M.	63	
"	8 P.M.	72	
26	8 A.M.	72	
"	5 P.M.	62	
27	8 A.M.	82	
"	5 P.M.	54	

Felver Chas

		did not eat any Breakfast
		Bowels ~~costive~~ ~~and~~ ~~Pulse~~ ~~poor~~
		appetite poor.

Mar 1- Nov 1/30 (Since Sept 30/93. No special change noticeable. Usually dirty 3 or 4 days, each month. Is always in good spirits & appears quite contented. Rests in good physical health.-

(carried to page 2, 6)

1893 This man was brought here by deputy Sheriff Lewis Maisch, 4
Has been of good habits. Insanity is hereditary; his mother twice
diathesis. Exciting Cause is Sunstroke, about 2 years ago; form
-ming bodily disorder or disease. First symptoms were man
-dres away from home. Probably 2d attack, this; Has been
manifested by his refusal to talk and wanting to lie
Is not suicidal. Is however, filthy & destructive. Pate
under medical treatment; results negative.

Note * Was confined in this Hospital before, for a peri
See Vol 17. Page 201. No 2288.

Apl 1 April 1/93. Patient dress while at home had
bed changed, & be attended to in regard to personal toi
his shoulder & he showed other evidence of neglected Ca
5 hours. Remains in bed today voluntarily, is not distu
" 2 and ate but very little dinner. April 2/93. Restless 6, sleepi
" 3 very little indeed. April 3/93. Restless for 7, sleeping but 2 hours,
" 4 meal today. Is constipated. April 4/93. Slept 5 hours last night. W
" 29 April 29/93. Is nightly restless from 1 to 3 hours, sleeping from 5 to 8 hours. S remained in bed long
day, lying there Comparatively quietly. Is dirty in his habits. Has been shaven & barbered and put
in fairly good trim. Does not resist, to any great degree, being cared for. Is eating quite well. Bowels have
a tendency to constipation. Pulse and temperature are about normal. (See attached Clinical Record). -
Does not talk any. Occasionally mumbles indistinct reply to questions & greetings -

May 3 May 3/93. Weight (in bed) 149 lbs. Pulse 82. Has gained some in flesh.
" 24 May 24/93. Has continued to keep his bed until today, when he was got up, dressed, and put out
in the hall. Rest & sleep at night, for some time as last above described, has improved of late. Is
now up in the hall, daily; goes out walking. When spoken to, mutters something indistinctly.
Still has to be fed. Threw on ward, sits idly in Chair. Still inclined to be dirty in his habits.
" 31 May 31/93. Appetite good, but he will not feed himself; has to be fed and dressed. Sits in one place,
all day, unless moved by some one. Does not speak. Bowels irregular. Habits are dirty. (number
of days dirty, last month, 23). -

June 30 June 30/93. Continues about as described in last note.

July 1 July 1/93. Wanted to take to his bed again; has been forcibly gotten up, and now sits about in about
" 19 the same dull way, in which he formerly laid in bed. July 19/93. Appetite good, if some one feeds him
but will not help himself; still has to be dressed & undressed. Seems to be entirely helpless, and,
when he goes outside, has to be led by some one to & from his ward; would not take a seat unless
some one helps him to it. Laughs to himself. Never talks any. Habits are filthy.
" 31 July 31/93. No noticeable change in patients condition, conduct or behavior, since last note.

Aug 15 Aug 15/93. Appetite good. Still has to be fed, dressed & undressed. Will not move unless some one helps
him. Will, occasionally, laugh to himself. Does not talk any. Bowels regular. Habits dirty.

Sep 1/30 Sep 1/93. Maintains his usual weight. Sep 30/93. Appetite Good; bowels normal. Feeds himself now, but

CK 117

MEDICAL NOTS IN THE CASE OF Chas Felver

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
April	1	8 AM	108	102		did not eat any breakfast	
	"	5 PM	90	100		ate little dinner	
						did not eat supper	
April	2	8 AM	102	99.8			
	"	5 PM	78	98.6			
	3	8 AM	98	98.6		appetite poor;	
						ate one piece of bread	
						for breakfast drank	
						about a cup of milk	
						for dinner.	
	3	5 PM	88	98.6		ate a good breakfast	
	4	8 A.M.	84	98.8			
	"	5 PM.	86	99.8			
	5	8 AM.	82	98.6			
	"	5 PM.	80	100			
	6	8 AM	80	98.6			
	"	5 PM.	98	99			
	7	8 AM.	86	99			
	"	5 PM.	84	98.6			
	8	8 AM	80	98.2		appetite fairly good.	
	"	5 PM.	64	98.6			
	9	8 AM.	74	99			
	"	5 PM.	62	98			
	10	8 AM.	62	98			
	"	5 PM.	64	99.2			
	11	8 A.M.	68	98.6			
	"	5 PM.	66	98.2			
	12	8 A.M.	92	100			
	"	5 PM.	76	100.6			
	13	8 AM.	70				
	"	5 PM.	86				
	14	8 A.M.	78				
	"	5 PM.	70				
	15	8 A.M.	68				
	"	5 PM.	69				
	16	8 A.M.	86				
	"	5 P.M.	74				
	17	8 A.M.	74			seems to be in a	
						~~stupor~~ sort of	
						~~stupor~~ condition	
						does not talk any	
						appetite fairly good	
	17	5 P.M.	58				
	18	8 A.M.	76			Bowels costive	
	"	5 P.M.	64				
	19	8 A.M.	72				
	"	5 P.M.	66				
	20	8 A.M.	74				
	21	8 A.M.	64			did not eat any Breakfast	
	"	5 P.M.	64				
	22	8 A.M.	78			Bowels moved this A.M.	
	"	5 P.M.	56				
	23	8 A.M.	64			appetite poor	
	"	5 P.M.	52				
	24	8 A.M.	82				
	25	5 P.M.	52				
	26	8 A.M.	63				
	"	5 P.M.	52				
	26	8 A.M.	72				
	"	5 P.M.	60				
	27	8 A.M.	82				
	27	5 P.M.	54				

Felver Chas.

Jan 1/94 Wt 144 lbs

Mar 1 - Apr 1/30 Varies so. Apl 30/94. No special change noticable. Usually Dirty 3 or 4 days, each month. Is always in good Spirits & appears quite contented. Rests in good physical health. -

(carried to page 2,16)

Mr. Chas. C. Felver.

Pe

1893 Thi
Ha
d

all day, i
of days dirty, last
June 30 June 30/93. Continues a
July 1 July 1/93. Wanted to take to his bed
" 19 the same dull way, in which he formerly
but will not help himself; still has to be dressed
when he goes outside, has to be led by some one to & from his ward; would not take a seat unless
some one helps him to it. Laughs to himself. Never talks any. Habits are filthy.
" 31 July 31/93. No noticeable change in patients condition, conduct or behavior, since last note.
Aug 15 Aug 15/93. Appetite good. Still has to be fed, dressed & undressed. Will not move unless some one helps
him. Will, occasionally laugh to himself. Does not talk any. Bowels regular. Habits dirty.
Sep 1/30 Sep 1/93. Maintains his usual weight. Sep 30/93. Appetite good; bowels normal. Feeds himself now, but

Personal and Medical History of Charles C. Felver

1893 still has to be dressed & undressed. Has a dull & stupid appearance. Never speaks. Will sit in
Sep 30 one place, from morning till night, unless moved by some one. Laughs to himself & makes a noise
Oct 1 (erratic) asif talking; but words cannot be distinguished. Acts as if entirely helpless: Habits occasionally dirty.
" 7 Oct 7/93. Received a cut over eye today, in running room, during a scuffle between some of the other
" 31 patients & the attendants; not known how he got it or who gave it to him. Oct 31/93. Appetite good;
bowels regular. Is always stupid & silent. Will laugh to himself & from appearance, should think he
was talking to himself. Will sit in one place all day, unless moved by some one. Feeds himself now,
but still has to be dressed & undressed. Habits occasionally dirty.
Nov 1/30 Nov 2/93. Is gaining slightly in weight. Nov 30/93. Still sits alone, talking to himself. Will
not speak nor answer when spoken to. Still has to be dressed & undressed. Habits are filthy; will
not even move from his place to attend to the calls of nature. Habits do not improve. (Was dirty
5 days during the month). Appetite continues Good. ———
Dec 1/31 Dec 1/93. Restless for 4 hours, sleeping but 5 hours, last night. Dec 31/93. No change to note.
1894 Jan 2/31 Jan 2/94. Has again made some gain in flesh, the past month. Jan 31/94. Does not improve any-
Still has to be dressed & undressed. Talks to himself. Habits continue filthy. —"—
Feb 1/28 Feb 1/94. Wt 178½ lbs. Pulse 84. Feb 28/94. Occasionally restless at night & sleeping very poorly.
Has not changed any for several months past except that he is now more helpless. Filthy in habits.
Mar 1/31 March 1/94. Wt 176 lbs. Pulse 94. March 31/94. Still, occasionally restless at night; in other respects about same.
Apl 2/19 April 2/94. " 176 " " 96. April 19/94. Patient was, today, transferred to Ward 13.
" 30 April 30/94. Patient continues (about as described above) for several months past. Habits are very dirty.
May 1st Weight 176 lb. p. 84. 31st. Appetite good, bowels irregular, no cough - appears to be in good bodily health.
Is quiet & harmless, sits in one place while on the ward, talks incessantly under his breath quite
incoherently. Can not dress or undress himself & has lost all mental power. He is dirty
in his habits & soils both his clothes & bed, has to be led to water-closet: Was 18 days dirty dur-
June ing month. June 1st weight 181 lb, p. 78. 30th. No change to report regarding patient dur-
July 2 ing past month, was dirty 26 days - mother called on him. July 2nd weight 183, p. 78. 31st
" 31 patients condition remains unchanged since report of 31st of May last. Was dirty 20 ds.
Augt 1 during month of July. Aug 1/94. Wt 188 lbs. (Has gained considerably flesh the past few months).
" 31 Pulse 88. Aug 31/94. No change, mentally or physically. (Was dirty 24 days during the month).
Sep 1/30 Sep 1/94. Wt 190 lbs. Pulse 84. Sep 30/94. No same. (Was dirty 25 days during this month).
Oct 1/31 Oct 1/94. Wt 192 " " 94. Oct 31/94. Condition is unchanged, except that he is growing fine-
-ness of flesh. He has not been so dirty this month (only 12 Days Dirty); habits becoming more cleanly,
Nov 1 Nov 1/94. Wt 189 lbs. Pulse 96. Dec 1/94. Wt 188 lbs. Pulse 84. Jany 1/95. Wt 188 lbs. Pulse 86.
Dec 1 Appetite fair. Jany 31/95. Appetite only fair; bowels irregular. He appears to be in good physical health.
1895 Jany 1/31 Behaves well. Makes no complaints. Talks incessantly in a low tone, but without any sense. Slovenly
when eating. (A Case of Secondary Dementia; untidy; not often filthy). Of late, more cleanly in habits.
Feb 1 - Feb 1/95. Wt 188 lbs. Pulse 92. March 1/95. Wt 197 lbs. (Re-gaining in flesh). Pse. Apl 1/95. Wt 194 lbs
Mar 1 - Pulse 86. Apl 30/95. No special change noticeable. Usually dirty 3 or 4 days, each month.
Apl 1/30 Is always in good spirits & appears quite contented. He is in good physical health. -

(carried to page 210)

Personal and Medical History of George Gile

George Washington Emmet Gile

Whole No. 3312.
Residence, Winona, Minnesota
Date Admission, 1st April 1893.
Admitted by Dr. Phelps. Hour, 7.15 PM
How Sent, H.L. Buck Supt, Winona County
Sex, male
Age, 37
Civil Condition, single
Children, none
Age Youngest Child,
Occupation, Laborer
Degree Education,
Profession Religion, Roman Catholic
Habits, Good
Nativity, Winona, Minnesota
Physicians Committing, J.B. McGaughey & D.B. Ritchard
Correspondents, Dr. J.H. Dunn, 10 Loyalston Ave Minneapolis

No. for Year, 224
Insane Relatives, father Committed Suicide
Cause Exciting, Hereditary Influences
Cause Predisposing, Heredity probably
Form, Melancholia - Acute
Accompanying Bodily Disorder, None
Suicidal or Not, Attempted to strangle himself
Date of this Attack, New melancholia for 10 years.
Duration, 10 years or so
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 22 years.
Time of Leaving, May 19th 93.
Time in Hospital, 1 mo 19 ds
Result, Improved

Entered Dr. Baker April 4th 93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused on admission; clearer now
Quick or Sluggish, fairly quick

MEMORY:
Past Events, seems fair
Recent Events, something; Cant remember some things so from him. Seems remembers some things which occurred here.
Special Subjects, says he never tried to harm himself.

PERCEPTIVITY:
Alert or Dull, fairly alert now
Correct or Illusive, Correct

REASONING POWER:
Ordinary Subjects, fairly good now
Own Mental State, fairly clear now
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Claims he has eight - sweats; some Cough; and that stomach is out of order.
Examined in bed: talked Coherent & rational - lies quietly in bed - Answers questions promptly & willingly -

EMOTIONAL STATE:
Normal, Calm, —
Indifferent, —
Exalted, —
Depressed, Yes; says he does not worry much.

DELUSIONS:
Systematized or Not,
Special Subjects, } no definite delusions
Transitory or Not,

HALLUCINATIONS: None
ILLUSIONS: "
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, free

Personal and Medical History of George Gile
George Washington Emmet Gile

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 9 in (Stripped) WEIGHT, 132 lbs (Stripped) NUTRITION, Poor, thin & pale
WOUNDS OR ABNORMALITIES, Index finger, left hand, Crooked; Slight scar on forehead. Hernia on rt. side
TONGUE, Tremors, Considerable, Coarse & fine Coatings, Slight Promptness Movement, Fairly prompt
PUPILS, Equality, Yes Size, Slightly dilated
Response Light, Yes Accommodation, Yes
SIGHT, Good
HEARING, Good
CO-ORDINATION, Arms, fairly good; finger & nose, Eyes shut, fair.
Legs, Standing on foot, some weak; Standing, Yes shut, Slight swaying.
TREMORS, Hands, Some Tongue, Some
Facial Muscles, Slight intention General, tremor, Eyelids when closed.
REFLEXES, Patellar, Equal - about normal -
Other Reflexes,
ARTICULATION, ~~Hesitating~~, prompt Slurred, fairly distinct - some slur -
FACIAL EXPRESSION, sad
SENSIBILITY,
HEART, Sounds loud; no murmurs
LUNGS, 36½". Exp. 2" and dullness & bronch or harsh breath sounds; left apex post - râles, & resistant, & moist
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Yes Irregular,
APPETITE, Good, at present Medium, Poor,
SLEEP, Good, Poor, Irregular, Yes
PULSE, accel. RESP., — TEMP., rise
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN, Slow

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother living; health good.
Father or Pat. Relations, Father died
Brothers or Sisters, one brother living — Chester - works. Sisters - 2 — not very strong - not sick abed.

Personal and Medical History of George Gile

George Washington Emmet Gile

1893

The following history accompanied patient on his admission here. Habits have been good. There is some history of heredity; father committed suicide. Hereditary influence the supposed cause of this attack. Form is chronic & depressed. There is no accompanying bodily disorder or disease. Patient has been melancholic for 10 years - this is first attack. Insanity is now manifested in regard to his health & religion. Has shown no disposition to injure others. Has attempted to transfer himself. Is not filthy nor destructive; not has been restrained or confined. Has, during that period, been under medical treatment; no effects.

Apl 1 April 1/93. On admission, looks thin & haggard, like one who has been through a spell of sickness; pulse, while sitting in chair, 140. Patient was talking restlessly & incoherently, asking questions of the physicians, repeating the question after they were answered, & repeating the answers; when asked to do anything, wanting to know why; refused to take off his overcoat & get on the scales, resisting; stamped on the scales with his feet; picked up a weight & threw it violently down, apparently at the head of one of the officers. Had to be half carried to the ward; in the meantime talking almost constantly; tones rather low & like those of one who is tired from much talking or weak. Had to be undressed by force, although not actively resisting - Was put to bed, with directions to

" 2 let him remain in bed. April 2/93. Lay in bed all night, sleeping about 6 hours. Pulse ranges from 98 to 108. Today, lies quietly in bed. Tongue is slightly coated. Ate quite well. Under the care

" 3 of the Nurses of the "Sick-Ward" pulse, Respiration & Temperature as directed to be taken. Apl 3/93. Did not sleep any during the night; restless all night; talking considerable. Continues to remain in bed comparatively quietly, although confused mentally & mentally active & restless. Is growing more coherent, however.

" 4 Says he has had cough & night-sweats, at various times, in the past. April 4/93. Was quiet & treated comparatively well, sleeping 4 hours, during the night. Wt (in underclothing) 123½ pounds. Apl 5/93. Slept only 3 hours last night. Lay comparatively quietly & was quiet. Has night-sweats. Is constipated. -

" 6 April 6/93. Restless for 4 hours last night, sleeping but 2 hours. Coughed some during the night. -

" 9 April 9/93. Is quiet at night; somewhat restless; and has slept 3. 5 & 3 hours, on each of the past 3 nights.

" 11 Has had hypnotics. Has put on tonic-laxative. April 11/93. Slept 6 hours, night before last; but 1 hour last night. Pulse has ranged between 100 and 118 at night, at various times. Wt today (in underclothing) 127 pounds. Has had a good appetite. April 13/93. Slept 2 & 5 hours in each of the past 2

" 13 nights. Examination on admission showed that the lungs were diseased, probably of a tubercular degree, at left apex posteriorly. During the past few days there has been aggravation of the symptoms, a greater rise of temperature & a more marked acceleration of pulse, which is, at all times, accelerated out of proportion to the fever. Patient was put on the Creosote treatment, together

" 14 with other remedies. Was visited at the Asylum first by a friend & today by his sister. April 14/93. Slept but 5 hours last night. In addition to the already existing symptoms there has been added gastro-intestinal mes-ery. Constipation (partial), tympanites, and coated tongue. Patient is directed to use the bed-pan

" 15 and to remain in bed, and is put upon liquid diet. April 15/93. Slept but 3 hours last night. Has pain in

" 17 left axilla; pleuritic friction heard there; a dry pleurisy. April 17/93. Has slept but 1 and 2 hours, the past 2 nights. Put on turpentine for treatment of the tympanites which troubles him a good deal. Has rather thin passages but not frequent nes. Was visited yesterday by his mother and sisters. -

" 18 April 18/93. Slept but 1 hour last night. Pulse ranged from 134 to 134 during the night.

" 20 April 20/93. Has slept 2 and 4 hours, the past 2 nights. Occasionally gets a little sleep by day. There is a

Personal and Medical History of George Gile

1893

DETAILED HISTORY OF SICKNESS OF MR. Geo. Gile

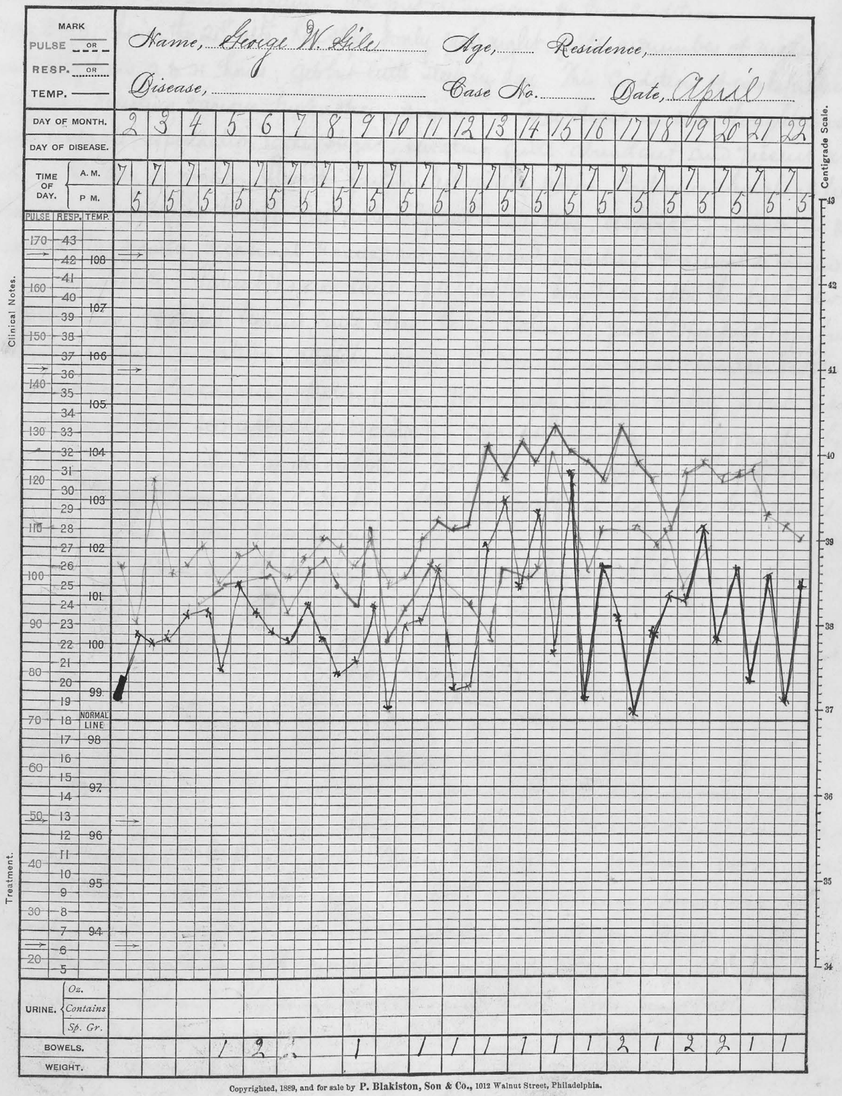
DIAGNOSIS.

DATE	HOUR	PULSE	RESP.	TEMP	
	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	(2) Gave ½ enema of Oil (3) Bowels moved, passage
1893 April 29	5	132	27	103.6	very dark Color
30	7 5	128 174	28	101.2 102.8	
May 1	7 5	126	28	100.6	Coughing Considerable this Morning.
	10 5	125		103.8	Average.
	10	114			
2	7 5	120 120	26 25	100.8 101.6	9 A.M. Bowels moved freely (2) Bowels moved freely 7 P.M. Bowels moved
3	7 5	126 132	26 27	101 103.4	Complains of pain in right side of chest
4	7 5	122 116	26 24	99.8 102.4	Complains of pain in the right
5	7 5	118 105	24 22	101 101.4	(9) Bowels moved (2) Bowels moved.
6	7 5	120 105	22 24	101.4 100.5	(2) Bowels moved.
7	7 5	116 118	24 26	99.4 98.6	Coughing Considerable - Bowels moved freely
8	7 5	116 101	26 24	101.8 100.4	Bowels moved
9	7 5	118 116	24 26	99.2 102	(2) Bowels moved
10	7 5	118 118	26 26	97.6 102	10 " " freely
11	7 5	122 116	25 24	101.8 99	" " " freely Complains of Lung
12	7 5	118 114	30 24	102.2 102.2	103.0 " " " " Complains of Lung
					and also of pain in Right Bowels Otherwise of
					good disposition & in good health - Restless
					Patient daily by Mother
13	7 5	122 132	26 28	101 103.8	7.30 Bowels moved freely
14	7 5	128 123	28 23	99.8 103	6.30 " " (2) Do (6) Do
15	7 5	122 120	26 26	102 103.4	Too weak to weigh. 7.30 Bowels moved. Seems to have
					difficulty in talking Does not seem as well as yesterday.
16	7 5	128 128	26 30	102.4 103.4	Bowels moved - 1.30 Bowels moved freely. Coughs a good deal
17	7 5	128 136	24 32	102 103.8	the same as yesterday (7) (13) Bowels moved.
					slept about 4 hrs. Complains of bowels being
18	7 5	116 128	28 24	99.2 104.5	Sponge bath
19	7	122	24	102	7.30 Bowels moved. 10 A.M. went Home
					Home the 19th

MEDICAL NOTES IN THE CASE OF George Giles

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
1893. April	2	9 AM.	102	98.8			
		6 P.M.	91	100.2			
	3	7.30	120	100			
		6.30	100	100			
	4	7.30	102	100.6	24	7.30 Complains of pain in left lung also of coughing some.	
		5.00	100	100.6			
	5	7.30	96	99.4	25	7 AM. Complains of pain in much bothered coughing since he	
		5	104	101.4		sweat a great deal during the night. Gave Expectorant	
						10.30 AM. Gave Enema of Soap Suds.	
	6	7.30	106	100.6		7 AM. Complains of pain in chest & coughing some	
		5.00	102	100.2	24	Complains of Chest feeling sore. Gave Bi carb bath.	
						1 P.M. Bowels moved freely. 6 Bowels moved	
	7	2.00	100	100	23	11 AM. Coughing some.	
		5.00	104	100.8	26	Coughed some during the first part of the morning.	
	8	7.00	108	100.0	26		
		5.00	106	99.4	25		
	9	7.00	102	99.6	24	1.30 Gave Enema of Soap Suds & bowels moved freely.	
		5.00	108	100.8	28		
	10	2.00	98	98.6	22		
		5.00	100	100.4	24	Has slight Coughing spells at times.	
	11	7.00	108	100.4		7.30 AM. Gave Enema of Soap Suds bowels moved. Coughed	
		5.00	112	101.6	26	Considerable this morning	
	12	7.00	110	99		1. Bowels moved.	
		5.00	110	99	24	Coughed a little to day.	
	13	7.00	128	102	22	Bowels moved freely. Complains of feeling weak	
		5.00	120	103.4		afterwards.	
	14	7.00	130	101.2	26	Complaining of bowels being to free also of having cued	
		5.00	124	102.8	25	sweats & does not sit up much these yesterday	
	15	7 AM.	132	99.8	26	7 A.M. Complains of pain in the left side and Perspiring some.	
		4 P.M.	126	100.6	32	7.30 " Bowels moved freely. Passage light Colored and soft.	
	16	7.00	124	98.6	26	Attempted breakfast Coughing some has not as much	
		5.00	120	101.6	28	difficulty as yesterday. 9 Bowels moved freely.	
	17	7.00	132	100.3	28	6 " " 12 Complains of feeling very weak.	
		5.00	124	98.6	28	6 " "	
	18	7.00	120	100.2	27	Slept about 2 Hrs this a.m. (2.30) Vomited after eating	
		5.00	110	101	28	21 Bowels moved freely quite large quantity and somewhat lumpy	
	19	7.00	122	100.8	26	Coughing some bowels moved freely	
		5.00	123	101.2	26	Slept but 2 Hrs this P.M. 7.20 P.M. Bowels moved	
	19	7.00	132	102.8		Passage very thin light Colored.	
	20	7.00	120	100	27	Complains of pain in side Bowels moved freely.	
						Appetite good 4 P.M. Bowels moved freely.	
	20	5.00	120	101.6	X		
	21	7.00	124	98.2		Mam. Complains of being sick to stomach ate no breakfast	
		10.00	104			Slept 1 Hour between 2 & 7. Slept 1 Hour between 1 and 3	
		5.00	112	98		ate no supper 7 P.M. Bowels moved freely.	
		1.30 P.M.	117	101.4			
	22	7.00	110	98.8		Coughing some. 10 Bowels moved freely.	
		5.00	108	101.2			
	23	7.00	114	99.6		6.30 A.M. Bowels moved.	
		5.00	122	100.4		Coughing some to day.	
	24	7.00	123	101.6			
		5.00	124	101.6			
		5.45	114			7.30 P.M. Bowels Moved.	
	25	7.00	118	101	26	appetite very good. Bowels moved very freely.	
		5.00	120	102.8	30		
	26	7.00	114	101.6	26		
		5.00	118	102	25	7.30 Bowels Moved freely.	
	27	7.00	128	101	26	Slept about 2 Hrs this A.M. Complains of sick to stomach	
		5.00	126	103.2	36	6 Bowels moved passage dark Colored and Mushy	
	28	7.00	121	101.6	24	1 P.M. Bowels moved freely. 6.30 Sponge bath. 2.30 Complains of	
		5.00	136	104.2	26	feeling sick to stomach.	
	29	7.00	124	101.	26	Ate 7.15 breakfast 11 Complains of bowels bothering him.	

GRAPHIC CLINICAL CHART. Designed by J. P. Crozer Griffith, M.D.



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...ous & injurious others. Has attempted to strangle himself, is not filthy nor destructive, nor has been restrained or confined. Has, during that period, been under medical treatment, no effects.

Apl 1 April 1/93. On admission, looks thin & haggard, like one who has been through a spell of sickness; pulse, while sitting in chair, 140. Patient was talking restlessly & incoherently, asking questions of the physicians, repeating the questions after they were answered & repeating the answers; when asked to do anything, wanting to know why; refused to take off his overcoat & get on the scales, resisting; stamped on the scales with his feet; picked up a weight & threw it violently down, apparently at the head of one of the officers. Had to be half carried to the ward; in the meantime talking almost constantly; tones rather low & like those of one who is tired from much talking or weak. Had to be undressed by force, although not actively resisting. Was put to bed, with directions to let him remain in bed. April 2/93. Lay in bed all night, sleeping about 6 hours. Pulse ranged from 98 to 108. Today, lies quietly in bed. Tongue is slightly coated. Ate quite well. Under the care " 3 of the Nurse of the "Sick-Ward" pulse, Respiration & Temperature are directed to be taken. Apl 3/93. Did not sleep any during the night; restless all night; talking considerable. Continues to remain in bed comparatively quietly, although confused mentally & mentally active & restless. Is growing more coherent, however. " 4 Says he has had cough & night-sweats, at various times, in the past. April 4/93. Was quiet & rested comparatively well, sleeping 4 hours, during the night. Wt (in underclothing) 123½ pounds. " 5 Apl 5/93. Slept only 3 hours last night. Lay comparatively quietly & was quiet. Has night-sweats. Is constipated. " 6 April 6/93. Restless for 4 hours last night, sleeping but 2 hours. Coughed some during the night. " 9 April 9/93. Is quiet at night; somewhat restless; and has slept 3, 5 & 3 hours, on each of the past 3 nights. " 11 Has had Hyponotics. Has put on tonic-laxative. April 11/93. Slept 6 hours, night before last; but 1 hour last night. Pulse has ranged between 100 and 118 at night, at various times. Wt today (in underclothing) 127 pounds. Has had a good appetite. " 13 April 13/93. Slept 2 & 5 hours on each of the past 2 nights. Examination on admission showed that the lungs were diseased, probably of a tubercular degree, at left apex posteriorly. During the past few days there has been aggravation of the symptoms, a greater rise of temperature & a more marked acceleration of pulse, which is, at all times, accelerated out of proportion to the fever. Patient was put on the Creosote treatment, together with other remedies. Was visited on the 11th inst by a friend & today by his sister. " 14 April 14/93. Slept but 5 hours last night. In addition to the already existing symptoms there has been added gastro-intestinal mes-my. Constipation (partial), tympanites, and coated tongue. Patient is directed to keep the bed-pan " 15 and to remain in bed, and is put upon liquid diet. April 15/93. Slept but 3 hours last night. Has pain in " 17 left axilla; pleuritic friction heard there; a dry pleurisy. April 17/93. Has slept but 1 and 2 hours, the past 2 nights. Put on turpentine for treatment of the tympanites which troubles him a good deal. Has rather thin passages but not frequent ones. Was visited yesterday by his mother and sisters. " 18 April 18/93. Slept but 1 hour last night. Pulse ranged from 124 to 134 during the night. " 20 April 20/93. Has slept 2 and 4 hours, the past 2 nights. Occasionally gets a little sleep by day. There is a

...has been quite
...tent with safety.
...almost any time
...thing, with wrist
...left side, quite harsh.
...and persisted, since
...ry of confusion
...with no definite
...ials of quite
...ght degree —
...is more acute in the left
...sleeping and of
...ced by the Priest.
...ned.

...ached nurse
...st in bay in Chall
...works on ward.
...July 17 Vaccinated
...t 149 ℔. P 60
...Jany 31/901. No
...of late. —
...the same.
...on the ward.
...ken away, for

...head, arrogant pretensions, jocose with crowd: works on ward. Talks a great deal, but
Jul 31/903 is very incoherent: has numerous delusions: health good. Jul 31. Very little change —
Jany 31 works some about ward. Talks very irrationally: habits neat. Jany 31/904. No change:
works on ward: talks noisy, at times: incoherent: health good. ———

[illegible] was attempted to strangle himself
[illegible] has been restrained & confined. Has, during that period, been
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" 3 of the Nurses of the "Sick-Ward" & pulse, Respiration & Temperature are directed to be taken. Apl 3/93. Did not sleep any during the night; restless all night; talking considerable. Continues to remain in bed comparatively quietly, although confused mentally & mentally active & restless. Is growing more coherent, however.
" 4 Says he has had cough & night-sweats, at various times, in the past. April 4/93. Was quiet & rested comparatively
" 5 well, sleeping 4 hours, during the night. Wt (in underclothing) 123½ pounds. Apl 5/93. Slept only 3 hours last night. Lay comparatively quietly & was quiet. Has night-sweats. Is constipated.
" 6 April 6/93. Restless for 4 hours last night, sleeping but 2 hours. Coughed some during the night.
" 9 April 9/93. Is quiet at night; somewhat restless; and has slept 3. 5 & 3 hours, in each of the past 3 nights.
" 11 Has had hypnotics. Has had no tonic-laxative. April 11/93. Slept 6 hours, night before last; but 1 hour last night. Pulse has ranged between 100 and 118 at night, at various times. Wt today (in underclothing) 127 pounds. Has had a good appetite. April 13/93. Slept 2 & 5 hours in each of the past 2
" 13 nights. Examination on admission showed that the lungs were diseased, probably of a tubercular degree, at left apex posteriorly. During the past few days there has been aggravation of the symptoms, a greater rise of temperature & a more marked acceleration of pulse, which is, at all times, accelerated out of proportion to the fever. Patient was put on the creosote treatment, together
" 14 with other remedies. Was visited at the 14th inst by a friend & today by his sister. April 14/93. Slept but 5 hours last night. In addition to the already existing symptoms there has been added gastro-intestinal mes-my. Constipation (partial), tympanites, and coated tongue. Patient is directed to use the bed-pan
" 15 and to remain in bed, and is put upon liquid diet. April 15/93. Slept but 3 hours last night. Has pain in
" 17 left axilla; pleuritic friction heard there; a dry pleurisy. April 17/93. Has slept but 1 and 2 hours, the past 2 nights. Put on turpentine for treatment of the tympanites which troubles him a good deal. Has rather thin passages but not frequent ones. Was visited yesterday by his mother and sisters.—
" 18 April 18/93. Slept but 1 hour last night. Pulse ranged from 134 to 134 during the night.
" 20 April 20/93. Has slept 2 and 4 hours, the past 2 nights. Occasionally gets a little sleep by day. There is a renewal of the pain in left axilla and an extension of the area of pleuritic friction. Has some nausea.
" 1 April 21/93. Slept none, last night, at all. At the beginning of an approaching sleep, twitches and jerks quite decidedly & awakens again - Was put on hyoscin for this condition.
May 3 May 3/93. Since the 21st inst, has slept only each night; quite a number of nights, none at all, and, at most, only from 2 to 4 hours; got but little sleep by day. This condition of wakefulness has been quite obstinate, resisting various hypnotics, given in as large doses as was thought consistent with safety. Cough moderate, expectoration rather slight. Sweating quite abundant and present at almost any time during the day or night. Pleuritic friction, left axilla region, Continues; bronchial breathing, with moist râles, has appeared at the left apex anteriorly and is extending; respiratory sounds, in right side, quite harsh. Diarrhoea, tympanites, occasional nausea and infrequent vomiting, & a coated tongue have persisted, more or less, completely. Patient has a sense of exhaustion; mentally, after the first few days of confusion and incoherence, patient became quite clear, calm, coherent, fairly cheerful & hopeful, with no definite delusions & hallucinations detected. Habits are cleanly and good. Even under the trials of quite severe sickness & insomnia, patient has given way to irritability to but a slight degree — (For further details, see attached records.). — Has been almost daily visited by his mother, since 7th inst
" 19 May 19/93. Continues about as described in last note. Also complains steadily of not sleeping and of night-sweats. Otherwise of fair disposition. Still lies quietly in bed. Has been visited once by the Priest, and daily by his mother, since last note.

Patient was to-day, by her, with the assistance of the Supervisor, taken home.

Discharged

Wm Eggering

1899 June 1 - July 31 - (Cont. by Dr. Warnock) Good worker on ward & in dining room. May 18 Attacked nurse several times in dining room, causing scar on nurse's face: has to be kept in bay in Chalk
Aug 1900 July 31 1900 (Dr. Warnock) Aug: Wt. 147lbs Physical condition continues good. Septr Works on ward.
July 31 Noisy at times: Talks loudly. Apr 1 Wt. 148lbs No change from day to day. July 17 Vaccinated.
Aug 31 Physical condition good: works on ward. Sep 30. Condition same. Oct 1. Wt 149lbs. P 60
Oct 1/30 1900 Oct 30. Goes out walking, with nurses: helps on ward. Jany 1/1901. Wt 157lbs. P 80. Jany 31/1901. No
Jan 31 Change in condition. Physical health seems good. Has been both behaved of late. —
Feb 28 very delusional. Still: works on ward: May 31. Condition remains about the same.
Mch 31 No change to report. From month to month: health seems good. Works on the ward.
Aug 1 Wt 147½lbs Nov 1. Wt 153lbs Jany 31/02. No change of importance. Parole was taken away, for
Nov 1/02 May 31 going down town, without permission: Goes out with crowd: works on ward. Talks a great deal, but
Mch 31 is very incoherent: Has numerous delusions: Health good. Mch 31. Very little Change —
1903 Jany 31 Works some about wards. Talks very irrationally: Habits neat. Jany 31/03. No change:
Works on ward: talks noisy, at times: incoherent: Health good. ———

Personal and Medical History of Fortice W. Crozier

Whole No. 3315

Residence, Winona, Miss

Date Admission, 4th April 1893.

Admitted by D. Kilbourne Hour, 12 M.

How Sent, H.L. Buck, Supt, Winona County

Sex, male

Age, 48

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Printer

Degree Education,

Profession Religion, Not a church member

Habits, Intemperate; Morality unknown; 3 months ago he abandoned use of stimulant —

Nativity, Pennsylvania

Physicians Committing, D.B. McGaughey & D.B. Strickland

Correspondents, J.G. Crozier, Winona, Miss 208 N. Baker St.

No. for Year, 227.

Insane Relatives, None, as far as known.

Cause Exciting, Intemperance & results.

Cause Predisposing,

Form, Genuine Paresis

Accompanying Bodily Disorder, Irritation of stomach & bowels.

Suicidal or Not,

Date of this Attack, a year ago

Duration, about a year

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, 47 about

Time of Leaving, July 29' 93

Time in Hospital, 3m. 25 d.

Result, Impd

Evid by Dr. Baker Apl 6/93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Probably somewhat confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events,

Recent Events, Seems somewhat uncertain

Special Subjects,

PERCEPTIVITY:

Alert or Dull, rather dull

Correct or Illusive, Inaccurate

REASONING POWER:

Ordinary Subjects, } Imperfect

Own Mental State, }

Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:

Has not worked much since last October; Quit for a week; then worked 6 days & quit; Says he thinks he is not well "has headaches"

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None detected

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Denies any

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Fairly Coherent as far as it goes

Voluble or Reticent, and talks only in answer to questions; accompanied with a good deal of hesitation & mental effort.

Personal and Medical History of Fortice W. Crozier

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 5 3/4. WEIGHT, 138 lbs. NUTRITION, Fairly good

WOUNDS OR ABNORMALITIES, Probably none.

TONGUE, deviates some; Tremors, Quite tremulous Coatings, Very slightly coated Promptness Movement, Fairly prompt

PUPILS, Equality, Not equal right larger and Size, dilated; left about normal

Response Light, Good Accommodation, Yes.

SIGHT, Good

HEARING, Seems good.

CO-ORDINATION, Arms, finger & nose, Quite short; Some inaccuracy & some tremor.

Legs, Standing about, Quite unsteady; Standing Eyes shut, Slight Swaying. Turning, quickly & some slight locomotion

TREMORS, Hands, Some, very marked in left Tongue, Quite tremulous

Facial Muscles, Some intention tremors General, Some spasmodic abortive movements

REFLEXES, Patellar, Equal, much exaggerated — 10. D.T. Scale.

Other Reflexes, Slight ankle clonus.

ARTICULATION, Hesitating, Tremulous at times Slurred, Somewhat.

FACIAL EXPRESSION, Dull

SENSIBILITY,

HEART, Sounds seem normal

LUNGS, Probably fairly good. Chest 35 1/2 in

5/20/93 D.M. EXAM. URINE,

Reaction, acid. Sp. gr. 1026. albumen, some. (Showed no albumen on boiling; but the diffuent contact test showed quite freely.)

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Inclined to be	Clean,		Careless,
BOWELS, Normal,	Constipated,	Yes	Irregular,
APPETITE, Good, Yes	Medium,		Poor,
SLEEP, Seems to sleep fairly well	Poor,		Irregular,
PULSE,	RESP.,		TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Quite long ONSET GRADUAL OR SUDDEN, Gradual

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

Mother or Mat. Relations, Mother died, about 60 — of consumption he thinks

Father or Pat. Relations, Father died — 94 —

Brothers or Sisters, 1 brother living; good health; 1 brother dead; of consumption 2 sisters living; good health; 1 sister dead —

Personal and Medical History of Fortice W. Crozier

1893

The following history accompanied this patient, on his admission here. Has been intemperate in morality unknown; threw monitor ago, abandoned use of stimulant. Cause of this attack is intemperance & results; form is depressed. Troubled with irritation of stomach & bowels. First symptoms of disease were manifested a year ago by incoherent talk. This is the 1st attack. Insanity is now manifested in that he does not talk coherently and does not give his person proper attention. He sits in house without saying anything; acts without thought: Is not disposed to injure others. Suicidal propensity (?). Habits not always cleanly; no disposition to destruction of clothing. No bodily disease &c. Has not been restrained or confined, nor under medical treatment. Probably long-continued, steady drinking, determined the result.

Apl 5/ April 5/93. Has restless for 4 hours, sleeping 4, last night. April 6/93. Rested & slept quite well last night. Am. P 84.
" 7/8 April 7/93. Rested well, again, last night. Am. Pulse 84. April 8/93. Slept 6 hours, restless 2 hours, last night.
" 9/10 Am. Pulse 88. Was visited yesterday by his sister. April 9/93. Slept 8 hours last night. Apl 10/93. Quiet, restful & slept 8 hours last night. Am. Pulse 72. Was visited today by his brother. April 11/93. Slept 8 hours
" 14 last night. Am. Pulse 74. April 14/93. Rests & sleeps well. Pulse has been 78. 76. & 100 in the past 2 and
" 22 present mornings. April 22/93. Is uniformly quiet, restful & sleeps well. Today visited by his sister.
" 25 April 25/93. Today transferred to A1 from B2.

May 3/4 May 3/93. Wt 149½ pds. Pulse 100. May 4/93. Continues to be uniformly quiet & to rest and sleep well. By day, ever since admission, has been quiet & well-behaved, clean & tidy in dress, & fairly so in personal habits. Has been rather inactive, sitting about much. Looked not unhappy nor excited, seeming contented. In fact, expresses himself as feeling quite well & satisfied. Has a good appetite & has gained in flesh.
" 20 May 20/93. There is no perceptible change since last note. Still on A1. Seems quite happy & contented. —
" 31 May 31/93. Appetite good. Bowels regular. Has a bright disposition. Talks quite freely with both patients and attendants. Seems in quite good physical health.

June 5 June 5/93. Talks & behaves in rather sluggish, drawling way. Seems cheerful & unconcerned.
" 21 June 21/93. Appetite & rest & sleep at night, all good. Bowels normal. Habits clean & neat. Plays pool. Seems to enjoy himself here. Writes occasional letters home.

July 22 July 22/93. Was today visited by his sister.
" 29 July 29/93. Patient was visited by his brother, today, and taken home by him, on trial. — Was not changed in any Essential way.

Discharged

Medical History of Louis Marek

...wears fairly strong. Appetite good. Bowels regular. Jan 13/94. He does
...94. For past 2 weeks, has been sleeping, on the average, 6 hours, nightly.
...bed; lies there quietly - Has "spells of crying" - Appetite fairly good.
...eps fairly well, 6 to 7 hours, nightly. Appetite has been fairly good;
..., and raises some phlegm. Has bleed, occasionally, at night. Patient
...has "crying spells".
...lows a slight gain). Febr 5/94. Has continued to rest quite well,
...the average. Appetite also has improved some. Is still in bed
... bowels regular. Has occasional "spells" of crying.
...then, again, will eat nothing for a day or more.
...month). March 4/94. Is doing nicely. Wants to get up
...w out on the ward. Mar 10/94. Was found today,
... was taken out for an airing - Appetite is good.
...airing to go home. Mar 20/94. Has still, "spells" of crying.
...seems much depressed, at times. Works a little on the ward. —
...s to change) much, since last note. Is still much depressed & has "crying spells"
...still making a slight gain in flesh). Patient was vaccinated today. —

	31	7		04	66	...wels regular. Seems very depressed. For past 2 days, has had "spells of crying"
Feb	1	7	5	78	68	...of" still continues. He eats but very little, of late. Bowels are regular. —
	2	7	5	76	70	...ut "crying-spells" & during these, he will not eat. Is up, in the yard,
	3	7	5	88	68	...Also works some. April 30/94. At present, appetite is very good,
	4	—	—	—	—	...walking regularly & appears to be some what brighter, of late. —
	5	7	5	82	70	...most of time, talks but little, depressed - appetite fairly good.
	6	7	5	80	66	...Very stupid, appetite generally good, talks but little.
	7	7	5	74	74	...16th tried to run away, 31st behavior good, sits around most of the
	8	7	5	108	70	...Appetite good. Is stupid and seems much depressed, at times.
	9	7	5	88	84	...t. May 31/94. No change. Is stupid & at times, does not seem to know
	10	7	5	80	78	...holy & depressed at times. Very discontented & wants to go home. Quietly behaved.
	11	7	5	72	80	...92. Sept 30/94. Plate, Lac made & removed, attempts to escape. Behaves well. Prays considerably.
	12	7	5	102	70	...Oct 6/94. Crying & wanting to get out of the door. Oct 10/94. Quite large sores have
	13	7	5	80	74	...ulcerated to D2 before). Sores dressed antiseptically. Oct 19/94. Sores always dressed daily.
	14	7	5	80	72	...ering today, a good deal. Oct 31/94. Legs are better. Patient still discontented,
	15	7	5	84	66	...stupid at times. Prays a good deal. Careless & untidy. Wears de luxe in still
	16	7	5	76	68	...78. Dec 1/94. Wt 137½ pds. Pulse 92. Jan 2/95. Wt 133½ pds. Pulse 90.

...idly, most of the time. Appetite generally good; bowels regular. At
...time wanting to get out". Uneasy & discontented. Untidy & unclean in habits.
...t. Mar 2/95. Wt 132 pds Pulse 88 April 1/95. Wt. 132½ pds. Pulse 90.
...bowels free. Patient is dull & stupid: sits on seat in a melancholy
...ne a but very little. Goes walking, at times. Untidy. Does no work. —

(carried to page 132)

Personal and Medical History of Fortice W. Crozier

1893

The following history accompanied this patient, on his adm
morality unknown; Threw monitor ago, abandoned use of st
intemperance results; form is depressed. Troubled with ver
symptoms of disease were manifested a year ago by mic
Insanity is now manifested in that he does not take Coherently
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Probably long-continued, steady drinking, determined the case

April 5/ April 5/93. Has restless for 4 hours, sleeping 4, last night. April 6/93. Rested
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June 5 June 5/93. Talks & behaves in rather sluggish, drawling way. Seems cheerful & unconcerned.
" 21 June 21/93. Appetite & rest & sleep at night all good. Bowels normal. Habits clean & neat. Plays ball. Seems to enjoy himself here. Writes occasional letters home.

July 22 July 22/93. Was today, visited by his sister.
" 29 July 29/93. Patient was visited by his brother, today, and taken home by him, on trial. — Was not changed in any Essential way.

Discharged

NAME F W Crozier

DATE. 189 3	Weight.	Pulse.	Gain.	Loss.
June 7th	140			9½
July 1st	139	98		1

Personal and Medical History of Louis Marek

From 120-

1894 Cert'd Jan'y 11 Anxious face rub & dress

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DETAILED HISTOR

1894 C. M.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	A
Jan 1			78		
2					
3	7	5	72	58	
4	7	5	84	60	
5	7	5	70	56	
6	7	5	62	64	
7	7	5	72	84	
8					
9	7		70		
10	7	5	84	60	
11	7	5	82	66	
12	7	5	102	70	
13	7	5	80	74	
14	7	5	80	72	
15	7	5	84	66	
16	7	5	76	68	
17					
18	7	5	74	60	
19	7	5	92	66	
20	7	5	60	72	
21	7	5	104	66	
Feb 1	7	5	78	68	
2	7	5	76	70	
3	7	5	88	68	
4					
5	7	5	82	70	
6	7	5	80	66	
7	7	5	74	74	
8	7	5	108	70	
9	7	5	88	84	
10	7	5	80	78	
11	7	5	72	80	
12	7	5	102	70	
13	7	5	80	74	
14	7	5	80	72	
15	7	5	84	66	
16	7	5	76	68	

Appears fairly strong. Appetite good. Bowels regular. Jan 3/94. He does
Jan 15/94. For last 2 weeks, has been sleeping, on the average, 6 hours, nightly.
this bed; lies there quietly. Has "spells of crying". Appetite fairly good.
ably. Sleeps fairly well, 6 to 7 hours, nightly. Appetite has been fairly good;
ttle, at times, and raises some phlegm. Gums bleed, occasionally, at night. Patient
, at times & has "crying spells".
clothes; this shows a slight gain). Feb 1/94. Has continued to rest quite well,
each night on the average. Appetite also has improved some. Is still in bed
ably. Appetite good, bowels regular. Has occasional "spells" of crying.
eats fairly well, & then, again, will eat nothing for a day or more.
is gaining some each month). Mar 1/94. Is doing nicely. Wants to get up
get up, today. Is now out on the ward. Mar 10/94. Was found today,
a number of times. Was taken out for an airing. Appetite is good.
continually teasing to go home. Mar 20/94. Has still "spells" of crying
night. Seems much depressed, at times. Works a little with ward. —
seem to change much, since last note. Is still much depressed & has "crying spells"
still making a slight gain in flesh). Patient was vaccinated today. —
bowels regular. Seems very depressed. For past 2 days, has had "spells of crying"
of "this continue. He eats but very little, of late. Bowels are regular. —
but "crying-spells" & during these, he will not eat. Sent, at the ward,
Also works some. April 3/94. At present, appetite is very good;
walking regularly & appears to be somewhat brighter, of late. —
most of time, talks but little, depressed - appetite fairly good.
Very slight. Appetite generally good. talks but little.
16th tried to run away. 31st behavior good. sits around most of the
Appetite good. Is stupid and seems much depressed, at times.
Aug 3/94. No change. Is stupid & at times, does not seem to know
holy & depressed at times. Very discontented & wants to go home. Quietly behaved.
Sept 30/94. Shave, has made several attempts to escape. Behaves well. Prays considerably
Oct 6/94. Crying & wanting to get out of the door. Oct 10/94. Quite large sores have
ted to (see before). Sores dressed antiseptically. Oct 19/94. Sores always dressed daily.
ing today, a good deal. Oct 31/94. Legs are better. Patient still discontented,
stupid at times. Prays a good deal. Careless & untidy. Wears de luxe wristlet
78. Dec 1/94. Wt 137½ lbs. Pulse 92. Jan 2/95. Wt 133½ lbs. Pulse 90.
idly, most of the time. Appetite generally good; bowels regular. He
time wanting to get out". Uneasy & discontented. Untidy & unclean in habits.
Mar 2/95. Wt 132 lbs Pulse 88. Apl 1/95. Wt. 132½ lbs. Pulse 90.
bowels free. Patient is dull & stupid: sits on seat in a melancholy
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(carried to page 132)

Personal and Medical History of Fortice W. Cr...

1893

The following history accompanied this patient, on his adm... morality unknown; threw morette ago, abandoned use of st... intemperance results; form is depressed. Troubled with iri... symptoms of disease were manifested a year ago, hypoc... Insanity is now manifested in that he does not take coherently ... attention. He sits in house without saying anything; acts wi... others. Suicidal propensity (?). Habits not always cleanly; wod... No bodily disease &c. Has not been restrained or confined, nor ... Probably long-continued, steady drinking, determined the rese...

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" 7/8 April 7/93. Rested well, again, last night. Am. Pulse 84. April 8/9...
" 9/10 Am. Pulse 88. Was visited yesterday by his sister. April 9/93. Slept 8...
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" 22 present mornings. April 22/93. Is uniformly quiet, restfu...
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May 3/4 May 3/93. Wt 149½ lbs. Pulse 100. May 4/93. Continues ... day, ever since admission, has been quiet & well-behaved. ... Has been rather inactive, sitting about much. Looked ... fact, expresses himself as feeling quite well & sat...
" 20 May 20/93. There is no perceptible change since la... ...y & contented. —
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July 22 July 22/93. Was today, visited by his ...
" 29 July 29/93. Patient was visited ... ...known by him, on trial. — Was not changed in any Essent...

Personal and Medical History of Louis Marek

From 120–

1894 Jan 10 Cured
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3310

DETAILED HISTO...

1894 @ 2.

DATE	HOUR A.M.	HOUR P.M.	PULSE A.M.	PULSE P.M.
Feb 16				
17	7	5	80	66
18	7	5	76	72
19	7	5	80	80
20	7	5	84	72
21	7	5	80	68
22	7	5	72	72
23	7	5	80	72
24	7	5	72	72
25		5		72
26	7	5	80	72
27		5		72
28	7	5	78	76
Mar 1	7	5	82	80
2		5		80
3	7	5	80	76
4	7	5	90	84
5	7	5	82	
10				
17				
20				
27				

Appears fairly strong. Appetite good. Bowels regular. Jan 13/94. He does ... Jan 15/94. For last 2 weeks, has been sleeping, on the average, 6 hours, nightly. ... this bed; lies there quietly. Has spells of crying. Appetite fairly good. ...arly. Sleeps fairly well, 6 to 7 hours, nightly. Appetite has been fairly good; ...ttle, at times, and raises some phlegm. Gums bleed, occasionally, at night. Patient ..., at times & has "crying spells".

...clothes; this shows a slight gain). Feb 15/94. Has continued to rest quite well, ...lacknight on the average. Appetite also has improved some. Is still in bed ...arly. Appetite good, bowels regular. Has occasional "spells" of crying. ...eats fairly well, & then, again, will eat nothing for a day or more. ...is gaining some each month). Mar 14/94. Is doing nicely. Wants to get up ...get up today. Is now out on the ward. Mar 16/94. Was found today, ...a number of times. Was taken out for an airing. Appetite is good. ...continually teasing to go home. Mar 20/94. Has still "spells" of crying ...t night. Seems much depressed, at times. Works a little on the ward. — ...t seem to change) much, since last note. Is still much depressed & has "crying spells" ...still making a slight gain in flesh). Patient was vaccinated today. — ...wels regular. Seems very depressed. For past 2 days, has had "spells of crying" ...d" still continue. He eats but very little, of late. Bowels are regular. — ...t "crying-spells" & during these he will not eat. Cough, at the same, ...Also works some. April 3/94. At present, appetite is very good; ...walking regularly & appears to be some what brighter, of late. — ...most of time, talks but little, depressed – appetite fairly good. ...Very slight, appetite generally good, talks but little. ...r. 16th tried to run away. 3rd behavior good, sits around most of the ...Appetite good. Is stiff & at times, does not seem to know ...body & depressed at times. Very discontented & wants to go home. Quietly behaved. ...r. Sept 30/94. Of late, has made several attempts to escape. Behaves well. Says he would ...r. Oct 8/94. Crying & wanting to get out of the door. Oct 10/94. Quite large sores have ...ated to do before). Sores dressed antiseptically. Oct 15/94. Sores always dressed daily. ...ting today, a good deal. Oct 30/94. Legs are better. Patient still discontented, ...stupid at times. Prays a good deal. Careless & untidy. Wears de luxe overalls. ...78. Dec 1/94. Wt 137½ lbs. Pulse 92. Jan 2/95. Wt 133½ lbs. Pulse 90. ...idly, most of the time. Appetite generally good; bowels regular. He ...time wanting to get out". Uneasy & discontented. Untidy & unclean in habits. ...r. Mar 2/95. Wt 132 lbs. Pulse 88. April 1/95. Wt 132½ lbs. Pulse 90. ...bowels free. Patient is dull & stupid: sits on seat in a melancholy ...me a bit very little. Goes walking, at times. Untidy. Does no work. —

(carried to page 132)

Personal and Medical History of Fortice W. Cr

1893

The following history accompanied this patient, who's adm
insanity unknown; Threw mother ago, abandoned use of st
intemperance & results; form is depressed. Troubled with vio
symptoms of disease were manifested a year ago, hypoc
Insanity is now manifested in that he does not take [illegible]
attention. He sits in House without saying anything; acts wit
others. Suicidal propensity (?). Habits not always cleanly; mod
No bodily disease &c. Has not been restrained or confined, nor
Probably long-continued, steady drinking, determined the re

Apl 5/ April 5/93. Was restless for 4 hours, sleeping 4, last night. April 6/93. Q
" 7/8 April 7/93. Rested well, again, last night. Am. Pulse 84. April
" 9/10 Am. Pulse 88. Was visited yesterday by his sister. April 9/93. S
" 11 ful & slept 8 hours last night. Am. Pulse 72. Was visited
" 14 last night. Am. Pulse 74. April 14/93. Rest & sleeps well.
" 22 present mornings. April 22/93. Is uniformly quiet.
" 25 April 25/93. Today transferred to A1 from B3.
May 3/4 May 3/93. Wt 149½ pds. Pulse 100. May 4/93. Co
day, ever since admission, has been quiet & well-be
Has been rather inactive, sitting about much.
fact, expresses himself as feeling quite well
" 20 May 20/93. There is no perceptible Change
" 31 May 31/93. Appetite good. Bowels regu
and attendants. Seems in quite goo
June 5 June 5/93. Talks & behaves in a the
" 21 June 21/93. Appetite & rest & sleep
Mood. Seems to enjoy himse
July 22 July 22/93. Was today, visited
" 29 July 29/93. Patient was
Was not changed in a

NAME

happy & contented. —
ite freely with both patients
heerful & unconcerned.
Habits clean & neat. Plays
home.
taken home by him, on trial. —

Personal and Medical History of Louis Marek

From 120

1894 Cult'd
Jan 10 Anxious to get up & dress. Appears fairly strong. Appetite good. Bowels regular. Jan 13/94. He does
" 15 not seem to well today. Jan 15/94. For past 2 weeks, has been sleeping, on the average, 8 hours, nightly.
" 18 Jan 18/94. Still confined to his bed; lies there quietly. Has "spells of crying". Appetite fairly good.
" 31 Jan 31/94. Lies in bed, steadily. Sleeps fairly well, 6 to 7 hours, nightly. Appetite has been fairly good;
bowels regular. Coughs a little, at times, and raises some phlegm. Has bleed, occasionally, at night. Patient
seems much depressed, also, at times & has "crying spells".
Feb 2/5 Feb 2/94. Wt 110 pds (in underclothes; this shows a slight gain). Feb 5/94. Has continued to rest quite well,
sleeping nearly 7 hours, each night, on the average. Appetite also has improved some. Is still in bed
" 20 Feb 20/94. Lies in bed, steadily. Appetite good, bowels regular. Has occasional "spells" of crying.
" 28 Feb 28/94. At times, of late, eats fairly well, & then, again, will eat nothing for a day or more.
Mar 2/4 Mar 2/94. Wt 113½ pds. (Is gaining some each month). Mar 4/94. Is doing nicely. Wants to get up.
" 5/10 Mar 5/94. Was allowed to get up, today. Is now out on the ward. Mar 10/94. Was found today,
Crying & kneeling down a number of times. Was taken out for an airing. Appetite is good.
" 20 Bowels regular. Patient is continually teasing to go home. Mar 20/94. Has still "spells of crying.
" 21 Mar 21/94. Sleeps well, at night. Seems much depressed, at times. Works a little on the ward.
" 31 Mar 31/94. Patient does not seem to change much, since last note. Is still much depressed & has "crying spells".
Apl 2 April 2/94. Wt 124 pds (still making a slight gain in flesh). Patient was vaccinated today.
" 15 April 15/94. Appetite good; bowels regular. Seems very depressed. For past 2 days, has had "spells of crying"
" 16 April 16/94. "Spells of crying" still continue. He eats but very little, of late. Bowels are regular.
" 20 Apl 20/94. Still has frequent "crying spells" & during these, he will not eat. Sleeps, at the ward,
" 30 Daily. Goes out walking. Also works some. April 30/94. At present, appetite is very good;
Bowels regular. Goes out walking regularly & appears to be some what brighter, of late.
May 1st Is stupid, sits about most of time, talks but little, depressed - appetite fairly good.
June 2nd Wt 126½ lbs, p. 80, 30th Very stupid, appetite generally good, talks but little.
July 2nd " 127 lbs 14th appetite poor 16th tried to run away, 31st behavior good, sits around most of the
" 31 time, does not talk, appetite good. Is stupid and seems much depressed, at times.
Aug 2/3 Aug 2/94. Wt 127 lbs. Pulse 94. Aug 3/94. No change. Is stupid & at times, does not seem to know
anything. Is very melancholy & depressed at times. Very discontented & wants to go home. Quietly behaved.
Sep 1/30 Sep 1/94. Wt 129 lbs. Pulse 102. Sep 30/94. Plate, has made several attempts to escape. Behaves well. Prays frequently.
Oct 1/6 Oct 1/94. Wt 133 " " 96. Oct 6/94. Crying & wanting to get out of the door. Oct 10/94. Quite large sores have
" 16 appeared on legs (probably not reported to Dr before). Sores dressed antiseptically. Oct 16/94. Sores always dressed daily.
" 31 Patient has been masturbating today, a good deal. Oct 31/94. Legs are better. Patient still discontented,
depressed & melancholy. Stupid at times. Prays a good deal. Careless & untidy. Wears de luxe clothes.
Nov 1 Nov 1/94. Wt 132½ lbs. Pulse 76. Dec 1/94. Wt 137½ lbs. Pulse 92. Jan 2/95. Wt 133½ lbs. Pulse 90.
Dec 1 Jany 31/95. Stands about, idly, most of the time. Appetite generally good; bowels regular. He
Jan 2/31 talks no English. "All the time wanting to get out". Uneasy & discontented. Untidy & unclean in habits.
Feby 1/ Feb 1/95. Wt 132½ lbs. Pulse 84. Mar 2/95. Wt 132 lbs Pulse 88. Apl 1/95. Wt. 132½ lbs. Pulse 90.
Mar 2/ Apl 3/95. Appetite fairly good; bowels free. Patient is dull & stupid. Sits on seat in a melancholy
Apl 3/30 state, most of time; talks some but very little. Goes walking, at times. Untidy. Does no work. —

(carried to page 132)

Personal and Medical History of Hans Hoff

Whole No. 3316.
Residence, 655 Van Buren St. N.E.
Date Admission, 4th April 1893.
Admitted by Dr. Kilbourne Hour, 7.15 Pm
How Sent, John H. Steele, Sh'ff, Hennepin Co.
Sex, male
Age, 21
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Laborer, last week was in the woods
Degree Education,
Profession Religion, Not a church member
Habits, Good
Nativity, Norway —
Physicians Committing, J. J. Moore & E. J. Gibson
Correspondents, Mickael Johnson
(Brother in law) 655 Van Buren St. N.E.

No. for Year, 228
Insane Relatives, None
Cause Exciting, Not Known; "Caught Cold" in woods.
Cause Predisposing, not stated
Form, — Melancholia — Acute
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, 2 months ago
Duration, 2 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 21 years
Time of Leaving, June 29 1897
Time in Hospital, 4 yrs. 2 mos. 25 ds.
Result, Transferred to Fergus Falls.

O.K. Pm

Evd by Dr. Chelfs, May 1/93.

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,

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,

Cannot get any information from him as to facts and dates. Patient wont talk, pretends he can't understand.

GENERAL DESCRIPTIVE REMARKS:

Sick in bed, where he has been for some time. Examined them. Is tottering some when he tries to stand. Is quite run down in health. Has had 2 attacks of erysipelas & has lain in bed stupidly. The abscesses now are superficial ones following the erysipelas. —

Personal and Medical History of Hans Hoff

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Poor
WOUNDS OR ABNORMALITIES, abscesses only
TONGUE, Tremors, wont show it. Coatings, Promptness Movement,
PUPILS, Equality, unequal Size, Dilated
Response Light, Accommodation,
SIGHT, probably good
HEARING, probably good
CO-ORDINATION, Arms,
Legs, Cant test.
TREMORS, Hands, Tongue,
Facial Muscles, Wont talk General,
REFLEXES, Patellar, & Equal.
Other Reflexes,
ARTICULATION, Hesitating, wont talk. Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, ✓
LUNGS, ?
EXAM. URINE,

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

Record kept

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Personal and Medical History of Hans Hoff

1893

This man was brought here by James Hines and Philip McKeon with the following history. Habits have been good. Cause of this attack, not known. He says that when he was in the woods, he was sick one week; "caught cold" and had continuous headache & insomnia. Form is acute. No accompanying bodily disorder or disease. First symptoms were manifested 2 months ago, and continuously since then. He thinks somebody is after him. Hears voices talking about him, when he is in bed. He talks about some trouble in the woods, but does not explain it. At one time he thought his food was poisoned. He is cross & morose. This is 1st attack. He now thinks somebody is after him; unnaturally morose. Is not disposed to injure others, nor suicidal, nor filthy nor destructive. Has not been restrained or confined, nor under medical treatment. He has always been a very quiet retiring man, not talking much, but he was good natured. Now he does not want to work to support himself, but remains sitting in his room.

April 4/93 April 4/93. On admission, was put on C3. April 5/93. Slept 4 hours, was restless 4, last night. Pounded on the
" 6 doors & made a great noise for about 2 hours. 8 Am. Pulse 105. T(c) 98. Appetite is poor. April 6/93. Was
" 7 restless but an hour last night, sleeping 8. Am. Pulse 114. T(c) 99.2. Ate no breakfast. April 7/93. Restless
quite noisy for a couple of hours, sleeping but 3 hours, last night. Attacked the night-nurse, who
" 8 opened his door & took in water, tearing his clothing. Am. Pulse 108. T(c) 99.2. Eat nothing. April 8/93. Was
restless but 4 hours, sleeping 8, last night. Am. Pulse 106. T(c) 99.2. Ate some dinner & supper yesterday;
" 9 no breakfast this morning. Was sent for to be brought down to the office for examination. It required four
attendants to bring him down, patient struggling and resisting every step. Would not allow his lungs
to be examined nor show his tongue; said not a word in explanation. April 9/93. Restless for 4 hours,
" 10 sleeping 5 hours, last night. Am. Pulse 85. T(c) 98.5. Ate a good supper last night but no breakfast today.
April 10/93. Slept 8 hours last night. Am. Pulse 70. T(c) 98.6. Ate 2 good meals in the past 24 hours.
" 11 April 11/93. Slept 7 hours, restless 2, last night. 8 Am. Pulse 94. T(c) 98.4. Ate 2 good meals in past 24 hours.
" 12 Has kept perfect silence ever since admission. Today seems partly stuporous. April 12/93. Restless 2 hours,
" 15 sleeping 7 hours, last night. Am. Pulse 74. T(c) 98. Ate 2 good meals in past 24 hours. April 13/93. Restless
from 1 to 2 hours last night, sleeping 7 & 8 hours. Has a very dull expression of countenance. ——
" 23 April 23/93. Is nightly somewhat restless from 1 to 3 hours, sleeping 5 to 8 hours. Has continued up and
around daily, seeming fairly strong. Silent & stupid. Today, was noticed as appearing chilly, seeming unwell.
Was put to bed. Pulse 110. T(c) 102. Appetite is good. Will say nothing; face is some swollen.

May 3/93 May 3/93 Wt (in underclothing) 128½ lbs. Pulse 86. May 4/93. Since the 23d not has been rather mad
restless at night, sleeping from 2 to 5 hours. On the 28th was taken sick with fever, due to erysipelas, and
was put to bed. Has remained in bed, quietly & well. For a time, refused food & medicine, now takes both.
Will not speak; keeps eyes closed usually; resists interference; is unclean; has epistaxis & blows the blood rather
violently from his nose. The first attack of erysipelas subsided, but was succeeded by a renewal & more
pronounced type, which is now at its height. There have been some signs of adynamia e.g. small & soft
" 7/9 pulse, tendency to sordes. May 7/93. Seems improving. May 9/93. Lies quietly in bed: face is peeling; patient
" 1/10 is doing well. May 11/93. Abscesses are forming on arm & leg. May 16/93. Has had abscess on nose; same was
" 19 opened this evening & late it also opened internally & discharged into mouth. May 19/93. Is in rather bad con-
dition this morning. 10 Am. Pulse 130. Arm is doing fairly well but leg is not. P.M. Abscess on leg opened,
" 26 considerable pus let out & drainage tube put in. May 26/93. Still continues more or less restless and

Personal and Medical History of Hans Hoff

NAME Hans Hoff (in bed)

DATE, 189	Weight.	Pulse.	Gain.	Loss.
⊕ June 19th	128			½
(up) July 5	139½	—	2½	(sick)
Aug 3d	153	—	13½	
Sept 11th	156	95	3	
Oct 3d	161	101	5	

NESS OF MR. Hans Hoff.
DIAGNOSIS.

EP
M. Refuses to get up to be dressed.

Dr was S. weight 139½ lbs. Reads is bright

Bath

Looks very bright. Head somewhat in front. Gait dull heavy

Habits very tidy

Not watching today

" 25 and he [illegible] his fist through a window; then he ran to the 4th house on College St. and hid in the wood-shed; had secured a hammer & brick & fought attendants desperately. Was, with great difficulty brought back. Was then transferred to B4 East. Nov 25/93. Struck and knocked

(carried to page 160)

1893

This man was brought here by James Hines and O
History. Habits have been good. Cause of this attack, not k
the woods, he was sick one week; "caught cold" and l
Form is acute. No accompanying bodily disorder
2 months ago, and continuously since then. Get
about him, when he is in bed. He talks about
At one time he thought his food was poi
thinks somebody is after him; unnatural
nor filthy nor destructive. Has not been resti
always been a very quiet retiring man, not talken
not want to work to support himself, but remain

April 4/ April 4/93. M admission, was put on C3 April 5/93. Slept 4 hou
" 6 seems to make a great noise for about 2 hours 8 Am. Pulse 105.
" 7 restless but an hour last night, sleeping 8. Am. Pulse 114. T 99.2.
quite noisy for a couple of hours, sleeping but 3 hours, last night.
" 8 opens his door & looks in when hearing his clothing. Am. Pulse 108. T 99.2. Eats nothing. April 8/93. Was restless but 4 hour, sleeping 8, last night. Am. Pulse 106. T 99.2. Ate some dinner & supper yesterday; no breakfast this morning. Was sent for to be brought down to the office for examination. It required four attendants to bring him down, patient struggling and resisting every step. Would not allow his lungs & throat examined nor show his tongue; said not a word in explanation. April 9/93. Restless for 4 hours, sleeping 5 hours, last night. Am. Pulse 86. T 98.6. Ate a good supper last night but no breakfast today.
" 10 April 10/93. Slept 8 hours last night. Am. Pulse 70. T 98.6. Ate 2 good meals in the past 24 hours.
" 11 April 11/93. Slept 7 hours, restless 2, last night. 8 am. Pulse 94. T 98.4. Ate 2 good meals in past 24 hours.
" 12 Has kept perfect silence ever since admission. Today seems partly stuporous - April 12/93. Restless 2 hrs,
" 15 sleeping 7 hours, last night. Am. Pulse 74. T 98. Ate 2 good meals in past 24 hours. April 15/93. Restless from 1 to 2 hours last night sleeping 7 or 8 hours. Has a very dull expression of countenance. —
" 23 April 23/93. Is nightly somewhat restless from 1 to 3 hours, sleeping 5 to 8 hours. Has continued up and around daily, seeming fairly strong. Silent & stupid. Today, was noticed as appearing chilly, seeming unwell. Was put to bed. Pulse 110. T 101. Appetite is good. Will say nothing; face is found swollen.

May 3/ May 3/93 Wt (in underclothing) 128½ pds. Pulse 86. May 4/93. Since the 23d inst has been rather mad
restless at night, sleeping from 2 to 5 hours. On the 23d was taken sick with fever, due to erysipelas, and was put to bed. Has remained in bed, quietly & well. For a time, refused food & medicine, now takes both. Will not speak; keeps eyes closed usually; resists interference; is unclean; has epistaxis & blows the blood out violently from his nose. The first attack of erysipelas subsided, but was succeeded by a renewal & more pronounced type, which is now at its height. There have been some signs of adynamia e.g. small & soft
" 7/ pulse, tendency to coma. May 7/93. Seems improving. May 9/93. Lies quietly in bed: face is peeling; patient
" 11/ is doing well. May 11/93. Abscesses are forming on arm & leg. May 16/93. Has had abscess on nose; same was
" 19 opened this evening & later it also opened internally & discharged into mouth. May 19/93. Is in rather bad Condition this morning. 10 Am. Pulse 132. Arm is doing fairly well but leg is not. P.M. Abscess on leg opened,
" 26 considerable pus let out & drainage tube put in. May 26/93. Still continues more or less restless and

DETAILED HISTORY OF SICKNESS OF MR. Hans Hoff.
DIAGNOSIS.

DATE	HOUR	PULSE		RESP.		TEMP		
1893 July	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
4	7	5	104	24			98.2	

Refuses to get up to be dressed.

5	7	5	100	22				
6	7	5	102	20				
7	7	5	96	24				
8	7	5	108	104				
9	7	5	96	26				
10	7	5	114	106				
11	7	5	118					
12	7	5						
13	7	5						

Ward. Weight 139½ lbs. Reader is Bath.

Refuses food or medicine.

Keep bowels open if possible.

Looks more bright. Health somewhat improved. Quiet during hours.

Wet washing today.

(carried to page 160)

Perso

1893

This ru
Histor
Here
26
2

Hester
, who
4/93. Was
Yesterday;
moved four
allow his lungs
stess for 4 hours,
no breakfast today.
the past 24 hours.
d meals in past 24 hours.
April 12/93. Restless 2 hours,
24 hours. April 13/93. Restless
ion of countenance. —
6 hours. Has continued up and
ed as appearing chilly, seeming unwell.
face is found swollen.

" 15 from 1 to

" 23 April 23/93.
Around daily, seeming
Was put to bed. Pulse 110. Am.

May 3/93 May 3/93 Wr (in underclothing) to
restless at night, sleeping from 2 to 5 a.m.
Was put to bed. Has remained in bed, quietly,
Will not speak; keeps eyes closed usually; resists interference; is unclean; has epistaxis & blows the blood rather violently from his nose. The first attack of erysipelas subsided, but was succeeded by a renewal & more pronounced type, which is now at its height. There have been some signs of adynamia e.g. small & soft pulse, tendency to coma. May 7/93. Seems improving. May 9/93. Lies quietly in bed: face is peeling; patient is doing well. May 11/93. Abscesses are forming on arm & leg. May 16/93. Has had abscess on nose; same was opened this evening & later it also opened internally & discharged into mouth. May 19/93. Is in rather bad condition this morning. 10 Am. Pulse 132. Arm is doing fairly well but leg is not P.M. Abscess in leg opened,
" 26 considerable pus let out & drainage tube put in. May 26/93. Still continues more or less restless and

" 7/93
" 7/93
" 14

since the 23d inst has been rather mad
new sick with fever, due to erysipelas, and
time, refused food & medicine, now takes both.

Personal and Medical History of Hans Hoff

23/133

DETAILED HISTORY OF SICKNESS OF MR. Hans Hoff
DIAGNOSIS.

DATE	HOUR A.M.	HOUR P.M.	PULSE A.M.	PULSE P.M.	RESP. A.M.	RESP. P.M.	TEMP A.M.	TEMP P.M.	
									suffering from abscess on leg & arm & swollen & somewhat swollen & red (4 abscesses) dressed by Dr M.
May 1893		5	x	86				101.8	Came on ward from C 13
26		5	x	86					
27	7	5	96	90	22	20	100	97.2	6.30 Bowls moved Dressed abscess on leg
28	7	5	92	92			99.2	98.2	Still discharging Considerable (25th) Bowls moved
									Hop since that swelling are improving.
									Rests better since his nurse was landed.
29	7	5	96	84			99	98.4	Bowls moved 7.30 Abscess dressed by Dr M. and
			90				97		doing nicely. Leg discharging considerable
									Cavity on left shoulder about 5 inches receiving
									and the other
30	7	5	90	78			99	98.6	11 Abscess dressed by Dr M.
31	7	5	90	74			99	98.8	Abscess dressed Leg discharging a great deal.
June 1	7	5	84	64			99	98.6	Appetite good bowels moved 2 Abscesses dressed
2	7	5	84	76			98	98	Bowels moved Dressed abscesses, doing nicely.
3	7	5	86	66			98.4	99	8 A.M. Dressed abscesses
4	7	5	88	80			99.4		Dressed abscess
5	7	5	82	70					
6	7	5	76	68					8 A.M. Dressed Abscesses
7	7	5	82	64					Dressed abscess on leg Discharging considerable
8	7	5	96	Motor to Silver					abscess on leg Discharging considerable
8	7	5		88					Nose red and swollen. Dressed by Dr M.
9	7	5	96	82			99.2		Face swollen & great deal
10	7	5	90	78			99		Dressed hip Proud flesh Coming on abscess Bowels regular
11	7	5	90	66			99	98.2	Sponge Bath
12	7	5	78	66			99		Restless
13	7	5	76	59					Abscess slowly discharging Dressed
14	7	5	96	68					83° Bowels moved
15	7	5	64	63	18	15			
16	7	5	58	52	17	17			Proud flesh on abscess
17	7	5	80	64					
18	7	5	88	72					Weight 128 Appetite good
19	7	5	86	62					Bowels moved freely
20	7	5	86	68					" " Rested the greater part of the day
21	7	5	78	60					
22	7	5	82	60					Bowels moved regular Appetite good
23	7	5	82	60					
24	7	5	82	60					Bath
25	7	5	76	74					Vomited after breakfast
26	7	5	86	68					Bowels moved freely Upon Ward about
									2 Hours this afternoon
27	7	5	80	66					Upon ward 2 Hours this a.m.
28	7	5	96	104					Upon ward all day Sleeping strong but
29	7	5	102	106					Dressed Proud flesh Appetite good
									Upon ward
30	7	5	110	60					Bowels regular
July 1	7	5	120	74					Bowels moved freely to bed all day
									Does not resist to take Pulse & speedily
									Does not seem well but has given
									symptoms

and he put his fist through a window; then he ran to the 4th House on College St. and hid in the Wood-shed; had received a hammer & brick & fought attendants desperately. Was, with great
" 29 difficulty brought back. Was then transferred to B4 East. Nov 25/93. Struck and knocked

(carried to page 160)

Personal and Medical History of Nanis Hoffs

Case No. 3316

DETAILED HISTORY OF SICKNESS OF MR. Nanis Hoffs
DIAGNOSIS.

1893	DT	HOUR	PULSE		RESP.		TEMP		
May		A.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
12		8	70	66	16	17			Erysipelas. Abcess on Arm and Leg.
"		8	6	70	66	16	17			Appetite Good. Bowels last moved 11th inst.
13		8	6	88	68	19	21			Bowels moved. Constipated.
14		8	6	100	77	20	20			Abcess discharging freely
15		8	6	100	90	20	19	100.2		Appetite good. Has to be fed with spoon.
16		8	6	110	109	20	21	101		
17		8	6	126	118	22	22	102.6	104	Abcess on nose discharging freely.
18		8	6	108	104	21	28	102	104.8	Talks a little - first since April 8th. Appetite Good.
19		8	6	121	110	30	24	102.6	103.4	Bowels moved freely. Appetite Good
20		8	6	88	104	22	25	100.6	103.	Bowels moved. Considerable discharge from Abcess.
21		8		102		24		99.6		Discharge from Abcess during night.
"			6		88		21		102.4	Appetite Good
22		8		91		16		99.6		
"			6		98		16		101.4	Bowels 1st time
23		8		88		17		100		Appetite Good.
"			6		74		19		99.4	Bowels moved. Discharge from Abcess
24		8		86		20		98.8		Out lay.
"			6		80		21		100	
25		8		90		20		99.4		Bowels moved. Appetite Good
"			6		90		23		100.6	
26		8		82		19		100.4		

" 15 Slee
from 1 to
" 23 April 23/93.
Around daily, seeming
Was put to bed. Pulse 110.
May 3/ May 3/93 Wt (in underclothing)
restless at night, sleeping from 2 to 5
was put to bed. Has remained in bed, quietly
Will not speak; keeps eyes closed usually; resists interf
is unclean; has epistaxis & blows the blood pa
violently from his nose. The first attack of erysipelas subsided, but was succeeded by a renewal & more
pronounced type, which is now at its height. There have been some signs of adynamia e.g. small & soft
" 7/ pulse, tendency to coma. May 7/93. Seems improving. May 9/93. Lies quietly in bed: face is peeling; patient
" 1/ is doing well. May 11/93. Abscesses are forming on arm & leg. May 16/93. Also had abscess on nose; sand was
" 19 opened this evening & later it also opened internally & discharged into mouth. May 19/93. Is in rather bad Con-
dition this morning. 10 Am. Pulse 130. Arm is doing fairly well but leg is not. P.M. Abcess on leg opened,
" 26 considerable pus let out & drainage tube put in. May 26/93. Still continues more or less restless and

sick with fever, due to erysipelas, and
, refused food & medicine, now takes both.
is unclean; has epistaxis & blows the blood pa
sick with fever, due to erysipelas, and
, refused food & medicine, now takes both.
is unclean; has epistaxis & blows the blood pa
since the 23rd inst. has been rather mad
face is found swollen.
ed as appearing chilly, seeming unwell.
8 hours. Has continued up and
hours. April 12/93. Restless 2 hours,
24 hours. April 13/93. Restless
sion of countenance. —
Restless
se, who
April 13/93. Was
e yesterday;
spurred from
t allow his lungs
Restless for 4 hours,
two breakfast today.
in the past 24 hours.
good meals in past 24 hours.

" 33 was he put his fist through a window; then he ran to the 4th house on College St and hid in the wood-shed; had secured a hammer & brick & fought attendants desperately. Was, with great difficulty brought back. Was then transferred to 13th East. Nov 25/93 Struck and knocked

(carried to page 160)

Personal and Medical History of Hoff Hans

Vol 23

MONTHLY SUMMARY RECORD.

PATIENT'S NAME Hoff Hans CASE NO. 3316 R. 30...

DATE: May 18" 1893. Came on ward. (C 32) April 4" 1893,
: Behavior. Very contrary, stubborn. Leg leg wound
: not task. appetite, spells of fasting
: Bowels irregular. Habits dirty. Signs of
: Erysipelas. April 10" sick in bed. Erysipelas
: on face left elbow and right leg. Abscess on
: nose arm and leg. Appetite improved but has
: to be fed with spoon. Sleeps fair. Pulse rate
: from 66 May 12" to 126. May 17" Temp" from 99.6
: May 21" to 104.8 May 18" Bowels irregular"
: Weight at first of month 128 pounds.
20: Has never received visits from friends or relatives
: Talks only when asking for water. Has never been
: Secluded or in restraint.
21: Slept but 4 hours.
23: Slept 6 hours.
26: Transferred to P. 2.
:
:
:
:
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:
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:
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:

...ute
...bas
...3. Rested
...urse, who
...Apl 1893. Was
...pper yesterday;
...required from
...not allow his lungs
...5. Restless for 4 hours,
...but no breakfast today.
...als in the past 24 hours.
...2 good meals in past 24 hours.
...ons. April 12/93. Restless 2 hours,
...past 24 hours. Apl 13/93. Restless
...pression of countenance. —
...to 8 hours. Has continued up and
...noticed as appearing chilly, seeming unwell.
...ing; face is some swollen.

" 12
" 15 Sleeps
from 1 to 2 ...
" 23 April 23/93. Is ...
Around daily, seeming ...
Was put to bed. Pulse 110. ...
May 3/93 May 3/93 Wt (in underclothing) ...
Rested alright, sleeping from 2 to 5 ...
was put to bed. Has remained in bed, quietly ...
Will not speak; keeps eyes closed usually; resists intro... ...; is unclean; has epistaxis; blows the blood pathe
violently from his nose. The first attack of erysipelas subsided, but was succeeded by a renewal of more
pronounced type, which is now at its height. There have been some signs of adynamia Eg. small & soft
" 7/93 Pulse, tendency to coma. May 7/93. Seems improving. May 9/93. Lies quietly in bed; face is peeling; patient
" 11/93 is doing well. May 11/93. Abscesses are forming on arm & leg. May 16/93. Has had abscess on nose;
" 19 opened this evening & later it also opened internally & discharged into mouth. May 19/93. Is in rather bad Con-
dition this morning. 10 Am. Pulse 132. Arm is doing fairly well but leg is not. P.M. Abscess on leg opened,
" 26 considerable pus let out & drainage tube put in. May 26/93. Still continues more or less restless and

...ed and
...well, but
...with
...sick bed)
...to his bed
...to the hall
...his not
...today.
...does
...irregular.
...right.
...habits.
...slack
...became
...daily,
...dirty.
...of B.H. East
...about than
...He
...alth.
...constantly
...Chase.
...to
...a
...cuts
...eps
...& Mumey
...t,
...is locked,
...ran up the hill, his past through a window, then he ran to the 4th house on College St. and hid in
the Wood-Shed, had secured a hammer & brick & fought attendants desperately. Was, with great
" 29 difficulty brought back. Was then transferred to B.H. East. Nov 25/93. Struck and knocked

(carried to page 160)

Personal and Medical History of *Hans Hoff*

DETAILED HISTORY OF SICKNESS OF MR. *Hans Hoff.*

DIAGNOSIS.

Facial Erysipelas

DATE 1893	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP. AM	TEMP. PM	
April 23				110				104	
" 24	8		98				103.6		Eats nothing
" 25	8		96						Stupefied last night - nothing since
									Resists interference
" 26	8		96						
	8			104					Eats an occasional meal; at other times
									Uproarious - bowels purged
" 27	8	5	90	86					Appetite irregular - fair to poor. Has ca-
									-tarrhal epistaxis
" 28	8	5	90	92					Eats something - bowels constipated
" 29	8		104						
		6		84					Still uproarious - occasional meals
" 30	8		100						Refusing only milk at present
				90					
May 1	8		104						
" 2	8		100						Takes nothing but milk rather sparingly. Of that
				94					
" 3	8		86						Reconstipated. Since first attack local mani-
"				86					-festation on face more pattern. Slight. Within
"									the last 2 or 3 days these have been renewed on
"									the local signs being very marked and the
"									disease spreading into the ears & scalp.
" 4	8		82						Takes milk only in moderate quantity
" 5	8		94						" " " " "
" 6	8		92						" " " " "
" 7	8		88						" " " " "
	6			88					Sleeps much during day
" 9	8		100						appetite improving - bowels closed
" 10	8		90						appetite good
" 19	10		132						Altogether bad condition

" 12

" 15 Sleepy from 1 to 2 a.m.

" 23 April 23/93. Is around daily, seeming ill. Was put to bed. Pulse 110. Tem

May 3/94 May 3/93 Pt (in underclothing) r
restless at night, sleeping from 2 to 5 a
was put to bed. Has remained in bed, quietly
Will not speak; keeps eyes closed usually; resists intervi
violently from his nose. The first attack of erysipelas subsided, but was succeeded by a renewal & more pronounced type, which is now at its height. There have been some signs of adynamia e.g. small & soft pulse, tendency to sordes. May 7/93. Seems improving. May 9/93. Lies quietly in bed: face is peeling; patient

" 7/9 is doing well. May 11/93. Abscesses are forming on arms & leg. May 16/93. Has had abscess on nose; hand was

" 19 opened this evening & later it also opened internally & discharged into mouth. May 19/93. Is in rather bad condition this morning. 10 Am. Pulse 132. Arms is doing fairly well but leg is not. P.M. Abscess on leg opened,

" 26 considerable pus let out & drainage tube put in. May 26/93. Still continues more or less restless and

" 28 he put his fist through a window; then he ran to the 4th house on College St. and hid in the wood-shed; had secured a hammer & brick & fought attendants desperately. Was, with great difficulty brought back. Was then transferred to P3 East. Nov 25/93. Struck and knocked

(carried to page 160)

Personal and Medical History of Hans Hoff.

disturbed at night, sleeping, however, on the average 5 hours each night. Appetite has improved and is now very good. Bowels have lately become more regular. Abscess on arm has been doing well, but the one on leg has been discharging a great deal; has been washed out with per-oxide and with carbolized water. Of late, patient has been talking some. Was today transferred to C² (the sick ward) (see attached records). ——

June 22/93. Abscesses have been dressed daily; they are doing nicely. Patient still confined to his bed

" 23/ " 25 June 25/93. Vomited, this morning, after breakfast. June 26/93. Was got up, dressed, & put out on the hall for about 2 hours this afternoon. June 27/93. Up & out a-ward, for 2 hours or so this morning. —

" 28 June 28/93. Dressed & out on the hall all day, today. Seems quite fairly strong. Lies on floor if his not watched. Appetite good. Bowels have become quite regular. June 30/93. Remained in bed all of today.

July 1 July 1/93. Does not want to stay up. Pulse has been up peculiarly, the past few days. Patient does

" 2 not seem well, yet he has few symptoms. July 2/93. Refuses to get up to be dressed. —

" 5/7 July 5/93. Is now up a-ward, dressed. Reads some & is brighter. July 7/93. Appetite good. Bowels regular.

" 8/10 July 8/93. Leg still troubles him somewhat. Patient is not very active. July 10/93. Looks much brighter.

" 30 Health is somewhat improved. He is quite dull, however. July 30/93. Very dirty in personal habits.

" 31 July 31/93. During past 2 months, rest & sleep, at night, have been quite good (7 to 8 hours each night); very infrequently restless. Health has continued to improve, and patient has become fairly strong. Appetite has continued good & bowels regular. Patient has continued up, daily, since the 5th inst. Went a-walking today. ——

Aug 5 Aug 5/93. Patient is fairly quiet. Sings, at times. Appetite good. Bowels regular. Habits are dirty.

" 7 Spits on the floor & walls. Right leg somewhat stiff. Walks lame. Aug 7/93. Transferred from C² to B⁴ East.

" 10 Aug 10/93. Is very quiet & well-behaved. Walks up & down the ward, but apparently more from habit, than

" 14 in a restless manner. Is slightly dirty in his habits. Talks scarcely any. Aug. 14/93. Has now talk to one or two of his fellow-patients & sings occasionally. Is in fairly good health.

" 31 bodily in manner. Aug 31/93. No material change, to note.

Sept 2/8 Sept 8/93. Has made a very marked gain in flesh, the past 2 months. Sept 8/93. Constantly

" 30 humming a tune. Generally well-behaved, but stubborn. Talks little. Sept 30/93. No noticeable Change, since note of 8th inst. ——

Oct 3/10 Oct 3/93. Continues to gain in weight. Oct 10/93. Talks very little. Is weak-minded. Habits

" 13 somewhat dirty; is generally in the habit of spitting on the heaters and floor. Oct 13/93. Had a

" 31 quarrel today & got his lip cut. Oct 31/93. Nothing further to note, at the date. —

Nov 16 Nov 16/93. Patient, while generally quiet & inoffensive, is liable to strike other patients unawares and requires watching. Habits are dirty; he spits on the floor & heaters. Eats & sleeps well and is in good bodily health. Cleanly in habits, except as above mentioned. Transferred today to Mercy

" 19 Nov 19/93. Was destructive and violent in dining-room, this noon. Threw a chair at another

" 20 patient, but it struck on a table. Nov 20/93. Jumped out of a window on the day-flat, today & ran down the road. He was followed; then tried to get into a house but door was locked, and he put his fist through a window; then he ran to the 4th house on College St. and hid in the wood-shed, had secured a hammer & brick & fought attendants desperately. Was, with great

" 25 difficulty brought back. Was then transferred to B⁴ East. Nov 25/93. Struck and knocked

(carried to page 160)

" 12 do.

" 15 Sleeping from 1 to 2 hr.

" 23 April 23/93. Is in around daily, seeming well. Was put to bed. Pulse 110. Tem 101.

May 3/6 May 3/93 Wt (in underclothing) 1. restless at night, sleeping from 2 to 5.

" 7/9 Pulse, tendency to sordes. May 7/93. Seems improving. May 9/93. Lies quietly in bed: face is pealing; patient

" 11/ is doing well. May 11/93. Abscesses are forming on arm & leg. May 16/93. Also had abscess on nose, which was

" 19 opened this evening & later it also opened internally & discharged into mouth. May 19/93. Is in rather bad Con-

" 26 -dition this morning. 10 Am. Pulse 130. Arm is doing fairly well but leg is not. P.M. Abscess on leg opened, considerable pus let out & drainage tube put in. May 26/93. Still continues more or less restless and

23rd was taken sick with fever, due to erysipelas, and

May 24/93. Since the 23rd inst has been rather mad

say nothing; face is some swollen.

Personal and Medical History of Matthew Sherlock (c)

Whole No. 3317.
Residence, St Paul, Minn
Date Admission, 6th April 1893.
Admitted by D. Phelps Hour, 7.15 PM
How Sent, John B. Olivier Jr. Lawyer &c.
Sex, Male
Age, 33 years
Civil Condition, Married
Children, None
Age Youngest Child, —
Occupation, R.R. man
Degree Education,
Profession Religion, Catholic
Habits, Intemperate
Nativity, St Paul, Minnesota
Physicians Committing, C. Eugene Riggs & W. A. Macdonald
Correspondents, Eliza Sherlock 198 E 15th St. St Paul Minn

No. for Year, 329.
Insane Relatives, Not hereditary
Cause Exciting, Supposed sunstroke
Cause Predisposing, Not stated
Form, Genuine Paresis
Accompanying Bodily Disorder, —
Suicidal or Not, No.
Date of this Attack, October '92
Duration, about 5 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 33.
Time of Leaving, January 7th 1894.
Time in Hospital, 9 months and 1 day.
Result, Died; General Paresis.

EXAMINATION ON ADMISSION.

Exd by D. Baker Apl 8/93.

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events,
Recent Events, Poor: thinks he has been here about 1 week
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Somewhat dull
Correct or Illusive, Fairly Correct

REASONING POWER:
Ordinary Subjects,
Own Mental State, Thinks he is all right & should go home
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Interesting Coordination of legs, there is an over action of the muscles — Had a "Spell" at home; when he fell off the chair, he says; (probably a convulsion).

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Yes
Exalted, Some, possibly
Depressed,

DELUSIONS:
Systematized or Not, Some definite delusions.
Special Subjects,
Transitory or Not,

HALLUCINATIONS: Denies any

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Fairly Coherent
Voluble or Reticent, Talks freely

Personal and Medical History of Matthew Sherlock

Minneapolis
Matthew Sherlock
4/18/93

EXAMINATION ON ADMISSION. (CONTINUED.)

MENTAL CHARACTERISTICS.

Usual Wt 186 to 190 lbs NUTRITION, somewhat below normal
left hand. Rupture on right side.
old fissures Promptness Movement, rapid, jerky movements
Size, normal
Accommodation, Yes

SIGHT, Seems good
HEARING, left ear some impaired; right good.
CO-ORDINATION, Arms, fingers & nose, Eyes shut, quite perceptible incoordination.
Legs, Standing as at first somewhat slightly unsteady; Standing, Eyes shut, Sways; — Swaying slightly, slight unsteadiness. —
TREMORS, Hands, marked Tongue, excessive coarse
Facial Muscles, very marked tremors, almost convulsive movements.
REFLEXES, Patellar, Equal, somewhat exaggerated; 6 on 7 Dr Pt scale.
Other Reflexes,
ARTICULATION, ~~Hesitating~~, deliberate Slurred, perceptibly
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Seems free from murmurs
LUNGS, Seem good. Chest 38 cm Expansion 2½ cm
5/20/93 DM EXAM. URINE,
Color, dark yellow; reaction, acid; Sp gr. 1020 albumen, trace. —

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Slow ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother living — 79 claims good health
Father or Pat. Relations, Father died of Chronic diarrhoea, in war.
Brothers or Sisters, 1 brother in St Paul with mother, in good health. 1 brother in Seattle; 2 ags in good health
1 half sister living — good health —

Personal and Medical History of Matthew Sherlock (c)

Whole No. 3317.
Residence, St Paul, Minn
Date Admission, 6th April 1893.
Admitted by Dr Peeks Hour, 7.15 PM
How Sent, John B. Olivier Jeff. Ramseyco.
Sex, Male
Age, 33 years
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, R.R. man
Degree Education,
Profession Religion, Catholic
Habits, Intemperate
Nativity, St Paul, Minnesota
Physicians Committing, C. Eugene Riggs & W. A. Macdonald
Correspondents, Eliza Sherlock 198 E 15th St. St Paul Minn

No. for Year, 229.
Insane Relatives, Not herediteary
Cause Exciting, Supposed fracture
Cause Predisposing, Not stated.
Form, Genuine Paresis
Accompanying Bodily Disorder,
Suicidal or Not, No.
Date of this Attack, October '92
Duration, about 5 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 33.
Time of Leaving, January 7th 1894.
Time in Hospital, 9 months and 1 day.
Result, Died; General Paresis.

EXAMINATION ON ADMISSION.

Exd by Dr Baker Apl 8/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Somewhat confused probably
Quick or Sluggish, Sluggish

MEMORY:
Past Events,
Recent Events, Poor: thinks he has been here about 1 week
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Somewhat dull
Correct or Illusive, fairly Correct

REASONING POWER:
Ordinary Subjects,
Own Mental State, Thinks he is all right + should go home
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Interesting Coordination of legs, there is an overaction of the muscles - Had a "spell" at home; where he fell off the chair, he says; (probably accumulation).

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Yes
Exalted, Some, possibly
Depressed,

DELUSIONS:
Systematized or Not, None definite detected.
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Denies any
ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, fairly Coherent
Voluble or Reticent, Talks freely

Personal and Medical History of Matthew Sherlock

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 9 in WEIGHT, 172 pds, (usual Wt 186 to 190 lbs) NUTRITION, somewhat below normal
WOUNDS OR ABNORMALITIES, Slight scar on middle finger of left hand. Rupture on right side.
TONGUE, Tremors, Excessive Coarse Coatings, None, Slight fissures Promptness Movement, Rapid, Jerky movements
PUPILS, Equality, about equal Size, Normal
Response Light, very slightly Accommodation, Yes
SIGHT, Seems good
HEARING, left ear some impaired; right good.
CO-ORDINATION, Arms, fingers Do now, Eyes shut, quite perceptible incoordination.
Legs, Standing, n/foot somewhat slightly unsteady; Standing, Eyes shut, Sways; — Turning Quicky, Slight unsteadiness. —
TREMORS, Hands, marked Tongue, Excessive Coarse
Facial Muscles, very marked tremors, almost convulsive movements.
REFLEXES, Patellar, Equal, somewhat exaggerated; 6 on Dr Pt Scale
Other Reflexes,
ARTICULATION, ~~Hesitating~~, deliberate Slurred, perceptibly
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Seems free from murmurs
LUNGS, Seem good. Chest 38 in Expansion 2½ in
3/20/93 Dr M. EXAM. URINE,
Color, dark yellow; reaction, acid; Sp gr. 1020. albumen, trace. —

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Slow ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, mother living - 7 children good health
Father or Pat. Relations, Father died of chronic diarrhoea, in war.
Brothers or Sisters, 1 brother in St Paul, with mother; in good health. 1 brother in Seattle; dago in good health
1 half sister living - good health -

Personal and Medical History of Mathew Sherlock

1893 This man was brought here by Deputy Sheriff Irish, with following History. Has been of intemperate habits. No history of heredity. Cause of attack is supposed sunstroke; from Chronic. First symptoms were manifested in October '92, by unusual actions. This is 1st attack. Is not disposed to injure others, nor is he suicidal. Is destructive & attimes filthy. No peculiarities of temper &c shown. Has had an epileptiform seizure. Has not been restrained or confined. Was treated in Augt '92 by Dr. Eskelby & Oct '92 by Dr. Bole. (This man is under indictment for theft. County attorney attended examination, and favored Commitment.)

Apl 6 April 6/93. On admission, speech is at once noted as sluggish & slightly indistinct, and he has sluggish
" 7 manner, and does not think himself sick. (Dr Phelps). Was put on B2. April 7/93. Slept fairly well, last night; restless for an hour or so. Am. Says he feels fine"; "Slept well"; pupils are slightly unequal. 8 Am. P. 100.
" 8 April 8/93. Was restless for 5 hours & somewhat noisy, sleeping but 3 hours, last night. 8 Am. P 104. —
" 9/10 April 9/93. Restless for an hour or so but sleeping 7 hours, last night. April 10/93. Last night, was restless for
" 11 4 hours, out of bed & on the hall, sleeping but 4 hours. 8 Am. P 88. April 11/93. Was restless & out of bed for
" 13 an hour or so, but sleeping 7 hours, last night. 8 Am P. 76. April 13/93. Has rested & slept well on each of
" 14/16 past 2 nights. April 14/93. Was restless for 3 hours, sleeping only 5 hours, last night. Apl 15/93. Has been somewhat restless, the past 3 nights, but sleeping from 5 to 7 hours on each. Pulse, taken daily has been only moderately accelerated. —

May 3/17 May 3/93. Wt 179 ℔s. (Has made quite a gain). May 12/93. Has complained lately of his rupture giving
" 19 him trouble. Today Complains of "kidneys" and of pain in back. May 19/93. Was visited today by his wife.
" 22 May 22/93. For the past month or so, rest and sleep at night have been good; patient, as a rule, sleeping
7 hours each night for the 1st two weeks, and 8 hours, the past 2 weeks, only occasionally being slightly restless.
Jumps, on the ward, daily; somewhat inclined to be untidy. Is much exalted. Recently, a new truss
was given him, which he declared to be "the finest he ever wore"; does no work; moves about quite freely
among his fellow-patients; Conversation quite prompt, though typical of a General Paretic. He
has delusions of grandeur; writes home frequently. Is well-behaved & causes no trouble.
" 31 May 31/93. Appetite, rest & sleep at night, all apparently good. Bowels normal. No cough noticed.
Works round on the ward. Goes out walking with the rest. Is untidy in dress.

June 30 June 30/93. Appetite Continues good; bowels regular, as a rule. Does not work any now. Sluggish
in movements & gait is unsteady. Is irritable & "cranky" towards his fellow-patients.

July 4 July 4/93. Had, what appeared to be, a stroke of partial Paralysis today (Attendant writes). Has but
" 8 little use of left hand & leg. This stroke was without unconsciousness or fall. July 8/93. Is now
able to walk about, but is very unsteady. At times, walks like a little child just learning to walk.
" 31 Memory seems to keep up fairly well. In other respects is very sluggish. July 31/93. Appetite good,
bowels normal, generally. Sleeps well. Gait unsteady. He recovered, after the above attack, or
partially, the use of his limbs.

Aug 27 Aug 27/93. Patient seems worse than usual, today; absent minded; gait very unsteady.
" 31 Aug 31/93. Seems about the same. Appetite good. Bowels regular.

Sept 8 Sept 8/93. Has lost slightly in weight, in past 5 weeks. Very absent-minded — Gait becoming
" 30 more unsteady. Rests poorly, at night. Sep 30/93. Is now, hardly able to move about. Cannot
go out walking. Speech impaired. Appetite good. Bowels normal. On medicine.

NAME Mathew Sherlock

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 5th	185½	—	6½	—
July 1st	184	—	—	1½
Aug 3d	184	—	—	—
Sept 8th	182	(4th) P86 T 99.4	—	2
Oct 3d	177	90	—	5
Nov 1st	—	—		
Dec 4th	171½	86		5½
1894 Jany 1st	151	88		12½ (alt)

Nov 7 ...ividably, in the past few weeks. Oct 17/93. Walking the hall a good
Oct 30/93. Gait very unsteady; Can scarcely walk now. Has been
since. Makes no complaints. Says he feels all right." —
most entirely helpless. Appetite is good. Speech impeded and
Inbes. Nov 8/93. Up again today. Gait is very unsteady.
& down from his bed. Is gradually failing. Gait is now
ly helpless; drops dishes while he is eating. Talks to
Appetite medium. Says he is all right"; "wants to go home".
flesh, the past 4 months. Dec 15/93. Appetite only medium.
himself a great deal. Speech impeded. Moved to B4.
s to fail, from day to day.
ecough today; it began yesterday forenoon. Is not very
& vomit today. Is fairly clear in mind yet; nurses think
ing to send to receive him somewhat. Jan 5/94. Patient's
same condition as on 1st inst.; at least, there is no indication
Patient was seized with convulsions, this evening, at 6.40 PM.
vers. Previous to that hour, was yelling & making a disturb-
bed was put back to bed, and, 7 or 8 minutes later, (6.40 above)
spasm, in which all the muscles were implicated. Nitro-glycerine 1/50,
and hyoscine 1/100 administered with no appreciable effect, save that of rendering him somewhat
Cyanotic. When first seen by Dr. H. (7.20 PM), the eyes & head were turned towards the right and
fixed; pupils immoveable; later, he had nystagmus. At first, the spasms were constant,
and violent, shaking the whole bed; later, the general Convulsions ceased, and the spasms was
only facial. He then went into a comatose state, stertorous breathing &c, in which condition
7 he remained, until death — Jan 7/94. The Convulsions were partly arrested, though the
other side had movements also. (D.H.) — Died at 9.15 AM, today. —

Relatives were kept advised of his critical condition and were also telegraphed of his death. — Remains placed in vault, in the meantime.

— Died —

1893

This man was brought here by Deputy Sheriff Irish, with [illegible] no history of heredity. Cause of attack is supposed sunstroke - [illegible] in October '92, by unusual actions. This is 1st [illegible] is he suicidal. Is destructive & obtuse, filthy. Not epileptiform seizure. Has not been restrained or Oct '92 by Dr. Bole. (This man is under indictment" and favored Commitment.)

Apl 6 April 6/93. On admission, speech is altered & [illegible] said
" 7 manner, and does not think himself sick [illegible] ill, last
night; restless for an hour or so. Attn. says he feels [illegible] m. P. 100.
" 8 April 8/93. Was restless for 5 hours & somewhat noisy, [illegible] M.
" 9/10 April 9/93. Restless for an hour or so, but sleeping 7 hours, re- [illegible] restless for
" 11 4 hours, out of bed & on the hall, sleeping but 4 hours. 8 Am. 6 o [illegible] & out of bed for
" 13 an hour or so, but sleeping 7 hours, last night. 8 Am P. 76. April 13/14 [illegible] & well on each of
" 14/15 past 2 nights. April 14/93. Was restless for 3 hours, sleeping only 5 ho- [illegible]st. Apl 18/93. Has
been somewhat restless, the past 3 nights, but sleeping from 5 to 7 hours on e- [illegible] Tuler, taken daily & has
been only moderately accelerated.

May 3/12 May 3/93. Wt 179 lbs. (Has made quite a gain). May 12/93. Has complained lately of his rupture giving
" 19 him trouble. Today Complains of "kidneys" and of pain in back. May 19/93. Was visited today by his wife.
" 22 May 22/93. For the past month or so, rest and sleep at night have been good; patient, as a rule, sleeping
7 hours each night for the 1st two weeks, and 8 hours, the past 2 weeks, only occasionally being slightly restless.
Is up, on the ward, daily; somewhat inclined to be untidy. Is much exalted. Recently, a new truss
was given him, which he declared to be "the finest he ever wore"; does no work; moves about quite freely
among his fellow-patients; conversation quite prompt, though typical of a General Paretic. He
has delusions of grandeur; writes home frequently. Is well-behaved & causes no trouble.
" 31 May 31/93. Appetite, rest & sleep at night, all apparently good. Bowels normal. No cough noticed.
Works round on the ward. Goes out walking with the rest. Is untidy in dress.

June 30 June 30/93. Appetite continues good; bowels regular, as a rule. Does not work any now. Sluggish
in movements & gait is unsteady. Is irritable & "cranky" towards his fellow-patients.

July 1 July 1/93. Had, what appeared to be, a stroke of partial paralysis today (Attendant notes). Has but
" 8 little use of left hand & leg. This stroke was without unconsciousness or fall. July 8/93. Is now
able to walk about, but is very unsteady. At times, walks like a little child just learning to walk.
" 31 Memory seems to keep up fairly well. In other respects is very sluggish. July 31/93. Appetite good,
bowels normal, generally. Sleeps well. Gait unsteady. He recovered, after the above attack, or
partially, the use of his limbs.

Aug 27 Aug 27/93. Patient seems worse than usual, today; absent-minded; gait very unsteady.
" 31 Aug 31/93. Seems about the same. Appetite good. Bowels regular.

Sept 8 Sept 8/93. Has lost slightly in weight, in past 5 weeks. Very absent-minded - Gait becoming
" 30 more unsteady. Rests poorly, at night. Sept 30/93. Is now hardly able to move about. Cannot
go out walking. Speech impaired. Appetite good. Bowels normal. Is on medicine.

1893

Oct 3 Oct 3/93. Has lost in weight considerably, in the past few weeks. Oct 17/93. Walking the hall a good
" 30 deal, today, talking to himself. Oct 30/93. Gait very unsteady; can scarcely walk now. Has been
in bed, all day. Appetite medium. Makes no complaints. Says "he feels all right." —

Nov 1 Nov 1/93. Is unable to walk; almost entirely helpless. Appetite is good. Speech impeded and
" 5/6 mind quite clouded. Nov 5/93. Is bed. Nov 8/93. Up again today. Gait is very unsteady.
" 30 Nov 30/93. Has continued to be up & down from his bed. Is gradually failing. Gait is now
very unsteady. Patient is nearly helpless; drops dishes while he is eating. Talks to
himself nearly all the time. Appetite medium. Says "he is all right"; "wants to go home".

Dec 14/16 Dec 14/93. Has been losing in flesh, the past 4 months. Dec 16/93. Appetite only medium.
Locomotion unsteady. Talks to himself a great deal. Speech impeded. Moved to I3 4. —
" 31 Dec 31/93. Patient continues to fail, from day to day.

1894
Jan 1 Jan 1/94. Patient has hiccough today; it began yesterday forenoon. Is not very
severe, but he has been trying to vomit today. Is fairly clear in mind yet; more so than
" 5 when put to bed, the rest seeming to tend to revive him somewhat. Jan 5/94. Patient's
appetite fair; is, apparently in same condition as on 1st inst.; at least, there is no indication
" 6 of any change. Jan 6/94. Patient was seized with convulsions, this evening, at 6.40 PM.
which continued for several hours. Previous to that hour, was yelling & making a disturb-
-bance; quite noisy; fell out of bed was put back to bed, and, 7 or 8 minutes later, (6.40 above)
went into a clonic spasm, in which all the muscles were implicated. Nitro-glycerine 1/50
and hyoscin 1/100 administered with no appreciable effect, save that of rendering him somewhat
cyanotic. When first seen by Dr. H (7.20 PM), the eyes & head were turned towards the right and
fixed; pupils immoveable; later, he had nystagmus. At first, the spasms were constant,
and violent, shaking the whole bed; later, the general convulsions ceased, and the spasms were
only facial. He then went into a comatose state, stertorous breathing &c, in which condition
" 7 he remained, until death - Jan 7/94. The convulsions were partly resided, though the
other side had movements also. (D.H.) - Died at 9.15 AM, today. —

Relatives were kept advised of his critical condition and were also telegraphed of his death. — Remains placed in vault, in the meantime.

— Died —

Personal and Medical History of Frank Rydberg

Whole No. 3318.
Residence, St Paul, Minn
Date Admission, 6th April 1893.
Admitted by Dr Wheelock Hour,
How Sent, John. B. Olivier Jr & Ramsey Co.
Sex, Male
Age, 38
Civil Condition, Married
Children, Four
Age Youngest Child,
Occupation, Carpenter
Degree Education,
Profession Religion, Not a Churchmember
Habits, Used to drink a good deal once in a while. Morality good.
Nativity, Sweden.
Physicians Committing, E. M. Lindholm & Magnard
Correspondents, Mrs (~~Tecla~~) Matilda Rydberg 185 E. University Ave.

No. for Year, 230.
Insane Relatives, Not hereditary
Cause Exciting, Not known
Cause Predisposing,
Form, Melancholia - Acute
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, November '92
Duration, 4 months or so
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 38
Time of Leaving, Sept - 28th '94
Time in Hospital, 1y. 8-mo. 20ds.
Result, Improved

EXAMINATION ON ADMISSION.

Exd by Dr Baker, Apl 8/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, apparently clear at present
Quick or Sluggish, fairly active

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

PERCEPTIVITY:
Alert or Dull, Seems fairly alert
Correct or Illusive, moderately Correct.

REASONING POWER:
Ordinary Subjects, Seems perverted
Own Mental State,
Special Subjects,

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

DELUSIONS:
Systematized or Not, about his having Committed Suicide
Special Subjects,
Transitory or Not,

HALLUCINATIONS: Probably none that range upon statements heard reference to him
ILLUSIONS: which they suggest. Also that his wife has obtained a divorce from him, his fault; not hers.

CONVERSATION:
Coherent or Incoherent, Coherently
Voluble or Reticent, quite free

GENERAL DESCRIPTIVE REMARKS:

Has a tremor of eyelids, when closed. Has had "lots of headaches"; felt them in forehead & back of neck" Says "made a great mistake last fall; went to Corwin's wedding; did not get the right seat and thinks this is reason he was divorced from his wife." Also tells a story of being, on occasion in a saloon, about election time last fall - Thinks he made another great mistake then. Believes he's divorced from his wife & has committed great suicide.

Personal and Medical History of Frank Rydberg

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8¼ WEIGHT, 145 lbs. NUTRITION, Fairly good
WOUNDS OR ABNORMALITIES, Scar on left hand & scar of burn on rt. side and one on right ear: abnormalities probably from birth
TONGUE, Tremors, Some Coatings, slight, fissured, some what marked. Promptness Movement, prompt
PUPILS, Equality, Equal Size, about normal
Response Light, Yes Accommodation, Yes.
SIGHT, Good
HEARING, Fair
CO-ORDINATION, Arms, Finger to nose, Eyes shut, fairly good.
Legs, Standing at rest, fairly well. Standing, Eyes shut, fairly steady
TREMORS, Hands, Coarse, slight Tongue, Some
Facial Muscles, very slight intention tremors General,
REFLEXES, Patellar, Equal, slightly exaggerated.
Other Reflexes,
ARTICULATION, Hesitating, somewhat, possibly more of not knowing English better; fairly clear.
FACIAL EXPRESSION, somewhat sad.
SENSIBILITY,
HEART, No murmurs
LUNGS, Seem normal. Chest 36½ in. Expansion 2½ in
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Yes, now. Constipated, Irregular,
APPETITE, Good, Medium, fair Poor,
SLEEP, Good, Rather Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Seems of long standing ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother living in Sweden - about 60 - health poor -
Father or Pat. Relations, Father living; getting old; Can't tell much about him
Brothers or Sisters, Never had any.

1893

Deputy Sheriff Irish brought this Patient here, with the following history. Used to drink a good deal once in a while; morality good. Cause of this, the first attack, unknown. Form is chronic and depressed. No accompanying bodily disorder or disease. First symptoms were manifested in November 1892; thinking that people would kill him, crying, walking around &c. Insanity is now manifested by idea of Persecution. Is not disposed to injure others, nor suicidal, nor filthy nor destructive. Has not been restrained or confined. Has been under Medical treatment while sick.

April 7 April 7/93. Slept 6 hours last night, restless for 2 hours; was not noisy. 8 Am. Pulse 96. Says he did not sleep. –
" 8 "Thinks he is kicked off the Earth". Is somewhat constipated. April 8/93. Slept better, 7 hours, last night; restless
" 10 only for an hour or so. 8 Am. Pulse 94. April 10/93. 8 Am. Pulse 78. Pts. Complains of not sleeping well.
" 12 Hypnotic ordered to be given. April 13/93. For the past 5 nights, has been very quiet & restful and reported as
" 14 sleeping well. 7 Am. Pulse 84. April 14/93. Was restless for 3 hours, sleeping but 2 hours, last night.
" 22 April 22/93. Was put on medicine.
May 1 May 1/93. Is eating poorly today. May 3/93. Wt 144½ pounds. Pulse, taken daily, has been generally normal.
" 22 May 22/93. For the past 5 weeks or so, has been, nightly, more or less restless, but sleeping 6 to 8 hours, each night.
Still feels depressed; says "he made a mistake in talking about the Priests and Churches; that they are a necessity"; "he is Calm; says "the people kicked him out of St Paul, for being so bad, and, when asked if he wanted to go back home, I said he did, but the people would not let him stay in St Paul; the only Salvation for him is to leave this Earth; "he is not fit to live"; "he is the worst man in the world".
Patient laughs & jokes occasionally; says he does not sleep very well; (has always complained as this done though Night-Watch Reports differ) – Recently, upon receiving a letter from his wife, said
" 31 "he guessed it came from Hell", "that the Postmark was dated the 25th and that he received it on the 31st"; Patient's general health is good. May 31/93. Appetite is generally good. Bowels
regular. No cough noticed. Has a rather depressed appearance & manner. Does not walking.
June 14 June 14/93. Visited by wife today. Seems more at ease. Talked of delusions most of the time. –
" 16 June 16/93. On about 5 nights during this month has been restless & disturbed, sleeping from
5 to 7 hours each night; on one night was very restless, sleeping but 3 hours. Was not noisy, however.
" 30 Has been given hypnotics occasionally, at night. June 30/93. Appetite changeable. Bowels normal.
Still depressed in manner & conversation. Does some work on the hall.
July 15 July 15/93. Has been working out with the painters yesterday & today.
" 16 July 16/93. Patient has been so despondent, and talk has been so strange & delusive that he
" 31 has been kept in from work & left on the hall. July 31/93. Appetite good. Bowels regular. No cough
noticed. Does a little work on the ward. Is still gloomy & depressed; possibly a trifle less so
than he was when Coming here. Evidently still holds to his delusions. Talks fairly freely when
conversation is begun. Is clean & tidy & of good personal habits. Seems good bodily health.
Aug 3 Aug 3/93. Weight fluctuates considerably. Health, however, seems quite good. Aug 19/93 Seems
" 25 quite depressed of late. Aug 25/93. Very much depressed. Says if he don't die soon, he is going
" 31 to kill himself. Aug 31/93. Has been very uneasy & restless the past few nights, sleeping only 2
or 3 hours, each night. Has also been talking & moaning a good deal. Has also been very bad,
the past few days. Depressed; deluded. Appetite poor. Talks but little.
Sept 14 Sept 14/93. Has again been restless & uneasy the past 3 nights, sleeping, nightly, only 2 or 3 hours

NAME Frank Rydberg

DATE, 189 3	Weight.	Pulse.	Gain.	Loss.
June 5th	153	—	7½	
July 1st	149½	—		2½
Aug 3d	151		1½	
Sep 4th	—	P76 T100.6	–	
" 8th	148	—	–	3
Oct 3d	153	76	5	
Nov 1st	154	68	1	
Dec 4th	154½	70	½	
Jany 2d	153½	68		1

ble. Patient is dull & depressed. Works some, at times.
in flesh, the past 3 to 4 weeks. Oct 30/93. Seems very bad of late.
growing worse – appetite good. Does not play games or read. Walks about
some on ward. Is depressed. Nov 30/93. Does not change any, to note.
much. Still, on the whole, he has made some gain, since coming.
talks freely but still shows delusions. Works willingly on the ward.
& is much depressed. Jan 31/94. Does not change any from month to month.
Feb 28/94. No material change. Patient still much depressed.
Mar 8/94. Has been sick & in bed all day; Complains of severe headache
better. March 31/94. Mentally, no change to note. Physical condition good.
5/94. Has been in bed yesterday & day before, complaining of pains in his
24/94. Is again Complaining of severe headache, today. – – –
heads some; plays games occasionally. Still seems much depressed.
inter. 31/2 works on ward. Behavior good, no complaints, appe-
Wt. 153 lbs p 78. 20th began working with Lamadryman. 30th
d, no complaints talks freely. July 2nd Wt. 152 lbs. 31st behavior good.
sibly, physical condition good, no complaints. –
Aug 31/94. Rests well at night; behavior is good. He talks
been rated for some time. Seems more cheerful. Works in laundry.
Sep 1 Sep 1/94. Wt 145½ pds. Pulse 84. (The loss of weight is probably due to his working). Is in good
" 3 physical health. Sep 3/94. Commenced working, today, with the Carpenters. Is about as usual.
" 28 Sep 28/94. Has been working steadily since the 3d, with the Carpenter. Behavior, while on ward,
has been uniformly very good. He has talked freely & sensibly & has not mentioned his delusions
now, for some months. Seems also to have almost completely overcome his depression of spirits
and has been quite cheerful, apparently, for some time. Would like to go home –
Was, today, sent home, in Company with another patient (Mr J. McBride) & the latter's brother

Discharged Feb 6th '95.

1893

Deputy Sheriff Irish brought this patient here deal once in a while; morality good. Cause of th depressed. No accompanying bodily disor November 1892; thinking that people is now manifested by idea of pers now destructive. Has not been re

April 7/93. Slept 6 hours last night, restle
" 8 Thinks he is kicked off the Earth". Is somewhe
" 10 only for an hour or so. 8 Am Pulse 94. April 10/9
" 13 hypnotic ordered to be given. April 13/93. For the pas
" 14 sleeping well. 7 Am Pulse 96. April 14/93. Was restles
" 22 April 22/93. Was put on medicine.

May 1/93. Is eating poorly today. May 3/93. Wt 144½ poun
" 22 May 22/93. For the past 5 weeks or so, has been, nightly, more or les
Still feels depressed; says he made a mistake in talking about the Priests and Churches; that they are a necessity; he is Calm; says the people kicked him out of St. Paul, for being so bad, and, when asked if he wanted to go back home, he said he did, but the people would not let him stay in St Paul; the only salvation for him is to leave this Earth; "he is not fit to live"; "he is the worst man in the world" Patient laughs & jokes occasionally; says he does not sleep very well; (has always complained as this done though Night-Watch Reports differ). Recently, upon receiving a letter from his wife, said "he guessed it came from Hell", "that the Postmark was dated the 25th and that he received it
" 31 on the 31st"; Patient's general health is good. May 31/93. Appetite is generally good. Bowels regular. No cough noticed. Has a rather depressed appearance & manner. Does not walking.

June 14 June 14/93. Visited by wife today. Seems more at ease. Talked of delusions most of the time.
" 16 June 16/93. On about 5 nights during this month has been restless & disturbed, sleeping from 5 to 7 hours each night; on one night was very restless, sleeping but 3 hours. Was not noisy, however.
" 30 Has been given hypnotics occasionally at night. June 30/93. Appetite changeable. Bowels normal. Still depressed in manner & conversation. Does some work on the hall.

July 15 July 15/93. Has been working out with the painters yesterday & today.
" 16 July 16/93. Patient has been so despondent, and talk has been so strange & delusive that he
" 31 has been kept in from work & left on the hall. July 31/93. Appetite good. Bowels regular. No cough noticed. Does a little work on the ward. Is still gloomy & depressed; possibly a trifle less so than he was when coming here. Evidently still holds to his delusions. Talks fairly freely when conversation is begun. Is clean & tidy & of good personal habits. Seems in good bodily health.

Aug 3/93 Aug 3/93. Weight fluctuates considerably. Health, however, seems quite good. Aug 19/93 Seems
" 25 quite depressed of late. Aug 20/93. Very much depressed. Says if he don't die soon, he is going
" 31 to kill himself. Aug 31/93. Has been very uneasy & restless the past few nights, sleeping only 2 or 3 hours, each night. Has also been talking & moaning a good deal. Has also been very bad, the past few days. Depressed; deluded. Appetite poor. Talks but little.

Sept 14 Sept 14/93. Has again been restless & uneasy the past 3 nights, sleeping, nightly, only 2 or 3 hours

is
ality
; is sick.
sleep -
night; restless
. & sleeping well.
ssful and reported as
2 hours, last night.
new daily, has been generally normal.
stless, but sleeping 6 to 8 hours, each night.

1893

Sept 30 Sept 30/93. Appetite is changeable. Patient is dull & depressed. Works some, at times.
Oct 3/30 Oct 3/93. Has made some gain in flesh, the past 3 to 4 weeks. Oct 30/93. Seems very bad of late. Depressed; Deluded; gradually growing worse - appetite good. Does not play games or read. Works some
Nov 8/30 Nov 8/93. Appetite good. Works some on ward. Is depressed. Nov 30/93. Does not change any, to note.
Dec 14 Dec 14/93 - Weight does not vary much. Still, on the whole, he has made some gain, since coming.
" 31 Dec 31/93. Quiet & well behaved. Talks freely, but still shows delusions - Works willingly on the ward.

1894
Jan 15/31 Jan 15/94. Appetite poor. Patient is much depressed. Jan 31/94. Does not change any, from month to month.
Feb 1/28 Feb 1/94. Wt. 155 pds. Pulse 70. Feb 28/94. No material change. Patient still much depressed.
Mar 2/8 Mar 2/94. Wt 159½ pds. Pulse 86. Mar 8/94. Has been sick & in bed all day; Complains of severe headache
" 9/31 Mar 9/94. Is up today; feels some better. March 31/94. Mentally, no change to note. Physical condition good.
Apl 2/5 Apl 2/94. Wt 158 pds. Pulse 84. Apl 5/94. Has been in bed yesterday & day before, complaining of pains in his
" 12 back & head. Up today. April 24/94. Is again Complaining of severe headache, today. ——
" 30 Apl 30/94. Works willingly on ward. Reads some; plays games occasionally. Still seems much depressed.
May/June/July Wt. 151 lbs. p. 76. works with carpenter. 31st works on ward. behavior good, no complaints, appetite good. talks freely. June 2nd Wt. 153 lbs p. 76. 30th began working with Laundryman. 30th works in Laundry, behavior good, no complaints talks freely. July 2nd Wt. 152 lbs. 30th behavior good
" " " talks freely & sensibly, physical condition good, no complaints. ——

Aug 7/31 Aug 7/94. Wt 147 pds. Pulse 68. Aug 31/94. Rests well at night; behavior is good. He talks freely & sensibly; no delusions have been noted for some time. Seems more cheerful. Works in Laundry.
Sept 1 Sept 1/94. Wt 145½ pds. Pulse 84. (The loss of weight is probably due to his working). Is in good
" 3 physical health. Sept 3/94. Commenced working, today, with the Carpenters. Is about as usual.
" 28 Sept 28/94. Has been working, steadily since the 3d, with the Carpenter. Behavior, while on ward, has been uniformly very good. He has talked freely & sensibly & has not mentioned his delusions now, for some months. Seems also to have almost completely overcome his depression of spirits and has been quite cheerful, apparently, for some time. Would like to go home.
Was, today, sent home, in Company with another patient (Mr. J. M. Wride) & the latter's brother

Discharged Feb. 6th '95.

Personal and Medical History of Chas Elenberg

Whole No. 3319.

Residence, 1816 Jackson St. NE. Minneapolis

Date Admission, 10th April 1893.

Admitted by Dr Kilbourne Hour, 7 PM

How Sent, John A Steele Jo P. Hennepin Co

Sex, male

Age, 27

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Laborer

Degree Education,

Profession Religion, Lutheran

Habits, periodical drinker

Nativity, Sweden

Physicians Committing, P.M. Hall and Wilson A. Plummer

(Cousin) Correspondents, Charles Johnson 1816 Jackson St NE Mpls.

(Brother) " " John Elenberg 1816 Jackson St NE " "



No. for Year, 231.

Insane Relatives, none

Cause Exciting, masturbation(?)

Cause Predisposing, ——

Form, Melancholia - Acute

Accompanying Bodily Disorder, 3d nerve paralysis

Suicidal or Not, not

Date of this Attack, 2 months ago

Duration, 2 months

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 27.

Time of Leaving, 9th May 1894

Time in Hospital, 1 year. 29 Days.

Result, Died; acute lobar pneumonia

Exd by Dr Baker Apl 13/93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused only by delusive ideas, probably

Quick or Sluggish, fairly active

MEMORY:

Past Events,

Recent Events, seems approximately correct

Special Subjects,

PERCEPTIVITY:

Alert or Dull, fairly alert

Correct or Illusive, correct

REASONING POWER:

Ordinary Subjects,

Own Mental State, fairly good

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Has divergent squint. Right eye external slightly downward normal in both eyes. The motion of left eye-ball seems normal in all directions. Right moves only externally & slightly downward; Internal upward rotation are absent. Diplopia exists at nearly all points. The facial nerves seem intact. Sensation of the face (the fifth) & touch seems normal. Taste & smell seem normal; hearing seems normal. Reacts to say, all the facial sensory & motor functions are normal. Acknowledges having been with women, but denies ever having had sexual orgasm. Used to drink some.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, yes

DELUSIONS:

Systematized or Not, Thinks has used his head all up.

Special Subjects, thinks it would be better if he were killed.

Transitory or Not,

HALLUCINATIONS: Denies

ILLUSIONS: " "

CONVERSATION:

Coherent or Incoherent, Fairly coherent

Voluble or Reticent, Quite free. Talks about Constantly admits being better if he were killed — of having sinned.

Personal and Medical History of Chas Elenberg

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 5 in. WEIGHT, 145 lbs. (last fall weighed 157 lbs) NUTRITION, somewhat below par. Lapels.

WOUNDS OR ABNORMALITIES, none noticed or discovered

TONGUE, Tremors, Considerable Coarse & fine Coatings, some Promptness Movement, fairly prompt

PUPILS, Equality, markedly unequal Size, Rt. much dilated; left about normal.

Response Light, left responds readily; Rt does not respond Accommodation, left normal, right none.

SIGHT, left eye good; both near & far; right eye, far sight fair; near, poor.

HEARING, Good; right ear slightly keener.

CO-ORDINATION, Arms, Fingers nose, eyes shut, fairly good.

Legs, standing at ease, is unsteady. Standing, eyes shut, quite steady. turning quickly, found unsteadiness

TREMORS, Hands, slight Tongue, Considerable, Coarse & fine.

Facial Muscles, none General, none

REFLEXES, Patellar, equal & exaggerated

Other Reflexes, no ankle-clonus, or only slight.

ARTICULATION, Hesitating, ? Slurred, ? Reads English poorly -

FACIAL EXPRESSION, rather sad

SENSIBILITY,

HEART, Seems in good condition

LUNGS, Seem fairly good: Chest 36" Exp. about 2"

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Constipated, somewhat Irregular,

APPETITE, Good, Yes, but takes little food ~~Medium~~, made of his delusions. Poor,

SLEEP, Good, rather Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, somewhat long ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Mother living; good health, hearsay.

Father or Pat. Relations, Father "got out of head"; killed himself.

Brothers or Sisters, 1 brother living, healthy. 1 sister living; claims healthy.

1893

This man was brought here by Sheriff's Deputy A.S. Munger, with the following history. Is a periodical drinker; cause of this attack is supposed to be masturbation; form is depressed. There is 5th nerve paralysis. First symptoms were manifested 2 months ago, by fear of being killed. This is the 1st attack. Insanity is now manifested in that he thinks he should be killed for masturbating. Is not disposed to injure others, nor suicidal, nor filthy nor destructive. Has fairly healthy up to 2 months ago. Has been confined at City Hospital; was not violent. Always tried to wander away. Was treated there for paralysis of 5th nerve. Iodide of potash benefited him slightly.

Apl 11 April 11/93. Was quiet, slightly restless for an hour or so last night, but slept 7 hours. Am Pulse 92. Ate but little breakfast.
" 12/13 April 12/93. Was quiet and restful, sleeping 7 hours last night. 8 Am. Pulse 78. April 13/93. Last night, was restless for a
" 14 couple of hours, out of bed, sleeping but 6 hours. Hypnotic ordered for tonight. April 14/93. Slept 7 hours, last night.
" 15/16 restless an hour or so. 8 Am. Pulse 68. April 15/93. Quiet, sleeping 8 hours last night. April 16/93. Was restless
" 17 and out of bed 2 hours or so, sleeping 6 hours, last night. 7 Am. Pulse 70. April 17/93. Out of bed restless for one
" 18 hour, sleeping 7 hours, last night. 8 Am. Pulse 76. April 18/93. 8 Am. Pulse 72. Weight, today 143 pounds. —
" 19/20 April 19/93. 7 Am. Pulse 88. April 20/93. Took food at first; later, would not eat; even on urging. Now drinks only a pint of milk, 3 times a day. Talk is wandering & all about his unworthiness, and desire to be killed. Behavior rather quiet, except for this bothersome talk. There has been no suicidal attempt; only is teasing to be killed.
May 3rd April 26/93. Weight 142 pds. May 3/93. Wt 139 pds. Pulse 68. May 7/93. For the past 3 weeks or so, has
" 8 been almost uniformly quiet at night, sleeping well. Has still been eating quite poorly, and on some
" 18 occasions refusing food altogether. Was yesterday and today visited by a brother. May 8/93. Last night and
" 19/20 night before, was much disturbed and restless, sleeping only 4 and 5 hours, respectively. May 18/93. Refused dinner and supper today. May 19/93. Refused breakfast. May 20/93. Since 8th Inst. sleep & rest at night have, apparently, been quite good. Is up & about daily. Clean, tidy & well-behaved. Speaks fairly freely when addressed but conversation always turns on subject of his unworthiness & desire to die. Walks about in a dull aimless way; very depressed; Cries at times. Says "he has lived such a life & has committed so many sins, that he can never be forgiven" — better for him to die" — He affected eye seems to cause him
" 30 a good deal of pain. Has been losing some in weight. May 30/93. Appetite poor, & rather he will not eat. Has no cough. Bowels regular, as a rule. Walks about ward, talking & crying a good deal of the time. Extremely noisy at times. Suicidal tendencies are shown.
June 8/9 June 8/93. Has been eating but very little during past few days. June 15/93. Appetite poor; noisy at times.
" 25/26 June 25/93. Eats poorly; is, at times, quite noisy. June 28/93. Appetite still continues very poor. No cough noticed. Bowels about normal. Walks aimlessly about ward, slowly, moaning & crying & becoming quite noisy at times. Is very much depressed. Is becoming very weak on account of his not eating. Says, "he has no right to eat or drink"; "worse & worse every day." Wishes some one would kill him.
" 30 June 30/93. Was visited by a friends today. —
July 1st July 11/93. Patient has been eating very poorly of late. Is also more depressed. Does nothing in an
" 16 active way. Wanders about, moaning & crying & deploring his condition. July 16/93. Has restless
" 21 evening, sleeping but 4 hours, last night. July 21/93. Has been crying, by spells, quite noisily
" 31 of late. July 31/93. For some time, has been taking very little food; is eating somewhat better now. Bowels are generally regular. Still continues very depressed, moaning & crying the greater part of the time. Thinks he was dead" — Wants some one to kill him. Continues to lose in flesh. Is weaker.

NAME Chas Elenberg

DATE, 189	Weight.	Pulse.	Gain.	Loss.
June 5th	133½	—		5½
July 4th	134	—	½	
Aug 2d	120½	—		13½
Sept 8th	116	70		4½
Oct 3d	116	84		—
Nov 1st	111	70		5
Dec 4th	110	80		1
Jany 1st 1894	105	80		5
Feby 1st	109	98	4	
March 1st	113½	90	4½	
Apl 2d	102¾	99		10¾
(Inbed) May 1	95¼	88	—	—

" 31 Fed, daily, by the tube. Was today, transferred to C4. — Dec 31/93. Ate, without tube, this Morning.
Jan 1 Jan 1/94. Has lost 5 pounds in weight, in the past month. Quite noisy. Had to be fed, today.
" 6/10 Jan 6/94. Ate some supper. Jan 10/94. Continues noisy, most of the time & has to be fed by tube.
" 16 Bowels are constipated. Jan 16/94. Is very noisy, now, all the time: seems to be getting worse. Full
" 21 of delusions. Is fed, with tube, twice a day. Bowels are badly constipated. Jan 21/94. Continues very
" 24 noisy, by day. Still has to be fed. Jan 24/94. Has to be fed in the morning, but eats a little dinner.
" 31 Plays checkers nearly all day. Jan 31/94. Has not been quite so noisy the last few days. Is still fed twice, daily.
Feb 6/10 Feb 6/94. Ate some supper for dinner. Had to be fed this morning by the tube. Feb 10/94. Ate some breakfast, dinner
and supper; has not been fed by tube, today. Was struck in the mouth, this morning, by Chas Coghlin
" 16 causing his upper lip to swell some. Feb 16/94. Today, was struck on the head by Charles Anderson, raising
" 28 a lump. Feb 28/94. Has eaten some at every meal, the past week: has not been fed by tube the last 5
or 6 days. Is very noisy; at times, talks quite sensibly. Bowels constipated. No cough noticed. —
Mar 1/3 Mar 1/94. Has made some gain in flesh, during past month. Mar 3/94. Was choked during the night by the
" 5 patient Eisenmann, but the latter was taken away before any harm was done. Mar 5/94. 10 Am. Fed by tube.
" 9 Mar 9/94. Patient has taken food, without much trouble, the past few days. Is quite noisy in the daytime.
" 14/21 Mar 14/94. Had to be fed by tube, again today. March 21/94. Does not improve much; rather, seems failing.
Apl 2 April 2/94. Has lost very markedly in flesh, during the past month. Patient is very noisy nearly all day.
" 30 For some days past, has had to be fed by the tube daily. Habits are clean. Apl 30/94. Is very quiet,
today. Coughs some. Eats but little. Makes no complaints in particular. He is, however, very weak.
Habits are clean. Patient is evidently failing. Was ordered to bed. — " —
May 3 May 1/94. Wt (in underclothes) 95¾ pds. Pulse 86. Still found necessary to feed him, by tube, daily.

(carried to 152)

1893

This man was brought here by Sheriff's Deputy A.S.I
Is a periodical drinker; Cause of this attack is supposed to be
5th nerve paralysis. First symptoms were manifested 2 m
1st attack. Insanity is now manifested in that he thinks
disposed to injure others, nor suicidal, nor filthy nor de
Has been confined at City Hospital; was not violent
for paralysis of 5th nerve. Iodide of potash be

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" 14 Couple of hours, awakened, sleeping but 6 hours.
" 15/16 restless an hour or so. 8 Am. Pulse 68. April 15/93.
" 17 and awakened 2 hours or so, sleeping 6 hours last night.
" 18 hour, sleeping 7 hours, last night. 8 Am. Pulse 76. April 18/93
" 19/20 April 19/93. 7 Am. Pulse 80. April 20/93. Took food at first; later, would
a pint of milk, 3 times a day. Talk is wandering & all about his unwo
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may 21 April 26/93. Weight 142 pds. May 3/93. Wt 139 pds. Pulse 68. May 7/93. For the past 3 weeks or so, has
" 5 been almost uniformly quiet at night, sleeping well. Has still been eating quite poorly, and on some
" 18 occasions refusing food altogether. Was yesterday and today visited by a brother. May 8/93. Last night and
" 19/20 night before, was much disturbed and restless, sleeping only 4 and 5 hours, respectively. May 18/93. Refused
dinner and supper today. May 19/93. Refused breakfast. May 20/93. Ate 3 meals last, sleep & rest at night
have, apparently, been quite good. Is up & about daily. Clean, tidy & well-behaved. Speaks fairly freely
when addressed but conversation always turns on subject of his unworthiness & desire to die. Walks
about in a dull aimless way; very depressed; Cries at times. Says "he has lived such a life & has committed
so many sins, that he can never be forgiven" - "better for him to die" - He affected as seems to cause him
" 30 a good deal of pain. Has been losing some in weight. May 30/93. Appetite poor, or rather he will
not eat. Has no cough. Bowels regular, as a rule. Walks about wards, talking & crying a good
deal of the time. Fetchingly noisy at times. Suicidal tendencies are shown.
June 8/9 June 8/93. Has been eating but very little during past few days. June 15/93. Appetite poor; noisy at times.
" 20/28 June 25/93. Eats poorly; is, at times, quite noisy. June 28/93. Appetite still continues very poor. No
cough noticed. Bowels about normal. Walks aimlessly about ward, slowly, moaning & crying & becoming
quite noisy at times. Is very much depressed. Is becoming very weak on account of his not eating.
Says, "he has no right to eat or drink"; "worse & worse every day." Wishes some one would kill him.
" 30 June 30/93. Was visited by a friend today.
July 1/4 July 1/93. Patient has been eating very poorly of late. Is also now depressed. Does nothing in an
" 16 active way. Wanders about, moaning & crying & deploring his condition. July 16/93. Was restless
" 21 & noisy, sleeping but 4 hours, last night. July 21/93. Has been crying, by spells, quite noisily
" 31 of late. July 31/93. For some time, has been taking very little food; is eating somewhat better now.
Bowels are generally regular. Still continues very depressed, moaning & crying the greater part
of the time. Wishes he was dead" - "Wants some one to kill him" - Continues to lose in flesh. Is weaker.

18 fast.
tions for a
s, last night.
93. Was restless
bed & restless for one
14 3/ pounds. —
ing. Now drinks only
desire to be killed. Delusion
only is teasing & be killed.

1893

Aug 5 Aug 5/93. Was today blistered for practice of masturbation. Aug 15/93. Appetite very poor. Is noisy, at
" 25/26 times. Visited by brother, today. Aug 25/93. Is eating nothing, today. Aug 31/93. Eats but very little.
Has lost very markedly in flesh. Talks very loud, part of the time. Is very deluded.
Sep 3/5 Sept 3/93. Pulse 70. Is) 99 t. Sep 8/93. Is still losing very greatly in weight. Sep 16/93. Is still
" 18 eating very little. Sep 18/93. Appetite very poor. "Wants to die". Jumped down the dust-hole by
" 30 B^k today. Sep 30/93. Eats but little & is becoming quite weak & is fast losing in flesh. Talks
loud, & crying or moaning most of time during the day. Always says "he wants to die". — Still
holds delusions. Suicidal tendencies are shown, at times. —
Oct 13/17 Oct 13/93. Noisy. Appetite still poor. Sep 17/93. Quite noisy. Is also refusing his food, today.
" 31 Oct 21/93. Does not eat. Drinks milk, at times. Very noisy, quite frequently; loud-talking,
moaning & crying a good deal of the time. Very deluded also. Says "he is not worthy & live";
"better for him to die"; "wishes some one would kill him" &c. —
Nov 3 Nov 3/93. Has lost a good deal, in flesh, the past month. Is refusing food. Is very noisy, at times.
" 5 Nov 5/93. Continues quite noisy, at times; reads some; talks but generally of his physical condition
" 15 and his chances for Heaven &c; his unworthiness &c. Nov 15/93. Is again refusing his food.
" 17/20 Nov 17/93. Fed today (by Supervision). Nov 24/93. Patient had to be fed again, by the tube, today.
" 27/30 Nov 27/93. Fed by tube, today. Nov 30/93. Is very noisy. Refuses food; bowels are constipated. Laments
over his sins &c. Has to be fed, daily. Patient is slovenly in dress & appearance. —
Dec 30 Dec 8/93. Frequently noisy, sometimes extremely so, by day; and also, to a certain extent, at night.
" 31 Is fed, daily, by the tube. Was today, transferred to C^k. — Dec 31/93. Ate, without tube, this morning.
Jan 1/94 Jan 1/94. Has lost 5 pounds in weight, in the past month. Quite noisy. Had to be fed, today.
" 6/10 Jan 6/94. Ate some supper. Jan 10/94. Continues noisy, most of the time & has to be fed by tube.
" 16 Bowels are constipated. Jan 16/94. Is very noisy, now, all the time: seems to be getting worse. Full
" 21 of delusions - Is fed, with tube, twice a day. Bowels are badly constipated. Jan 21/94. Continues very
" 24 noisy, by day. Still has to be fed. Jan 24/94. Has to be fed in the morning, but eats a little dinner.
" 31 Plays checkers nearly all day. Jan 31/94. Has not been quite so noisy the last few days. Is still fed, twice, daily.
Feb 6/10 Feb 6/94. Ate some soup for dinner. Had to be fed this morning by the tube. Feb 10/94. Ate some breakfast, dinner
and supper; has not been fed by tube, today. Has struck in the mouth this morning, by Chas Claghlin
" 16 causing his upper lip to swell some. Feb 16/94. Today, was struck on the head by Charles Anderson, causing
" 28 a lump. Feb 28/94. Has eaten some at every meal, the past week. Has not been fed by tube the last 5
or 6 days. Is very noisy; at times, talk, quite sensibly. Bowels constipated. No cough noticed. —
Mar 1/3 Mar 1/94. Has made some gain in flesh, during past month. Mar 3/94. Was choked during the night by the
" 5 patient Eversman, but the latter was taken away before any harm was done. Mar 5/94. 10 Am. Fed by tube.
" 9 Mar 9/94. Patient has taken food, without much trouble, the past few days. Is quite noisy in the daytime.
" 14/31 Mar 14/94. Had to be fed by tube, again today. March 31/94. Does not improve much; rather, seems failing.
Apl 2 April 2/94. Has lost very markedly in flesh, during the past month. Patient is very noisy, nearly all day.
" 30 For some days past, has had to be fed by the tube daily. Habits are clean. April 30/94. Is very quiet,
today. Coughs some. Eats but little. Makes no complaints in particular. He is, however, very weak.
Habits are clean. Patient is evidently failing. Was ordered to bed. — " —
May 3 May 1/94. Wt (in underclothes) 95 ℔ pds. Pulse 86. Still found necessary to feed him, by tube, daily.

(carried to 152)

Personal and Medical History of Henry Adams.

Whole No. 3323
Residence, St Paul, Minn
Date Admission, 13th April 1893.
Admitted by D. Phelps Hour, 7 P.M.
How Sent, John B. Oliver, Jr P. Ramseycounty
Sex, male
Age, 40 years
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Laborer
Degree Education,
Profession Religion, Catholic
Habits, Bad
Nativity, Poland
Physicians Committing, A.B. Ancker & C.H. Hilliard
Correspondents, no name given in Com't Papers

No. for Year, 235
Insane Relatives, no family history,
Cause Exciting, Tuberculosis
Cause Predisposing,
Form, Melancholia (Acute Delir.)
Accompanying Bodily Disorder, Phthisis
Suicidal or Not, Yes
Date of this Attack, about 6 weeks ago.
Duration, about 6 weeks.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 40
Time of Leaving, June 12 "93
Time in Hospital, 2 mos.
Result, Imp'd

EXAMINATION ON ADMISSION.

Exd by Dr Phelps. May 17/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, wont talk
Quick or Sluggish, Dull & sluggish.

MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: wont talk.
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, & dull
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Wont talk
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Patient examined in bed, where he has lain almost since his admission. Has Consumption and is failing quite rapidly.

Personal and Medical History of Henry Adams

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 0 WEIGHT, 109 lbs. NUTRITION, Poor.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None. Coatings, Yes & feverish Promptness Movement, Sluggish
PUPILS, Equality, Equal Size, normal
Response Light, Yes. Accommodation,
SIGHT, fair, as far as can learn
HEARING, " " "
CO-ORDINATION, Arms, } Cant learn much; probably good.
Legs, }
TREMORS, Hands, No Tongue,
Facial Muscles, No General,
REFLEXES, Patellar, normal. 5.
Other Reflexes,
ARTICULATION, Hesitating, wont talk Slurred, " "
FACIAL EXPRESSION, Depressed.
SENSIBILITY,
HEART, Normal
LUNGS, much impaired, both sides.
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor, Yes.
SLEEP, Good,	Poor,	Irregular, Yes
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,
} No information obtainable, wont talk.

Personal and Medical History of Henry Adams.

1893

This man was brought to this Hospital with the following History. Habits have been bad. There is no family History. Supposed cause of attack is tuberculosis; form is sub-acute, paroxysmal, tubercular insanity. Accompanying bodily disorder, phthisis, pulmonary tuberculosis. First symptoms of disease were manifested about 6 weeks ago. This is 1st attack. Insanity is now manifested in no subject in particular. Is disposed to injure others. Is suicidal; attempted to jump out of window. Is filthy & destructive. Has been a patient at C & C Hospital, since Nov. 19/92.

Apl 13 April 13/93. Was admitted this Evening. Put on C2, the "Sick-ward". Is constipated - Given Laxative.

" 14 April 14/93. Was very quiet last night, but slept only 3 hours. AM. Erysipelas has developed. PM. Salve applied to face. Was moved to C1st and put in isolation. April 15/93. Was very restless all last night and slept but one hour; refused his medicine. 730 Am. Pulse 91. R 36. Te 101.2 - appetite poor. 5 PM. Pulse 88

" 16 R 49. Te 102. appetite still poor. Is constipated. April 16/93. Restless for 7 hours, sleeping but 2 hours, last night. 7 Am. Pulse 105. R 36. Te 101.4. Drank ½ teacupful of milk, this morning. Bowels moved last night. ——

" 17 530 PM. Pulse 108. R 36. Te 101.6. April 17/93. Last night, was restless for 5 hours, sleeping only 4 hours. — Takes his medicine regularly now. Ate a fair breakfast this morning. 7 Am. Pulse 110. R 36. Te 101.5. -

" 18 5 PM. Pulse 86 R 23 Te 100 4/5. April 18/93. Slept 6 hours last night; restless for 3 hours. 7 Am. P 88.

" 19 R 42. Te 100.2. Appetite poor. Refused breakfast. PM. Ate a fair supper. April 19/93. Restless all last

" 20 night; out of bed; slept none. April 20/93. Restless for 4 hours, but slept 5, last night. Received quite a bruise on his head, in some manner unknown; same bandaged. (Patient states that he struck his head against heater, with intention to kill himself; says "he wants to die"). PM. Was

" 25 removed from Isolation. April 25/93. Is again refusing his medicine.

May 3/13 May 3/93. Night 95 3/4 pds. Pulse 80. May 13/93. For past 3 weeks or so, patient has been more quiet and restful at night, sleeping from 6 to 9 and 8 hours, each night. Was, today, moved back to C2 —

May 22 May 22/93. Patient has history of consumption. Has been confined to his bed, night and day, since admission. Has lain there quietly, as a rule, in a dull, lifeless way. Does not talk nor move much. Is depressed in manner; lungs are much impaired. Appetite, at first poor (he sometimes even refusing food altogether), in time became fair, and is now quite good. Coughing "spells" have at times been hard; at others, slight. (see attached clinical records.). — Weight, taken recently, has been 92½ pds. (May 13th); 94 pds (May 22nd) - Has been much depressed at times, having "crying spells"; saying "he feels badly about

" 31 something" - Raises Considerable phlegm - May 31/93. Has been refusing food quite often the past few days; but has drank a good deal of milk. Ate no breakfast or dinner today; but took a fairly good Supper. Is growing weaker.

June 1/11 Still coughing badly and raising Considerable phlegm. June 11/93. Brother-in-law & friend visited him today. —

" 12 June 12/93. Was taken home by brother-in-law today. Was hardly able to be about, but could sit up and walk about some. Patient, as indicated by the attached record, has been suffering from Consumption. Has been lying steadily in bed. Would not talk - Finally, we got from him the address of brother-in-law & sent him word - Hence this visit. They take him with the understanding that he is near dying.

Discharged

Personal and Medical History of Charles Elenberg

from 148.

23/1893

DETAILED HISTORY OF SICKNESS OF MR. Henry Adams
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP AM	TEMP PM	
1893 May									
13	11	5	78	68			99.4	98	Came to Ward.
14	7	5	76	60					Bowels Active
15	7	5	78	56			98.8		Weight 92½ lbs.
16	7	5	66	72					Refused Breakfast
17	7	5	82	68					Situated with Bed.
18	7	5	80	80					Says says he feels
19	7	5	76	64					Coughing and Raising
20	7	5	72	76					Lies quietly in bed,
21	7	5	80	72					
22	7	5	74	62	32		98.6		Weight 94
23	7	5	82	68	44	36	98.6	99.2	Coughing, Considerable and raising of phlegm
24	7	5	78	66	40	42	99.2	99.2	Coughing and Raising Considerable phlegm
25	7	5	74	66	32	26	98.4	98.8	7 " " " "
26	7	5	82	66	32	30	98.2	99	Ate no breakfast
27	7	5	76	64	30	44	98.6	98	" " " or dinner
28	7	5	70	71	40	30	98.6	99	" " " Ate nothing
29	7	5	82	78	40	46	99.2	98.8	" " " Ate no
30	7	5	82	86	48	44	98.6	98.8	Is out on glass & quiet - Bath - Eats some better -
31	7	5	80	84	24	30	99.2	99.2	Eats no breakfast - Medicine, Evening weaker - Ate fairly
June 1	7	5	96	86	36	28	99.2	98.8	Good supper - Coughing & Raising phlegm
2	7	5	86	78	20	32	98.6	98.6	
3	7	5	96	88	32	52	99.4	100.2	Ate no supper
4	7	5	84	82	44	48	98.6	99	Restless the greater part of the day
5	7	5	94	63	42	32	99.2	99	
6	6 45		72		60				Ate well to date
7	7	5	70	70	40	52	98.6	98.2	
8	7	5	84	66	46	48	98.6	99.2	
9	7	5	74	54	42	60	98.6	99.2	Appetite very good. Cough but very little of late
10	7	5	76	62	64	60	99	99.4	Bowels Active
11	7	5	72	56	56		99.2		Both appetite & sleep good
12	7	5	70	80	32	52	98.6	99.1	Brother in law and friend visited him
									Taken home by Bro. in law today - Was hardly
									able to be about, but could sit up and
									walk about some. Patient as
									indicated by the attached record
									has been suffering from Consumption
									Has been lying steadily in bed. Has
									not talked - Finally we got from
									him address of Bro in law & sent him
									word. Hence the visit. They take him
									with the understanding that he is
									near dying

7

1893

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sometimes even refusing
ells" have at times been
ken recently, has been Gr 2 pds.
Spells"; saying "he feels badly about
ite after the past few days; but he
good Supper. Is growing weaker.
law + friend visited him today. —
e to be about, but could set up and walk
uffering from consumption. Has been
the address of brother-in-law + sent him
word. Hence this visit. They take him with the understanding that he is near dying.

hard,
(May 15th); 94
31 Something" - Raises
drank a good deal of milk.
June 1/93 Still Coughing badly and raising Consm
" 12 June 12/93. Was taken home by brother-in-
about June. Patient, as indicated by the attached re
lying steadily in bed. Would not talk - finally, we got
wood - Hence this visit. They take him with the understanding that he is near dying.

Discharged

Personal and Medical History of Charles Elenberg

Room 148.

MEDICAL NOTE IN THE CASE OF Henry Adams.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
April	18	7am	88	100 2/10	36	Appetite poor	Patient has History of consumption
"	"	5pm	104	101 2/10	40	" "	The next morning after coming (14th)
"	19	7am	102	100	36	" "	Expectorates discolored and called for
"	"	5pm	84	99	26	Cough quite hard.	treatment. Has lain in bed with
"	20	7am	96	100 2/10	38	Refuses to eat anything.	poor appetite.
"	"	5pm	93	100 2/10	35	Fever ~~ceased~~ to day	
"	21	7am	87	99 2/10	38	Appetite poor	
"	"	5pm	90	99 4/10	31	Bowel moved	
"	22	7am	98	99 4/10	34	Appetite very poor	
"	"	5pm	88	100 4/10	34	Eat very little	
"	23	7am	102	100 2/10	36	Eat Milk Toast	
"	"	5pm	90	99 2/10	34	Apetite Fair Milk & Extra	
"	24	7am	92	100 2/10	28	Eat Oatmeal and Milk	
"	"	5pm	90	99 2/10	26	Eat Bread Milk and Meat	Dinner
"	25	7am	82	99 2/10	26	one slice Bread cup Milk	Lies in bed steadily. Dont take
"	"	5pm	86	99	28	Slept 4 hrs today	Dont move much. I Dobbins in
"	26	7am	78	99 2/10	28	Oat meal Extra cup Milk	Measure + Lungs sound in front
"	"	5pm	78	99 2/10	26	Bread Milk and Extra	
"	27	7am	74	99 2/10	26	Apetite poor 1 cup Milk	
"	"	5pm	78	99 2/10	24	" "	
"	28	7am	82	99 2/10	30	cup Milk oat meal extra	
"	"	5pm	80	99 2/10	30	1 slice of bread 1 cup milk Extra	
"	29	7am	64	98 2/10	28	cup Milk and Extra	
"	"	5pm	64	98 2/10	28	Apetite poor	
"	30	7am	72	98 2/10	35	Eat 1 cup milk 1 slice bread	
May	1st	7am	72	99 2/10	34	and Butter	
"	"	5pm	73	100	30	Eat Bread Milk and Extra	
"	2	7am	80	97 2/10	27	Apetite Poor	
"	"	5am	76	98 2/10	28	Eat Cup of Bread & milk	Still in bed. nothing of extra
"	3	7am	80	99 2/10	28	Apetite Poor cough slightly	note -
"	"	5pm	70	98 2/10	26	Eat 1/2 cup Milk oat meal Extra	
"	4	7am	72	98 2/10	28	Eat good dinner	
"	"	5pm	78	97 2/10	38	Apetite Poor	
"	5	7am	82	98 2/10	32	Eat very little 1/2 cup milk	
"	"	5pm	79	98 2/10	31	one slice Bread cup Milk Extra	
"	6	7am	80	99 2/10	30	Apetite Fair.	
"	"	5pm	78	100 2/10	36	" Fair	
"	7	7am	80	100 2/10	42	" Good	
"	"	5pm	78	99 2/10	30	" Fair	
"	8	7am	76	99 2/10	36	" Good	
"	"	5pm	76	99 2/10	30	"	
"	9	7am	68	98 2/10	29	Refuses Breakfast	
"	"	5pm	70	98 2/10	27	Fair	
"	10	7am	78	98 2/10	31	Fair	
"	"	5pm	84	100 2/10	34	"	
"	11	7am	86	99 2/10	32	Apetite good Bowels reg	
"	11	5pm	80	98 2/10	30	" "	
"	12	7am	78	99 2/10	28	" "	
"	"	5pm	84	99 2/10	30	" "	
"	13	7am	83	97 2/10	38	Dying in a Bed	Moved to Cr — Has been dull, lifeless way in

1893

ff

ast night.

urs.—

101. T.—

um. P88.

ves all last

Received

t states that

ie"). Pm. was

een more quiet and

back to C^r—

night and day, since

not talk nor move much.

on (he sometimes even refusing

"spells" have at times been

taken precently, has been q 2½ pds.

ing spells"; saying "he feels badly about

quite often the past few days, but he

ply good supper. Is growing weaker.

in-law & friend visited him today.—

able to be about, but could sit up and walk

suffering from consumption. Has been

in the address of brother-in-law & sent him

ng that he is near dying.

- 31 Something
drank a good deal
June 1/93 Still coughing badly and ran
" 12 June 12/93. Was taken home by
about June. Patient, as indicated by the
lying steadily in bed. Would not talk - finally, on
June - Home this visit. They take him with the understan

Discharged

Personal and Medical History of *Charles Elenberg*

From 148.

May 9/94. Patient has been confined to bed since April 30th. His appetite has been poor & he has been, further, laboring under the delusion that to eat was a sin & consequently he refused to take food. (This delusion has been steadily held by him since admission). Has had to be fed by the tube, daily. He has continued to fail steadily for some time - and died at 10. 50 A.M. today.

= Died -

From 137.

Louis Marek.

May 1/94: Wt 132½ pds. Pulse 92. May 31/94: Stupid & dull: sit. at [illegible] talks some: very anxious to get away. [illegible] Has change of note. about. Talks some - nutty regular: appears much s, last night. — , last night. bed. Sleeps 6 to 8 aches record) — Regular extra diet. no cough. Eats & sleeps ward, today. — 1/94 0/94: Moved to B3. has little light fever. very quiet & dull. 4, & stares at floor. Wt 129 pds. Pulse 70 change in ward). & refused. se from which Wt 125 & 131 lbs. king sick the the he is quite so

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Patient's Name L. Marek

CASE RECORD.

Name Disease ..... Name Physician ..... St. Hill

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Aug 1	99	80	22			Patient came on ward from B3.
	99.8	84	22			appearing run down.
" 2	98.8	76	20			Put to bed.
	100	88	20			Night slept 4 hours
						restless 4 hours
" 3	99	86	20			
	99.2	84	20			Bowels in good
" 4	99	88	20			condition.
	99.4	100	20			Night slept 6 hrs.
" 5	99.6	92	18			
	99.2	86	20			
" 6	98.8	84	18			
	99	84	18			
" 7	98.8	88	18			
	99	86	18			Patient lies very quietly in bed.
" 8	98.8	80	20			
	99.2	84	18			Eats well.
" 9	99	88	18			
	98.8	84	18			Sleeps 6 to 8 hours
" 31	98.1	87	20			every night.
	99.2	70	22			

Diet as ordered

1893

nd Medical History of *Charles Elenberg*

has been confined to bed since April 30th. His appetite has been poor & he has been, under the delusion that to eat was a sin & consequently he refused to take food. been steadily held by him since admission). Has had to be fed by the tube, daily. d steadily for same time - and died at 10.00 A.M. today.

= Died -

Louis Marek.

pr. Pulse 92. May 31/93. Stupid & dull: sits about: talks some: very anxious t rocking & note. about. Talks some - ently regular: appeared much s, last night. — rs, last night. bed. Sleeps 6 to 8 tached record) — Regular & extra Diet. no cough. Eats & sleeps ward, today. — 1ug 10/93. Moved to B3. rs to have quite high fever. Very quiet & dull. dly, & stares on floor. Wt 119 lbs. Pulse 70 e change in ward). & depressed. ase from which s: Wt. 125 & 131 lbs. cting with the who he is quite so

CASE RECORD.

Vol 23
Folio 117

Patient's Name *Marek L.* Name Disease ..... Name Physician *H. Hill.*

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
July 26 6 30 P.M.	98.8	84	28			Patient came on ward from B3. appearing very dull to bed. Night slept 4 hours restless 4 hours
July 27	98.8 99.4	88 84	20 24		Ate on regular and extra diet.	Bowels in good condition. Night slept 6 hrs.
" 28	98.8 99.2	76 78	22 22			
" 29	98.4 99	92 80	24 20			Patient lies very quietly in bed.
" 30	98.6 99	80 84	22 22			Eats well.
" 31	98.4 99.2	84 70	20 22			Sleeps 6 to 8 hours every night.

31 Something
drank a good deal
June 1/93 Still coughing badly and raising
" 12 June 12/93. Was taken home by m
about 5 o'clock. Patient, as indicated by the a
lying steadily in bed. Would not talk - finally, we
word - Hence this visit. They take him with the understanding that he is near dying.

Discharged

1893

Personal and Medical History of Charles Elenberg

From 148.

May 9/94. Patient has been confined to bed since April 30th. His appetite has been poor & he has been further laboring under the delusion that to eat was a sin & consequently he refused to take food. (This delusion has been steadily held by him since admission). Has had to be fed by the tube, daily. He has continued to fail steadily for some time - and died at 10. 00 A.M. today.

= Died -

From 137.

Louis Marek.

May 1/95. Wt 132½ lbs. Pulse 92. May 31/95. Stupid & dull: sits about: talks some: very anxious to get away: Goes out walking. June 1/95. Wt 130 lbs. Pulse 100. June 27/95. No change to note. Transferred to B3 E: (20): June 30/95. Steel about the same in every way. Sits about. Talks some - July 1/95. Wt 126 lbs. Pulse 100. July 26/95. Appetite rather poor: bowels apparently regular: no change, otherwise, to note, in any way. Transferred to T.W. - at 6.30 P.M: appeared much run-down: was put to bed. July 27/95. Rested 8 hours, sleeping only 4 hours, last night. - Is on regular extra diet. Bowels in good condition. July 28/95. Slept 6 hours, last night. - About as usual, this morning. July 31/95. Patient lies steadily & very quietly in bed. Sleeps 6 to 8 hours, every night. Eats well. Otherwise, about in same condition. (See attached record) -

Aug 7 Aug 1/95. Lies steadily & quietly in bed. Sleeps quite well: appears to be gaining some. Is regular & extra diet. - 14 Aug 14/95. Remains in same condition, apparently, day after day: makes no complaints: has no cough. Eats & sleeps well: bowels in good condition: habits fairly clean - Aug 15/95. Patient dressed & up, on ward, today. - 19/20 Aug 19/95. Very quiet: talks to himself, in low tones, occasionally. Goes out on grounds, daily. Aug 20/95: Moved to B3. - 31 Aug 31/95. Quiet: stupid & dull: talks some & mumbles, at times: occasionally seems to have quite high fever. Sept 2/20 Sept 2/95. Wt 128 lbs. Pulse 104. Sept 30/95. Condition & habits no change. Very quiet & dull. Oct 1/31 Oct 1/95. Wt 130 " " 68. Oct 31/95. No change. Sits or stands about idly, & stares on floor: Nov 1 Dec 31 behavior fairly good: is not neat in dress. Nov 1/95. Wt 128 lbs. Pulse 74: Dec 1/95. Wt 129 lbs. Pulse 70 Jany 1/96. Wt 128 lbs. Pulse 78. Jan 15/96. Transferred to B1. (on account of a general change in wards). Jan 1/96 Jan 31/96. Very quiet: generally in my place, most of the time: hardly ever speaking: stupid & depressed. Feb 1/96 to June 29/97 Summary Nurses Notes by Dr. Phelps. A chronic case: has heart disease from which the symptoms used to be quite severe, of late have troubled him less: Wt. 125 to 131 lbs. Is quite demented: grows more & more stupid: is able to go out walking with the others & on the whole does not seem to have failed very much at this he is quite fat.

June 29/97. Transferred to Fergus Falls.

Nov 92

Recorded by

3

- 31 Something

drank a good deal

June 1/11 Still coughing badly and raising

" 12 June 12/93. Was taken home by m

about same. Patient, as indicated by the n

lying steadily in bed. Would not talk - finally, we

wood - Stated this morn. They take him with the understanding that he is near dying.

Discharged

Personal and Medical History of Ole Peterson (Bustar).

Whole No. 3324.
Residence, Minneapolis, Minn.
Date Admission, 13th April 1893.
Admitted by Dr Phelps. Hour, 7 PM
How Sent, John A. Steele Jr. Hennepin County
Sex, Male
Age, 46
Civil Condition, Married (Wife in Norway).
Children, None
Age Youngest Child,
Occupation, Painter
Degree Education,
Profession Religion, —
Habits, not stated
Nativity, Norway
Physicians Committing, Drs Gibson & Konold
Correspondents, Probate Court

No. for Year, 236.
Insane Relatives, not stated
Cause Exciting, alcoholic intemperance, probably.
Cause Predisposing,
Form, Melancholia-Acute
Accompanying Bodily Disorder, No
Suicidal or Not, Yes
Date of this Attack, not known
Duration, not known
No. of Attack, not known
No. of Admissions, 1st
Age First Attack, not stated.
Time of Leaving, Feb. 15' 94
Time in Hospital, 10 m. 2 d.
Result, Recovered

Ent'd by D. Baker April 14 93.

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish, Seems bright fairly active

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

PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, Correct

REASONING POWER:
Ordinary Subjects, } do not detect any
Own Mental State, } direct perversion
Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:
Admits having drunk some whiskey. Drunk last 2 weeks ago. Denies attempting to hang himself. Is very nervous, uneasy restless during examination. Hands very tremulous in constant motion.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Says he is at present. Has been fairly happy

DELUSIONS:
Systematized or Not, } Denies having had any fears of imaginations
Special Subjects, } or of trying to pick up money.
Transitory or Not, }

HALLUCINATIONS: Apparently does not denies any now. (Saw during last night two ins reptiles as picking up himself being on the floor.
ILLUSIONS: Denies any

CONVERSATION:
Coherent or Incoherent, fairly coherent
Voluble or Reticent, fairly free

Personal and Medical History of Ole Peterson

EXAMINATION ON ADMISSION. (Continued.)
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8 in (estd) WEIGHT, about 145 pds, now weighed 176 pds a year ago NUTRITION, fairly well nourished, Color good
WOUNDS OR ABNORMALITIES, Slight scar rt. precipital parietal region. Has tattoo (letters) on rt. hand, anchor & letters on left fore arm
TONGUE, Tremors, Quite Coarsely tremulous Coatings, Slight, moist. Promptness Movement, fairly prompt, jerky
PUPILS, Equality, Equal Size, about normal
Response Light, Yes Accommodation, yes
SIGHT, a little far-sighted
HEARING, probably good
CO-ORDINATION, Arms, Finger to nose, Eyes shut, does fairly well, but hands quite tremulous.
Legs, Stands on feet pretty steadily, rather more so on right. Standing Eyes shut, fairly well, though trembles
TREMORS, Hands, Marked, Constant. Tongue, Quite Coarsely tremulous.
Facial Muscles, Slight General, Tremors of legs on intention
REFLEXES, Patellar, Equal probably; much diminished; almost none except on reinforcement.
Other Reflexes,
ARTICULATION, ~~Hesitating,~~ Prompt & fairly clear, when reading Monotonous ~~Slurred,~~ Slurred some when tested by talk in Syllables.
FACIAL EXPRESSION, Seems about normal
SENSIBILITY,
HEART, 2nd Sound accentuated - Seems free from Murmurs.
LUNGS, Sibilant rales at left side of chest; some harshness of respiration over anterior upper part. Some crepitant rales at right side. Respiratory Sounds, right side, posteriorly, fairly distinctly audible harsh
~~EXAM. URINE~~, Sound Sibilant rale posteriorly at right side - Chest 37 in Spn about 3 in

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Yes	Careless,
BOWELS, Normal, Yes	Constipated,	Irregular,
APPETITE, Good, Yes	Medium,	Poor,
SLEEP, Good, not very.	Poor,	Irregular,
PULSE,	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 2 ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother dead 66 - Does not know cause - was sick -
Father or Pat. Relations, Father living — claims good health.
Brothers or Sisters, Never had any —

Personal and Medical History of Ole Peterson

1893 This man was brought here by deputy Sheriff Louis Maisch, with the following history. As to his habits, nothing is stated; and nothing as to statutes or heredity. Cause of the attack is alcoholic intemperance probably. No accompanying bodily disorder. When first symptoms were manifested is not known. Shows delusions & excessive nervousness. As to his being first attack is not known. Insanity is now manifested by his thinking that a gang of toughs is after him to kill him. Has delusions. Will pick up imaginary pieces of money from the floor. Does not disposed to injure others. On the station, tried to hang himself. Is not filthy nor destructive.

April 13 April 13/93. On admission. Pulse 70. R 20. Tem 99.6. Feet appear to be blistered. No peculiarities or injuries noted.

" 14 April 14/93. Last night, was restless for 4 hours or so, out of bed and slept but 2 hours (and then only about ½ hour at time). Is well-behaved; talks freely & calmly; says the reason for coming here is because he is a little crazy. Says he ought to be here, tho' he does not like the place. Appetite good; bowels regular; has no cough. Pulse 84. Tem 100.2. —

" 15 April 15/93. Again quite restless & out of bed often, last night, sleeping 6 hours. AM. Pulse 70. Tem 100. —

" 16 PM. Pulse 70. Tem 100.4 April 16/93. Restless for 4 hours, out of bed frequently, sleeping but 2 hours, last night. AM. Pulse 86. Tem 100.4. PM. Pulse 70. Tem 100.6. Works round on the ward. Is a quiet & well-behaved patient. Ap-

" 17 petite still good; bowels regular. Reads & converses freely about his past life. April 17/93. Slept 6 hours

" 18 last night; restless for 3 hours or so. AM. Pulse 90. Tem 100.6. PM. Pulse 86. April 18/93. Was quiet, and sleeping 7 hours last night. Talks a good deal about his family; worries about them. Wants to know how

" 19 long he must stay here." AM. Pulse 82. Tem 100.2. PM. Pulse 84. Tem 100.2. April 19/93. Restless & out of bed from 2 to 3 hours, sleeping 6 hours, last night. AM. Pulse 76. Tem 99.8. PM. Pulse 70. Tem 100.2. —

" 20 April 20/93. Less restless, sleeping 7 hours, last night. AM. Pulse 80. Tem 99.4. Is restless today. Walks

" 21 the floor a good deal of the time. Appetite good. April 21/93. AM. Pulse 68. Tem 99.9. Complains of his ear having pained him for some time. PM. Pulse 66. Tem 99.8. Is anxious to do some outside work.

" 22 April 22/93. AM. Pulse 72. Tem 100. PM. Pulse 78. Tem 99.8. April 23/93. AM. Pulse 64. Tem 99.4. PM. Pulse 70. Tem 100.

Spends most of his time either reading or working at the ward. Continues quiet and well-behaved. —

" 24 April 24/93. AM. Pulse 80. Went out to day to work with painters. April 25/93. For the past few nights, has

" 25 been more or less restless, but has slept from 6 to 8 hours, each night. Complains of the noise keeping him

" 28 awake. April 28/93. Pulse and temperature continue now about normal. Appetite still good. Complains, today, of pain and soreness in chest (result of blow from fellow-patient). Plaster applied. Was today transferred to B'.

May 3/93 May 3/93. Weight 161 lbs. Pulse 91. Has gained considerably in flesh. May 13/93. Has continued to rest and sleep well at night. Appetite has been good & bowels regular. Has, ever since admission, been uniformly quiet and well-behaved. No definite delusions have been detected. Has worked for some days outside, well & intelligently. Physical health good.

Was today permitted to go to work with Mr Elkins, painter, down in Rochester.

July 26 July 26/93. Patient seems not to have been working any: has been begging about town & has been drinking some. Authorities here were advised of these facts, and today patient was returned & put on B'. He has had fears of persecution. Since leaving here was 10 days or so at St. Mary's Hospital.

" 27 July 27/93. Slept but ½ an hour, last night; was quite noisy at times. July 28/93. Was very restless all last

" 29 night, sleeping now at all. July 29/93. Last night, slept but 2 hours; was very restless, & noisy at times.

" 31 July 31/93. Last night much better, slept about 5 hours each night: but was very restless & noisy when awake.

Personal and Medical History of Ole Peterson

NAME Ole Peterson

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
Aug 31st	153	—	—	8 (While out)
Sept 8th	161	—	8	
Oct 3d	164	—	3	
Nov 2d	167	78	3	
Dec 2d	169	80	2	
Jan 8th 94	164	88		5
Feb 8th	166½	80	2½	

ht; very restless when awake. Is wanting to get away. By day is nervous & when addressed. Thinks he is going to be whipped. Appetite poor. —

habits. Aug 9/93. Commenced today, to work with the painters. —

goods. Quiet & well-behaved & of good personal habits. Is

ntinued to work with the painters, daily.

eight, in past 5 weeks. Feb 15/93. Did not go out to his usual work

ined back. Sept 30/93. Does not change much from month to month.

e continues working at painting. Seems good physical health.

ch. Well conducted. Fairly free in conversation. Moved to B'. today.

rk today, complaining of a pain in his side. Seems improving.

rk, in a day or so after last note. Appetite fair; complains

g here. Seems to be fretting about something; at times. —

sh, all the time. Nov 6/93. Transferred to B' the "Open Ward" Dec

. Works daily outside with the painters. Seems good bodily health.

ge. Dec 26/93. Has been complaining of not feeling well, for the

ined at the Hall - nothing serious the matter. Dec 31/93. Up & about

work. Seems anxious to go home. —

n flesh, but does not complain of any ill feeling. Jan 31/93. Since

on occasional day or so, he has continued to work outside daily,

with the painters, doing his work well & intelligently. Seems discontented at not getting wages

for his work & talks quite often of going away & thinks he could now earn good pay. He

continues quiet & well-behaved. Is fond of reading & card playing. Seems good health. —

Feb 8 Feb 8/94. Continues about the same, from month to month. Works daily at the painting —

" 15 Feb 15/94 Patient was to day discharged. Remains as an employé here. —

Discharged

Personal and Medical History of Ole Peter

1893

This man was brought here by deputy Sheriff Lewis Maisch
habits, nothing is stated; and nothing as to relatives or heredity. Cause
probably. Unaccompanying bodily disorder. When first symptom
delusions excessive nervousness. As to his being first attack is
by his thinking that a gang of toughs is after him to kill
gain of money from the flow. Does not disposed to injure
Is not filthy nor destructive.

April 13 April 13/93. On admission, Pulse 70. R 20. Te 99.6. Feet
" 14 April 14/93. Last night, was restless for 4 hours or so, out of
Is well-behaved; talks freely & calmly; says the reason for
to be here, tho' he does not like the place". Appetite good.
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" 16 PM. Pulse 70. Te 100.4. April 16/93. Restless for
AM. Pulse 86. Te 100.4. PM. Pulse 70. Te 100.6. Works fair
" 17 petite still good; bowels regular. Reads loud & converses freely
" 18 last night; restless for 3 hours or so. AM. Pulse 90. Te 100.6. PM. Pulse
Sleeping 7 hours last night. Talks a good deal about his family; worries about
" 19 long he must stay here". AM. Pulse 82. Te 100.2. PM. Pulse 84. Te 100.2. April 19/93. Restless & out of bed
from 2 to 3 hours, sleeping 6 hours, last night. AM. Pulse 76. Te 99.8. PM. Pulse 70. Te 100.2.
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" 21 the floor a good deal of the time. Appetite good. April 21/93. AM. Pulse 68. Te 99.9. Complains of
his ear having pained him for some time. PM. Pulse 66. Te 99.8. Is anxious to do some outside work.
" 22/23 April 22/93. AM. Pulse 72. Te 100. PM. Pulse 78. Te 99.8. April 23/93. AM. Pulse 64. Te 99.4. PM. P 70 Te 100.
Spend most of his time either reading or working at the ward. Continues quiet and well-behaved. —
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He has had fears of persecution. Since leaving here was 10 days or so at St. Mary's Hospital.
" 27/28 July 27/93. Slept but ½ an hour, last night; was quite noisy at times. July 28/93. Was very restless all last
" 29 night, sleeping now at all. July 29/93. Last night, slept but 2 hours; was very restless, & noisy at times.
" 31 July 31/93. Last night slept before, slept about 5 hours each night. But was very restless & noisy when awake.

Personal and Medical History of Ole Peterson

1893

July 31 July 31/93. Slept about 5 hours last night; very restless when awake. Is wanting to get away. By day is nervous & restless. Works when asked to. Talks when addressed. Thinks he is going to be whipped". Appetite poor. —
Aug 9 Is clean & tidy & of good personal habits. Aug 9/93. Commenced, today, to work with the painters. —
" 31 Aug 31/93. Bodily condition is quite good. Quiet & well-behaved & of good personal habits. Is a good & willing worker. Has continued to work with the painters, daily.
Sept 8/15 Sept 8/93. Has gained 8 pounds in weight, in past 5 weeks. Sept 15/93. Did not go out to his usual work
" 30 today, as he complained of a lame back. Sept 30/93. Does not change much from month to month.
Always quiet & well behaved. Continues working at painting. Seems good physical health.
Oct 8 Oct 8/93. Continues to gain in flesh. Well conducted. Freely free in conversation. Moved to B' today.
" 23 Oct 23/93. Remained in from work today, complaining of a pain in his side. Seems improving.
" 30 Oct 30/93. Went out again to work, in a day or so after last note. Appetite fair; complains,
at times, of his bowels troubling him. Seems to be fretting about something; at times. —
Nov 2/6 Nov 2/93. Keeps in good flesh, all the time. Nov 6/93. Transferred to A3 the "Open Ward" today.
" 30 Nov 30/93. Quiet & well behaved. Works daily outside with the painters. Is in good bodily health.
Dec 10/26 Dec 10/93. No noticeable change. Dec 26/93. Has been complaining of not feeling well, for the
" 31 past few days, and has remained at the hall - nothing serious the matter. Dec 31/93. Up & about
again and at his customary work. Seems anxious to go home. —
1894
Jan 8/31 Jan 8/94. Has lost slightly in flesh, but does not complain of any ill feeling. Jan 31/93. Since
last noted, with the exception of an occasional day or so, he has continued to work outside daily,
with the painters, doing his work well & intelligently. Seems discontented at not getting wages
for his work & talks quite often of going away & thinks he could now earn good pay. He
continues quiet & well-behaved. Is fond of reading & card playing. Is in good health. —
Feb 8 Feb 8/94. Continues about the same, from month to month. Works daily at the painting.
" 15 Feb 15/94. Patient was today discharged. Remains as an employé here. —

Discharged

Personal and Medical History of James E. Mc Bride

Whole No. 3326.
Residence, Erie, in said County
Date Admission, 17th April 1893
Admitted by D. Kilbourne Hour, 2. PM
How Sent, R. A. Motts, Jail, Rice County
Sex, male
Age, 22
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Farmer
Degree Education, —
Profession Religion, Catholic
Habits, Good
Nativity, where he now lives
Physicians Committing, James Hunter & G. W. Wood
Correspondents, (no name with "papers")

No. for Year, 238.
Insane Relatives, none
Cause Exciting, Brain fever, 3 months ago
Cause Predisposing,
Form, Melancholia Acute
Accompanying Bodily Disorder, No
Suicidal or Not, not
Date of this Attack, 3 months ago (about)
Duration, about 3 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 22 years
Time of Leaving, June 24" 93
Time in Hospital, 2 mos, 7 ds
Result, Recd.

EXAMINATION ON ADMISSION.

Exd by D. Baker April 19/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear
Quick or Sluggish, fairly active

MEMORY:
Past Events,
Recent Events, seems good now
Special Subjects,

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

REASONING POWER:
Ordinary Subjects,
Own Mental State, seems impaired
Special Subjects,

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

DELUSIONS:
Systematized or Not, None definite detected. Speculates
Special Subjects, about his peculiar sensations & his
Transitory or Not, own condition. —

HALLUCINATIONS: has heard "voices"; does not hear them now. "Sensation of being struck" —

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly free

GENERAL DESCRIPTIVE REMARKS:

Says he has had trouble with his water; has had to get up and urinate in the night, (in winter time) & passes urine. At one time was unconscious, for 2 days; had no doctor; parents & priest thought it was some fever; On about the 20th of last January, after coming home from Mass, took sick; did not sleep any that night. Could not remember what he had done; went to feed his horses, 3 times, when they had already been fed. Has delusion, & light, seems normal; approximate test. Claims his father does not see him right & never has. Thinks he has "spells" which he cannot control. And that he was not conscious when he tried to burn his sisters clothes. —

Personal and Medical History of James E. Mc Bride

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8 3/4 in WEIGHT, 166 lbs (about usual wt) NUTRITION, looks anaemic
WOUNDS OR ABNORMALITIES, Slight Scars on hand & head. Has some varicocele
TONGUE, Tremors, None Coatings, Considerable, general large flabby, tooth-marked. Promptness Movement, fairly prompt
PUPILS, Equality, equal Size, about normal
Response Light, Yes Accommodation, Yes
SIGHT, is good
HEARING, Good
CO-ORDINATION, Arms, fingers & nose, Eyes shut, slight inaccuracy
Legs, Stands on foot, quite steady; Stands eyes shut, slight swaying.
TREMORS, Hands, some of fingers Tongue, slight
Facial Muscles, quite steady General, none
REFLEXES, Patellar, unequal, right somewhat exaggerated 6 or 7; left somewhat diminished 3 or 4.
Other Reflexes,
ARTICULATION, Hesitating, almost none Slurred, almost none
FACIAL EXPRESSION, somewhat sad
SENSIBILITY, of face, seems normal; muscular centres & extrinsic muscles of the eye, are normal
HEART, 2nd Sound accentuated & slightly musical; no murmurs.
LUNGS, seem good; Chest 36 in Expansion 3 in.
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Yes Irregular,
APPETITE, Good, fairly Medium, Poor,
SLEEP, Good, fairly 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 living - 56 - health middling — nervous at times
Father or Pat. Relations, father living - over 60 — crippled - paralyzed on side; 13 years ago; a apoplexy (cerebral); seems to have had
Brothers or Sisters, no brother; 1 sister living, claims good health; 2 brother, still-born. —

Personal and Medical History of James E. McBride

1893

This man was brought here by C. E. Lehman, Wm Squires, and Mrs McBride (mother) with the following history. Is a farmer by occupation; habits good; no history of heredity; supposed cause of this attack is brain fever, 3 months ago; form is depressed & paranoiac; no accompanying bodily disorder or disease; first symptoms were manifested as a result of above fever. This is the 1st attack. Insanity is now manifested concerning the contested will of his grand father, now in probate; and wants to leave the farm. Assaulted his father with a hickory. Homicidal. Inclined to be destructive; tried to burn his sister's clothes. Has not been restrained or confined. Has been under medical treatment with Dr. G. F. Hoot, who gave him a prescription of the bromides.

April 17 April 17/93. Was admitted this afternoon. Patient B3. Is quite clean; no injuries or peculiarities visible.
" 18 April 18/93. Was restless an hour or so, but slept 7 hours, last night. 7 Am. Pulse 71. Is quiet; dull; walks about ward; talks quite sensibly and freely; shows no delusions or hallucinations; appetite fair; bowels constipated; no cough; complains of headache. Bn. Pulse 70. R 16. Temp 98.6. Weight 155 pds.
" 19 April 19/93. Appetite good. Bowels have moved; "Wants to go to Mass"; talk somewhat delusional.
" 20 April 20/93. Has been restless for an hour or so the past 2 nights, but has slept 7 hours on each. —
" 21 Bowels now regular. Says "he has headache all the time". Has put on tonic. April 21/93. Walks about ward; plays checkers & other games; reads some; talk quite rational; appetite keeps good. —
" 22/23 April 22/93. Quite pleasant, sociable & well behaved. Bowels regular. April 23/93. Rest has
" 26 been somewhat disturbed the past 2 nights; has slept but 6 hours on each. April 26/93. Is very willing & helps on ward; works in dining-room; talks freely & considerably. Wt 169½ pds (gain 4½ pds)
" 27/28 April 28/93. Seems quite contented, does not complain any. April 30/93 Seems to be making improvement. —

May 1/3 May 1/93. Appetite continues good & bowels regular. May 3/93. Weight 171 pounds. Pulse 70. —
" 4 May 4/93. Now complains of a cold in lungs, and of a raw sensation. There is no cough, however.
" 8 May 8/93. For some time, now, has continued to rest and sleep well at night, only occasionally being slightly restless. Pulse and temperature, taken daily since admission, have been about normal. Last night was restless for 5 hours, disturbing the other patients, out of bed frequently, and slept but 2 hours. Was today transferred to B3. May 20/93. Patient quickly recovered from this restless spell & is now uniformly quiet & restful at night; yet has remained on this ward. Soup & around daily; Clean, tidy & well-behaved. Talk is now quite sensible & coherent. Has not shown any definite delusions. Appetite has always been good & bowels quite regular. Has continued to work well & willingly. May 26/93. Has continued to improve; was today moved to B1.—
" 31 May 31/93. Sleeps, rest at night & appetite are all good. Bowels regular. A quiet and well-behaved patient. Works well on the ward. Is pleasant & sociable. Quite free in conversation.

June 5 June 5/93. Weight 174 pounds. Is in very good physical health.
" 7 June 7/93. Today, transferred to A3 the "open ward". —
" 24 June 24/93. Appetite has continued good & bowels regular. Continues quiet, well behaved, pleasant & sociable. Clean neat & tidy. Was visited by father a few weeks ago, but would not go there saying he would wait till Dr K— returned. He seemed to have nothing special to say then. Has some very simple minded ideas about things. Worked some in dining room; also quietly about the house. Seemed to have no anxiety; no delusions noted. Went home today with his father.

— Discharged —

Personal and Medical History of Hans Hoff

From 136

1893 Nov 25 down a harmless fellow-patient (Jos. Knickelmann) today, scratching his right cheek slightly.
" 30 Nov 30/93. Not much if any change, to note. Appetite good; bowels regular. Health good. Conduct and behavior about as above. Talks none, but mutters a little. Habits generally cleanly. —
Dec 1/9 Dec 1/93. Wt 169 pds. (Continues to gain in flesh). Pulse 72. Dec 9/93. Struck an almost helpless
" 31 fellow patient (Saml. Reitz) today, knocking him down & hurting him somewhat: also kicked a lantern, knocking it to pieces. Dec 31/93. Patient is of a stubborn, and dangerous, disposition and, unless watched closely, will strike other patients without any provocation. He seems to have lost all mental power, and is entirely without reason. Has always an unmeaning sneer on his face, even when irritated & it is impossible to tell when he will strike a blow.

1894 Jan 2/31 Jan 2/94. Keeps in good flesh & physical condition. Jan 31/94. No material change to note.
Feb 1/17 Feb 1/94. Wt 163½ pds. Pulse 84. Feb 17/94. Escaped from the ward this afternoon, but was shortly afterward
" 28 caught & brought back. Feb 28/94. The report given of patient, his conduct & behavior &c on Dec 31/93. still holds good. He does not seem to improve in any respect. Is not dirty in habits, but slovenly in dress & exposes his person, at times. Appetite good; bowels regular. Patient is in good physical condition. —
Mar 1/16 March 1/94. Wt 160½ pds. Pulse 90. Patient was vaccinated on 26th ult. March 16/94. Escaped from the
" 31 ward through the door, it being left open by some one. He was caught, as soon as he got outside & brought back.
April 1/30 March 31/94. Occasionally restless for about 5 hours at night, sleeping poorly. On the whole, no change.
May 1st April 2/94. Wt 166 pds. (is losing slightly in flesh). Pulse 84. April 30/94. Above notes still hold good.
Wt 165th p. 96 6th struck Mr Brown on nose causing it to bleed. 20th Very troublesome unless watched closely, almost every night destroys something, last night—threw ink bottle against clock, breaking both, 27th broke pr fixtures on hall this morning by pumping up & pulling it down. few days ago broke one on 6-3. breaks pictures & looking glass. 31st Appetite fairly good, bowels reg. behavior mean & mischievous also dangerous toward fellow patients & attds. Habits filthy, kept on Cs during day, dirty 20 days in May. 31st While in bath room to day broke glass covering "Rules" & cut fingers. ——

June 2 Wt 149th p. 98. 30th No change. July 2nd Wt. 153th p. 100. 11th received black eye, cause unknown.
July 29/31 In seclusion this. 31st No change. In seclusion this. dirty 31 ds in July. —
Aug 1/31 Aug 1/94. Wt 151½ pds. Pulse 64. Aug 31/94. Is of a very mean disposition & occasionally ugly. Has to be watched all day, very closely. Never speaks; laughs to himself; Is left on C3 in day time. (31 days dirty & 3 hours secluded during month)
Sep 3/30 Sep 3/94. Wt 152 pds. P 90. Sep 30/94. No special change. Habits still dirty. (Was dirty 30 day, during month)
Oct 1/31 Oct 1/94. Wt 153 " " 80. Oct 31/94. No change. Is clean during day, but sits down at night (31 days dirty " ")
Nov 1/30 Nov 1/94. Wt 154 " " 78. Nov 30/94. Appetite good; bowels regular. Behavior ugly; also mischievous. has to be watched very closely. Habits dirty during night & also filthy; does not take to any one, & at times, when expected, will not answer. Is filthy. (Dirty 30 days & in seclusion 3 hours during month).
Dec 1/31 Dec 1/94. Wt 156 pds. P. 90. Dec 15/94. Transferred to C3. Dec 31/94. Still mischievous & ugly. When
taken out-doors for exercise, has to be held by attendants. Will run away or make a dash at every female he sees. Jany 1/95. Wt 160 pds. Pulse 110. Jan 31/95. No change from what is generally
Jan 1st/31 noted above. Always trying to escape & requires closest watching. Health is quite good.
Feb 1 Feb 1/95. Wt 155 pds. Pulse 90. March 1/95. Wt 164 pds. Pulse 80. April 1/95. Wt 166 pds. P 81.
March 1 April 30/95. On the whole, no improvement noticed. He is, at times, quiet & fairly well-behaved;
April 1/30 then again will have ugly spells when he is violent, striking & fighting patients &c — April 4/95, he had

(carried to 212)

Personal and Medical History of Peter F. Neumann

("A" Insane 4/10/93)

Whole No. 3327.	No. for Year, 239.
Residence, Town of Grant, Washington County	Insane Relatives, none
Date Admission, 19th April 1893.	Cause Exciting, unknown
Admitted by D. Phelps. Hour, 7 PM	Cause Predisposing, Previous attack
How Sent, Rudolph Lehmicke, Sheff. Washington Co.	Form, Mania - Chronic
Sex, male	Accompanying Bodily Disorder, none
Age, 38 years	Suicidal or Not, not
Civil Condition, single	Date of this Attack, 4 or 5 years past
Children, none	Duration, 4 or 5 years (has been there before)
Age Youngest Child, —	No. of Attack, several probably, various
Occupation, Farmer	No. of Admissions, 2nd
Degree Education, Common (German)	Age First Attack, 28 years
Profession Religion, not a church member	Time of Leaving,
Habits, Drinks when he can get it	Time in Hospital,
Nativity, Germany	Result,
Physicians Committing, Ev'B. Freligh & G.E. Clark	
Correspondents, William Neumann (brother) (Box 153) Anth. St. Paul	address this same 12/17/1901

11/20/93 letter from Supt. Jerry Gray re: Grandmother has been insane 338

EXAMINATION ON ADMISSION.

Exd by Dr. Baker Apl 25/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, somewhat active

MEMORY:

Past Events, fairly good

Recent Events, fairly good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, seems dull

Correct or Illusive, not correct

REASONING POWER:

Ordinary Subjects,

Own Mental State, seems to be very poor.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Says he got these scars & deformed hand from accident, when about 15 years of age, while working. Talks irrelevantly & incoherently.

EMOTIONAL STATE:

Normal, Calm,

Indifferent, probably

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, none detected

Special Subjects,

Transitory or Not,

HALLUCINATIONS: ?

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, very incoherent

Voluble or Reticent, quite willing & free.

Personal and Medical History of Peter F. Neumann

December 17/1901

J.C.

Mr Reichert

Rosabel Street

St Paul

one block from 7th St

Brother Wm Newmann over today says this is now the Guardian

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

NUTRITION, About normal

Head, Face, Eyes, Ears, Nose, Mouth, Teeth, Palate, Pharynx, Tonsils, Neck, Glands, Skin, Hair, Nails, Scalp, Spine, Chest, Breasts, Abdomen, Genitalia, Anus, Extremities, Joints, Muscles, Nerves, Vessels, Pulse, Respiration, Temperature, Digestion, Circulation, Urine, Sensation, Motion, Coordination, Reflexes, Gait, Station, Speech, Habits, Etc.

mst. cheek; right hand deformed; is bald. Abnormality (?) pointed Promptness Movement, prompt

Size, somewhat contracted

Accommodation, Yes.

Legs, Stands on foot, fairly well; Stands, Eyes shut, fairly well.

TREMORS, Hands, (anticipation) Quiet to-day, Eyes shut, Fairly good Tongue, slightly tremulous.

Facial Muscles, some irregularities in action & rema General, none.

REFLEXES, Patellar, Equal; somewhat diminished; 3 or 4 —

Other Reflexes,

ARTICULATION, Hesitating, Considerably and Slurred, probably due to imperfect knowledge of English

FACIAL EXPRESSION, a kind of dull

SENSIBILITY,

HEART, pulmonary second sound accentuated

LUNGS, seem good. Girth 38 in. Expansion 3 in (about) —

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Yes	Careless,
BOWELS, Normal, about	Constipated,	Irregular,
APPETITE, Good,	Medium, Yes	Poor,
SLEEP, Good, day & it is.	Poor,	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, mother living in St. Paul; health middling good.

Father or Pat. Relations, father dead - about 70 - don't know what he died of.

Brothers or Sisters, 2 brothers; both living; can't give much information about them. never had any sisters —

Personal and Medical History of [illegible]

Whole No. 3327.

Residence, Town of Grant, Washington County.

Date Admission, 19th April 1893.

Admitted by D. Phelps. Hour, 7 PM.

How Sent, Rudolph Lehmicke, Jo. Co., Washington Co.

Sex, male

Age, 38 years

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common (German)

Profession Religion, not a Church member

Habits, Drinks when he can get it

Nativity, Germany

Physicians Committing, Ev B. Reigh & G.E. Clark

Correspondents, William Neumann (brother) (Box 153) North St Paul address the same 12/17/1901

11/20/93 letter from Aug. Greiner of Grantsburg, Wis. re: age and former residence of patient.

EXAMINATION ON ADMISSION.

Exd by Dr. Baker Apl 25/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, somewhat active

MEMORY:

Past Events, fairly good

Recent Events, fairly good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, seems dull

Correct or Illusive, not correct

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

seems to be very poor.

GENERAL DESCRIPTIVE REMARKS:

Says he got these scars & deformed hand from accident, when about 15 years of age, while working. Talks irrelevantly & incoherently.

EMOTIONAL STATE:

Normal, Calm,

Indifferent, probably

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, none detected

Special Subjects,

Transitory or Not,

HALLUCINATIONS: ?

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, very incoherent

Voluble or Reticent, quite willing & free.

Personal and Medical History of John F. Neumann

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Ft 9½ WEIGHT, 153 lbs. NUTRITION, About normal

WOUNDS OR ABNORMALITIES, Large scar on back of rt. hand; scar rt. cheek; right hand deformed; is bald. Abnormality (?)

TONGUE, Tremors, fairly steady Coatings, moist; thin; pointed Promptness Movement, prompt

PUPILS, Equality, Equal Size, somewhat contracted

Response Light, yes; rather imperfect dilatation & darkness. Accommodation, Yes.

SIGHT, Seems good

HEARING, Fairly good

CO-ORDINATION, Arms, —

Legs, Stands on foot, fairly well; Stands, Eyes shut, fairly well.

TREMORS, Hands, are steady Quiet to nose, Eyes shut, fairly good Tongue, slightly tremulous.

Facial Muscles, some irregular intention tremor General, none.

REFLEXES, Patellar, Equal; somewhat diminished; 3 or 4 +

Other Reflexes,

ARTICULATION, Hesitating, Considerably and Slurred, probably due to imperfect knowledge of English

FACIAL EXPRESSION, a kind of dull

SENSIBILITY,

HEART, pulmonary second sound accentuated

LUNGS, Seem good. Girth 38 in. Expansion 3 in (about) —

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Yes	Careless,
BOWELS, Normal, about	Constipated,	Irregular,
APPETITE, Good,	Medium, Yes	Poor,
SLEEP, Good, day it is.	Poor,	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, mother living in St. Paul; health middling good.

Father or Pat. Relations, Father dead — about 70 — don't know what he died of.

Brothers or Sisters, 2 brothers, both living; can't give much information about them. never had any sisters —

Personal and Medical History of John. F. Neumann.

1893

This man was brought here by Deputy Sheriff Wallace with the following history. Is a farmer; drinks when he can get it; no history of heredity; cause of this attack is unknown; some chronic & paroxysmal. No accompanying bodily disease and no bodily disease known of; first symptoms of disease were manifested 4 or 5 years past, by paroxysms of rage. This is not 5th attack; they have been various & at varying intervals. Insanity now manifested in no particular subject, though there is wild dementia & wild rage. Is disposed to injure others from sudden passion. Is neither suicidal, nor filthy nor destructive.

N.B. Was confined in this (Rochester) Hospital about 1 year, from March 10/85 to March 17/86. During that stay, was melancholy much of the time; temper variable; sometimes extremely good natured; at other times, excitable, but never openly violent. Has hallucinations of hearing. Worked outside considerably. (Vol 5. p. 148. No. 658)

April 20 April 20/93. At bathing time last night (when admitted) body was found quite clean. There is a scar on right hand. Was quiet last night, and slept 8 hours. Am. Pulse 68. Temp. 98.8. Is well behaved; talks but little - appetite good; bowels regular. Has no cough. April 21/93. Was restless a couple of hours, but slept 6, last night.
" 22 walks about ward, by day; appetite good. April 22/93. Was more quiet, sleeping 7 hours, last night.
" 23 Am. Wanders about in an aimless manner; speaks only when addressed. April 23/93. Restless for 2 hours, sleeping 5 hours, last night. Conduct & behavior as above described. Bowels regular.
" 24/25 April 24/93. Walked out with his ward today. April 25/93. Is somewhat restless while on wards;
" 26 seems brighter, however. Appetite continues good. April 26/93. Rather disinclined, now, to talk; bowels keep regular. Weight 151½ pounds. Has not been sleeping well, the past 3 nights. —
" 28 April 28/93. Still continues quiet & well-behaved by day. Walks quietly, but in a dull way,
" 29 about the ward: does not complain any; is rather reticent. April 29/93. Appears depressed.
May 3/30 May 3/93. Continues about the same. Weight, today, 152½ pds. Pulse 68. May 29/93. Rest & sleep at night, since 27th ult., have been quite good; patient having been infrequently restless from hour or so. Has not been noisy at any time. Has continued up & about, daily, clean, tidy and uniformly well-behaved. Has not been inclined to talk much. Pulse & Temperature (taken for 14 days after admission) have been about normal, daily. Appetite has continued good and bowels regular; no definite delusions have been detected. Patient seems somewhat melancholy at times.
" 26/31 May 26/93. Was today transferred to B3. May 31/93. Patient is in good physical condition. Appetite, however, is not very good. Bowels are regular. Is quiet & well-behaved. Talks only when spoken to & very little then. Usually keeps by himself, apart from others. Of good personal habits.
June 15 June 15/93. Had some trouble with a fellow-patient today, and hurt his leg; not seriously, however.
" 26 June 26/93. Visited, today, by a relative.
July 21 July 21/93. Has, recently, been having "spells" when he would walk the floor a good deal; shaking his head & ducking it up & down. Demeanor has been somewhat ugly, at times.
" 31 July 31/93. Conduct & behavior about as above described. Apparently rests & sleeps well, at night. Is in good physical health. —
Aug 8 Aug 8/93. Has "spells" of talking to himself & making jerky movements of head, ups and downs. —
" 30 Aug 30/93. Is noisy & violent, at times. Says he can hear voices at right time & does not sleep. —
Sept 1/30 Sept 1/93. Was noisy & ugly today. Moved to B3. Sept 30/93. Appetite good; bowels are regular. Hardly ever speaks, but will talk to himself & goes through with his peculiar movements of the head. Has hallucinations "of hearing". Habits are clean.

Personal and Medical History of John. F. Neumann.

NAME John. F. Neumann

DATE, 189..	Weight.	Pulse.	Gain.	Loss.
June 5th	149½	58	-	3
July 14th	149½	62	-	-
Aug 2d	151½	81	2	
Sept 1st	152½	68	3	
Oct 2d	151½	43 (?)	1	
Nov 1st	150	60		1½
Dec 4th	151½	48	1½	

condition. Oct 20/93. Is now quietly behaved. Still makes his bed. Personal habits good. Oct 30/93. Appetite good; bowels occasionally. Goes through his singular motions of the head. Talks

change in any respect. Physical condition is good. —
the same. Dec 31/93. No noticeable change. Habits are clean, tidy. Does not change any from month to month. Seems content to be contented. No change to note in his condition, at this date. —
while in hall, sits in the one place, most of the time; seldom speaks or goes through queer motions with his hands; evidently still holds to his delusions. Personal habits are good. Health apparently is good. Vaccinated on March 27th. On the whole, no change in condition. Physical condition. No material change to note. Still has delusions. Behaved, works in main kitchen part of time, has hallucinations. Health apparently good. June 29th No change. July 28th has right side of face, has been visited by friends. Is quiet & well behaved, but inclined to be very stubborn & resists any orders. From his peculiar actions, he evidently still holds to his delusions. Health apparently good. Works, quite regularly, in the main kitchen -

Nov 30 to Dec 31 1892 — during near 2 months, patient has been quiet; if disturbed, he will fight viciously. Works daily in main kitchen. At times, he has "spells", of a queer nature, when he will throw his head back violently & wrench & twist his body. Case shows no improvement. Habits are cleanly. —
Jan 31 to Apl 30 — During this quarter, no change noticeable. He lives along quietly & contentedly here. Seldom speaks. Works daily in kitchen. Goes through his "peculiar movements". Health apparently good.
May 1 to July 31 — During these 3 months, there seems to have been no change in any way. He has been quiet; seldom speaking; working in silence, daily, in the kitchen. Still goes through his peculiar "jerking movements" at times. Habits clean. Health is good.
Aug 1 to Oct 31 — During this period, patient's condition has not changed any. Quiet; works in kitchen; still goes thro' his peculiar "jerky" movements; gesticulating wildly, at times; seldom speaks, unless spoken to. Habits clean; health good. — Nov 4/95. Wt 160 pds. Pulse 80. Nov Dec & to Jan 31/96. No change noticeable, during this
Nov 4 to Jan 31/96 — period: irritable & will not tolerate any imposition on the part of the others. Works in main kitchen. Speech is incoherent: habits clean: health is good. Feb 4/96. Wt 163 pds. Pulse 66. Feb March & to Apl 30/96. No change
Feb 4 to Apl 30 — in behavior: Easily aroused & will fight, upon provocation: Works in main kitchen. Incoherent in speech. Habits clean. (Dr E notes: Has not required any medicine, as he has been in good health, right along.) —
May 1/96 to Aug 1/97 — Dr Phelps Summary of Nurses Notes. Patient quiet: occasionally stubborn & irritable: Talks connectedly: Is able to work in kitchen & is on the whole rather quiet. Wt 155 & 160. No bodily illness noted. Aug 31/97 Wt. 160 lbs. Oct 31/97 General health good. Clean in habits: Quiet in behavior: Works steadily in kitchen. Is rather dull & melancholy in appearance.
Jan 31/98. — No change of any kind during intervening period (Monthly & Weekly) Feb 1/97 to Jan 31/98 Wt. 156. No change mentally or physically: since last note (Sent by Dr Chapple) Aug 1/97 to Jan 31/98 Wt. 147 lbs. Physical cond. good: Cleanly. Has worked in kitchen: Well behaved: very demented: Seldom speaks.

to 172

1893

This man was brought here by Deputy ... when he can get it; no history of heredit... to accompanying bodily disorder and ... 4 or 5 years past, by paroxysms of rage. D... insanity now manifested in no particula... past to injure others from sudden passion. D...

N.B. Was confined in this (Rockaway) Hospital abou... Stay, was melancholy much of the time; temper varia... excitable, but never openly violent. Has hallucinati...

...intervals.

...rage. Is dis-

...structed.

...n March 17/86. During that ...merely good natured; at other times, ...ong. Worked outside considerably. (Vol 5. p. 148. No. 668)

April 20 April 20/93. At bathing time last night (when admitted) body was found quite clean. There is a scar on right hand. Was quiet last night, and slept 8 hours. Ans. Pulse 68. Tr. 98.8. Is well behaved; talks but little - appe- " 21 -tite good; bowels regular. Has no cough. April 21/93. Was restless a couple of hours, but slept 6, last night. " 22 walks about ward by day; appetite good. April 22/93. Was more quiet; sleeping 7 hours, last night. " 23 Ans. Wanders about in an aimless manner; speaks only when addressed. April 23/93. Restless for 2 hours, sleeping 5 hours, last night. Conduct & behavior as above described. Bowels regular. " 24/25 April 24/93. Walked out with his ward today. April 25/93. Is somewhat restless while on wards; " 26 seems brighter, however. Appetite continues good. April 26/93. Rather disinclined, now, to talk; Bowels keep regular. Weight 152½ pounds. Has not been sleeping well, the past 3 nights. — " 28 April 28/93. Still continues quiet & well-behaved by day. Walks quietly, but in a dull way, " 29 about the ward: does not complain any; is rather reticent. April 29/93. Appears depressed. May 3/30 May 3/93. Continues about the same. Weight, today, 152½ lbs. Pulse 68. May 20/93. Rest & sleep at night, since 29th ult., have been quite good; patient having been infrequently restless from hour to hour. Has not been noisy at any time. Has continued up & about, daily, clean, tidy and uniformly well-behaved. Has not been inclined to talk much. Pulse & Temperature (taken for 14 days after admission) have been about normal, daily. Appetite has continued good and bowels regular: no definite delusions have been detected. Patient seems somewhat melancholy at times. " 26/31 May 26/93. Was today transfered to D'. May 31/93. Patient is in good physical condition. Appetite, however, is not very good. Bowels are regular. Is quiet & well-behaved. Talks only when spoken to & very little then. Usually keeps by himself, apart from others. Of good personal habits.

June 15 June 15/93. Had some trouble with a fellow-patient today, and hurt his leg; not seriously, however.

" 26 June 26/93. Visited, today, by a relative.

July 21 July 21/93. Was, recently, been having "spells" when he would walk the floor a good deal; shaking his head & "ducking" it up & down. Is inclined to be somewhat ugly, at times.

" 31 July 31/93. Conduct & behavior about as above described. Apparently rests & sleeps well, at night. Is in good physical health. —

Aug 8 Aug 8/93. Has "spells" of talking to himself & making jerky movements of head, up and down. —

" 30 Aug 30/93. Is noisy & violent, at times. Says he can hear voices at night time & does not sleep. —

Sept 1/30 Sept 1/93. Was noisy & ugly today. Moved to D3. Sept 30/93. Appetite good; bowels are regular. Hardly ever speaks, but will talk to himself & goes through with his peculiar movements of the head. Has hallucinations "of hearing". Habits are clean.

1893

Oct 1/20 Oct 1/93. Is in good physical condition. Oct 20/93. Is now quietly behaved. Still makes his " 30 peculiar motions. Does no work. Personal habits good. Oct 30/93. Appetite good; bowels regular. Now quietly behaved. Occasionally goes through his singular motions of the head. Talks very little. Habits are clean.

Nov 30 Nov 30/93. Patient does not change in any respect. Physical condition is good. —

Dec 12/31 Dec 1/93. Was, today, moved to the Annex. Dec 31/93. No noticeable change. Habits are clean.

1893 1894

Jan 3 Jan 3/94. Is in good physical condition. Does not change any from month to month. Seems contented here.

" 31 Jan 31/94. Lives along quietly & contentedly. No change to note in his condition, at this date. —

Feb 28 Feb 28/94. Quiet & inoffensive; while at hall, sits in the one place, most of the time: seldom speaks unless addressed. Occasionally, goes through queer motions with his hands; evidently still holds to his delusions. Works a little in the ward. Personal habits are good. Health apparently is good.

Mar 31 March 31/94. Was successfully vaccinated on March 29th. — At the whole, no change in condition.

Apl 30 April 30/94. Seems in quite good physical condition. No material change to note. Still has delusions.

May 29 Patient is quiet & well behaved, works in main kitchen part of time, has hallucina-

June 29 tions, habits clean, health apparently good. June 29th No change. July 28th Has

July 28 a peculiar swelling of right side of face, has been visited by friend.

Aug 31 During this period, has been generally quiet & well behaved, but inclined to be very stubborn & resents any

Sept 30 interference or imposition from others. Now his peculiar actions, he evidently still holds to his delusions.

Oct 31 Habits are clean; dress neat. Health apparently good. Works, quite regularly, in the main kitchen —

Nov 30 During these 3 months, patient has been quiet; if disturbed, he will fight viciously. Works daily,

Dec 31 in main kitchen. At times, he has "spells", of a queer nature, when he will throw his head back

1894 violently & wrench & twist his body. Case shows no improvement. Habits are cleanly. —

Jan 31 - 30 - During this quarter, no change noticeable - He lives along quietly & contented by here. Seldom

Apl 30 speaks - Works daily in kitchen - Goes through his "peculiar movements" - Health apparently good.

May 1 and During these 3 months, there seems to have been no change, in any way. He has been

July 31 quiet: seldom speaking: working in silence, daily, in the kitchen. Still goes through his peculiar "Jerking Movements" at times. Habits clean. Health is good —

Aug 1 During this period, patient's condition has not changed any. Quiet: works in kitchen: Still

Sept goes thro' his peculiar jerky "movements: gesticulating wildly, at times: Seldom speaks unless spoken to. Habits clean:

Oct 31 health good. — Nov 4/95. Wt 160 pds. Pulse 80. Nov Dec & to Jan 31/96. No change noticeable, during this

Nov 4 Dec period: irritable & will not tolerate any imposition on the part of the others. Works in main kitchen. Speech is

Jan 31/96 incoherent: habits clean: health is good. Feb 4/96 Wt 163 pds. Pulse 66. Feb March & to Apl 30/96. No change

Feb 4 in behavior: Easily aroused & will fight, upon provocation: Works in main kitchen. Incoherent in speech.

March 4 to Habits clean: (Dr. E notes: Has not required any medicine, as he has been in good health, right along.) —

Apl 30 Dr. Phelps Summary of Nurses Notes. Patient quiet: occasionally stubborn & irritable: Talks somewhat

May 1/96 crossly. Is able to work in Kitchen & is on the whole rather quiet. Wt. 155 & 160.

to No bodily illness noted. Aug 31/97 Wt. 160 lbs Oct 31/97 General health good. Clean in Habits: Quiet in

Aug 1/97 behavior: Works steadily in kitchen. Is rather dull & melancholy in appearance.

Jan 31/99 No change of any kind during intervening period (Month by Dr. Chinnis) Feb 1/99 to Jan 31/99 Wt. 156. No change mentally or physically: since last note (Mont by Dr. Chapple) Aug 1/99 - Jan. 31-1900 Wt. 147 lbs Physical cond. good: Cleanly. has worked in kitchen: Well behaved: very demently: Seldom speaks.

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Personal and Medical History of Thomas Devirey

Whole No. 3329.
Residence, Alms-House, Ramsey Co.
Date Admission, 24th April 1893.
Admitted by Dr Kilbourne Hour, 7 PM
How Sent, John B. Olivier Sh. Ramsey County
Sex, Male
Age, 35
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Sawyer
Degree Education,
Profession Religion, Not a Church member
Habits, Dont know
Nativity, Dont Know
Physicians Committing, Geo. F. Nealy & D. C. Jones
Correspondents,

No. for Year, 241.
Insane Relatives, Dont know
Cause Exciting, Dont know
Cause Predisposing,
Form, Dementia
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, not known
Duration, not known
No. of Attack, not known
No. of Admissions, 1st
Age First Attack, not known
Time of Leaving, July 21. 1893.
Time in Hospital, 3 mos, 6 ds
Result, Transf'd to Fergus Falls
fdp 5pm

EXAMINATION ON ADMISSION.

Exd by Dr Baker April 25/93 =

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, Impossible to make tests
Recent Events, on these points as his
Special Subjects, almost invariable answer
PERCEPTIVITY: to questions put to him
Alert or Dull, is "I dont know" —
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Movements of whole body are slow & deliberate. — Denies any drink-habits.

EMOTIONAL STATE:
Normal, Calm,
Indifferent, probably
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, ?
Special Subjects, ?
Transitory or Not, ?
HALLUCINATIONS: ?
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Limited to answer questions.
and with few exceptions, "I dont know" is answer invariably the reply.

Personal and Medical History of Thos: Devirey

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6 3/4 in WEIGHT, 147 1/2 pds. NUTRITION,
WOUNDS OR ABNORMALITIES, ulcer on leg
TONGUE, Tremors, Considerable Coatings, none Promptness Movement, Slow
PUPILS, Equality, Equal Size, abnormal
Response Light, yes Accommodation, yes
SIGHT, probably good
HEARING, probably fairly good
CO-ORDINATION, Arms, Fingers to nose, Eyes shut, fairly good
Legs, Standing on foot, fairly good. Standing, Eyes shut, fairly well done.
TREMORS, Hands, are steady Tongue, quite Marked
Facial Muscles, slight occasional attention terms General,
REFLEXES, Patellar, Equal: abnormal or somewhat diminished.
Other Reflexes,
ARTICULATION, Hesitating, Slow Slurred, possibly
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Feeble murmurs; quite a loudly ringing sound.
LUNGS, seem good. Chest 35 1/2 in Expn —
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, ? Careless,
BOWELS, Normal, ? Constipated, Irregular,
APPETITE, Good, Fairly Medium, Poor,
SLEEP, Good, Fairly — 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 Thomas Devney

NAME Thos. Devney

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 3rd	152½	70	14	—
July 1st	150½	66		2

1893

This man was brought here by Deputy Sheriff Courteau. Commitment papers is very meagre. He is a pauper &c. Nothing is known as to his habits, nativity, heredity, cause of attack is chronic, depressed. Appears imbecile. Cannot d... Has chronic ulcer of the leg for which he has been treated ... Has not been restrained or confined.

April 24 April 24/93. On admission, pulse 62. Bs Te 97.2. Has a sore on l...

" 25 April 25/93. Was restless, noisy and out of bed nearly all last night ... slept none. Today, is very quiet; sits in one place most of the ti... by "I dont know". Appetite good; bowels moved this morning. Co...

" 26 April 26/93. Restless for an hour or so, but slept 8 hours, last night. At times, stamps with his foot & makes motions with his hands, ...

" 27 of him. Evidently has hallucinations. April 27/93. Slept 7 hours.

" 28 Appetite good; bowels regular. April 28/93. Seems somewhat ... does not converse with anyone.

May 2/3 May 2/93. Appetite is fairly good. Goes through the peculiar ac...

" 20 today, 148½ pds. Pulse 62. May 20/93. With the exception of the ... restless and slept only 5 hours) Patient has continued quiet & to ... By day, is quiet & well behaved, but at times, gets somewhat ... and bowels regular. Temperature has most of the time been ... being slightly above normal. Pulse taken regularly for the first 14 days after admission) has ranged from 74 to as low as 46; most of the time below normal (much). May 30/93. Appetite good; bowels regular. Never enters into conversation with anyone; sits in one place, all the time. Never speaks, but when asked anything merely answers "Yes or No". Has an ulcer on his left leg, which is chronic. Personal habits are clean.

" 30

June 30 June 30/93. There is no material change in condition, conduct or behavior, during the past month.

July 10 July 10/93. Sits in one place most all the time while in the hall. Occasionally will take a "spell" when he will clap his hands and stamp his feet. Does not work any. Appetite fairly good. Bowels are loose, at times. Habits clean. —

" 31 July 31/93. Patient has continued about the same, in every respect, as above described. She was, today, with 74 other fellow-patients, transferred to the Hospital at Fergus Falls.

Personal and Medical History of Franklin P. Hancock

NAME Franklin P. Hancock (in bed)

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 19th	85	—	—	1½
July 1st	83	—	—	2
Aug 3rd	84		1	
Sept 8th	84		—	
Oct 4th	82	—	—	2
Nov 1st	83	—	1	
Dec 4th	84	—	1	
Jany 2d	83½			½
Feby 3d	88		4½	

NESS OF MR. F. P. Hancock.
DIAGNOSIS.

12	7	5	78	88
13	7	5	90	74
14	7	5	90	74
15	7	5	100	80
16	7	5	96	78
17	7	5	92	78
18	7	5	96	70
19	7	5	96	70
20	7	5	98	100
21	7	5	104	80
22	7	5	100	104
23	7	5	116	86
24	7	5	94	102
25	7	5	100	72

Dr. Sup
Dr. Sponge bath
Complains of stomach bothering him.
Doctored and given pills. Cannot swallow.
Continually fooling with urine. Bowels open.
Weight 84 lbs. Gave enema of soap suds
Dr. Supper
Says he is afraid of his prescription
Gave Sponge bath
Continually fooling his urine. Cannot get to be satisfied with it.
Gave enema of soap suds. Bowels moved.
Seems to have pain in accompanying back
Moved out of his bowels
Complains of bowels and stomach bothering.
Gave Enema of soap suds
Stiff Complains of stomach a little fairly good
Gave enema of soap suds. Bowels moved a little. Thick specks out
Has spells when he is very restless.
Slept fairly well on average from 6 to 7 hours
Gave enema of soap suds, bowels moved.
Thick, peculiar urine. Poor urine
Complains of stomach and bowels bothering.
Dr. Supper
Bloody urine. Cannot get satisfactory specimen
Got up and walked partway up the hall. Allowed to pass very little amount of urine. Gave enema of soap suds. Bowels moved. Slept fairly well on average from 6 hours from the 15th to 23rd

June 10/93.
ly from
ve confined
stipation
attached).
steadily to
bout the same
d very
in bed, day
up". —
day; lies
oday. —
take he had
to 7 hours,
ake; merely
to continues

2/93. Says
it since
to have
, or an
bells" when
since 15th
been fairly
ll. Afta
been re-
of shewing
s; passages

his bowels
meals.
barricaded
& succeeds
in he says
time to
bowels, &

... mean of past few months. Oct 3/93 Is very cross & irritable.
... take care of him very long." He neither supper nor dinner to day.
his bed. evidently he took it off one of the curtains. Says "he will fool us yet"

(carried to 184)

1893

This man was brought here by Deputy Sheriff Courteau & Trask. History accompanying the "Commitment Papers" is very meagre. He is a pauper & comes now from the Alms House; nothing is known as to his habits, nativity, heredity, cause of attack, or date of attack. Form of this attack is chronic, depressed. Appears imbecile. Is not disposed to injure others nor suicidal. Has chronic ulcer of the leg for which he has been treated in City & County Hospital for 2 years. Has not been restrained or confined.

Apl 24 April 24/93. On admission, pulse 82. B.T. 98. R. 22. Has a sore on left leg; says it pains him at times. —

" 25 April 25/93. Was restless, noisy and active, nearly all last night; pounding on his door several times; and slept none. Today, is very quiet; sits in one place most of the time; simply answers questions, chiefly by "I don't know". Appetite good; bowels moved this morning. Complains of pains, but "don't know where". B.T. 98.6

" 26 April 26/93. Restless for an hour or so, but slept 5 hours, last night. AM Pulse 82. R. 16. T. 97.8. PM P. 78. T. 98.8

" 27 At times, stamps with his foot & makes motions with his hands, acting as if he sees some object in front of him. Evidently has hallucinations. April 27/93. Slept 7 hours, restless for 2 hours or so, last night. —

" 28 Appetite good; bowels regular. April 28/93. Seems somewhat more active, at times; walks the floor. does not converse with anyone.

May 2/3 May 2/93. Appetite is fairly good. Goes through the peculiar actions noted above. May 3/93. Weight, today, 148½ lbs. Pulse 82.

" 20 May 20/93. With the exception of the night of the 4th inst (on which he was very restless and slept only 2 hours) patient has continued quiet & to rest and sleep well, since the 27th ult. By day, is quiet & well behaved, but at times, gets somewhat excited. Appetite has been quite good and bowels regular. Temperature has most of the time been sub-normal; only on 2 or 3 occasions being slightly above normal. Pulse (taken regularly for the first 14 days after admission) has ranged from 74 to as low as 45; most of the time below normal (much). May 30/93. Appetite good; bowels regular. Never enters into conversation with anyone; sits in one place, all the time. Never speaks, but when asked anything merely answers "Yes or No". Has an ulcer on his left leg, which is chronic. Personal habits are clean.

June 30 June 30/93. There is no material change in condition, conduct or behavior, during the past month.

July 10 July 10/93. Sits in one place most all the time while in the hall. Occasionally will take a "spell" when he will clap his hands and stamp his feet. Does not work any. Appetite fairly good. Bowels are loose, at times. Habits clean. —

" 31 July 31/93. Patient has continued about the same, in every respect, as above described. She was, today, with 74 other fellow-patients, transferred to the Hospital at Fergus Falls.

NAME Franklin P. Hancock (in bed)

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 19th	85	—	—	3½
July 1st	83	—	—	2
Aug 3rd	84		1	
Sept 8th	84		—	
Oct 4th	82	—	—	2
Nov 1st	83	—	1	
Dec 4th	84	—	1	
Jany 2d 1894	83½			½
Feby 2d	88		4½	

WITNESS OF MR. F. P. Hancock.
DIAGNOSIS.

12	7	5	78	88
13	7	5	90	74
14	7	5	90	74
15	7	5	100	80
16	7	5	96	78
17	7	5	92	78
18	7	5	96	90
19	7	5	96	70
20	7	5	98	100
21	7	5	104	80
22	7	5	100	104
23	7	5	116	86
24	7	5	94	102
25	7	5	100	72

[illegible] Dec 10/93.

[illegible] Dec 10/93. Says [illegible] it sore [illegible] to have [illegible] an [illegible] bells" when [illegible] since 15th [illegible] been fairly [illegible] well. Afta- [illegible] become re- [illegible] of shewing [illegible]; passages [illegible] his bowels [illegible] meals. [illegible] barricaded [illegible] successes [illegible] he says [illegible] time to [illegible] bowels,

[illegible] mean of poor pay purposes. Oct 3/93. Is very cross & irritable. [illegible] take care of him very long". He neither supper nor dinner today. [illegible] his bed, evidently he took it off one of the curtains. Says "he will fool us yet"

(carried to 184)

Personal and Medical History of Thomas Dirrie

1893

This man was brought here by Deputy Sheriff Courteau. "Commitment papers" is very meagre. He is a pauper & c... Nothing is known as to his habits, nativity, heredity, cause of a... attack is chronic, depressed. Appears imbecile. Cannot d... Has chronic ulcer of the leg for which he has been treate... Has not been restrained or confined.

Apl 24 April 24/93. On admission, pulse 62. Bts. 96 97. r. Ha...

" 25 April 25/93. Was restless, noisy and out of bed, nearly ... slept none. Today, is very quiet; sits in one place mo... by "I dont know". Appetite good; bowels moved this morn...

" 26 April 26/93. Restless for an hour or so, but slept 8 hours, last ni... At times, stamps with his foot & makes motions with his hands ... of him. Evidently has hallucinations. April 27/93. Slept 7 hours...

" 27 Appetite good; bowels regular. April 28/93. Seems somewhat ... does not converse with anyone.

" 28

May 2/93 May 2/93. Appetite is fairly good. Goes through the peculiar ac...

" 20 today. 148½ lbs. Pulse 62. May 20/93. With the exception of the ... restless and slept only 5 hours) patient has continued quiet & to... By day, is quiet & well behaved, but at times, gets somewhat ... and bowels regular. Temperature has most of the time been ... being slightly above normal. Pulse taken regularly for the first 14 days after admission) has ranged from 74 to as low as 45; most of the time below normal (much). May 30/93. Appetite good; bowels regular. Never enters into conversation with anyone; sits in one place, all the time. Never speaks, but when asked anything merely answers "Yes or No". Has an ulcer on his left leg, which is chronic. Personal habits are clean.

" 30

June 30 June 30/93. There is no material change in condition, conduct or behavior, during the past month.

July 10 July 10/93. Sits in one place most all the time while in the hall. Occasionally will take a "spell" when he will clap his hands and stamp his feet. Does not work any. Appetite fairly good. Bowels are loose, at times. Habits clean. —

" 31 July 31/93. Patient has continued about the same, in every respect, as above described. She was, today, with 74 other fellow-patients, transferred to the Hospital at Fergus Falls.

Personal and Medical History of Franklin P. Hancock

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1893

NESS OF MR. F. P. Hancock.
DIAGNOSIS.

DETAILED HISTORY OF C...

1893

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	AM
Oct 1	7		84		
2	7		40		
3	7	5	76	72	
4	7		86		
5	7	5	76	72	
6	7	5	98	94	
7	7	5	94	92	
8	7		80		
9	7	5	84	82	
10	7	5	92	80	
11	7	5	108	70	
12	7	5	78	88	
13	7	5	70	74	
14	7	5	90	74	
15	7	5	100	80	
16	7	5	96	78	
17	7	5	92	78	
18	7	5	96	90	
19	7	5	96	70	
20	7	5	98	100	
21	7	5	104	80	
22	7	5	100	104	
23	7	5	116	86	
24	7	5	94	104	
25	7	5	100	78	

Ats no supper
Sponge bath
Complains of stomach bothering him.
Back tired and sore to-day. Cannot stoop
Continually talking in a queer way to himself
Weight 214 lbs. Gave enema of soap suds
Says he is afraid of consumption
Gave sponge bath
Says he is afraid of consumption
Gave sponge bath
Continues talking in his queer way
Seems to be talking to himself
Gave enema of soap suds. Bowels moved.
Seems to have pain in accompanying each movement of the bowels
Complains of bowels and stomach bothering.
Gave enema of soap suds.
Does not complain of stomach after enema
Gave enema of soap suds, bowels moved a little. Gave sponge bath
Has chills, when has ever had
Restless
Slept nightly on an average from 6 to 7 hours
Gave enema of soap suds, bowels moved.
Think someone is trying to poison him
Complains of stomach and bowels bothering.
Ats no breakfast
Refuses tablets usually taken for
Got out of bed and walked partway up the hall, afterward became very quiet exhausted. Gave enema of soap suds. Bowels moved. Slept an hour on an average from 6 hours from the 1st to 23rd

to take care of him very long". He neither supper nor dinner to-day. his bed. evidently he took it off one of the curtains. Says "he will fool us yet"

(carried to 184)

Personal and Medical History of Thomas [illegible]

1893

[illegible]

Apl 24 Apri

" 25 Apri
slept
by

" 26 April 25/93. Restless for an hour or so, but slept 8 hours, last night.
At times, stamps with his foot & makes motions with his hands,
" 27 of him. Evidently has hallucinations. April 27/93. Slept 7 hours
" 28 Appetite good; bowels regular. April 28/93. Seems somewhat
does not converse with anyone.

May 2/93 May 2/93. Appetite is fairly good. Goes through the peculiar ac
" 20 today. 148½ lbs. Pulse 82. May 20/93. With the exception of the
restless and slept only 5 hours) Patient has continued quiet &
By day, is quiet & well behaved, but at times, gets somewhat
and bowels regular. Temperature has most of the time been
being slightly above normal. Pulse (taken regularly for the first 14 days after admission) has ranged
" 30 from 74 to as low as 45; most of the time below normal (much). May 30/93. Appetite good;
bowels regular. Never enters into conversation with anyone; sits in one place, all the time. Never
speaks, but when asked anything merely answers "Yes or No". Has an ulcer on his left leg, which
is chronic. Personal habits are clean.

June 30 June 30/93. There is no material change in condition, conduct or behavior, during the past month.
July 10 July 10/93. Sits in one place most all the time while in the hall. Occasionally will take a "spell" when
he will clap his hands and stamp his feet. Does not work any. Appetite fairly good. Bowels are
loose, at times. Habits clean. —

" 31 July 31/93. Patient has continued about the same, in every respect, as above described. She was, today,
with 74 other fellow-patients, transferred to the Hospital at Fergus Falls.

Personal and Medical History of Franklin P. Hancock

June 10/93.

[illegible]

NESS OF MR. F. P. Hancock.
DIAGNOSIS.

TAILED HISTORY OF

1893 a.2.8.

P	HOUR AM	HOUR PM	PULSE AM	PULSE PM	AM
(24)					
26	7	5	74	84	
27	7	5	72	86	
28	7	5	70	80	
29	7		70		
30	7	5	70	72	
31	7	5	82	76	

At no Entry
Sponge bath.
Complains of stomach & bowels hurting.
Back hurts & aches. Cannot throw
Continually tossing arms & legs
Weight 148 lbs. Has eczema of body
Has ulcer
Says he is bed of his person
Have Sponge bath.
Continually kicking his arms. Cannot
to be put alone. Restless
Has eczema of body. Bowels loose.
Seems to have pain accompanying
Movement of the bowels
Complains of bowels and stomach bothering.
Has eczema of body
Sits. Complains of stomach & feels full
Has eczema of body, bowels loose a
little. Sponge bath
Has cheek, where has ever and
spotted.
Sleep nightly on an average of from 6 to 7 hours
Has eczema of body, bowels loose.
Thinks someone is trying to poison him
Complains of stomach and bowels bothering.
Ate no breakfast
Refuses to be weighed
Got up & dressed and walked part way up
the hall, afterwards received very quick
exhaust. Has eczema of body
Buds. Bowels loose. Slept on an
average of 6 hours from the 1st to 23rd

[illegible] to take care of him very long". She neither supper nor dinner today.
his bed. evidently he took it off one of the curtains. Says "he will fool us yet"

(carried to 184)

1893

This man was brought here by Deputy Sheriff Courteau "Committment papers" is very vague. He is a pauper & c
Nothing is known as to his habits, nativity, heredity, cause of a
attack is chronic, depressed. Appears imbecile. Is not
Has Chronic ulcer of the leg for which he has been t
Has not been restrained or confined.

Apl 24 April 24/93. On admission, [illegible] Dr. Bw Temp 97.2°

" 25 April 25/93. Was restless, noisy and out of bed, wand
slept none. Today, is very quiet; sits in
by "I dont know". Appetite good; h

" 26 April 26/93. Better for an h
At times, stamps
" 27 of him. Evid
" 28 Appeti

May 2/93
" 20 bad.
restle
By da
and bow
being slight
From 74 t
" 30 bowels regular
speaks, but when
ked anything merely answers "Yes or No". Has an ulcer on his left leg, which
is chronic. Personal habits are clean.

June 30 June 30/93. There is no material change in condition, conduct or behavior during the past month.

July 10 July 10/93. Sits in one place most all the time while in the hall. Occasionally will take a "spell" when he will clap his hands and stamp his feet. Does not work any. Appetite fairly good. Bowels are loose at times. Habits clean. —

" 31 July 31/93. Patient has continued about the same, in every respect, as above described. She was, today, with 74 other fellow-patients, transferred to the Hospital at Fergus Falls.

June 10/93. ...ly from ...ve confined ...ctpation ...attached). ...steadily to ...bout the same ...ravery ...in bed, day ...up". — ...day; lies ...today, — ...tache had ...5 to 7 hours, ...ake; merely ...to continues

...4/93. Says ...e it see ...to have ...n an ...bells "when ...since 15th ...been fairly ...ll. Afte- ...s been re- ...of shewing ...w; passages

...his bowels ...3 meals. ...barricaded ...t succeeds ...as he says ...time to ...bowels.

...NESS OF MR. F. P. Hancock.
...DIAGNOSIS.

...ETAILED HISTORY OF C...

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RES... AM	RES... PM
Aug 24	7	5	92	84		
25	7	5	90	92		
26	7	5	76	72		
27	7	5	100	86		
28	7	5	96	70		
29	7	5	88	104		
30	7	5	86	88		
31	7	5	106	92		
Sept 1	7	5	76	84		
2	7	5	86	80		
3	7		100			
4	7	5	84	86		
5	7	5	92	90		
6	7	5	104	98		
7	7	5	84	82		
8	7	5	96	90		
9	7	5	96	94		
10	7	5	100	96		
11	7	5	98	98		
12	7		96			
13	7	5	96	86		
14	7		96			
15	7	5	94	86		
16	7		114			
17	7		98			
18	7		96			

...Sep
...Dec
...Gave Sponge bath
...Complains of stomach bothering him
...Covered a sore on left ...
...Extremely fat, ...
...Weight 84 lbs. Unconscious of poor ...
...Dr. Hancock
...Says he is being ...
...Gave Sponge bath
...Continually ...
...to be totally ...
...Unconscious of poor ...
...Seems to have pain ...
...movement of bowels
...Complains of bowels and stomach bothering,
...Gave Enema of Soap Suds
...Complains of stomach a little, Gave Enema of soap suds, bowels moved a little. Gave sponge bath
...Has sheets, when ...
...Retires
...Sleeps nightly on ...
...Gave Enema of soap suds, bowels moved.
...Thinks ...
...Complains of stomach and bowels bothering
...Retires at 7 o'clock
...Removes clothes ...
...Got out of bed and walked part way up the hall, afterward ...
...exhausted, Gave Enema of soap suds. Bowels moved. Sleeps nights on an average from 6 hours from the 1st to 23rd

...Oct 3/93. Seems a ...

...of past progress. Oct 5/93 is very cross & irritable. to take care of him very long". He neither supper nor dinner today. in his bed. evidently he took it off one of the curtains. Says "he will feel no pain"

(carried to 184)

Personal and Medical History of Thomas Dern

1893

This man was brought here by Deputy Sheriff Courteau. "Commitment papers" is very meagre. Not
Nothing is known

Apl
" 26
" 27 a
" 28 J
dog

May 2/93 Ma 93. Appetite is fairly good. Goes through the peculiar ac
today. 148½ lbs. Pulse &c. May 20/93. With the exception of the
restless and slept only 5 hours) Patient has continued quiet & o
By day, is quiet & well behaved, but at times, gets somewhat
and bowels regular. Temperature has most of the time been
being slightly above normal. Pulse taken regularly for the first 14 days after admission) has ranged
" 30 from 74 to as low as 45; most of the time below normal (much). May 30/93. Appetite good;
bowels regular. Never enters into conversation with anyone; sits in one place, all the time. Never
speaks, but when asked anything merely answers "Yes or No". Has an ulcer on his left leg, which
is chronic. Personal habits are clean.

June 30 June 30/93. There is no material change in condition, conduct or behavior, during the past month.
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and Medical History of Franklin P. Hancock

June 10/93.
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4/93. Says
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been fairly
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s been re-
of shivering
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his bowels
3 meals.
barricaded
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bowels.

ness of Mr. F. P. Hancock
Diagnosis.

Detailed History o

Date	Hour AM	Hour PM	Pulse AM	Pulse PM	Temp AM	Temp PM	
	1893						
Sept 19	7		80				Retains no food. Sponge bath.
20	7	5	94	86			Complains of stomach bothering him.
21	7		90				Vomits a little. Continually fussing & crying. Wt 81 lbs. Evidences of soap suds.
							Refuses food. Says he is being poisoned.
							Gave sponge bath.
22	7	5	84	86			Continually fussing & crying. Refuses to be put to bed, wants to sit up.
23	7		70				Vomited some of soap suds. Bowels move.
24	7	5	92	88			Seems to have pain & complaining of movement of the bowels.
25	7		104				Complains of bowels and stomach bothering.
26	7	5	104	90			Gave enema of soap suds.
27		5		78			Still complains of stomach & bowels.
28	7	5	82				Gave enema of soap suds, bowels moved a little. Gave sponge bath.
29	7	5	78	92			
30	7		88				Has sheets wet when he is examined & rotten.
							Sleeps nightly on average from 5 to 7 hours.
Oct 16	7	5	102	78			Gave enema of soap suds, bowels moved.
17	7	5	78	84			Think someone is trying to poison him.
18	7	5	96	78			
19	7	5	88	90			Complains of stomach and bowels bothering.
20	7		90				
21	7	5	90	86			Ate no breakfast
22	7	5	96	86			Refuses to take anybody's food or medicine.
23	7	5	88	84			Got out of bed and walked partway up the hall, afterward became very quiet & exhausted. Gave enema of soap suds. Bowels moved. Slept during the night on average from 6 hours from the 15th to 23rd

Says "he hopes we won't have to take care of him very long". Ate neither supper nor dinner today.
Oct 5/93. Found a curtain cord in his bed, evidently he took it off one of the curtains. Says "he will fool us yet"

(carried to 184)

1893

This man was brought here by
Commitment papers" is very mea
Nothing is known as to
attack is

with his hands

April 27/93. Slept 7 hours

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DETAILED HISTORY OF SICKNESS OF MR. F. P. Hancock.
DIAGNOSIS.

1893

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP AM	TEMP PM	
July 27	7	5	82	80					Ate no supper
28	7	5	84	90					Sponge bath
29	7	5	76	80					Complains of stomach bothering him
Aug. 30									
31	7	5	90	88					
25	7	5	86	94					Bed rid. Answers questions. Cannot stand
3	7	5	90	84					Extremely painful micturition. Weight 84 lbs. Gave enema of soap suds
4	7	5	102	86					Stupid much. Says he is being poisoned
5	7	5	104	84					Gave sponge bath
6	7	5	94	92					Continually fussing. Has pain. Cannot be put to stool even by the use of enema
7	7	5	80	84					Gave enema of soap suds. Bowels moved. Seems to have pain accompanying last movement of the bowels
8	7	5	92	102					
9	7	5	108	96					Complains of bowels and stomach bothering. Gave enema of soap suds
10	7	5	104	88					
11	7	5	94	82					Still complains of stomach & bowels. Enema of soap suds, bowels moved a little. Gave sponge bath
12	7	5	100						
13	7		89						
14	7	5	92	98					Has shoes when he is up and walks.
15	7	5	98	88					Slept nightly on an average from 6 to 7 hours
16	7	5	102	98					Gave enema of soap suds, bowels moved.
17	7	5	92	84					Thinks someone is trying to poison him
18	7	5	96	98					
19	7	5	88	90					Complains of stomach and bowels bothering
20	7		90						
21	7	5	90	86					Ate no breakfast
22	7	5	96	86					Pleasure talks evenly & rational
23	7	5	88	84					Got out of bed and walked partway up the hall, afterward seemed very much exhausted. Gave enema of soap suds. Bowels moved. Slept last night on an average from 6 hours from the 15th to 23rd

June 10/93.

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4/93. Says
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Oct 5/93. Found a curtain cord in his bed, evidently he took it off one of the curtains. Says "he will fool us yet"

(carried to 184)

sonal and Medical History of Franklin P. Hancock

DETAILED HISTORY OF SICKNESS OF MR. F. P. Hancock.
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP AM	TEMP PM	
1893 July 31	7	5	84	88					Red rose rambler to parlor. Ate no supper
1	7	5	84	72					Ate no breakfast or supper
2	7	5	92	74					Weight 123 lbs.
3	7	5	94	84					
4	7	5	106	92					Enema of Soap Suds. Bowel movement very little. "Black"
									stool. Chronic Complaint of stomach bothering him
5	7	5	104	96			98.8		
6	7	5	84	88					
7	7	5	82	76					
8	7	5	88	90					Says he guesses he is sick. Don't want
									to do anything. Always depressed. Always
									wants a fire built up.
9	7	5	96	100					Gave Enema of Soap Suds. Bowel movement very little
10	7	5	108	80					
11	7	5	100	78					Does bleed frequently as above
12	7	5	102	82					
13	7	5	92	84					
14	7	5	72	92					
15	7	5	94	84					Walks about the ward from day to day.
									Has quietly in bed. Answers
									questions in a free & open
									manner. Has enema of Soap Suds & bowel movement
16	7	5	98	88					
17	7	5	94	90					
18	7	5	98	88					Ate no dinner
19	7	5	86	90					Bath. Enema of Soap Suds
20	7	5	74	75					
21	7	5	78	74					Complains of stomach
22	7	5	78	80					Ate no breakfast or supper. Enema of Soap Suds
23	7	5	70	70					
24	7	5	78	76					Has enema of soap suds & bowel movement
25	7	5	80	72					

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By day, ... t & well behaved, but at times, gets somewhat
and bowels regular. Temperature has most of the time been ... being slightly above normal. Pulse (taken regularly for the first 14 days after admission) has ranged
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June 30 June 30/93. There is no material change in condition, conduct or behavior, during the past month.
July 10 July 10/93. Sits in one place most all the time while in the hall. Occasionally will take a "spell" when he will clap his hands and stamp his feet. Does not work any. Appetite fairly good. Bowels are loose, at times. Habits clean. —
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Oct 5/93. Says "he hopes we won't have to take care of him very long". Ate neither supper nor dinner today.
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(carried to 184)

Personal and Medical History of Franklin P. Hancock

DETAILED HISTORY OF SICKNESS OF MR. F. P. Hancock.
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP AM	TEMP PM	
1893 May 24	7	5	88	72			97.4	98	P.M. Bowels moved
25	7	5	76	72			97.6	98.2	Appears to be doing fairly well. Appetite good
26	7	5	80	70			97.6	97.8	Have Enema of Soap Suds. Bowels moved
27	7	5	88	72			97.2	98	
28	7	5	80	88			97	97	Is continually complaining of stomach.
29	7	5	80	70			98	98.2	
30	7	5	96	80			98.2		Bath
31	7	5	80	84					Enema of Soap Suds. Bowels moved.
June 1	7	5	88	84					Appetite good.
2	7	5	86	82					
3	7	5	72	72					Bath.
4	7	5	110	88			99	98.6	10.30 A.M. Enema - Bowels moved
5	7	5	94	78					Appetite poorly good
6	7	5	80	74					
7	7	5	90	86					Gave enema of Soap Suds. Bowels moved.
8	7	5	100	92					
9	7	5	88	82					
10	7	5	94	84					Bath. Complaining of stomach bothering him
11	7	5	96	86					Gave Enema at 4.45 P.M.
12	7	5	104	84			98.6	F	Appetite poorly good. Bowels loose many
13	7	5	91	84					
14	7	5	106	86					11.30 Enema and Cascara. Bowels moved.
15	7	5	73	73					
16	7	5	82	88					
17	7	5	96	78					Pass Urine in bed a number of times during the night. Bath.
18	7	5	88	82					a.m. Gave enema of Soap Suds.
19	7	5	94	78					Weight 95 Strong built. Complains of stomach bothering him
20	7	5	88	76					ate but very little breakfast.
21	7	5	76	80					Complains of bowels and stomach bothering him.
22	7	5	78	80					Enema of Soap Suds. Bowels moved.
23	7	5	80	78					
24	7	5	80	76					Bath
25	7	5	76	98					Bowels costive. Gave enema.
26	7	5	80	78					
27	7	5	92	88					Ate no breakfast
28	7	5	94	86					Complains of stomach
29	7	5	82	88					Gave enema of Soap Suds. Bowels moved a little. Is up in bed. Walking very lame.
30	7	5	82	80					Complains of stomach bothering him
July 1	7	5	88	90					
2	7	5	84	88					Enema of Soap Suds - Maintains the appearance of being the best patient. Do [illegible] and sleeping well. Bowels [illegible] all vitality

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April 27/93. Slept 7 hours last night.

[illegible] with his hands.

April 28/93. Seems somewhat irregular.

[illegible] anyone.

Appetite is fairly good. Goes through the peculiar actions, 148½ lbs. Pulse 82. May 20/93. With the exception of the restless and slept only 5 hours) Patient has continued quiet & to By day, is quiet & well behaved, but at times, gets somewhat and bowels regular. Temperature has most of the time been [illegible] being slightly above normal. Pulse taken regularly for the first 14 days after admission) has ranged from 74 to as low as 45; most of the time below normal (much). May 30/93. Appetite good; bowels regular. Never enters into conversation with anyone; sits in one place, all the time. Never speaks, but when asked anything merely answers "Yes or No". Has an ulcer on his left leg, which is chronic. Personal habits are clean.

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[illegible] 4/93. Says [illegible] g it [illegible] to have [illegible] t, an [illegible] spells" when [illegible] 3. Since 15th [illegible] e been fairly [illegible] all. Afta [illegible] as been re- [illegible] of skewing [illegible] ion; passages [illegible] f his bowels [illegible] ls meals. [illegible] barricaded [illegible] st succeeds [illegible] him he says [illegible] stine to [illegible] s bowels.

Oct 1/93 Oct 2/93. Has been sleeping 6 to 7 hours, much of past two months. Oct 3/93. Is very cross & irritable. Says "he hopes he won't have to take care of him very long". Ate neither supper nor dinner to day.

" 5 Oct 5/93. Found a curtain cord in his bed. Evidently he took it off one of the curtains. Says "he will fool us yet"

(carried to 184)

Personal and Medical History of Franklin P. Hancock

now Page 11

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...ro, last night.
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is chronic. Personal habits are clean.

June 30 June 30/93. There is no material change in condition, conduct or behavior, during the past month.

July 10 July 10/93. Sits in one place most all the time while in the hall. Occasionally will take a "spell" when he will clap his hands and stamp his feet. Does not work any. Appetite fairly good. Bowels are loose, at times. Habits clean. —

" 31 July 31/93. Patient has continued about the same, in every respect, as above described. He was, today, with 74 other fellow-patients, transferred to the Hospital at Fergus Falls.

his stomach troubling him. Is obstinately constipated. June 19/93. Ate no breakfast this morning. June 20/93. Ate but very little breakfast. June 29/93. Patient has continued to sleep poorly at night, only from 2 to 4 hours (generally the latter number); has been quiet when awake. He lies in bed, being still confined there, day & night. Appetite has been fairly good, though he has, at times, refused meals. Constipation persists, and patient frequently complains of what he calls, his stomach trouble. (See Records attached).

July 2 July 3/93. Maintains the same state of mind the past month. Is hypochondriacal. Holds steadily to the idea that "bowels are all filling up & stopping all vitality". July 4/93. Bed sores in about the same condition. Refused supper last night, & breakfast & supper to-day. July 7/93. Bowels moved a very little today. Ate no dinner. Still complains of stomach bothering him. July 11/93. Lies quietly in bed, day & night. Don't want to do anything. Always depressed. Always "thinks bowels are filling up". —

" 14/8 July 14/93. Nose bleeds frequently & is sore. July 18/93. Appears about the same from day to day; lies quietly in bed. Answers all questions but in a quick, short way. Bowels moved today. —

" 31 July 31/93. Up to the 10th of the present month, patient rested & slept poorly at night; about as he had been doing previously to that time; but since 10th inst, he has been sleeping much better, 6 to 7 hours, each night; very infrequently restless and nearly always quiet while awake. Seldom speaks; merely answering questions in a short, curt way. Lies quietly in bed by day & in all respects continues about the same as above described. (See attached clinical record) —

Aug 2/6 Aug 2/93. Back is red & irritated — (Caused from his continually passing urine, in bed). Aug 4/93. Says "he is being fed on poisoned food". Aug 6/93. Is continually picking his nose, making it sore almost all the time. Bowels are badly constipated. Frequent enemas given — seems to have pain when having passages. Aug 15/93. The first half of this month, has slept nightly, an average 6 to 7 hours. Quite often complains of stomach & bowels troubling him. Has "spells" when he is cross & restless. Aug 17/93. Thinks some one is trying to poison him. Aug 23/93. Since 18th inst up & to date, sleep & rest at night have been about as last described. Appetite has been fairly good; Constipation, however, persists. Got out of bed today & walked part of way up the hall. Afterward, seemed very much exhausted — (See Attached clinical notes.) — Aug 29/93. Has been refusing meals, the past few days. Says "he does not feel as well as usual". Has "spells" of shivering and throwing about his hands & feet, today. Has been greatly troubled with Constipation; passages obtained only by enemata. — " —

Sep 4 Sep 4/93. Is continually picking his nose, keeping it sore, all the time. Still complains of his bowels troubling him. Passages seem painful. Sep 18/93. Has again been refusing occasional meals.

" 21 Sep 21/93. Is very cross & irritable, at times. At 330 PM, today, locked himself in his room, barricaded the door & tried to commit suicide by twisting the curtain cord around his neck; almost succeeded in his attempt. Artificial means were resorted to, to bring him to. The reason for such action he says was "that he will never get well". Sep 30/93. Has passed his night about as usual. From time to time, continues to refuse food. Is steadily confined to his bed. Always complains of his bowels, stomach, of the food &c. Habits are somewhat dirty. (See attached record of Pulse). —

Oct 2/3 Oct 2/93. Has been sleeping 6 to 7 hours, each of past few nights. Oct 3/93. Is very cross & irritable. Says "he hopes we won't have to take care of him very long". Ate neither supper nor dinner today.

" 5 Oct 5/93. Found a curtain cord in his bed, evidently he took it off one of the curtains. Says "he will fool us yet"

(carried to 184)

Personal and Medical History of Eugene A. Burgholzer

Whole No. 3330

Residence, County Jail, Ramsey County

Date Admission, 24th April 1893.

Admitted by Dr Kilbourne Hour, 7 PM

How Sent, John B. Oliver, Jr P., Ramsey County

Sex, Male

Age, 35

Civil Condition, unknown

Children, unknown

Age Youngest Child, —

Occupation, unknown

Degree Education,

Profession Religion, unknown

Habits, unknown

Nativity, unknown

Physicians Committing, Geo. J. Hauley & D. Jones

Correspondents,

No. for Year, 342.

Insane Relatives, unknown

Cause Exciting, unknown

Cause Predisposing,

Form, Mania Acute

Accompanying Bodily Disorder, unknown

Suicidal or Not, unknown

Date of this Attack, unknown

Duration, unknown

No. of Attack, unknown

No. of Admissions, 1st

Age First Attack, unknown

Time of Leaving, July 19th '93

Time in Hospital, 2 mos. 25 ds.

Result, Rec'd.

Eod by Dr Phelps, May 6 93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, somewhat confused

Quick or Sluggish, slightly sluggish

MEMORY:

Past Events, probably much impaired concerning
Recent Events, events about the time
Special Subjects, of his coming.—

PERCEPTIVITY:

Alert or Dull, only slightly dulled at present

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, fair at present

Own Mental State, rather confused.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Says: sometimes feels good, sometimes feels bad; sometimes has enough to write to a cook; business does not seem to agree with him. Went to Ryan Hotel "St Paul. Had a letter from the last place he worked in Winnipeg — he owed Champagne; had no money & says yet, was arrested by a policeman. Denies being violent or doing anything to cause officer to strap him up when being brought here.

EMOTIONAL STATE:

Normal, Calm, Normal

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, now at present obtainable except
Special Subjects, belief that he acted rightly
Transitory or Not, in demanding Board at the "Ryan Hotel."—

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Shows somewhat of mental weak-
Coherent or Incoherent, ness & somewhat of confusion.
Voluble or Reticent, He also shows that he is gradually improving in mental strength.

Personal and Medical History of Eugene A. Burgholzer.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, Usually abt 160 pds. NUTRITION, apparently below normal

WOUNDS OR ABNORMALITIES,

TONGUE, ~~Tremors,~~ Coated, Coatings, brown coating Promptness Movement, very prompt

PUPILS, Equality, Equal Size, Normal

Response Light, Yes Accommodation,

SIGHT, fairly good; slightly near-sighted.

HEARING, Good.

CO-ORDINATION, Arms, Finger to nose, eyes shut, fair.

Legs, Standing on foot, fair. Standing, Eyes shut, fair.

TREMORS, Hands, fairly steady Tongue, None.

Facial Muscles, General, None of any amount.

REFLEXES, Patellar, Equal; 3. D'Ps Scale — Sluggish.

Other Reflexes,

ARTICULATION, ~~Hesitating,~~ fairly good ~~Slurred,~~

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds fairly good.

LUNGS, 2

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, were careless. Clean, Now Careless,

BOWELS, Normal, Now Constipated, Have been somewhat Irregular,

APPETITE, Good, Medium, only. Poor,

SLEEP, ~~fairly~~ Good, at present Poor, Irregular,

PULSE, Record kept 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 dead.

Father or Pat. Relations, Father died long ago

Brothers or Sisters,

Personal and Medical History of Eugene A. Burgholzer.

1893

This man was brought here by Deputy Sheriff Courteau & Fisk. History meagre & very indefinite. He comes here from the County Jail. Nothing is known about his occupation, habits, family history, Cause of attack, a number of same, or acts any bodily disease or disease, if suicidal or not. Insanity is now manifested by violence (Patient was brought to the hospital, strapped up). Is disposed to injure others, from sudden paroxism. Tears his clothes. Acts his being restrained, confined or under medical treatment, unknown.

Apl 24 April 24/93. On Ad. P 96. R 20. Bodily Condition (seen at bath) apparently good. Some scratches & bruises on neck & hands; blotches on legs.

" 25 April 25/93. Restless for 3 hours, sleeping 6, last night: not noisy; 8 Am. P 96. R. 19. 10 Am. P 81. Is wild, boisterous and pugnacious to day; strikes & bites; restlessly active. PM. Is in seclusion; restless, turning somersaults; noisy, fighting viciously; P. about 80; pupils unequal; is too excited & violent for detailed examination. Calls for liquors. Has fears of being killed. Has a vague, bewildered look. Appetite very good. Is very thirsty. Drank some milk. bowels moved freely; tongue is some coated; has no cough; no injuries noticed. Talks when addressed.

" 26 April 26/93. Noisy from 2 to 4 hours, extremely so, at times, frequently assaulted, and slept but one hour, last night. 8 Am. Pulse 90. Is out on the hall this morning; fights viciously; is ugly; excited (requiring 3 attendants to hold him). Talks on no subject but fighting and drink. Appetite good; bowels have moved. PM. Is in room, lying down; took milk also for dinner & supper. Pulse 94. R 20. April 27/93. Was less restless last night; slept 7 hours. 8 Am. Pulse 86. Appetite fair. Takes milk & coffee. 10 Am. Pulse 106. R 20. - PM. Is quiet; in bed all day; Talks & answers questions freely - seems to have delusions. 6 PM. Pulse 105. Complains of pain and soreness in his bowels & chest. Coughs some: was given medicine - Bowels moved

" 28 Takes milk only to day. April 28/93. Last night, was restless for 4 hours or so, but slept 8 hours. 8 Am. P 95. Took sparingly of food at breakfast. Bowels moved freely during the night. Lies in bed most of the time; very quiet; speaks only when addressed; has some fears; Excitates; still complains of pains in his chest & bowels; raises some phlegm. Takes chiefly milk (about 2 pints daily); a little bread. 6 PM. P 100.

" 29 April 29/93. Slept 6 hours last night; very quiet, rest of the time. 8 Am. Pulse 78. 10 Am. Pulse 92. Bowels have moved freely. 4 PM. P 84. 6 PM. P. 94. Bowels moved again. Has lain quietly in bed most of the day. Talks some. Thinks he is in St Paul or Winnipeg - Still raises some phlegm -

" 30 April 30/93. Restless and out of bed for 4 hours, last night, sleeping only 5 hours. Was very quiet 8 Am. Pulse 78. Bowels moved. 6 PM. Pulse 88. Appetite small. Ate different kinds of food for dinner to day, though he take milk almost solely. Still keeps to his bed; lies there quietly. Complains of feeling weak & sick. ———

May 1 May 1/93. Was restless for 3 hours, out of bed frequently, but slept 6 hours, last night. 8 Am. P 64. 10 Am. P 72. Appetite seems improving. Has some diarrhoea this morning. Very quiet; still in bed.

" 2 "orders Choice foods & liquors" - Still complains of pains noted above. May 2/93. Slept well nearly all last night. 8 Am. P 74. Appetite fair. PM. Was out on hall a while to day. Is very quiet; reads some; is disinclined to talk; more rational in manner; Coughs considerably. 6 PM. P 64. appetite good. Still complains.

" 3 May 3/93. 8 Am. P 58. Eat well. Had a slight movement of the bowels. 6 PM. P 62. Appetite good.

" 4/0 Weight 137 pds. Pulse 58. May 4/93. 8 Am. Pulse 60. May 6/93. During past 3 nights, has been more or less restless & disturbed, sleeping 5. 6 & 7 hours on each, respectively. Eat now in the dining-room.

" 8/0 May 8/93. Cough is now less troublesome. May 10/93. Pulse, for last few days, has been somewhat accelerated.

" 22 May 22/93. Since the 6th Inst, patient has become less restless, and for some time has been, and is now, sleeping well at night. He is now very well-behaved. Reads considerably; is not very free in conversation

Personal and Medical History of Eugene A. Burgholzer.

1893

May 22 (cont'd) but seems quite coherent & rational. Appetite is very good & bowels regular. Still complains, at times, of pains in Chest & bowels. Cough is better. Patient seems in quite good physical health (N.B. This man, the Attendant remarks, was the most violent and ugly patient received on this (C3)-Ward, during the past 18 months). Patient's mental & physical improvement have been

" 31 quite rapid. Was today transferred to N2 - May 31/93. Very quiet onward. Has a good appetite - bowels uniformly regular. Says "he does not sleep very well", but he sleeps considerably in day time. Reads papers &c. Does out walking. June 5/93. Wt. 155 pounds. Pulse 100. (has made decided gain in flesh).

June 5 " 15 June 15/93. Works steadily in the kitchen, doing well. Keeps quite steady mentally. July 1/93. Last note

July 1/3 Still looks good. July 3/93. Weight today, 170½ pounds (a further gain); Pulse 102.

" 19 July 19/93. Has not been working in the kitchen for the past week, as I was expecting, every day to leave;

Sent to St Paul today, expecting to be able to secure work there.

Dr Chard

John F Newman

1900

From 164.

Feby 1 Wt 153#. P 78. July 25. Vaccinated: result negative: July 31. Quiet and well-behaved: cleanly:

July 31/01 works in kitchen regularly. Physical condition fairly good: much demented: talks very little.

Aug 1 143# - Sept 10. Transferred to D3 Nov 20. Emotion shows no special change. Works

Nov 30 in kitchen. Health good. Jany 31/901. Very little change. Works regularly in kitchen:

1901 habits tidy: in good physical health: behavior quiet, though he has an occasional "noisy

Jan 31 spell". Is demented. Apl 25. Wt 150#: May 5. Wt 149#: Augt 1. Wt 145#. Nov 4. Sick in bed.

Apl 25 T 102⅖ R 20. P 80: has no appetite (no special trouble can be ascertained): Put on mercurie, every

Nov 4 4 hours - Nov 11. Upstairs: not yet quite as strong as usual - Dec 7. Began work again

11 in kitchen. Jany 31/02 - No change during period, except for slight illness noted. Works

1902 regularly in kitchen: very quiet & harmless. Talks very incoherently & can understand

Jan 31 very little that he says. Jany 31/03. Works regularly in kitchen: habits tidy. Is quiet

July 31 1903 and peaceable. - Jany 31/03. Works regularly in Kitchen: quiet & peaceable: cleanly in

Jany 31 habits: Is very demented. —

Personal and Medical History of Samuel Smith

Whole No. 3333.

Residence, St. Paul Minn

Date Admission, 26th April 1893. —

Admitted by Dr. Phelps Hour, 7 PM

How Sent, John. B. Olivier, Jr. P. Ramsey County

Sex, Male

Age, 18 years

Civil Condition, Single

Children, none

Age Youngest Child,

Occupation, Tobacco Roller

Degree Education,

Profession Religion, M.E. Church

Habits, Intemperate

Nativity, Missouri — (Colored Man)

Physicians Committing, Geo. F. Hanley & E.C. Eckelby

Correspondents, James. E. Smith (brother) 467 Cedar St. St Paul Minn

Pat. Anderson (Bro.-in-law) 892 Franklin St. St Paul Minn

No. for Year, 245.

Insane Relatives, Father's Sister

Cause Exciting, Unknown; probably Syphilis

Cause Predisposing, Heredity probably

Form, (Mania — Acute — Recurrent — Chronic)

Accompanying Bodily Disorder, Unknown

Suicidal or Not, not known

Date of this Attack, April 22d 1893; Sudden

Duration, 4 days or so.

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, 18 years.

Time of Leaving, Mch 29th 94

Time in Hospital, 10m. 24d.

Result, Recovered

Exd by Dr. Phelps, Mayo[illegible]

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, only slightly impaired at present.

Quick or Sluggish, fairly quick

MEMORY:

Past Events, } fairly good; seems to

Recent Events, } carry back through his

Special Subjects, } attack. —

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, fairly Correct

REASONING POWER:

Ordinary Subjects, } rather weak, yet for the

Own Mental State, } most part correct in form.

Special Subjects, } Is somewhat childish

GENERAL DESCRIPTIVE REMARKS:

Complains of "pain in his Eyes"; "pain in his lungs"; "pain in his legs"; "pain in his bowels"; "pains all over" — all last winter too; "Was sick about a year ago, for 6 months; with Lalapsha. "Went to his head"; thinks he was "out of his head" at that time — Also has had retention of urine —

EMOTIONAL STATE:

Normal, Calm, Normal or

Indifferent,

Exalted, Slightly

Depressed,

DELUSIONS:

Systematized or Not, } probably none at present,

Special Subjects, } although tendency is toward de-

Transitory or Not, } lusive ideas.

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Shows a rather childish judgment and

Coherent or Incoherent, } a rather weak-minded way of

Voluble or Reticent, } talking. He is not however,

especially incoherent nor does it show delusions.

Personal and Medical History of Samuel Smith

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7in WEIGHT, 125 lbs (has weighed 150 lbs) NUTRITION, below normal.

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, fair Coatings, fairly clean Promptness Movement, prompt

PUPILS, Equality, Equal Size, somewhat dilated

Response Light, yes Accommodation,

SIGHT, Good

HEARING, Seems good.

CO-ORDINATION, Arms, Finger to nose, Eyes shut, rather poor.

Legs, Stands on foot fairly.

TREMORS, Hands, slight Tongue,

Facial Muscles, General,

REFLEXES, Patellar, Equal, about normal; 5; Dr P's scale.

Other Reflexes,

ARTICULATION, Hesitating, no Slurred, no; good.

FACIAL EXPRESSION, good

SENSIBILITY,

HEART, palpitates considerably, but no murmur.

LUNGS, Sounds quite uniform; a little harsh.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Record kept Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Record kept 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 Samuel Smith

1893 This man was brought here by a Sheriff's officer, with following history. He is a colored man; was born in Missouri. Habits intemperate. Insanity hereditary, father's sister being insane; Cause of this attack unknown; probably Syphilis. Is given to excessive sexual indulgence. Form of this attack is acute mania, with exalted (delusions) Symptoms. Accompanying bodily disorder, unknown. The first Symptoms were manifested April 22/93, Suddenly, with delusions. This is 1st attack. He now has hallucinations of persecution. If disposed to injure others or if Suicidal, is not known. Is filthy & destructive. Habits. Has any bodily disease, not known. Has not been restrained or confined, no under medical treatment.

Apl 26 Apl 26/93. On admission this evening, is noisy & talkative. Objects to people walking around him, watching him.
" 27 Pulse 89. R 28. Tem 100.4. Bodily condition clean; no injuries or peculiarities visible. April 27/93. Was quite noisy for 3 hours, sleeping 6, last night. Ate. Tongue is heavily coated; given laxative. Pulse 92. R 26. Tem 99.4. PM. Has been noisy & restless today; talk full of delusions. Appetite poor; finds fault with food. Seems afraid some one is going to kill him. Bowels regular. Complains of pains "all over".
" 28 April 28/93. Was slightly noisy for 3 hours, but slept 6, last night. Ate. P 88. R 24. Tem 99.6. Is noisy and restless again today, teasing patients & causing trouble to attendants. Appetite fair and bowels regular.
" 29 April 29/93. Slept 6 hours last night, being only slightly noisy for a short time. Ate. P 68. R 26. Tem 99.2
" 30 Is quiet; will not talk much; Appetite good; bowels normal. April 30/93. Slept well last night. By day now, is very quiet; answers questions read coherently & rationally.
May 3 May 3/93. Still behaves quietly & rationally. Sleeps with the ward-coat. Weight 127¾ lbs, today
" 13 Is very anxious to go home. May 13/93. During past 2 weeks, Pulse. R & T have become somewhat
" 16 more nearly normal. Is again teasing to be allowed to go home. May 16/93. For some nights past, has been quiet and slept well. Has been up & about daily; clean tidy well-behaved & attending to his own personal wants; very polite & respectful; talking quite freely & coherently; showing no delusions or hallucinations. Has gone out walking &, while in the ward, has worked well and willingly. Was,
" 17th today, transferred to 13. May 17/93. Was quiet & slept 8 hours last night. May 20/93. Has been much
" 21 disturbed the past 3 nights; restless, noisy, frequently out of bed, sleeping 5, 7 & 6 hours respectively,
" 22 on each. Is in the beginning of another "Spell". — May 21/93. Was restless, noisy, talking & out of bed the greater part of last night; slept but 1 hour. May 22/93. Last night was noisy, restless & talking for 4 hours, sleeping but 4 hours. Since in this ward, has also been very restless by day & talking loudly & incoherently; has also been somewhat destructive. Was today removed to C4 & put in seclusion.
" 30 May 30/93. Noisy, restless & talking. Last night; incoherent; manifesting delusions; slept but 1 hour.
" 31 May 31/93. Restless & talking; noisy; slept only 4 hours last night. Appetite good; bowels regular; no cough noticed. Has also been of destructive habits, during this "Spell". Recently received a bruised eye, in a fight with a fellow-patient. Has been in seclusion 72 hours, since coming on this ward. Habits have been clean, with the exception of 4 days, when he had some dirty habits & was also destructive. —
June 5 June 5/93. Appetite continues good; bowels normal; no cough noticed. On the nights of the 13th 16th 18th & 20th
" 22 patient was noisy, restless & at times destructive, sleeping very poorly, only 2 or 4 hours on each night. Was occasionally given hypnotics. Struck a fellow-patient (Louis Hedlund) today, in the eye, with a broom-handle, so severely injuring the eye that it had to be removed. Conduct and behavior have been very
" 30 ugly during two weeks of this month, talking noisily & showing delusions during that period. His

Personal and Medical History of Samuel Smith

1893

NAME Samuel Smith

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
June 5th	138½	86	10¾	
July 3d	145	90	6½	
Aug 1st	154	90	9	
Sept 4th	155	74	1	
Oct 3d	158½	78	3½	
Nov 2d	163	88	4½	
Dec 3d	162½	78		½
Jany 1894 1st	166	76	3½	
Feby 1st	172	72	6	
Mar 1st	172	80	-	

and he has been in the second one, since coming here.
recent "Spell", and for some time has been quiet & well-behaved
& talking & singing & incoherent. Was in seclusion 24 hours on his ward. Since coming here
he has continued good; bowels regular; patient is in good
decided gain in flesh during the past 2 months.
in flesh, the past 3 months. Aug 9/93. Complains of having
Aug 31/93. Keeps about as described in last general note (July 31).
flesh. Sept 27/93. There has been no material change in his condition.
well"; of late, though he seems somewhat contented & seemingly
rational & clear, at present.
flesh. Appetite good. Bowels regular. No cough noticed.
good. Has had no "Spell" for some months. Oct 30/93. He
misses no trouble whatever. Always cheerful & contented.
mind seems fairly rational. In good health
th, each month. Nov 8/93. Appetite good; bowels regular. Is
sensibly & rationally. Has had no "Spell" for several months.
is called on to do. Habits are clean & neat. Health good.
last note. Is somewhat anxious to go home.
ical condition. Dec 26/93. Complains of not feeling well; has cold.
ell-behaved. Pleasant in manner — Works well on the ward.
Jany 31 Jan 1/94. Has made another increase in weight, in the past month. Jan 31/94. Seems to be all right (as far as can be noted by attendant). A quiet patient; causes no trouble. Works well & willingly on the ward. Habits clean & neat. Physical condition very good. —
Feb 1 Feb 1/94. Has gained 6 pounds in weight, in past month; making, in all, a gain of 47 pds
" 28 since coming here. Is in very good physical health. Feb 28/94. Continues to improve.
Talks freely & sensibly. Works well & willingly. Habits very neat and clean.
Mar 30 March 30/94. Patient has continued quiet & well behaved; pleasant & agreeable in manner;
willing to do any work required of him on the hall. Clean & tidy in personal habits.
Has had no "Spell" for several months. For some time has been anxious to go home.
Went to St Paul today, a brother having made arrangements
for taking him out of Hospital. —

Discharged

Personal and Medical History of Samuel Smith

1893

This man was brought here by a Sheriff's officer, with following history: born in Missouri. Habits intemperate. Insanity hereditary, father's attack unknown; probably Syphilis. Is given to excessive use of liquor. Present attack is acute mania, with exalted (delusions) symptoms. Account of first symptoms were manifested April 22/93, suddenly with violence. Has hallucinations of persecution. Is disposed to injure others. No destructive habits. Not any bodily disease, not known. Has had no medical treatment.

Apl 26 Apl 26/93. On admission this evening, is noisy & talkative. Rejects food. Pulse 89. R 28. Temp 100.4. Bodily condition clean; no injuries. Is quite noisy for 3 hours, sleeping 6, last night. Am. Temp. 99.6. R 26. Temp 99.4. PM. Has been noisy & restless today; refuses with food. Seems afraid someone is going to kill him.

" 27 April 28/93. Was slightly noisy for 3 hours, but slept 6 hours. Restless again today, teasing patients & causing disturbance.

" 28 April 29/93. Slept 6 hours last night, being only slightly disturbed.

" 29 April 30/93. Slept 6 hours last night, being only slightly disturbed.

" 30 Is quiet; will not talk much; Appetite good; bowels normal. By day now, is very quiet; answers questions rational, Coherently & rational.

May 3 May 3/93. Still behaves quietly & rationally. Keeps with the ward-work.

" 13 Is very anxious to go home. May 13/93. During past 2 weeks, Pulse, R & T have become somewhat more nearly normal. Is again teasing to be allowed to go home.

" 16 May 16/93. For some nights past, has been quiet and slept well. Has been up & about daily; clean, tidy, well-behaved & attending to his personal wants; very polite & respectful; talking quite freely & coherently; showing no delusions or hallucinations. Has gone out walking &, while in the ward, has worked well and willingly. Was,

" 17/20 today, transferred to 13. May 17/93. Was quiet & slept 8 hours last night. May 20/93. Has been much disturbed the past 3 nights; restless, noisy, frequently out of bed, sleeping 5, 7 & 6 hours respectively, each. Is in the beginning of another "Spell".

" 21 May 21/93. Was restless, noisy, talking & out of bed

" 22 the greater part of last night; slept but 1 hour. May 22/93. Last night was noisy, restless & talking for 4 hours, sleeping but 4 hours. Since in this ward, has also been very restless by day & talking loudly & incoherently; has also been somewhat destructive. Was today removed to Ct. & put in seclusion.

" 30 May 30/93. Noisy, restless & talking last night; incoherent; manifesting delusions; slept but 1 hour.

" 31 May 31/93. Restless & talking; noisy; slept only 4 hours last night. Appetite good; bowels regular; no cough noticed. Has also been of destructive habits, during this "Spell". Recently received a bruised eye, in a fight with a fellow-patient. Has been in seclusion 22 hours, since coming on this ward. Habits have been clean, with the exception of 4 days, when he had some dirty habits & was also destructive.

June 5 June 5/93. Appetite continues good; bowels normal; no cough noticed. On the nights of the 13th 16th 18th & 20th

" 22 patient was noisy, restless & at times, destructive, sleeping very poorly, only 2 or 4 hours on each night. Was occasionally given hypnotics. Struck a fellow-patient (Louis Hedlund) today, in the eye, with a broom-handle, so severely injuring the eye that it had to be removed. Conduct and behavior have been very ugly during two weeks of this month, talking noisily & showing delusions during that period. His

Personal and Medical History of Samuel Smith

1893

spells have assumed periodicity and he has been in the second one, since coming here.

July 31 July 31/93. Has recovered from his recent "spell", and for some time has been quiet & well-behaved, though, at times, given to loud talking & singing & incoherence. Works some on his ward. Is very pleasant & good-natured. Appetite has continued good; bowels regular; patient is in good physical health & has made a decided gain in flesh during the past 2 months.

Aug 1/93 - 31 Aug 1/93. Has been steadily gaining in flesh, the past 2 months. Aug 9/93. Complains of having a cold, but there is no cough. Aug 31/93. Keeps about as described in last general note (July 31).

Sept 4/30 Sept 4/93. Still keeps in good flesh. Sept 27/93. There has been no material change in his condition. Has not had any fair spell or "spell", of late, though he seems somewhat contented & seemingly recognizes his instability. Is fairly rational & clear at present.

Oct 3 Oct 3/93. Continues to gain in flesh. Appetite good. Bowels regular. No cough noticed.

" 30 Behavior, in every way very good. Has had no "spell" for some months. Oct 30/93. Is still quiet & well behaved. Causes no trouble whatever. Always cheerful & contented. Habits are clean. Patient's mind seems fairly rational. In good health.

Nov 7/8 Nov 2/93. Keeps increasing in flesh, each month. Nov 8/93. Appetite good; bowels regular. Is always well-behaved. Talks sensibly & rationally. Has had no "spell" for several months. Is willing worker at anything he is called on to do. Habits are clean & neat. Health good.

" 30 Nov 30/93. No change since last note. Is somewhat anxious to go home.

Dec 7/15 Dec 1/93. Keeps in good physical condition. Dec 16/93. Complains of not feeling well; has cold.

" 31 Dec 31/93. Is always quiet & well-behaved. Pleasant in manner - Works well on the ward.

Jan 1894 / 31 Jan 1/94. Has made another increase in weight, in the past month. Jan 31/94. Seems to be all right (as far as can be noted by attendant). A quiet patient; causes no trouble. Works well & willingly on the ward. Habits clean & neat. Physical condition very good.

Feb. 1 Feb 1/94. Has gained 6 pounds in weight, in past month; making, in all, a gain of 47 pds

" 28 since coming here - Is in very good physical health. Feb 28/94. Continues to improve. Talks freely & sensibly - Works well & willingly - Habits very neat and clean.

Mar 20 March 20/94. Patient has continued quiet & well behaved; pleasant & agreeable in manner; willing to do any work required of him at the hall. Clean & tidy in personal habits. Has had no "spell" for several months - For some time has been anxious to go home.

Went to St. Paul today, about her having made arrangements for taking him out of hospital.

Discharged

Personal and Medical History of Carl Lombrecht

Whole No. 3336

Residence, 467 Park, St. Paul, Minn

Date Admission, 3rd May 1893.

Admitted by N. Linton-Phelps Hour, 7 PM.

How Sent, John. B. Olin, Jr. Ramsey County

Sex, male

Age, 19 years

Civil Condition, Single

Children, No

Age Youngest Child, —

Occupation, R.R. Clerk

Degree Education,

Profession Religion, Sa church member

Habits, Poor

Nativity, St. Paul, Minn

Physicians Committing, J.M.A. Gravel & Geo. F. Hanley

Correspondents, 467 Park Av. St Paul Minn
(Father's address)



No. for Year, 248.

Insane Relatives, Mother

Cause Exciting, Tertiary Syphilis

Cause Predisposing, Heredity probably

Form, Dementia Syphilitica

Accompanying Bodily Disorder, Tertiary Syphilis

Suicidal or Not, Not

Date of this Attack, 2 years ago.

Duration, about 2 years

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 17 years

Time of Leaving, Apr. 25 '95 —

Time in Hospital, 11 mos 22 ds.

Result, Rec.

EXAMINATION ON ADMISSION.

Exd by Dr. Baker, May 4 93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Seems somewhat confused

Quick or Sluggish, probably fairly active

MEMORY:

Past Events, Seems to have laccunae memory

Recent Events, Seems good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, fairly active

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Impaired considerably

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, not. "has nothing to be sad about" —

DELUSIONS:

Systematized or Not, that he is able to draw the "strength" out of his father —

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Denies any

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, at times incoherent

Voluble or Reticent, Quite free = hesitates, at times when questioned - Then seems some degree of mental enfeeblement.

GENERAL DESCRIPTIVE REMARKS:

Memory are rather indistinct; there seems to be somewhat of a lack of control of facial muscles; upper lip draws to the right side, when smiling; says "at times, things drop out of his mind" + he forgets them. Accounts for this by saying that when he gets hungry or sleepy, he has bad memory (laccunae). Says "he could kill his father at a blow, if he wanted to" "Could draw his strength out of him" - "Could suffer it not off him"; "would have to go pretty near crazy in doing this". "= Got this power at 15-7. Hill Street - about 3 years ago - Impression originated from the Chancre -

Personal and Medical History of Carl Lombrecht

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 1/4 WEIGHT, 132 lbs. NUTRITION, fairly good; somewhat below normal.

WOUNDS OR ABNORMALITIES, small scar on right shin; of abnormalities, probably none.

TONGUE, Tremors, slightly tremulous Coatings, Coindicable Promptness Movement, fairly prompt

PUPILS, Equality, Yes Size, about normal

Response Light, Yes Accommodation, Yes; external muscles of eye seem of normal strength

SIGHT, Good

HEARING, Good

CO-ORDINATION, Arms, Finger to nose, eyes shut, fairly good.

Legs, standing on foot, fairly steady; standing, eyes shut, fairly good: turning quickly, seems some ataxia, fairly well

TREMORS, Hands, slight Tongue, slight

Facial Muscles, very slight intention tremors General,

REFLEXES, Patellar, about normal; only slight, if any, inequality tho' right slightly more responsive.

Other Reflexes,

ARTICULATION, Hesitating, slightly ~~Slurred~~, fairly distinct

FACIAL EXPRESSION, about normal; scowls some

SENSIBILITY,

HEART, Seems to have no murmurs.

LUNGS, Seem good. Chest 33 in Expn 2 5/8 in

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Yes	Careless,
BOWELS, Normal,	Constipated, Somewhat	Irregular,
APPETITE, Good, Yes	Medium,	Poor,
SLEEP, Good, not very —	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 living; thinks she is healthy (See History that Came with Patient)

Father or Pat. Relations, Father living; says, health is good —

Brothers or Sisters, 4 brothers, all living; comparatively good health. 2 sisters living; think all healthy — 1 brother died in childhood.

Personal and Medical History of Carl Lonbrecht

1893

This man was brought here by a Sheriff's Deputy, with the following history. Is a single man. Habits have been poor. Insanity is hereditary, mother being insane, he is living with her husband. Supposed cause of this attack is tertiary Syphilis, which is now the accompanying bodily disorder. Form of attack is Chronic. First symptoms of disease were manifested 2 years ago, by his wandering from home. This is the 1st attack. Insanity is now manifested by irritability. Is not disposed to injure others, no suicidal, nor filthy nor destructive. He contracted Syphilis 3 years ago. Has not been restrained or confined. Took specific treatment about 3 months, 2 years ago.

May 3 May 3/93. On admission, body was found clean; no injuries or peculiarities noticed. Weight 132 pds. -

" 4 May 4/93. Was restless and out of bed for 3 hours; slept 5 hours, last night. Am. Pulse 80. Te 98.8. Went out walking with his ward, today. While at the hall, walks about quietly; very good-natured; thinks it was all right to send him here"; talks freely and fairly coherently; does not manifest delusions. Appetite is

" 5 good; bowels regular; no cough; PM. Pulse 74. Te 99. May 5/93. Last night, was restless for an hour or so, but slept 7 hours. Talks quite freely. Behavior good; neat and tidy in appearance. Pulse

" 6 and respiration & temperature, normal. May 6/93. Slept but 3 hours last night; was very restless for 5 hours or so, and out of bed often. Is about as usual, by day. Is already anxious to go home.

" 7 May 7/93. Was somewhat restless, but sleeping 6 hours, last night. Is now more contented to remain here.

" 8/9 May 8/93. Again restless a couple of hours, but slept 6, last night. Is very restless today. May 9/93. Restless

" 10 and slept well, 8 hours, last night. May 10/93. Slept but 5 hours last night, being much disturbed.

" 11 Says "some one is bothering him continually." Appetite continues good & bowels regular. May 11/93. Last night was restless for 3 hours or so, sleeping but 5 hours. Several times, today, requested the Attendant "not to let those people bother him." May 12/93. Was very restless for 5 hours, frequently out of bed,

" 12 and slept but 3 hours, last night. On the hall, stands & stares at the floor in a peculiar way. Talks but little. Answers questions incoherently. Says "he would like to be released, as he is going to

" 13 get married." May 13/93. More restful, sleeping 7 hours, last night. Is quietly behaved. Is despondent.

" 14/16 Talks incoherently. Shows delusions. May 14/93. Restless, sleeping only 5 hours, last night. May 16/93 Was restless, out of bed often, sleeping only 4 and 5 hours respectively, the past 2 nights. Conduct and behavior about as last noted. Is watching for an opportunity to escape; says "he must do something for his liberty".

" 17/21 May 17/93. Rested & slept fairly well, 7 hours, last night. Is despondent and quiet. May 21/93. Has

" 24 slept only from 5 to 6 hours on each of past 4 nights. May 24/93. More restful, sleeping 8 hours, on each of past 3 nights. Has been up and around daily. Keeps himself neat and tidy in appearance. — Has a somewhat restless air about him; seems dissatisfied & discontented about being kept here. Is at times, despondent. Appetite has been uniformly good, and bowels regular. Pulse, taken daily, the first 2 weeks has been about normal. Temperature also, when taken. Talk has been quite incoherent

" 29 for some time. Still manifests delusions. Was yesterday visited by a friend. May 29/93. Slept but 4

" 31 hours last night; was quite restless. May 31/93. Appetite is good; bowels, as a rule, regular; no cough noticed.

June 7 Does some work in the ward. Talks to himself a good deal. June 7/93. Received clothes from home, today.

" 15 June 15/93. On the nights of the 7th 9th 12th & 13th inst, patient was quite restless; talking incoherently, laughing & wanting to get up, sleeping only 3 or 4 hours each of those nights. By day also, talks most

" 27 of the time; very incoherent; tries to run away; seems growing gradually worse. June 27/93. During the past 10 nights, patient's rest & sleep have been much broken by his restlessness &c, but he has managed

Personal and Medical History of Carl Lonbrecht

NAME Carl Lonbrecht

DATE, 189..	Weight.	Pulse.	Gain.	Loss.
June 5th	131¼	-		3/4
July 4th	126	-		5¼
Aug 3rd	124½	-		1½
Sept 8th	133½	-	9	
Oct 3rd	134	76	½	
Nov 1st	139½	84	5½	
Dec 11th	137½	86		2
Jany 1900	132	80		5½
Febry 1st	127½	92		4½
Mar 2nd	129	92	1½	
Apl 2nd	133	92	4	
May 1	130	78		3

during that period. Still continues very restless & uneasy by day. and; no cough noticed. Restless & uneasy; walking about aimlessly & incoherently to himself; shows, at times, a mean disposition and his some of his habits are very dirty (Eg. taking tobacco out of the cuspidors &c). Wandered about with her in a dull way, but was quiet. July 27/93. As he was very poor, not over 3 hours in each of these nights; he was noisy & talking incoherently & walking the hall, most of the time, while in the side on the grounds. Will talk for a moment or so seemingly rationally, & his incoherent talking. Sleep is poor. Appetite good. Bowels normal. Some mentioned. Patient has been losing in flesh, the past 2 months, the past 3 months, without apparent cause. Aug 27/93. Has during, walking the hall a good deal; also talking very loudly, and noisy. ing restless & noisy, during the night. Aug 31/93. Appetite is good. very loudly, most of the time. Bodily condition seems good. — 7/17/93. Slept but 4 hours; was quite noisy last night. Has made e, the past 2 weeks. Sept 16/93. Has been in one of his "spells" een very restless & noisy, by day. Sept 27/93. Has been very + 4 hours, in each of past 2 nights. Visited by mother today. rvous & restless, seldom sitting still, begging for money &c. —

" 30 Did not pay very much attention to her. Sept 30/93. Appetite good. Bowels normal. No material change in conduct & behavior. Bodily condition good.

Oct 3/27 Oct 3/93. Keeps in good flesh. Oct 27/93. On the night of 24th & last night, was restless & noisy; slept poorly,

" 31 only 3 or 4 hours, each night. Oct 31/93. Does not sleep very well. At times, noisy & restless during the day. Appetite good. Keeps some with ward work.

Nov 1/10 Nov 1/93. Has made quite a gain in flesh, during past month. Nov 10/93. Occasionally restless at night, sleeping poorly. Has been very quiet for past few days. Talks quite freely. Reads some; plays games,

" 16 billiards &c. Goes out walking. Nov 16/94. Visited by uncle. Has received some clothes from home.

" 30 Nov 30/93. Is still, sometimes, restless and night and sleeps very poorly. Has been more quiet, of late. Talks but little, except when addressed. Makes no complaints. Seems contented here. —

Dec 4/31 Dec 4/93. Keeps in quite fair flesh. Dec 31/93. No change from last months' general note.

1893/94 Jan 2 Jan 2/94. Has lost ½ pound in weight, in past month, without apparent cause; does not complain.

" 15 Jan 15/94. Stands idly about, a good part of the time. Seems to be gradually losing both in flesh & spirits.

" 31 Jan 31/94. Still losing in weight. Has sores on face, which he is continually picking & making larger. Talks but little. Stands idly about. Seems much depressed at times. —

Feb 1/10 Feb 1/94. Has again lost in flesh, 4½ pds. in the past month. Feb 10/94. Does not look very well; is

" 11 losing in flesh. Feb 11/94. Is continually picking face, causing sores to appear in lips and chin. —

" 28 Feb 28/94. Was visited by brother, today. Patient stands idly about, most of the time, in the hall. at times, is dull & stupid. Talks but little to others; but walks about occasionally muttering & laughing to himself. Goes out walking with the rest. Habits are fairly clean & tidy. —

Mar 10/31 March 10/94. No material change in patients condition. March 31/94. About as stated in last general note.

(Carried to 208)

1893

This man was brought here by a Sher
have been poor. Insanity is hereditary, m
this attack is tertiary syphilis, which
Chronic. First symptoms of disease were m
the 1st attacks. Insanity is now manifested
nor filthy nor destructive. He contracted Syp
Took specific treatment about 3 months, 2 yea

...this is
...no suicidal,
...ntained or confined.

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walking with his ward, today. While on the hall, walks about quietly; very good-natured; thinks it was
all right to send him here"; talks freely and fairly coherently; does not manifest delusions. Appetite is
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hour or so, but slept 7 hours. Talks quite freely. Behavior good; neat and tidy in appearance. Pulse
" 6 and respiration & temperature, normal. May 6/93. Slept but 3 hours last night; was very restless
for 5 hours or so, and out of bed often. Is about as usual, by day. Is already anxious to go home.
" 7 May 7/93. Was somewhat restless, but sleeping 6 hours, last night. Is now more contented to remain here.
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" 10 and slept well, 8 hours, last night. May 10/93. Slept but 5 hours last night, being much disturbed.
" 11 Says "some one is bothering him continually." Appetite continues good & bowels regular. May 11/93. Last
night was restless for 3 hours or so, sleeping but 5 hours. Several times, today, requested the attendant
" 12 "not to let those people bother him". May 12/93. Was very restless for 5 hours, frequently out of bed,
and slept but 3 hours, last night. On the hall, stands & stares at the floor in a peculiar way. Talks
but little. Answers questions incoherently. Says "he would like to be released, as he is going to
" 13 get married." May 13/93. More restful, sleeping 7 hours, last night. Is quietly behaved. Is despondent.
" 14/16 Talks incoherently. Shows delusions. May 14/93. Restless, sleeping only 5 hours, last night. May 16/93. Was
restless, out of bed often, sleeping only 4 and 5 hours respectively, the past 2 nights. Conduct and behavior
about as last noted. Is watching for an opportunity to escape; says "he must do something for his liberty".
" 17/23 May 17/93. Rested & slept fairly well, 7 hours, last night. Is despondent and quiet. May 21/93. Has
" 24 slept only from 5 to 6 hours in each of past 4 nights. May 24/93. More restful, sleeping 8 hours, in each
of past 2 nights. Has been up and around daily. Keeps himself neat and tidy in appearance. —
Has a somewhat restless air about him; seems dissatisfied & discontented about being kept here.
Is at times, despondent. Appetite has been uniformly good, and bowels regular. Pulse, taken daily,
the first 2 weeks has been about normal. Temperature also, when taken. Talk has been quite incoherent
" 29 for some time. Still manifests delusions. Was yesterday visited by a friend. May 29/93. Slept but 4
" 31 hours last night; was quite restless. May 31/93. Appetite is good; bowels, as a rule, regular; no cough noticed.
June 7 Does some work in the ward. Talks to himself a good deal. June 7/93. Received clothes from home, today.
" 15 June 15/93. On the nights of the 7th 9th 12th & 13th inst, patient was quite restless; talking incoherently,
laughing & wanting to get up. Sleeping only 3 or 4 hours each of these nights. By day also, talks most
" 27 of the time; very incoherent; tries to run away; seems growing gradually worse. June 27/93. During the
past 10 nights, patient's rest & sleep have been much broken by his restlessness &c, but he has managed
about 5 hours sleep each night, during that period. Still continues very restless & uneasy by day.

June 30 June 30/93. Appetite good; bowels normal; no cough noticed. Restless & uneasy; walking about aimlessly
nearly all the time; talking incoherently to himself; shows, at times, a mean disposition and his
actions are growing more violent. Some of his habits are very dirty (e.g. taking tobacco out of the cuspidors &c.)
July 3/29 July 3/93. Was today, visited by sister. Wandered about with her in a dull way, but was quiet. July 29/93. On the
" 30 nights of the 8th 11th 15th & 28th slept was very poor, not over 3 hours in each of these nights; he was noisy
and restless when awake. July 30/93. Talking incoherently & walking the hall most of the time, while in the
ward. Also carries this on, while outside on the grounds. Will talk for a moment or so seemingly rationally,
but almost immediately goes back to his incoherent talking. Sleep is poor. Appetite good. Bowels normal.
Still indulges in the dirty habits above mentioned. Patient has been losing in flesh, the past 2 months.
Aug 3/31 Aug 3/93. Has been losing in flesh the past 3 months, without apparent cause. Aug 27/93. Has during
past week, at times, been restless, walking the hall a good deal; also talking very loudly, and noisy.
" 31 Has occasionally slept poorly, being restless & noisy, during the night. Aug 31/93. Appetite is good.
Still somewhat restless, talks very loudly, most of the time. Bodily condition seems good. -
Sep 1/15 Sept 1/93. Pulse 86. Te 98.6. Sept 15/93. Slept but 4 hours; was quite noisy last night. Has made
" 16 quite a marked gain in flesh, the past 2 weeks. Sept 16/93. Has been in one of his "spells"
" 29 the past few days. Has also been very restless & noisy, by day. Sep 29/93. Has been very
restless & noisy, sleeping only about 4 hours, in each of past 2 nights. Visited by mother today.
During her stay, was very nervous & restless, seldom sitting still, begging for money &c. -
" 30 Did not stay very much attention to her. Sep 30/93. Appetite good. Bowels normal. No
material change in conduct & behavior. Bodily condition good.
Oct 3/27 Oct 3/93. Keeps in good flesh. Oct 27/93. On the night of 24th & last night, was restless & noisy; slept poorly,
" 31 only 3 or 4 hours, each night. Oct 31/93. Does not sleep very well. At times, noisy & restless
during the day. Appetite good. Keeps some with ward work.
Nov 1/10 Nov 1/93. Has made quite a gain in flesh, during past month. Nov 10/93. Occasionally restless at night,
sleeping poorly. Has been very quiet for past few days. Talks quite freely. Reads some; plays games,
" 15 billiards &c. Goes out walking. Nov 16/94. Visited by uncle. Also received some clothes from home.
" 30 Nov 30/93. Is still, sometimes, restless and night and sleeps very poorly. Has been more quiet, of late.
Talks but little, except when addressed. Makes no complaints. Seems contented here. —
Dec 4/31 Dec 4/93. Keeps in quite fair flesh. Dec 31/93. No change from last months' general note.
1894 Jan 2 Jan 2/94. Has lost ½ pound in weight, in past month, without apparent cause; does not complain.
" 15 Jan 15/94. Stands idly about, a good part of the time. Seems to be gradually losing both in flesh & spirits.
" 31 Jan 31/94. Still losing in weight. Has sores on face, which he is continually picking & making larger.
Talks but little. Stands idly about. Seems much depressed at times. —
Feb 1/10 Feb 1/94. Has again lost in flesh; 4½ pds. in the past month. Feb 10/94. Does not look very well; is
" 11 losing in flesh. Feb 11/94. Is continually picking face, causing sores to appear on lips and chin. -
" 28 Feb 28/94. Was visited by brother, today. Patient stands idly about, most of the time, in the hall.
At times, is dull & stupid. Talks but little to others; but walks about occasionally muttering & laughing
to himself. Goes out walking with the rest. Habit and fairly clean & tidy. —
Mar 10/31 March 10/94. No material change in patient's condition. March 31/94. About as stated in last general note.

(Carried to 208)

Personal and Medical History of Peter Koch

Whole No. 3337.

Residence, now in St Paul, Minn

Date Admission, 4th May 1893.

Admitted by D. Lutton-Pelton Hour, 7 P.M.

How Sent, Jno. B. Olivier Jr. Ramsey County

Sex, male

Age, about 55 years

Civil Condition, widowed

Children, none

Age Youngest Child, —

Occupation, Farm Laborer

Degree Education,

Profession Religion, Lutheran

Habits, Good

Nativity, Germany

Physicians Committing, A.B. Stuckey & Jno. C. Nelson

Correspondents, worked lately on the farm of Tom. Webster. P.O. address Mayfield, Dodge Co. Minn

No. for Year, 749.

Insane Relatives, has no recollection of his family.

Cause Exciting, Was 3 years in army during late war; Conduct, Unsatisfactory. Previous Disembodied wounded.

Cause Predisposing, not stated.

Form, Melancholia, Acute

Accompanying Bodily Disorder, Rheumatism - chronic

Suicidal or Not, unable to say.

Date of this Attack, probably recent

Duration, not given

No. of Attack, Cannot get any definite history

No. of Admissions, 1

Age First Attack, ?

Time of Leaving, June 14th '93

Time in Hospital, 1 mo, 10 ds.

Result, Recd.

Exd by D. Sheehy, May 10th 93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Confused probably

Recent Events, Confused

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, rather poor

Own Mental State, perverted

Special Subjects, has delusions

GENERAL DESCRIPTIVE REMARKS:

Has hernia, a pain in Chest, Contracted from Exposure in Army; also Rheumatism in left leg (Sciatic Nerve Trunk) - Says he knows Ex-Pres. Harrison well; wrote him in regard to a pension. —

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Seems feeble-minded & rambling

Voluble or Reticent, has full of delusions. Seems to have been seeking for a pension; to have written to Ex-Pres. Harrison in regard to it & to have gone to the Capitol of the state seeking to find out about it; showing in this way, a lack of judgement & feebleness of mind rather than any defined delusions.

Personal and Medical History of Peter Koch

EXAMINATION ON ADMISSION. (Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7 in WEIGHT, 139 lbs NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Considerable Coatings, fairly clear Promptness Movement, prompt

PUPILS, Equality, yes Size,

Response Light, ready Accommodation,

SIGHT, failing somewhat with age + wears glasses -

HEARING, slightly impaired

CO-ORDINATION, Arms, finger to nose, eyes shut, fairly well done.

Legs, Standing on foot, well done; Standing, Eyes shut, very steady.

TREMORS, Hands, slight Tongue, Considerable

Facial Muscles, General,

REFLEXES, Patellar, about normal - 5 - Dr. Ps Scale. -

Other Reflexes,

ARTICULATION, Hesitating, fair ~~Slurred~~,

FACIAL EXPRESSION, slightly depressed; otherwise normal

SENSIBILITY,

HEART,

LUNGS,

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~, Careless Clean, Careless,

BOWELS, Normal, Record kept Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, not Poor, Irregular,

PULSE, Record Kept 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 dead — Don't know cause —

Father or Pat. Relations, Father dead — Cause unknown —

Brothers or Sisters,

Personal and Medical History of John Koch

1893

This patient was brought here by a Sheriff's Deputy, with following history. Is a farm-laborer; of good habits; has no recollection of his family; his parents died before he came to America, & he was brought here by Young; was 3 years in Army during late war between North & South; has evidently suffered many privations and been badly nourished. Form is apparently Chronic & depressed. Has chronic rheumatism. Was found wandering about the offices in the Capitol building recently, acting strangely &c. Can get no definite history as to No. of attack. His chief delusion now is that Ex President Harrison and Pres. Cleveland have sent for him and that he has Considerable importance in their Eyes. He is apparently harmless. Unable to say as to suicidal propensities. Is not filthy or destructive. Unable to find that he has any friends or relatives. Note. This case comes under Clause 3. Sec 17. Act of Apl 19/93.

May 4 May 4/93. On admission Pulse 62. R 22. Te 98.6. Complains of rheumatism in his leg. Is quite lame. —

" 5 May 5/93. Was restless for 3 hours, out of bed often, but slept 6 hours, last night. Am. Pulse 84. R 22. Te 98.2. Today, is very quietly behaved; converses freely about his past life, and how he came here. Says he is well-acquainted with Ex-President Harrison, and that he has promised Patient a pension. Appetite good; bowels regular. Still complains of his rheumatism. May 6/93. Slept well, 8 hours, last night. —

" 7 May 7/93. Again passed a quiet & restful night. Cannot walk about very well. Spends his time reading. —

" 9 May 9/93. Appetite good. Is always quiet and well behaved. Seems contented. Pulse and temperature Continued to be taken daily, have usually been normal; pulse, occasionally, slightly sub-normal.

" 10/11 May 10/93. Am. Pulse 72. Te 100. Pm. Pulse 54. Te 102. May 11/93. Am. P 88. Te 99.4. Pm. P 83. Te 99.8

" 13 May 13/93. Temperature has resumed its normal character. Does not go out walking as he says his

" 18 rheumatism is too painful. Was given liniment for leg. May 18/93. Pulse, for some days past, quite subnormal, is now about normal. Patient, has, for some nights past, been resting and sleeping well. By day, has been uniformly quiet, clean, tidy and well-behaved. Reads a good deal. Rheumatism is now less painful, and he goes out walking & seems to be interested in his surroundings & contented.

" 25 Appetite has been good and bowels normal. Was, today, transferred to A2 — May 26/93. Coughs some

" 31 days it keeps him awake at night. Lungs, on examination are found to be all right. May 31/93. Very quiet and well behaved. Eats well. Bowels regular. Sleep & rest and conduct at night uniformly good. Answers questions readily & seems quite sensible.

June 5 June 5/93. Weight, today, 145½ lbs. Pulse 72. Has made quite a fair gain in flesh.

" 14 June 14/93. Went to Wasco, to look for work. Though a little dull, mentally, he seemed fairly straight; and thought he could easily find work. Has complained very little of his legs lately.

Discharged

Personal and Medical History of Franklin P. Mc[illegible]

vol 23
32 52

DETAILED HISTORY OF SICKNESS
DIAG

OF MR. F. P. Hancock

GNOSIS.

November. — 83

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP. AM	TEMP. PM
Jan 21	7		112					
22	7	5	76	80				
23	7	5	88	80				
24	7	5	102	80				
25	7	5	100	90				
26	7	5	100	90				
27	7		124					
28	7	5	90	90				
29	7	5	100	80				
30	7	5	100	80				
31	7	5	88	78				
Feb 1	7	5	100	82				
2	7	5	88	84				
3	7	5	82	88				
4								
5	7	5	100	78				
6	7	5	100	88				
7	7	5	96	80				
8	7	5	96	76				
9	7	5	108	78				
10	7	5	90	80				
11	7	5	88	72				
12	7	5	96	74				
13	7		90	84				
14	7	5	98	80				
15	7	5	98	80				
16	7	5	96	76				

"Diagnosis"

Gave enema of soapsuds — Bowels moved

Eats but very little. Very weak.

Gave Bath.

Gave enema of soapsuds Bowels moved

Complains of pain in stomach

Passes urine continually in bed

Eats but very little. Very restless all day

Had a number of paroxysms of spells this P.M.

Gave enema of soapsuds. Bowels moved.

Eats but very little.

Very restless all day

do do do

do do do

at no time

" " "

at no time. Had no injection

Appetite very poor. Bowels as a rule costive.

(carried to page 192)

Bowels move
Ate scarcely
Bowels
of past week
tying a
irritable.
very little.
wels. Salts
in bed
attires.
tires; also
Passes
bowels
bed). —
bled with
ays, at
ave to be
, as he
has been
freely
deal of
nstipated.
little.
tinually
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restless,
lyabout
has been
nstipated.
rated.
hes on
atering;
wears a great deal; sometimes,
at night, passes his urine continually in bed: bowels, as a rule, costive. March 31/94. Sleep & rest,
at night, about as usual. By day, is often cross & cranky; irritable; uses a great deal of profane
language. Bowels badly constipated; frequent enemata required: still holds to his delusions. —

1893

This patient was brought here by a Sheriff's Deputy, wit
good habits; has no recollection of his family; his parents
Young; was 3 years in Army during late war betwe
been badly nourished. Form is apparently Chronic &
about the offices in the Capitol building rece
his chief delusion now is that Ex-Presiden
importance in their Eyes. He is app
destructive. Unable to find that h

May 1 May 1/93. On admission Pul

" 5 May 5/93. Was restless &
Today, is very quiet
well-acquainte

" 6 good; bowels

" 7 May 7/

" 9 M

" 1

By
now le

" 25 Appetite n

" 31 Says it keeps n
and well behaved

June 5 June 5/93. Weight today, 145½ lbs. Pulse 72. Has made quite a fair gain in flesh.

" 14 June 14/93. Went to Wascca, to look for work. Though a little dull, mentally, he seemed fairly straight; and thought he could easily find work. Has complained very little of his legs lately.

Discharged

DETAILED HISTORY OF SICKNES OF MR. F. P. Hancock
DIA NOSIS.

Dec. 1893-4@2.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM
25	7	5	100	70				
26	7	5	100	82				
27	7	5	106	80				
28	7	5	94	73				
29	7	5	88	80				
30	7	5	88	72				
31	7	5	96	82				
Jan 1-94	7	5	92	86				
2	7	5	94	84				
3	7	5	92	75				
4	7	5	84	80				
5	7	5	94	76				
6	7	5	100	76				
7	7	5	102	80				
8	7	5	92	80				
9	7	5	100	80				
10	7	5	100	80				
11	7	5	100	80				
12	7	5	92	80				
13	7	5	100	100				
14	7	5	106	84				
15	7	5	90	80				
16	7	5	106	80				
17	7	5	102	80				
18	7	5	90	76				
19	7	5	90	80				
20	7	5	106	76				

November — 93

Dec 18 Gave ounces of soapsuds — Bowels moved
" " —
" " —
" " Eats but very little. Very cross.
" " —
" " Gave bath.
" " Gave ounces of soapsuds. Bowels moved
" " —
" " Complains of pain in stomach
" " Passes urine continually in bed
" " —
" " —
Dec 25 Eats but very little. Very restless all day
" " Had a number of severe spells of R.M.
" " Gave ounces of soapsuds. Bowels moved
" " Eats but very little
" " —
" " Cross and restless all day
" " —
" " —
" " Eats no dinner
" " "
" " "
" " Eats no dinner. Had a surgeon
" " —
" " —
" " —
" " Appetite very poor. Bowels as a rule
" " Costive
" " —
" " —

...passes his urine continually in bed: bowels, as a rule, costive. March 31/94. Sleeps & rests at night, about as usual. By day, is often cross & cranky; irritable; uses a great deal of profane language. Bowels badly constipated; frequent enemata required: still holds to his delusions. —

(carried to page 192)

Personal and Medical History of [illegible]

1893

This patient was brought here by a Sheriff's
good habits; has no recollection of his fa
Young; was 3 years in Army du
been badly nourished. Form is
about the offices in the C
His chief delusion
importance
destruct
May 1 M

1. Act of Apl 19/93.

[illegible] quite lame. —
[illegible] RH. B 22. To 98.2.
[illegible] he came here. Says he is
[illegible] patient a pensioner. Appetite
[illegible] slept well, 8 hours, last night —
[illegible] very well. Spends his time reading. —
[illegible] ved. Seems contented. Pulse and temperature
[illegible] mal; pulse, occasionally, slightly sub-normal.
54. To 102. May 11/93. Am. RR. To 99.4. Pm. R 3. To 99.8
[illegible] normal character. Does not go out walking as he says his
" 18 [illegible] given liniment for leg. May 18/93. Pulse, for some days past, quite
[illegible] al. Patient, has, for some nights past, been resting and sleeping well.
By a [illegible] dy quiet, clean, tidy and well-behaved. Reads a good deal. Rheumatism is
now le [illegible] and he goes out walking & seems to be interested in his surroundings & contented.
" 25 Appetite [illegible] been good and bowels normal. Was, today, transferred to A2 — May 27/93. Coughs some
" 31 days it keeps him awake at night. Lungs, on examination are found to be all right. May 31/93. Very quiet
and well behaved. Eats well. Bowels regular. Sleep & rest and conduct at night uniformly good. Answers
questions readily & seems quite sensible.
June 5 June 5/93. Weight, today, 145½ lbs. Pulse 72. Has made quite a fair gain in flesh.
" 14 June 14/93. Went to Wascca, to look for work. Though a little dull, mentally, he seemed fairly straight;
and thought he could easily find work. Has complained very little of his legs lately.

Discharged

Personal and Medical History of Franklin P. Hancock

DETAILED HISTORY OF SICKNESS AND DIAGNOSIS OF MR. F. P. Hancock

1893 C 2

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP. AM	TEMP. PM
Nov 28	7	5	74	96				
29	7	5	76	120				
30	7		88					
Dec 1	7	5	84	92				
2	7		96					
3	7	5	70	92				
4	7	5	102	72				
5	7	5	110	90				
6	7	5	108	74				
7	7	5	104	80				
8	7	5	94	81				
9	7	5	110	86				
10	7		100					
11	7	5	100	78				
12	7		94					
13	7	5	88	70				
14	7	5	94	80				
15	7	5	80	75				
16	7	5	76	88				
17	7	5	88	82				
18	7	5	78	72				
19	7	5	86	75				
20	7	5		78				
21	7	5	88	82				
22	7		50					
24	7	5	100	85				

November — 93

Pulse 81

Face covered of soapsuds — Bowels moved

Eats but very little. Very cross.

Face bath.

Face covered of soapsuds. Bowels moved

Complains of pain in stomach

Passes urine continually in bed

Eats but very little. Very restless all day

Had a succession of fainting spells 1 P.M.

Face covered of soapsuds. Bowels moved

Eats but very little

Cross and restless as a bear

Eats no dinner

" " "

Appetite very poor. Bowels as a rule costive

[illegible] always a great deal; sometimes, [illegible] passes his urine continually in bed: bowels, as a rule, costive. March 31/94. Sleep & rest, at night, about as usual. By day, is often cross & cranky; irritable; uses a great deal of profane language. Bowels badly constipated; frequent enemata required: still holds to his delusions. —

(carried to page 197)

1893

This patient was brought here by a Sheriff's
good habits; has no recollection of his family
Young; was 3 years in Army during l
been badly nourished. Form is appare
about the offices in the Capitol b
His chief delusion now is that
importance in their Eye
destructive. Unable to

May 1 May 1/93. Ou ad

" 5 May 5/93. W
Today, is
well

" 6 S

" 25 Ap
" 31 days it
and well

June 5 June 5/93. Upright. 145½ lbs. Pulse 72. Has made quite a fair gain in flesh.

" 14 June 14/93. Sent to Trasca, to look for work. Though a little dull, mentally, he seemed fairly straight; and thought he could easily find work. Has complained very little of his legs lately.

Discharged

attack.
Considerable
A filthy w
Dec 17. Act of Apl 19/93.
quite same. —
K.H. B.22. Ja 98.2.
came here. Says he is
sent a pension. Appetite
ell, 8 hours, last night. —
ell. Spends his time reading. —
is contented. Pulse and temperature
e, occasionally, slightly sub-normal.
May 11/93. Am. P.8. Ja 99.4 Pm. P.3. Ja 99.8
aracter. Does not go out walking as he says his
leg. May 18/93. Pulse, for some days past, quite
some nights past, been resting and sleeping well,
and well-behaved. Reads a good deal. Rheumatism
seems to be interested in his surroundings & contented.
ral. Was, today, transferred to A2 — May 25/93. Coughs some
ngs, on examination are found to be all right. May 31/93. Very quiet
owels regular. Sleep & rest and conduct at night, uniformly good. Answers
sensible.

Room 168

Mar. 93
31 62

DETAILED HISTORY OF SICKNESS OF MR. F. P. Hancock
DIAGNOSIS.

November. — 93

DATE	HOUR	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	"Thursday 23"
Nov 1	7	3	72	20				Gave enema of 2 soapsuds — Bowels moved
2	7	3	72	24				
3	7	3	70	24				Eats but very little. Very cross.
4	7	3	78	26				Sore Bath.
5	7	3	102	24				Gave enema of 2 soapsuds. Bowels moved
6	7	3	88	20				
7	7	3	82	26				Complains of pain on stomach
8	7	3	78	20				Passes urine continually in bed
9	7	3	84	28				
10	7	3	78	20				Eats but very little. Very restless all day
11	7	3	84	26				Had a considerable of paroxysm of spells in P.M.
12	7	3	86	28				Gave enema of 2 soapsuds. Bowels moved
13	7	5	80	86				Eats but very little
14	7	5	82	28				Cross and restless all day
15	7	5	84	20				
16	7		80					
17	7	5	82	20				
18	7	5	90	22				At no time
19	7		84					" " "
20	7		76					
21	7	5	90	28				
22	7	5	78	64				At no time the suspicions
23	7	5	72	22	21			
24	7	5	72	26				
25	7	5	84	26				
26	7	5	108	24				Appetite very poor. Bowels as a rule costive
27	7	5	100	80				

...wars a great deal; sometimes, ...passes his urine continually in bed: bowels, as a rule, costive. March 31/94. Sleep & rest, at night, about as usual. By day, is often cross & cranky; irritable; uses a great deal of profane language. Bowels badly constipated; frequent enemata required: still holds to his delusions. —

(carried to page 197)

Bowels move
Ate nourishe
Bowels
of past week
by trying a
irritable.
very little.
nuels. Salts
in bed.
activities.
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Passes
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1893

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[illegible]

[illegible]

[illegible]

Personal and Medical History of John Eastrom



Whole No. 3338.

Residence, St Paul, Minn

Date Admission, 4th May 1893.

Admitted by D. Linton-Phelps Hour, 7 P.M.

How Sent, Jno. B. Oliver, Jof Probate, Ramsey County

Sex, Male.

Age, 21 years

Civil Condition, Single

Children, None

Age Youngest Child,

Occupation, Laborer

Degree Education,

Profession Religion, Lutheran

Habits, Good

Nativity, Sweden

Physicians Committing, A.B. Ancker & Jno. C. Nelson

Correspondents, Charles Johnson

(Nearest friend's address) 547 York St, St Paul, Minn

No. for Year, 250.

Insane Relatives, Insanity not hereditary

Cause Exciting, was known as a hypochondriac when he lived in Sweden

Cause Predisposing, not stated

Form, Manic Chronic (Ramsey County, St Paul)

Accompanying Bodily Disorder, None

Suicidal or Not, Not.

Date of this Attack, his friends say he was in this condition when he came the last March.

Duration, Probably long

No. of Attack, Unknown

No. of Admissions, 1

Age First Attack, not known

Time of Leaving, June 29. 1897

Time in Hospital, 4 yr. 1 mo. 25 da.

Result, Transferred to Fergus Falls.

J.K. Pm

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by D. Phelps May 10/93.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, 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:

Has a foolish, simple way about him & laughs at anything. Can only tell of his perceptivity by his obeying ordinary commands with a fair degree of promptness; It is probable that he has delusive ideas, accompanying also a particularly demented state.

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Silly.

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, ?

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, will not talk - makes a kind of grunting sound in reply -

Personal and Medical History of John Eastrom

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7 3/4 in. WEIGHT, 142 pds. NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, some Coatings, none Promptness Movement, sluggish; pointed

PUPILS, Equality, Equal Size,

Response Light, ready Accommodation,

SIGHT, probably fair

HEARING, probably good

CO-ORDINATION, Arms,

Legs, standing on foot, unsteady.

TREMORS, Hands, slight of fingers Tongue, some

Facial Muscles, General,

REFLEXES, Patellar, Work about.

Other Reflexes,

ARTICULATION, Hesitating, won't talk Slurred, - -

FACIAL EXPRESSION, silly

SENSIBILITY,

HEART, palpitates somewhat.

LUNGS, Sounds good -

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,		Careless,
BOWELS, Normal,	Record kept	Constipated,	Record kept	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,
} Can't find out anything; incoherent talk.

Personal and Medical History of John Edstrom

1893

This man was brought here by a Sheriff's officer with the following history. Habits have been good. No history of heredity. He was known as a hypochondriac where he lived in Sweden. Form is melancholia. There is no accompanying bodily disorder or disease. His friends say he was in this condition when he came here last March. Age number of attack, unknown. Insanity is now manifested by his having loss of memory; cannot remember the name of his nearest friend or relative. Psyche is sick & cannot recover. There is extreme inactivity of the mind. Cannot grasp ordinary propositions. Is not disposed to injure others, nor suicidal, nor filthy nor destructive. He has been in bed at the C & C Hospital, since April 18th 93. Showed no disposition to get up, or to help himself in any way; absolute indifference to environment. Note. This case would, we think, come under Sec. 5 Sec. 17. General Laws 91.

May 4 — May 4/93. On admission, was put on B[d]. Bodily condition quite clean: no peculiarities noted; has a scar on left side of chest. May 5/93. Was quiet and slept well, 8 hours, last night. Ans. Pulse 88. R 16. T (a) 98.2. Is quiet; very dull; walks about ward in an aimless way; talks almost none; even when spoken to, scarcely answers.
" 6 — Appetite good: bowels regular. Has no cough. May 6/93. Slept 6 hours, being restless for 2 hours or so, last night. Ans. Pulse, R. & T. normal. Went out walking today, with his ward. Eats well. Answers when spoken to,
" 7/10 — but cannot speak or understand English well. May 7/93. Slept 8 hours last night, and was quiet. May 10/93. Has been restful and slept well, the past 3 nights. Laughs & talks to himself a good deal. Is foolish in manner. Pulse, taken in each morning has ranged from 82 to 90. T. when taken has continued about normal.
" 11 — May 11/93. Was restless last night, and slept only 5 hours. Still foolish; dull of comprehension. —
" 12/13 — May 12/93. Was quiet, sleeping 7 hours last night. Appetite continues good & bowels normal. May 13/93. Slept
" 14 — 7 hours last night. Eats but very little, today. Is depressed, crying most of the time. May 14/93. Was restless for 4 hours last night, out of bed frequently, sleeping but 4 hours. Ans. Pulse 84. Appetite today,
" 15 — is again poor. Is restless; talking and muttering to himself, most of the time. May 15/93. Again passed a
" 18 — restless night, sleeping only 3 hours. Appetite good today. May 18/93. Has slept only 4 to 5 hours on each of past 3 nights. Is very restless today, walking about hall in an aimless, absent minded way; continually talking to himself. Behavior silly & foolish. When examined in office on 10th inst., scarcely anything could be obtained from him, as he would not talk. He evidently has delusive ideas but their nature cannot be accurately determined. Sups & abut daily, fairly clean but somewhat inclined to be slouchy in dress; attends to his own personal wants fairly well. Appetite has been variable: sometimes good; at others, quite poor; bowels have been quite regular. Walks on the hall, and even when entered with his ward, has a restless manner; sits among his fellow patients but has nothing to do with them; apparently unconcerned in his surroundings. Is discontented & will try to escape. —
" 26 — May 26/93. About every other night, since last note, patient has been restless, noisy, talking & wanting to get up in bed, sleeping only 2 hours or so; one night, 4 hours. Tried to choke himself, last night. —
" 28/31 — May 28/93. Slept but 4 hours, last night: restless & wanting to get out of bed. May 31/93. Appetite is good. Bowels generally free. No cough noticed. Walks about ward most of the time, keeping apart from the others, talking to himself & singing. Does not enter into conversation with others. Has a foolish, silly look & manner. Is untidy & careless about his clothing. —
June 30 — June 30/93. During most of the night, this month, he has been very restless when awake, sleeping only from 2 to 4 hours each night (what 2 nights did he sleep 7 hours). Has occasionally been given hypnotics. On 26th inst. penis was blistered, for the habit of masturbation. Appetite has been generally good & bowels regular.

Personal and Medical History of John Edstrom

1893

NAME John Edstrom

DATE. 189 3	Weight.	Pulse.	Gain.	Loss.
June 5th	144½	—	—	
July 4th	140½	—		4
Aug 3d	143	—	2½	
Sept 8th	144	—	1	
Oct 2d	144	80	—	
Nov 2d	145	78	1	

seldom speaking. Of late has been quiet & well-behaved.
& bowels normal. Is always walking aimlessly about the hall; has
self incoherently; laughing; foolish acting. Slovenly in dress.
practice of masturbation. Aug 28/93 Appetite good. Bowels regular.
to himself at times. Slovenly & untidy in dress.
28 8/93. Has continued in every way about the same. Was today,
28 30/93. Restless; walks the floor & sings a good deal; never
about his clothing, though habits are clean.
& weight Oct 31st Appetite good; bowels normal. Still quite restless; Morning
's Spells of laughing to himself & singing. Still untidy in dress.
Described in last note. Unchanged in his appearance.
restless. Inclined now to be slovenly in dress. Seems more contented.
his usual flesh. Jan 31/94. No noticeable change. —
ient: wanders aimlessly about the ward with (the attendant remarks)
his face. Is very timid & nervous. Never speaks. He does no work.
in patient's condition. Health is apparently good. —
cinated on April 2nd. No change noticeable at this date.
is the floor a good deal & seldom speaks unless spoken to & then in
rous & timid, does no work, is clean in habits, health apparently good.
up to date. There seems no improvement in this case. —

July 27/31 — July 27 No change in condition. July 31/94. No change noticeable. —
Aug 31 }
Sept 30 }
Oct 31 } — During these three months, there is no change observable in this patient's Condition.
Nov 30 } He is quiet & inoffensive; wanders aimlessly about the wards; rather timid & nervous. Never
Dec 31 } speaks so that he can be understood. Habits rather filthy; dress untidy. Health seems good.
1894 }
Jan 31 } — During this period, no change noted. He is quiet; nervous and timid; has an absent-
minded, aimless manner about him. Seldom speaks. Does no work. Habits are clean.
to } — During this quarter, patient has continued quiet - does no work. very timid & shrinking in
Apl 30 } behavior - absent-minded; walking the floor a good deal. Seldom speaks. Untidy: health seems good.
May 1 } — During these 3 months, no change noted. He has been quiet, stupid & demented.
to } very nervous & timid - indolent & lazy: has done no work. Habits clean. Health seems good.
July 31 }
Aug 1 } — During this period, there has been no change noticeable, in any way: has been quiet,
Sept } suspicious & dull. Very timid: does no work. habits clean: Health apparently good. —
Oct 31 }
Nov 1 to Dec 1 to Jan 31/96 — Nov 4/95. Wt 136 lbs. P 80. Nov Dec & to Jany 31/96. No change, for the quarter. Quiet & rather timid.
never speaking: no work: walks the floor in an absent-minded manner. Habits clean: Health seems good.
Feb 1 to March 1 to Apl 30 — Feb 1/96. Wt 141 lbs. P 96. Feb. March & to Apl 30/96. Is stupid & Demented. no work. never
speaks: timid & shrinking in disposition. Habits clean but dress untidy. (Dr's Notes. Seem fair health,
although he does not appear very robust).
May 1/96 to June 29/96 — Summary Nurses Notes by Dr. Phelps Patient Quiet, demented, stupid: Walks around aimlessly:
Rather melancholy in appearance: changes none. Wt. 135 lbs.
June 29/96 — Transferred to Fergus Falls Hospital

Personal and Medical His[tory]

1893

This man was brought here by a Sh[eriff] of heredity. He was known as a hy[pochondri]- -paying bodily disorder or disease. His fren[d] Asto number of attack, unknown. Insanity is [alleged] the name of his nearest friend or relative. Says [he] Cannot grasp ordinary propositions. Is not dis[orderly] He has been in bed at the C & C Hospital, since [Aug] himself in runaway; absolute indifference to surr[oundings] Sec. 17. General Laws 91.

[...] ...ber
[...] ...y of the mind.
[...] ...or filthy habits destructive.
[...] ...disposition to get up, & to help
[...] ...ork. This case would, we think, come under Sec. 5

May 4/93 May 4/93. On admission, was put on B[ed]. Bodily condition quite clean: no peculiarities noted; has a scar on left
" 5 side of chest. May 5/93. Was quiet and slept well, 8 hours, last night. Am. Pulse 88. B 16. T (R) 98.2. Is quiet;
very dull; walks about ward in an aimless way; talks almost none; even when spoken to, scarcely answers.
" 6 Appetite good: bowels regular. Has no cough. May 6/93. Slept 6 hours, being restless for 2 hours or so, last night.
Am. Pulse R. & T. normal. Went out walking today, with his ward. Eats well. Answers when spoken to,
" 7/10 but cannot speak or understand English well. May 7/93. Slept 6 hours last night, and was quiet. May 10/93 Has
been restful and slept well, the past 3 nights. Laughs & talks to himself a good deal. Is foolish in manner.
Pulse, taken in each morning has ranged from 82 to 90. T, when taken has continued about normal.
" 11 May 11/93. Was restless last night, and slept only 5 hours. Still foolish; dull of comprehension. —
" 12/13 May 12/93. Was quiet, sleeping 7 hours last night. Appetite continues good & bowels normal. May 13/93. Slept
" 14 7 hours last night. Eats but very little, today. Is depressed, crying most of the time. May 14/93. Was
restless for 4 hours last night, out of bed frequently, sleeping but 4 hours. Am. Pulse 84. Appetite to day,
" 15 is again poor. Is restless, talking and muttering to himself, most of the time. May 15/93. Again passed a
" 18 restless night, sleeping only 3 hours. Appetite good to day. May 18/93. Has slept only 4 to 5 hours on each of
past 3 nights. Is very restless today, walking about hall in an aimless, absent minded way; con-
tinually talking to himself. Behavior silly & foolish. When examined in office on 10th inst., scarcely
anything could be obtained from him, as he would not talk. He evidently has delusive ideas but
their nature cannot be accurately determined. Is up & about daily, fairly clean but somewhat inclined
to be slouchy in dress; attends to his own personal wants fairly well. Appetite has been variable: some-
times good; at others, quite poor; bowels have been quite regular. While on the hall, and even
when outside with his ward, has a restless manner; sits among his fellow patients but has nothing
to do with them; apparently unconcerned with his surroundings. Is discontented & will try to escape. —
" 26 May 26/93. About every other night, since last note, patient has been restless, noisy, talking & wanting to get
up in bed, sleeping only 2 hours or so: in a night, 4 hours. Tried to choke himself, last night. —
" 28/31 May 28/93. Slept but 4 hours, last night: restless & wanting to get out of bed. May 31/93. Appetite is good.
Bowels generally free. No cough noticed. Walks about ward most of the time, keeping apart from the others,
talking to himself & singing. Does not enter into conversation with others. Has a foolish & silly look & manner. Is
untidy & careless about his clothing. —
June 30 June 30/93. During most of the night, this month, he has been very restless when awake, sleeping only from 2 to
4 hours each night (what 2 nights did he sleep 7 hours). Has occasionally been given hypnotics. On 20th inst
Penis was blistered, for the habit of masturbation. Appetite has been generally good & bowels regular.

Personal and Medical History of John Edstrom

No cough noticed. Very reticent, seldom speaking: Of late has been quiet & well-behaved.
July 30. July 30/93. Appetite continues good & bowels normal. Is always walking aimlessly about the hall; has
to be made to sit down. Talks to himself incoherently; laughing; foolish acting. Slovenly in dress.
Aug 5/28 Aug 5/93. Blistered today for practice of masturbation. Aug 28/93 Appetite good. Bowels regular.
Talks but very little. Sings & talks to himself at times. Slovenly & untidy in dress.
Sept 4/30 Sept 4/93. Pulse 78. Ins (L) 99.8. Exp 8/93. Has continued in every way about the same. Was today,
transferred from B[ed] 13 to B[ed] 3. Sep 30/93. Is restless; walks the floor & sings a good deal; never
speaks to any one. Not very tidy about his clothing, though habits are clean.
Oct 1/31 Oct 1/93. Keeps in his usual flesh & weight. Oct 31 Appetite good; bowels normal. Still quite restless; moving
aimlessly about the hall. Has "spells" of laughing to himself & singing. Still untidy in dress.
Nov 30 Nov 30/93. Continues about as described in last note. Very untidy in his appearance.
Dec 31 Dec 31/93. Seems timid and restless. Inclined now to be slovenly in dress. Seems more contented.
Jan 4/31 1894 Jan 4/94. Keeps about in his usual flesh. Jan 31/94. No noticeable change. —
Feb 28 Feb 28/94. A quiet, harmless patient: wanders aimlessly about the ward with (the attendant remarks)
"a look of beseeching Entreaty" in his face. Is very timid & nervous. Never speaks. Will do no work.
Mar 31 March 31/94. No apparent change in patient's condition. Health is apparently good. —
Apl 30 April 30/94. Was successfully vaccinated on April 2nd. No change noticeable, at this date.
May 2/ Patient is quiet & inoffensive, walks the floor a good deal & seldom speaks unless spoken to & then in
monosyllables. He is rather nervous & timid, does no work, is clean in habits, health apparently good.
June June 25. Former note good up to date. There seems no improvement in this case. —
July 27/31 July 27 No change in condition July 31/94. No change noticeable. —
Aug 31 During these three months, there is no change observable in this patient's condition.
Sep 30 He is quiet & inoffensive; wanders aimlessly about the wards; rather timid & nervous. Never
Oct 31 speaks so that he can be understood. Habits rather filthy; dress untidy. Health seems good.
Nov 30 During this period, no change noted. He is quiet; nervous and timid; has an absent-
Dec 31 1893 minded aimless manner about him. Seldom speaks. Does no work. Habits are clean.
Jan 31 1894
-to- During this quarter, patient has continued quiet - does no work. very timid & shrinking in
Apl 30 behavior - absent-minded; walking the floor a good deal. Seldom speaks. Untidy: health seems good.
May 1 During these 3 months, no change noted. He has been quiet, stupid & demented.
June very nervous & timid - indolent & lazy: has done no work. habits clean. Health seems good.
to
July 31
Aug 1 During this period, there has been no change noticeable, in any way: has been quiet,
Sept stupid & dull. Very timid: Does no work: habits clean: Health apparently good. —
Oct 31
Nov 4/ Nov 4/95. Wt 136 lbs. P 80. Nov Dec & to Jany 31/96. No change, for the quarter. Quiet & rather stupid.
See never speaking: no work: walks the floor in an absent-minded manner. Habits clean: health seems good.
Jan 31/96
Feb/96 Feb/96. Wt 141 lbs. P 96. No. March & to Apl 30/96. Is stupid & demented: no work: never
March speaks: timid & shrinking in disposition: habits clean but dress untidy (Dr's Notes. Seems in fair health
to although he does not appear very robust).
Apl 30
May 1/96 Summary Nurses Notes by Dr. Phelps Patient quiet, demented, stupid: Walks around aimlessly:
to Rather melancholy in appearance: changes none. Wt 135 lbs.
June 25/96 Transferred to Fergus Falls Hospital

Personal and Medical History of Clark Coon

Whole No. 3339.
Residence, Woodville, in said County, Minn
Date Admission, 4th May 1893.
Admitted by D. Kilbourne Hour, 7.30 PM
How Sent, E. B. Collester Jof P, County of Wasca
Sex, male
Age, 35 years
Civil Condition, married
Children, four
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common School
Profession Religion, not a church member
Habits, Never addicted to intemperance, (nor parents either)
Nativity, Wisconsin (also Parents birth place)
Physicians Committing, F. A. Swartwood & H. J. Young
Correspondents,

No. for Year, 251.
Insane Relatives, none so far as can be learned
Cause Exciting, "La Grippe" & Exposure, appears the only Cause Known
Cause Predisposing, not stated - Nervous Attack
Form, Manic Acute (Journal per Dr. Hunt)
Accompanying Bodily Disorder, No.
Suicidal or Not, Not
Date of this Attack, April 28th; feared his family would be injured by others -
Duration, 6 days or so -
No. of Attack, Not 1st; at 19 years of age confined in an asylum for 3 months St. Peter, Minn; benefited
No. of Admissions, 1 There -
Age First Attack, ?
Time of Leaving, May 26th '93
Time in Hospital, 22 ds,
Result, Rec'd.

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps. May 9/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, At present quite clear
Quick or Sluggish,

MEMORY:
Fair, acts past 2 days; very much confused acts events before that.
Past Events,
Recent Events,
Special Subjects,

PERCEPTIVITY:

Alert or Dull, only moderately dulled at present.
Correct or Illusive,

REASONING POWER:

Ordinary Subjects, fair now; much confusion at the time of coming in -
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Admits was in Hospital at St Peter; has had Typhoid - pneumonia. Has been in fairly good Condition since he left St Peter up to time of his Coming here.

EMOTIONAL STATE:

Normal, Calm, Now
Indifferent,
Exalted, at time of Entrance
Depressed,

DELUSIONS:

Systematized or Not, None noted at present; various on attmie of admission -
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Fairly Coherent at present;
Voluble or Reticent, Recognizes that he has been, to a degree insane - thinks his all right now. Does not remember countable anything, in reference, relieving struck by a patient about 2 days ago.

Personal and Medical History of Clark Coon

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, Usually 160 to 170 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Slight Tremulous Coatings, clear Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Yes Accommodation,
SIGHT, Fair
HEARING, Good
CO-ORDINATION, Arms, Finger to nose, Eyes shut, fairly good
Legs, Stand on foot, fairly; Standing, Eyes shut, Slight Swaying.
TREMORS, Hands, Some coarse Tongue, Slight Tremulous
Facial Muscles, General,
REFLEXES, Patellar, equal; about 7 - Dr. P's Scale.
Other Reflexes,
ARTICULATION, Hesitating, No. Slurred, No; good
FACIAL EXPRESSION, Fair
SENSIBILITY,
HEART, Sounds good
LUNGS, Seem good -
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, now; Have been somewhat Constipated, Irregular,
APPETITE, Good, now, for the past 2 or 3 days. Medium, Poor,
SLEEP, Good, now — Poor, Have been Irregular,
PULSE, Normal. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"), According to his own description there is no hereditary taint.
Mother or Mat. Relations, Mother died of cancer —
Father or Pat. Relations, Father died of Rheumatic fever.
Brothers or Sisters, Have living, all healthy & sane.

Personal and Medical History of Clark Coon

1893

This man was brought here by Henry Reynolds, Sheriff, attended by Walter Stevens and Royal Taylor; patient was in maniacal condition. Patient is a farmer. No history of relationships; this is not 1st attack; at 19 years of age, was confined in an asylum for 3 months, at St Peter, Minn; result, beneficial. First symptoms of this attack were manifested April 28th by fear that his family would be injured by others. Disease appears to be increasing; is variable & irregular; rational intervals, however. Derangement is now manifested on no particular subjects, except by above mentioned fears of injury to family & himself. Is disposed to injure others. Is not suicidal, nor filthy nor destructive. No bodily decuda or disease. Has been violent; 2 men have been needed to restrain him for 4 or 5 days & nights. La Grippe & overwork the only causes of disease known. Has been kept quiet, as far as possible, has had febrifuges migraine powders, with favorable results. Has now a rapid pulse, tongue coated; there is constant struggling to free himself; incoherent talking. He has perpetrated no dangerous to others requires treatment & under restraint Remarks "that he owned shot a certain person's heart out with an axe".

May 4 May 4/93. Patient came here, this evening, in hand cuffs. Was put in C3. Pulse 86. R 19. Bodily condition apparently good & clean. No injuries or peculiarities noted. May 5/93. Was restless the greater part of last night; out of bed frequently; and slept but 3 hours. Ate. Pulse 80. R 20. T not taken. Is quiet today, but seems bewildered; thinks he is here for a few days only to be examined and then sent home." Appetite very
" 5 good. Complains of being very hungry. No cough observed. Says bowels have been constipated for some time.
" 6 Complains also of being sick from effects of La Grippe. May 6/93. Last night, was quite noisy for 4 hours, slightly noisy 1 hour; out of bed; sleeping but 2½ hours. Tore his sheets to pieces. Ate. Pulse & T, normal. Pm. Was quiet part of the day, but afterwards became wild & repugnacious. Was secluded for 3 hours. "Wants to be warned & to go home"; was noisy & incoherent. Manifests hallucinations. Appetite very
" 7 good; bowels have moved freely. May 7/93. Was restless for 4 hours, quite noisy; getting out of bed, sleeping only 5 hours, last night. Am. Pulse 80. Was quiet during this morning; wild, violent and repugnacious during afternoon. Answers questions after some hesitation. Has some religious attributes.
" 8 Eats well; now in dining room; Pm. Was secluded for 3 hours, today. R 19. May 8/93. Was restless for 3 hours, sleeping 6 hours, last night. Am. Pulse 84. R 17. Pm. Behavior has been very quiet all day; rarely speaks, unless addressed; answers rationally. Is gradually quieting down. Bowels moved.
" 9 Complains of pains in his breast, (possibly may have been struck by a fellow-patient). May 9/93. Slept 7 hours last night; restless 2 hours or so. Am. Pulse 82. Is very quiet & obedient. Sometimes has a bewildered air; appears homesick, sleepy or stupid. Answers questions quite freely; memory seems
" 10 somewhat defective. Bowels have moved. May 10/93. Was restless for 3 hours, but slept 6 hours, last night. Today, is very quietly behaved; reads the papers; wrote home today. Is not very talkative, but conversation seems quite
" 11 rational. Bowels moved. Says "he is getting better". May 11/93. Quiet, sleeping 7 hours, last night. Was, this morning,
" 12 moved to B2. Is quietly behaved. Answers to work outside. May 12/93. Is much improved in behavior. Talks
" 13 quite freely; plays games with patients. May 13/93. Some what constipated today; Coughs a little this morning.
" 14 May 14/93. Keeps improving. Attended Chapel services today. Bowels quite normal again. No further cough noticed.
" 18 May 18/93. Is doing quite well. Has written letters home. Health is good. Has lately been quiet & restful at night, uniformly sleeping 8 hours each night. Appetite has continued good & bowels regular. Is now talkative, pleasant and if there is no release, patient will soon be ready to go home. Pulse has continued about normal.
" 22 Was today, transferred to A2. May 22/93. Medicine was renewed today.
" 26 May 26/93. Left for home at Waseca at 10.30 Am; Having steadily improved up to date of going.

— Discharged —

Personal and Medical History of Franklin P. Hancock

1894 From 181.

April 2 April 2/94. Patient appears about the same, from day to day: urine dribbles from him almost continually; appetite is fairly good; bowels still badly constipated. Suicidal propensity still very active & he has to be very closely watched. When attempts to commit suicide are prevented, he will become excited & curse & use profane
" 7/ language. Wt today, 90 3/4 pds. April 7/94. Has been talking, continually, all day. April 11/94. Bowels
" 12 moved this Pm, by aid of enema. Is groaning today & complaining of pain in his stomach. April 12/94. Has,
" 22 today, visited by his wife. Seemed pleased to see her. April 22/94. Talking and very cross, all day.
" 30 April 30/94. Slept about 4 hours, in the average, each night, during past month. Keeps about the same, from month to month. Still has to be very closely watched account of his attempts to commit Suicide. Lies steadily in bed; groans & complains, at times, of pains in his stomach. Is also frequently cross & irritable.
May 15 May 15/94. Patient is steadily confined to his bed. Lies there fairly quietly. Complains often of pains
" 17 May 17/94. Refused food, today. May 27/94. Spitting blood, today; says it comes from his nose.—
" 31 May 31/94. Confined steadily to his bed. Is, at times, cross, cranky & irritable. Appetite fairly good; bowels always costive; never move unless he is given enema: passes urine continually in bed (this urine has a very offensive odor). Talks fairly rationally, at times. Still holds to the delusion that foreign is put in his food & that this causes the pain & distress in his stomach. Has not been so frequently complaining of pains, of late. Suicidal propensity is still quite active.
June 1/ June 1/94. Wt 89 pds. June 7/94. Complains of pain in bladder: passes urine containing some blood.
" 15 June 15/94. Sleeps, nightly, an average of 6 hours. Is steadily confined to his bed. Passes urine continually in bed; at times complains of pain in stomach & bladder. Appetite fairly good, but bowels are constipated most of the time. As a rule is very cross, irritable & hard to please. Still requires close watching.
" 28/30 June 28/94. Had a part of a sheet & was trying to choke himself with it, today. June 30/94. Lies steadily in bed. Sleeps an the average, about 5 hours nightly. In all respects no material change to note.—
July 2/31 July 2/94. Is losing, still, in flesh. July 31/94. There is no special change to note in patient's condition, during this month. He is steadily confined to his bed & has to be very closely watched.—
Augs 6 Aug 2/94. Wt 82 pounds; (is still losing). Aug 6/94. Tore off a portion of a sheet & tried to choke
" 9 himself with it. Aug 9/94. Again tried to choke himself with a portion of a torn sheet.
" 17 Is always cross & irritable, cranky. Aug 17/94. Again made an attempt to choke himself;
" 22 had torn a part of a sheet, for this purpose. Aug 22/94. Made another attempt to choke himself.
" 27/31 Aug 27/94. Another such attempt made. Aug 31/94. Still steadily confined to his bed. Appetite is good. Is frequently cross & cranky, at which times he often refuses his meals. Bowels are, as a rule, constipated, requiring frequent enemata or laxatives. Has to be very closely watched.
Sep 1/3 Sep 1/94. Wt 87 pds (a slight gain). Appetite fairly good, at times. Sep 3/94. Very cross & cranky, almost
" 11 all the time; also very abusive. Sep 11/94. Has a beginning bed-sore on his back. Bowels quite badly constipated, nearly all the time, requiring frequent enemata.—
" 30 Sep 30/94. Is steadily confined to his bed. Lies there fairly quietly. Most of the time, is very cross & irritable & very abusive. Eats fairly well, though from the way he acts, he would not. Still holds to his delusions regarding food & its effect upon his stomach. Bowels are still constipated; frequent enemata are given him. At times, he tears bedding with his teeth. For several days past, also at night, mittens have been kept on his hands, as he has developed such strong suicidal tendencies, of late. (tearing the sheet & making ropes out of it to choke himself with). During past few days, has had a sore finger. Same dressed daily

(carried to 1720)

Personal and Medical History of Alois Wangler

Whole No. 3341.

Residence, St Paul, Minn

Date Admission, 9th May 1893.

Admitted by D. Phelps Hour, 7 PM

How Sent, Penn. Davis & Cour., Ramsey County

Sex, Male

Age, 47

Civil Condition, Widower

Children, 2

Age Youngest Child, —

Occupation, Painter

Degree Education, from Institute

Profession Religion, Roman

Habits, reported bad (in previous

Nativity, Switzerland

Physicians Committing, A.J. Muc

Correspondents, Joseph. Barthelem (Brother) South Wa

No. for Year, 253.

Insane Relatives, Papers now.

Cause Exciting, Epilepsy

Cause Predisposing, previous attacks.

Form, Demented Epileptic

Accompanying Bodily Disorder, Epilepsy; deaf mute

Suicidal or Not, ? - Think prevented by watching

Date of this Attack, sometime past

Duration, probably long

No. of Attack, probably many

No. of Admissions, 2nd

Letter received from patient - dated from The Garden City home, Chicago. Dated Sept 21/94 - says he is now working at Woodlawn Park Chicago & feels all right. (Alois Wangler)

Exd by D. Eby July 7/93.

EX

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events,

Special Subjects,

} Probably Good

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Seems quite quick at comprehending what is required of him. —

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Alois Wangler

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, — WEIGHT, — NUTRITION, Quite good

WOUNDS OR ABNORMALITIES, A deaf - mute -

TONGUE, Tremors, not much Coatings, some Promptness Movement, fair

PUPILS, Equality, Equal Size, about normal

Response Light, Yes Accommodation, Yes

SIGHT, near sighted - wears glasses.

HEARING, Deaf (mute) -

CO-ORDINATION, Arms, finger to nose, eyes shut, good.

Legs, stands on one foot, good. Stands, eyes shut, quite steadily. -

TREMORS, Hands, slight Tongue, slight

Facial Muscles, General,

REFLEXES, Patellar, Equal - about 6 -

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Normal

SENSIBILITY, Normal

HEART, Sounds good -

LUNGS, Sounds good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Kept Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Previous attack 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 Alois Wangler

Whole No. 3341.
Residence, St Paul, Minn
Date Admission, 9th May 1893.
Admitted by D. Phelps Hour, 7 PM
How Sent, Penn. Davis Ct Cour, Ramsey County
Sex, Male
Age, 47
Civil Condition, widower
Children, 2
Age Youngest Child, —
Occupation, Painter
Degree Education, from Institute for Deaf & Dumb.
Profession Religion, Roman Catholic
Habits, reported bad (in previous commitment)
Nativity, Switzerland
Physicians Committing, A.B. Tucker & Geo. F. Hanley
Correspondents, Joseph. Barthelemew Wangler (Brother) South Washington Ave. Mpls.

No. for Year, 253.
Insane Relatives, Papa now.
Cause Exciting, Epilepsy
Cause Predisposing, previous attacks
Form, Demented Epileptic
Accompanying Bodily Disorder, Epilepsy; deaf mute
Suicidal or Not, ? - Think he would bear watching
Date of this Attack, Sometime past
Duration, probably long
No. of Attack, probably many
No. of Admissions, 2nd
Age First Attack, (?)
Time of Leaving, 31st July 1895
Time in Hospital, 2 years - 3 mos 22 ds
Result, Discharged: Sept 28/95 —

Evid by D. Eby July 7/93.

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish,

MEMORY:
Past Events,
Recent Events,
Special Subjects,
} Probably Good

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive,

REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Seems quite quick at comprehending what is required of him. —

EMOTIONAL STATE:
Normal, Calm, Yes
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 Alois Wangler

EXAMINATION ON ADMISSION. (CONTINUED.)
PHYSICAL CHARACTERISTICS.

HEIGHT, — WEIGHT, — NUTRITION, quite good
WOUNDS OR ABNORMALITIES, A deaf - mute -
TONGUE, Tremors, not much Coatings, some Promptness Movement, fair
PUPILS, Equality, Equal Size, about normal
Response Light, Yes Accommodation, Yes
SIGHT, near sighted — wears glasses.
HEARING, Deaf (mute) -
CO-ORDINATION, Arms, finger to nose, eyes shut, good.
Legs, stands on foot, good. stands, eyes shut, quite steadily. —
Tongue, slight
General,
Slurred,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, kept Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, previous attack 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 Alois Wangler

1893

This man was brought here, in custody, by a Sheriff's officer, with the following history. Says he has no friends or relatives. Accompanying bodily disorder is epilepsy, which is the supposed cause of this attack. He is also a deaf mute. Form of attack is chronic; at times, violent. For some time past, he has been wandering aimlessly about, sleeping, at night, in the fields. Lately, complaint was entered against him by Mr Markham, lawyer, who alleges that the man had been following him, threatening to take his life. Has been in the C & C. Hospital several times & has always been regarded as insane. Is now generally insane; the predominating idea is that Mr Markham has deprived him of some right. Is disposed to injure others; chased Mr Markham down street with a bowie-knife; exhibits suicidal propensities, & will be found to bear watching. Is not filthy or destructive. Has a most violent temper. NB. Was committed to the Rochester Hospital Sept 23/90. Left Jany 19/91. & legally discharged on May 6/91. - Has also been a patient in the City Hospital. (see Vol. III. p. 163. No 2503)

May 9/10 May 9/93. On admission, when seen at bath was quite dirty. May 10/93. Was restless for an hour or so, but slept 7 hours, last night. Am. Pulse 78. R 20. Ts 99.6. Is quiet & sociable; converses (by signs &c) with patients & attendants. Plays Checkers; no delusions or hallucinations noted; has a very little cough. Bowels are constipated. Has a slight bruise over each temple. Complains of Headache. Pm. Pulse 74. R 22. Ts 99.2. May 11/93. Quiet & restful, sleeping 8 hours last night. Am. Pulse 70. R 20. Ts 99.4. Is quietly behaved; agreeable; ready & willing to do any work required of him. " 12 May 12/93. Slept 8 hours last night. Am. Pulse 80. R 20. Ts 99.2. Pm. Pulse 78. R 18. Ts 98.4. Appetite is " 13 still good; but bowels are obstinately constipated; given laxative. May 13/93. Am. Pulse 90. Continues quiet & well-behaved. Works well in dining-room; a willing, agreeable & obedient patient. May 14/93. Bowels have moved, " 17 freely. May 17/93. Pulse taken this past few Mornings, has been about normal, & bowels regular. Appetite seems poor today. " 18 Took only milk; remained in bed nearly all day; complained of severe headache. May 18/93. Is up today; quite " 19 pleasant but still complaining of headache. May 19/93. Appetite poor; is again constipated. May 20/93. Is again " 24 eating well. May 23/93. Bowels, badly constipated for past 3 days, have by aid of laxatives, now become fairly regular. " 23 May 23/93. Patient has been well-behaved & agreeable ever since coming here. Sleep and rest at night since last note thereon) have been uniformly good. Plays games. Is quiet. Tidy clean and tidy, seems quite happy and contented. No definite delusions have been detected & no fits have been reported since his coming here. " 31 May 31/93. Appetite good; bowels regular; no cough noticed; works some on ward. Is in good physical health, seems contented & is always in good spirits.

June 30 June 30/93. There is no change to note since last report. Keeps in good physical health.

July 17/24 July 17/93. Commenced working outside, with the painters, today. July 24/93. Stopped working with the painters today. Wrote on a paper "that he did not want to do painting for nothing, when " 31 he could go to a shop & get paid for his work". Was put back on this ward. July 31/93. Rest & sleep, at night, apparently good. Appetite good. Bowels constipated at times. No delusions or hallucinations have been, as yet, detected. Works some on ward. In good health. Happy & contented here. No fits have as yet been reported. -

Aug 3/10 Aug 3/93. Has lost 8 pounds in weight, in past 14 weeks. Aug 16/93. Semi a "spell"; threatening " 17 to kill the Attendants. Has to be watched, all the time & to be fed out on the hall. Aug 17/93. Is violent. Picked up a chair & threw it down on floor. Shook his fist in attendants faces. Was locked in room for about 15 minutes. Again, later, transferred to C^3. Attempted to strike Atten- " 19 dant (Tyler) with a spike. Aug 19/93. Has been very quiet & obedient while on this ward. Works some in dining-room. Does not care to go out walking with the others. Complains

Alois Wangler

NAME Alois Wangler

DATE, 189..	Weight.	Pulse.	Gain.	Loss.
June 3rd	157¼	-	-	
July 4th	153½	-	1¾	
Aug 3rd	147½	-		8
Sept 1st	150	80	2½	
Oct 2nd	149	66		1
Nov 1st	150½	96	1½	
Dec 4th	146	74		4½
1894 Jany 1st	146	78	-	-
Feby 1st	147	78	1	
Mar 1st	149	80	2	
April 1st	150	86	1	

Aug 1/93

[illegible]

cramps in the stomach, during night. Complains some of his side, but says it [illegible]nes. Reads some. Quiet. Well-behaved. [illegible]halin) was moved down to B3 — behaved. Takes part in all sorts of games. [illegible]l health quite good, for him - [illegible] been quite well conducted for some time [illegible]s Chapel services & entertainments [illegible] manner. Habits are clean.

[illegible] in physical condition, for him. Nov 30/93. Though having a [illegible] he has not been reported as engaging in any quarrels or fights. [illegible] is good; bowels regular. Habits are clean. — [illegible]atient (M. P. Johnson) today. Johnson knocked him down and then [illegible] chamber, leaving him in an unconscious condition; right eye blacked, [illegible] a scratch on nose and left shoulder quite sore. Dec 18/93. Struck [illegible] spittoon, inflicting quite a severe wound. Was moved to B4 — [illegible]ed on this ward. Seems still to feel the effects of the above injury - [illegible]epitation; no fracture demonstrated, though seemingly quite sore.

" 31 [illegible], never more sore, when physicians are about). Jan 31/94. Appetite rather capricious; eats fairly, but, occasionally, misses a meal. Bowels are regular. Shoulder is improving; he can do light, but not any heavy, work. He is rather quarrelsome & easily irritated. Talks freely, in his way; (with his fingers). and appears fairly sensible. Habits are cleanly. Physical condition quite fair. - ~~~~

Feb 28 Feby 28/94. Still complains, at times, of his arm & shoulder hurting him. Behavior, is, for the most part, good, though there are still times when he becomes very quarrelsome & ugly. Is quite smart & intelligent for a deaf-mute. Helps to make the bed, on the ward; also works in dining-room. Habits cleanly

Mar 16 March 1/94. Keeps in quite good flesh & physical condition. March 16/94. Had a slight haemorrhage & " 31 vomited a couple of mouthfuls of blood, last night. March 31/94. No material change to note.

Apl 5 Apl 5/94. Had a quarrel today with patient Ferris, and struck him a couple of severe blows.

" 15 Apl 15/94. Patients' conduct & behavior have been so uniformly good, since he came on this " 30 ward, that he was today given a limited parole. Apl 30/94. Continues very well-behaved and seems to enjoy the privilege granted him. Is outside a good deal of the time. Health is quite good: he is always pleasant & cheerful. Habits continue neat & clean.

May 1st Weight 149# p. 80. 31st Appetite good, bowels regular, no cough, seems to be in good bodily health. Behavior good when allowed to have his own way; has an exceedingly quick temper & will get enraged at a trifle. Is deaf & dumb, was granted parole & has not exceeded his liberty. He appears also to be in better health since he was allowed to go out in open air. Patient is in good spirits all of the time, works on ward - also assists outside, is very cleanly in habits.

June 1st Weight 148# p. 85. 30th Patient continues in good health, is reasonable in actions & made July 2nd/93 of expressing himself. July 2nd weight - 145# p. 80, 31st No change during month. — ~~~

Aug 1/31 Aug 1/94. Wt 145 pds. P. 84. Aug 31/94. Keeps about the same all the time. Has had no "spells" of late

Sep 1/10 Sep 1/94. Wt 148 " " 86. Sep 10/94. No change to report. Was today transferred to A# ward.

Oct 1/31 Oct 1/94. Wt 147 " " 74. Oct 31/94. Has had limited parole part of the time. Works about store &c, Health good.

2 to 2.24 p.

1893

This man was brought here, in uniform, by a Sheriff's Officer
is and relatives. Accompanying bodily disorder is Epilepsy
is also a deaf mute. Form of attack is Chronic; attitude
aimlessly about, sleeping, at night, in the frid. Lately, a
lawyer, who alleges that the man had been following h
Hospital several times & has always been regarded a
is that Mr. Markham has deprived him of some
with a bowie-knife; cuts suicidal propensities, th
temper. N.B. Was committed to this (Rochester) A
Has also been a patient in the City Hospital.

May 9/10 May 9/93. On admission, When seen at bath, was quite deaf.
last night Am. Pulse 78. R 20 Te 99.6. Is quiet & sociable; &
Checkers: no delusions & hallucinations noted; has a very little cough
" 11 over each temple. Complains of Headache. Pm. Pulse 74. R 22. Te 99.2.
last night. Am. Pulse 70. R 20. Te 99.4. Is quietly behaved; agreeable; rea
" 12 of him. May 12/93. Slept 8 hours last night. Am. Pulse 80. R 20. Te 99.2. Pm. Pulse 78. R 18. Te 98.4. Appetite is
" 13 still good; but bowels are obstinately Constipated; Given Laxative. May 13/93. Am. Pulse 90. Continues quiet & well-
-behaved. Works well in dining-room; a willing, agreable & obedient Patient. May 14/93. Bowels have moved
" 17 freely. May 17/93. Pulse taken the last few Mornings, has been about normal, & bowels regular. Appetite seems poor today.
" 18 Took only milk; remained in bed nearly all day, complained of severe headache. May 18/93. Slept today; quite
" 19 pleasant but still complaining of headache. May 19/93. Appetite poor; is again Constipated. May 20/93. Is again
" 24 eating well. May 21/93. Bowels, badly constipated for past 3 days, have, by aid of Laxatives, now become fairly regular.
" 23 May 23/93. Patient has been well-behaved & agreeable ever since coming here. Sleep and rest at night since last
note thereon. Have been uniformly good. Plays games. Is quiet. Tidy, clean and tidy. Seems quite happy and
" 31 Contented. No definite delusions have been detected & no fits have been reported since his coming here.
May 31/93. Appetite good; bowels regular; no cough noticed; works some on ward. Is in good physical health.
Seems contented & is always in good spirits.

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July 17/24 July 17/93. Commenced working outside, with the painters, today. July 24/93. Stopped working
with the painters today. Wrote on a paper "that he did not want to do painting for nothing, when
" 31 he could go to a Shop & get paid for his work". Was put back on his ward. July 31/93. Rest & sleep, at
night, apparently good. Appetite good. Bowels constipated at times. No delusions or hallucinations
have been, as yet, detected. Works some on ward. In good health. Happy & contented here. No fits
have as yet been reported. —

Aug 3/16 Aug 3/93. Has lost 8 pounds in weight, in past 14 weeks. Aug 16/93. Had a "spell"; threatening
" 17 to kill the Attendants. Has to be watched, all the time & to be fed out on the hall. Aug 17/93. Is
violent. Picked up a chair & threw it down on floor. Shook his fist in attendants faces. Was
locked in room for about 15 minutes. Again, later, transferred to C[3]. Attempted to strike Attend-
" 19 -dant (Tyler) with a spike. Aug 19/93. Has been very quiet & obedient while on this ward.
Works some in dining-room. Does not care to go out walking with the others. Complains

Dec 15 Dec 15/93. Got into a fight with a fellow-patient (M. P. Johnson) today. Johnson knocked him down and then
" 18 struck him, over right temple, with a chamber, leaving him in an unconscious condition; right eye blacked
" 31 and a lump raised on left side of face; also a scratch on nose and left shoulder quite sore. Dec 18/93. Struck
1894 the same M. P. Johnson on the head with a spittoon, inflicting quite a severe wound. Was moved to B[4].
Jan 1 Dec 31/93. Has been somewhat better behaved on this ward. Seems still to feel the effects of the above injury.
" 31 Jan 1/94. Still complains of shoulder; no crepitation; no fracture demonstrated, though seemingly quite sore.
(Nurses think, much more sore, when physicians are about). Jan 31/94. Appetite rather capricious, eats
fairly, but, occasionally, misses a meal. Bowels are regular. Shoulder is improving; he can do light, but
not any heavy, work. He is rather quarrelsome & easily irritated. Talks freely, in his way; (with his fingers).
and appears fairly sensible. Habits are cleanly. Physical condition quite fair. — —

Feb 28 Feby 28/94. Still complains, at times, of his arm & shoulder hurting him. Behavior is, for the most
part, good, though there are still times when he becomes very quarrelsome & ugly. Is quite smart
& intelligent for a deaf-mute. Helps to make the bed, at the ward; also works in dining-room. Habits cleanly

Mar 1/6 March 1/94. Keeps in quite good flesh & physical condition. March 16/94. Had a slight haemorrhage &
" 31 vomited a couple of mouthfuls of blood, last night. March 31/94. No material change to note.

Apl 5 Apl 5/94. Had a quarrel today with patient Feeks, and struck him a couple of severe blows.
" 15 Apl 15/94. Patients' conduct & behavior have been so uniformly good, since he came on this
" 30 ward, that he was today given a limited parole. Apl 30/94. Continues very well-behaved
and seems to enjoy the privilege granted him. Is outside a good deal of the time. Health
is quite good: he is always pleasant & cheerful. Habits continue neat & clean.

May 1st May 1st Weight 149 lbs f. 80. 31st. Appetite good, bowels regular, no cough, seems to be in good bodily health.
Behavior good when allowed to have his own way; has an exceedingly quick temper & will
get enraged at a trifle. Is deaf & dumb, was granted parol & has not exceeded his liberty. He
appears also to be in better health since he was allowed to go out in open air. Patient is in good
spirits all of the time, works on ward - also assists outside, is very cleanly in habits.

June 1st June 1st Weight 148 lbs f. 85. 30th Patient - continues in good health, is reasonable in actions & made
July 2/31 of expressing himself. July 2nd weight - 145 lbs f. 80, 31st. No change during month. — —

Aug 1/31 Aug 1/94. Wt 145 lbs. P. 84. Aug 31/94. Keeps about the same all the time. Washed no spells of late
Sept 1/10 Sept 1/94. Wt 148 " " 86. Sept 10/94. No change to report. Was to-day transferred to A[4]. Continues
Oct 1/31 Oct 1/94. Wt 147 " " 74. Oct 31/94. Has had limited parole for some time - works about store &c, health good.
2 to 224

Dec 1/93

Doctor!

It make me much Tro-
ble by Stranger - he always
plays the Allmighty Boss -
he put me out of the
Dining Room - where

1893 This man was brought here, in deformity, by a Sheriff's
mi and relatives. Accompanying bodily disorder is ep
is also a deaf mute. Form of attack is chronic; o
aimlessly about, sleeping, at night, in the frail. La
lawyer, who alleges that the man had been for
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is that Mr. Markham has deprived him
with a bowie-knife; cuts on incisal proclivities;
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locked in room for about 15 minutes. Again, later, transferred to C3. Attempted to strike Atten-
" 19 -dant (Tyler) with a spike. Aug 19/93. Has been very quiet & obedient while on this ward.
Works some in dining-room. Does not care to go out walking with the others. Complains

Aug 21/93 of pains in neck and right breast. Aug 21/93. Had cramps in the stomach, during night.
ugust 30 Aug 27/93. Transferred to B1. from C3. Aug 30/93. Complains some of his side, but says "it
dont pain like it did, at first". Plays Checkers & games. Reads some. Quiet. Well-behaved.
Sept 8 Sept 8/93. Had some trouble with a fellow-patient (Schalin) & was moved down to B3. —
" 30 Sept 30/93. Appetite good: bowels regular. Is quietly behaved. Takes part in all sorts of games
Works some on the ward. Habits are clean. Physical health quite good, for him —
Oct 2/31 Oct 2/93. Health keeps about the same. Oct 31/93. Has been quite well conducted for some time
and has had no "spells" like the one above reported. Attends Chapel Services & entertainments
quite regularly. Is more pleasant & agreeable in manner. Habits are clean.
Nov 10/30 Nov 10/93. Patient keeps in quite fair physical condition, for him. Nov 30/93. Though having a
bad temper and being easily provoked, yet he has not been reported as engaging in any quarrels or fights
during the past month. Appetite is good; bowels regular. Habits are clean. —
Dec 15 Dec 15/93. Got into a fight with a fellow-patient (M. P. Johnson) today. Johnson knocked him down and then
struck him, over right temple, with a chamber, leaving him in an unconscious condition: right eye blacked
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1894
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Aug 1/31 Aug 1/94. Wt 145 lbs. P. 81. Aug 31/94. Keeps about the same all the time. Has had no "spells" of late
Sept 1/10 Sept 1/94. Wt 148 " " 86. Sept 10/94. No change to report. Was to-day transferred to A4 ward.
Oct 1/31 Oct 1/94. Wt 147 " " 74. Oct 31/94. Has had limited parole for some time. Works about store no. Built good.

Personal and Medical History of Charles Burg

Whole No. 3342.

Residence, Minneapolis, Minn. 807 Emerson Ave. N.

Date Admission, 10th May 1893

Admitted by D. Phelps Hour, 1.30 PM.

How Sent, John A. Steele, Sup't. Hennepin County

Sex, male

Age, 66 years

Civil Condition, widower

Children, Three

Age Youngest Child, ——

Occupation, Cabinet-Maker

Degree Education, Common School

Profession Religion, Yes, Lutheran

Habits,

Nativity, Norway (parents also born there)

Physicians Committing, W. E. Rockford & E. J. Gibson

Correspondents, Mary Burg, 807 Emerson Ave. N. (oldest Daughter) Minneapolis, Minn

No. for Year, 254.

Insane Relatives, Believed none.

Cause Exciting, not given

Cause Predisposing, not stated

Form, General Paresis

Accompanying Bodily Disorder, None

Suicidal or Not, Talked of suicide

Date of this Attack, a year ago

Duration, about a year – disease increasing no intervals – evidences of insanity continuous –

No. of Attack, 1 – Continually growing worse, first year

No. of Admissions, 1st

Age First Attack, abut 65

Time of Leaving, Mch. 6" '94

Time in Hospital, 9 mo. 27 d

Result, Disp.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by D. Phelps, May 11/93 =

MENTAL ACTIVITY:

Clear or Confused, exceedingly confused & deluded

Quick or Sluggish, quick

MEMORY:

Past Events, Recent Events, Special Subjects, } Quite thoroughly clouded exc.

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects, Own Mental State, Special Subjects, } Very poor

GENERAL DESCRIPTIVE REMARKS:

There appears some constraint about his movements also when walking forwards & backwards.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Considerably

Depressed,

DELUSIONS:

Systematized or Not, Special Subjects, } many; unsystematized, but tend towards those of grandeur

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent

Voluble or Reticent, Voluble

Talks continually of the limitless possessions he owns & always in a bragging way of his own ability & also of his own wealth —

Personal and Medical History of Charles Burg

AMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 134 lbs. NUTRITION, Seems fair for him

probably none

Coatings, Some Promptness Movement, fairly prompt

Size, about normal

sluggish Accommodation,

good

none, Eyes shut, fairly well done.

unsteady, poor; says "nerves in legs." Standing, Eyes shut, sways some.

d. Tongue,

General,

ew ad reinforcement.

r good Slurred,

t sluggish & expressionless.

Sounds good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

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

Records kept

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,

Charles Burg
Minneapolis
807 Emerson Ave.
Apr 27/94.

Handwriting of Charles Burg Minneapolis 807 Emerson Ave. Apr 27/94.

Personal and Medical History of Charles B...

Whole No. 3342.

Residence, Minneapolis Minn 807 Emerson Ave. N.

Date Admission, 10th May 1893

Admitted by Dr Phelps Hour, 1.30. Pm.

How Sent, John A. Steele Jail, Hennepin County

Sex, male

Age, 66 years

Civil Condition, widower

Children, three

Age Youngest Child, —

Occupation, Cabinet-Maker

Degree Education, Common School

Profession Religion, Yes, Lutheran

Habits,

Nativity, Norway (parents also born there)

Physicians Committing, W. E. Rockford & E. J. Gibson

Correspondents, Mary Burg, 807 Emerson Ave. N (oldest Daughter) Minneapolis, Minn

A

Sui

Date

Durati

No. of

No. of A

Age First Attack, abut 65

Time of Leaving, Wash. 6" 3d

Time in Hospital, 9 ms. 27 d

Result, Disch.

3 — 3

9 times, first year

EXAMINATION ON ADMISSION.

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Ent'd by Dr. Phelps, May 11/93 =

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There appears some constraint about his movements also when walking forwards & backwards.

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Systematized or Not, Special Subjects, } many; unsystematized, but runs towards those of grandeur

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Talks continually of the limitless possessions & owns & always in a bragging way of his own ability & also of his own wealth—

Personal and Medical History of Charles Burg

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 3/4 WEIGHT, 134 lbs. NUTRITION, Seems fair for him

WOUNDS OR ABNORMALITIES, probably none

TONGUE, Tremors, Coatings, Some Promptness Movement, fairly prompt

PUPILS, Equality, Equal Size, about normal

Response Light, rather sluggish Accommodation,

SIGHT, Good

HEARING, Seems good

CO-ORDINATION, Arms, fingers to nose, Eyes shut, fairly well done

Legs, standing w/ feet, from; says "nervous in legs." Standing, Eyes shut, sways some.

TREMORS, Hands, none noticed. Tongue,

Facial Muscles, General,

REFLEXES, Patellar, absent, even w/ reinforcement.

Other Reflexes,

ARTICULATION, ~~Hesitating~~, fairly good ~~Slurred~~,

FACIAL EXPRESSION, Somewhat sluggish & expressionless.

SENSIBILITY,

HEART, Sounds good

LUNGS, Sounds good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Record kept 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 a Sheriffs officer, with the following history. This is the 1st attack; first symptoms were manifested about 1 year ago; have been increasing and continuously growing worse during past year. There are no intervals; Evidence of insanity is continuous. Derangement is now manifested as the subject of wealth. Thinks he is very rich. Is very excitable & talkative. Has hallucinations. Is not disposed to injure others. Has talked of suicide by hanging. Is not disposed to filthy or destructive habits. Is very religious. Not known if patient, or his parent were addicted to intemperance or use of narcotics. Has had no severe disease, or injury to head. Has not been restrained or confined. Supposed cause of disease is not given. No treatment has been given him. On personal examination is very talkative about his wealth. Said that he owned five Steamers a valuable Block in the City; that he was going to buy up all the wheat in the Country; that he was going to France & Germany. Talked incoherently. Appearance is that of an insane person. His commitment is recommended on the ground that he wanders about is exposed to accidents & his disease is of such a nature as to require treatment while under legal restraint.

May 1/93 May 11/93. Bodily Condition, on admission last Evening, was dirty. Pulse 100. Resp. 24. Temp 99.8. No Injuries or peculiarities visible. Was restless for 2 hours, but sleeping 7 hours, Last night. This Am. Pulse 103. R 20. Temp 100. PM. Was quite noisy during the day, but became more quiet during the Evening. Is full of delusive ideas & "grand schemes". Appetite
" 12 is fair and bowels about normal. May 12/93. Last night, was restless for 5 hours, sleeping but 4 hours. Am. Pulse 86 R 22. Temp 99.8. Is restless today. Talk delusional. Says his daughter Earns $1000 a night, as an actress" —
" 13 Went out walking with his ward today. Says "he must go home". May 13/93. Restless for 4 hours, sleeping only 5 hours, last night. Am. Pulse 80. R 24. Temp 98.8. Conduct and behavior about as above described. Appetite & diet good; bowels regular.
" 14 Keeps himself fairly clean & tidy. May 14/93. Quiet and sleeping 8 hours, Last night. Am. P 78. R 20. Temp 98.8 -
" 15 Is more full of delusive ideas and "grand schemes" than ever. Wants to buy up all the horses & cattle, grain, Railroads &c, in the Country". May 15/93. Am. P 80. R 22. Temp 99.2. Is restless & noisily talkative on ward;
" 16 Wants to go home "right away". May 16/93. Am - 82 - 20 - 98.8. May 17/93. Am. Pulse 80. R 20. Temp 99. -
" 18 Is daily, more or less restless, noisy & troublesome. May 18/93. Am. P 78. R 20. Temp 99.2. Behavior as usual.
" 19 May 19/93. Escaped while out in the grove today. Was caught and brought back. May 20/93. Had a "Crying spell"
" 22 today. Wants to go home. May 22/93. Is, he says, "very busy today; writing Bank orders for thousands of Dollars"
" 24 May 24/93. Pulse. R & T, have Continued to range about as above. Since last note on this sheet, patient has been quiet at night, apparently resting & sleeping well. Has been up & about daily. Restlessly active. Appetite has been uniformly good & bowels normal. Has lately been quite clean & tidy. Still full of delusions, grand schemes & plans - "owns everything that is spoken of". Has delusions of grandeur. Is continually teasing to be allowed to go home. Would like to elope.

June 30 June 30/93. Appetite good; also rest & sleep at night. Has good bodily health. Has no cough. Is quiet & as a rule well-behaved though at times, quite bothersome. Is still full of delusions, as to the wealth he possesses; has ideas of grandeur; full of great schemes &c. Is of good personal habits.

July 31 July 31/93. No change to note. Is very Emotional at times. Still holds to his delusions, which are very numerous. Has not lately tried to make his escape.

Aug 3/31 Aug 3/93. Wt 114 pds. (Has gained steadily in flesh since coming). Pulse 80. Aug 4/93. Appetite good. Bowels normal. His ideas regarding his immense wealth & other kindred subjects are, to a
" 19 certain extent, disappearing. Aug 19/93. no change observable in condition. Aug 31/93. Still in good health. Very anxious to get home to Minneapolis. Is very credulous & readily believes anything that is told him. — " "

1893

Sep 4/ Sep 4/93. Weight 150½ pds. Pulse 96. Sep 8/93. General Health is good. Is well-behaved.
" 30 Talks extravagantly but in a more coherent manner than formerly. Sep 30/93. No material change.
Oct 3/ Oct 3/93. Weight 152½ pds. Pulse 78. Oct 10/93. Talks more sensibly than formerly. Is
" 31 evidently improving somewhat, mentally. Habits are cleanly. Oct 31/93. Patient's mental condition seems slightly improved. No change otherwise.
Nov 2/ Nov 2/93. Wt 154 pds. Pulse 105. Nov 24/93. Has had "crying spells" for the last day or two & Ex-
" 30 presses great anxiety to get home at Christmas. Nov 30/93. Apparently, rests and sleeps well, at night. Appetite good. Bowels regular. No cough noticed. Patient continues to improve, and the delusions he was subject to at time of coming & for some months afterward seem to have disappeared. He talks well & sensibly, although his mind still seems somewhat unbalanced. He is a good & willing worker on the ward, and is clean in personal habits. —
Dec 1/ Dec 2/93. Wt 157 pds. Pulse 82. Dec 31/93. No change to note during the past month. —
1894 Jan 2/ Jan 2/94. Wt 160 " " 98. Jan 31/94. No noticeable change in either his mental or phy-
31 -sical condition. For some time has been very anxious to leave - "Considers himself well enough"
Feb 1/ Feb 1/94. Wt 158 pds. Pulse 94. Feb 28/94. Apparently rests & sleeps well, at night. Appetite is
28 good; bowels regular. Patient is well-behaved, but forward, and obtrudes himself upon the notice of every one that comes upon the ward. Talks freely and easily, in ordinary conversation, but is easily excited & just as easily quieted down. It takes very little to make him joyful and exalted and just as little to make him depressed and despondent, in which latter mood he will shed tears, but in a few minutes he has forgotten all about the cause of his grief & becomes normal. He appears to be somewhat "unbalanced" in mind, and is, to a certain extent, weak & childish. Works on ward and makes himself generally useful. Makes no complaints. Is clean in his personal habits. In good Physical health. —
Mar 6 Mar 6/94. Went home today. (Patient had been committed here under the "Laws of 1893" recently declared unconstitutional)

Discharged

Personal and Medical History of Charles A. Patch

Whole No. 3343.

Residence, No. 2626 Bloomington Ave, Minneapolis

Date Admission, 10th May 1893. –

Admitted by D. Kilbourne Hour, 7 PM

How Sent, John A. Steele, Jof P, Hennepin County

Sex, Male

Age, 25 Years

Civil Condition, Married

Children, None

Age Youngest Child, —

Occupation, Painter

Degree Education, Common School.

Profession Religion, Yes; Advent Church.

Habits, Not addicted to intemperance or use of narcotics

Nativity, Wisconsin

Physicians Committing, M. P. Finnegan & E. J. Gibson

Correspondents, Mary Patch (mother) 2626 Bloomington Ave
Stella Patch (wife) Mpls, Minn

address of Family Physician, D. Cardew, Minneapolis

No. for Year, 255.

Insane Relatives, Grand Aunt on father's side

Cause Exciting, Epilepsy produced by masturbation

Cause Predisposing, Epilepsy probably (possibly) hereditary

Form, Demented Epileptic

Accompanying Bodily Disorder, Epilepsy since age of 19.

Suicidal or Not, Not; but has expressed fears of death

Date of this Attack, Sept. 1892.

Duration, about 7 months

No. of Attack, 1st but continuous from Sept. 1892.

No. of Admissions, 1st

Age First Attack, 24 years, about

Time of Leaving, Sept Oct. 13 93

Time in Hospital, 4 m. 3 ds.

Result, Imp

Committed to the Insane Hospital, April 13th, 1893 Monthly Committed.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by D. Phelps, May 5/93.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Recent Events, Special Subjects, } very dull & probably inaccurate.

PERCEPTIVITY:

Alert or Dull, Very dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Own Mental State, Special Subjects, } very sluggish and Confused —

GENERAL DESCRIPTIVE REMARKS:

Has a general sluggishness of movement. Hesitates much before answering questions, apparently as if he did not comprehend them. Replys answers in few words. Seems unable each & to think correctly. —

EMOTIONAL STATE:

Normal, Calm,

Indifferent, & dull

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, none specially noted.

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Coherent or Incoherent, Voluble or Reticent, } very difficult on account of an appearance of sluggishness both in activity of mind and expression. —

Personal and Medical History of Chas. A. Patch

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ WEIGHT, 115 lbs. NUTRITION,

WOUNDS OR ABNORMALITIES, probably none.

TONGUE, Tremors, None noticed Coatings, Considerable Promptness Movement, Quite prompt

PUPILS, Equality, equal Size, Slightly dilated

Response Light, ready Accommodation,

SIGHT, Seems fair

HEARING, Probably fair

CO-ORDINATION, Arms, Finger to nose, eyes shut, fair

Legs, Stand on one foot fairly well; Stand, Eyes shut, fairly steady.

TREMORS, Hands, Some Tongue, None noticed.

Facial Muscles, General,

REFLEXES, Patellar, equal – 1 – D. P. Scale.

Other Reflexes,

ARTICULATION, Hesitating, extremely and also somewhat Slurred,

FACIAL EXPRESSION, Sluggish.

SENSIBILITY,

HEART, Sounds good

LUNGS, Sound good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, fairly Record kept Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, see Record 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,

} Cannot get definite information on these points.

Personal and Medical History of Charles A. Patch

1893

This man was brought here by Deputy L. Maisch & A.A. Uhlin, with the following history. Neither patient nor his parents have been addicted to the use of narcotics, nor to intemperance; this is 1st attack but it is continuous from Sept. 1892, when the 1st symptoms were manifested by hallucinations + inability to collect his thoughts. Disease is increasing rapidly; is not variable; this continuous. Derangements now shown by hallucinations, no particular subject; would talk rationally for a while, then would jump up + yell. Thinks that the Lord has gone into partnership with him". Shows religious statement. Has shown no disposition to injure others. Is not suicidal, though has expressed a fear of death. Is not disposed to filthy or destructive habits. There is found history of heredity. He is a masturbator + since the age of 19 years, has been subject to frequent convulsions (epileptic): previous to that time, he was perfectly healthy. These are cause of present attack. Has been restrained only during past month, at home, to the bed + only for a few hours. Has been treated at irregular intervals, by several physicians + also by attending Doctors; the bromides have given best results, but only by increasing intervals between the epileptiform seizures. On the personal examination, the man could not comprehend questions; talked incoherently. Was strapped to the bed; and his hands were gloves to prevent him from masturbating. Appearance was that of an insane man.

May 11 May 11/93. Was, on admission last evening, quite clean + tidy; no injuries or peculiarities noticed. — Was restless for an hour or so, but slept 7 hours, last night. Am. P 72. R 22. Tm 98.6. Has a dull, stupid look. Walks quietly about ward. Talks very little but answers questions + greetings. Appetite poor; bowels regular; there
" 12 is no cough. Complains of being very weak. Pm. P 74. R 20. Tm 99. May 12/93. Slept well, 8 hours, last night, and was quiet. Am. P 76. R 20. Tm 100. appetite fair; bowels constipated; was given laxative. Is well-behaved. Talk is
" 13 rational, apparently, but quite hesitating. May 13/93. Last night, slept 7 hours. Had a fit during the night. — Am. P 80. R 18 Tm 100. Appetite fair; Complains of pain when he urinates: of pains all over body": Continues quiet, and well-behaved; talks fairly freely with fellow-patients; goes out walking. Pm P 78. R 20. Tm 99.8. —
" 14 May 14/93. Was restless for an hour or so, but slept 7 hours, last night. Complains of pain in stomach. Has been obstinately constipated the past few days. Has given laxatives. Is quite uniformly well-behaved; walks about hall; converses quite freely; memory seems poor; talks in a slow, hesitating, slowly-comprehending way.
" 15/16 May 15/93. Bowels have now moved freely. May 16/93. Is quite pleasant + sociable; says he is content to stay
" 22 here until he gets well". May 22/93. Bowels, persistently constipated, for the past 5 days, moved freely
" 24 today by aid of Cathartics. May 24/93. For past 10 nights, patient has been uniformly quiet and restful, apparently sleeping well. Pulse, continued to be taken daily, has been about normal. No nocturnal fits have been reported during that period. Appetite, at first only fair, has improved and is now quite good. There has, all along, been a strong tendency to constipation, but, at present, bowels are normal. No fits are known to have occurred in the day time, though patient says he has had 3 since coming here. During this, the second week, he has been growing more able to comprehend his situation, + talk with less of hesitation and to realize more clearly. The confused state of mind is clearing up, and he seems much brighter now. Patient has always been clean, neat, tidy and well-behaved.
" 27 Is taking, now, an interest in his surroundings + is contented here. May 27/93. Quiet, sleeping 8
" 29/30 hours last night; at 5 Am had a convulsion. May 29/93. At 6 Am, had a convulsion. May 30/93. Had a
" 31 convulsion at 8 o'clock this morning. May 31/93. Appetite good. Bowels regular. no cough noticed. Goes out walking regularly. Read some + writes home occasionally. Keeps getting round brighter and seems quite contented here. Is in good physical health now, it having improved greatly in past few weeks.
June 4 June 4/93. Slept 8 hours; had a convulsion, during the night. June 6/93. Was today visited by his mother.

Personal and Medical History of Charles A. Patch

1502

NAME Chas A. Patch

DATE. 189	Weight.	Pulse.	Gain.	Loss.
June 5th	129½	—	11½	
July 4th	138½	—	9	
Aug 3d	140	—	3½	
Sept 8th	140	—	—	

Has taken home by his father today, on trial —

Discharged

Bm today. June 30/93. Appetite good. Bowels are constipated, + walking regularly. Is becoming very religious, of late. Had no convulsion. July 2/93. Another fit at 3 Pm, today. — at bed time. July 12/93. Had a convulsion at 7.30 Am. — reh of the nights of the 15th 16th 20th 21st 22d 25th 28th and 30th — ving night. Appetite continues good + patient has been gaining ill constipated, at times; Claims he is troubled with hemorrhage, sibly + rationally, also quite freely. Is neat, clean, tidy + of considerably writes a few letters. Seems quite contented here — n observed this month, so far. Is on medicines. Appetite is ing in weight, monthly. Does no work. Writes occasional letters home, some. Aug 23/93. Had a convulsion at 5 Am; this morning. g 30/93. Had a convulsion to day. Aug 31/93. Appetite con- stipated, at times. Quiet + well-behaved, as usual, by day. Reads some. Writes a few letters. Does no work. today. Sept 7/93. Attendants had some trouble with him, while t back + put on B3 for 4 hours or so. Sept 12/93. Was visited p. Patient has continued about as described in last quoad behaved. Is in good physical health. ——

1893

This man was brought here by Deputy
nor his parents have been addicted to
Sept. 1892, when the 1st symptoms were no
increasing rapidly; is not variable; this
subject; would talk rationally for a while,
-ship with him". Shows religious statemen
has expressed a fear of death. Is not disposed to pr
masturbator; since the age of 19 years, has been su
he was perfectly healthy. These accounts of presen
home, to be bed & only for a few hours. Has been treated at v
Doctors; the bromides have given best results, but only by wi
personal examination, the man could not comprehend questions; talked incoherently. Was strapped to the bed; also hand
were gloves to prevent him from masturbating. Appearance was that of an insane man.

May 11 May 11/93. Was, on admission last evening, quite clean & tidy; no injuries or peculiarities noticed. —
Was restless for an hour or so, but slept 7 hours, last night. Am. P 72. R 22. Tp 98.6. Has a dull, stupid look.
walks quietly about ward. Talks very little but answers questions & greetings. Appetite poor; bowels regular; there
" 14 is no cough. Complains of being very weak. Pm. P 74. R 20. Tp 99. May 12/93. Slept well, 8 hours, last night,
and was quiet. Am. P 76 R 20. Tp 100. Appetite fair; bowels constipated; was given laxative. Is well-behaved. Talk is
" 18 rational, apparently, but quite hesitating. May 13/93. Last night, slept 7 hours. Had a fit during the night. —
Am. P 80. R 18. Tp 100. Appetite fair; complains of pain when he micturates: of pains all over body; Continues quiet,
and well-behaved; talks fairly freely with fellow-patients; goes out walking. Pm P 78. R 20. Tp 99.8. —
" 14 May 14/93. Was restless for an hour or so, but slept 7 hours, last night. Complains of pain in Stomach. Has been
obstinately constipated the past few days. Has given laxatives. Is quite uniformly well-behaved; walks
about hall; converses quite freely; memory seems poor; talks in a slow, hesitating, slowly-comprehending way.
" 15/18 May 15/93. Bowels have now moved freely. May 16/93. Is quite pleasant & sociable; says "he is content to stay
" 22 here until he get well". May 22/93. Bowels, persistently constipated for the past 5 days, moved freely
" 24 today, by aid of Cathartics. May 24/93. For past 10 nights, patient has been uniformly quiet and restful,
apparently sleeping well. Pulse, continued to be taken daily, has been about normal. No nocturnal fits
have been reported during that period. Appetite, at first only fair, has improved and is now quite
good. There has, all along, been a strong tendency to constipation, but, at present, bowels are normal.
No fits are known to have occurred in the day time, though patient says he has had 3 since coming
here. During this, the second week, he has been growing more able to comprehend his situation, &
talk with less of hesitation, and to realize more clearly. The confused state of mind is clearing up,
and he seems much brighter now. Patient has always been clean, neat, tidy and well-behaved.
" 27 Is taking now an interest in his surroundings & is contented here. May 27/93. Quiet, sleeping 8
" 29/30 hours last night; at 5 Am had a convulsion. May 29/93. At 6 am, had a convulsion. May 30/93. Had a
" 31 convulsion at 8 o'clock this morning. May 31/93. Appetite good. Bowels regular. no cough noticed. Goes
out walking regularly. Read some & writes some occasionally. Keeps getting more bright & seems
quite contented here. Is in good physical health now, is having improved greatly in past few weeks.
June 4 June 4/93. Slept 8 hours; had a convulsion during the night. June 6/93. Was today visited by his mother.

June 27/93. Had a convulsion at 3 Pm, today. June 30/93. Appetite good. Bowels are constipated,
at times; no cough noticed. Goes out walking regularly. Is becoming very religious, of late.
July 1/2 July 1/93. Slept 8 hours last night. Had an convulsion. July 2/93. Another fit at 3 Pm, today. —
" 8 July 8/93. Had a light convulsion at bed time. July 12/93. Had a convulsion at 4.30 Am. —
" 30 July 30/93. Had an convulsion of each of the nights of the 15th 16th 20th 21st 22nd 25th 28th and 30th —
" 31 July 31/93. Had 2 convulsions during night. Appetite continues good & patient has been gaining
considerably in flesh. Bowels are still constipated, at times; Claims he is troubled with hemorrhage,
(probably from pile); talks quite sensibly & rationally, also quite freely. Is neat, clean, tidy & of
good personal habits. Reads considerably writes a few letters. Seems quite contented here -
Aug 20 Aug 20/93. No convulsions have been observed this month, so far. Is on medicines - Appetite is
good and patient has been increasing in weight, monthly. Does no work. Writes occasional letters.
" 23 Is expecting relatives to take him home, soon. Aug 23/93. Had a convulsion at 5.40 this morning.
" 24/30/31 Aug 24/93. Another, last night. Aug 30/93. Had a convulsion to day. Aug 31/93. Appetite con-
-tinues very good. Bowels are constipated, at times. Quiet & well-behaved, as usual, by day.
Clean, tidy & of good personal habits. Reads some. Writes a few letters. Does no work.
Sep 6/7 Sep 6/93. Had a light convulsion today. Sep 7/93. Attendants had some trouble with him, while
" 12 out walking today & he was brought back & put in B3 for 4 hours or so. Sep 12/93. Was visited
" 13 by his father this evening. Sep 13/93. Patient has continued about as described in last general
note. Has continued quiet & well-behaved. Is in good physical health. —
Has taken home by his father today, on trial —

Discharged

Personal and Medical History of M. George Pond

Whole No. 3344.

Residence, 3717 Bloomington Ave, Minneapolis

Date Admission, 10th May 1893. (Now from City Hospital)

Admitted by D. Kilbourne Hour, 7 A.M.

How Sent, John H. Stelle, Dep. Hennepin County

Sex, Male

Age, 57 Years.

Civil Condition, Married

Children, Three

Age Youngest Child,

Occupation, Harness-Maker

Degree Education, Fair

Profession Religion, Baptist

Habits, Intemperate sometimes

Nativity, Vermont (Parents also born there)

Physicians Committing, Chas. G. Weston & W. A. Jones.

Correspondents, C. E. Pond, 3717 Bloomington Ave Mpls, Minn

No. for Year, 250.

Insane Relatives, None

Cause Exciting, Overwork + intemperance

Cause Predisposing, Intemperance probably

Form, (Chronic Paresis (Dem. Paral.))

Accompanying Bodily Disorder, Incontinence of feces + urine

Suicidal or Not, Not.

Date of this Attack, 2 months ago; disease increasing.

Duration, about 2 months

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, 54

Time of Leaving, 20th June 1893

Time in Hospital, 1 month & 10 days

Result, Died - General Paresis.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by D. Phelps, May 11/93.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, } Extremely impaired

Recent Events, }

Special Subjects, }

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects, } Very poor

Own Mental State, }

Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:

Has arcus senilis.

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted, Yes

Depressed,

DELUSIONS:

Systematized or Not, Many; unsystematized

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Hesitating

Coherent or Incoherent, Incoherent.

Voluble or Reticent,

Personal and Medical History of M. George Pond

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7. WEIGHT, 161 lbs. NUTRITION,

WOUNDS OR ABNORMALITIES, probably none.

TONGUE, Tremors, Coated Coatings, Considerable Promptness Movement, Fairly prompt

PUPILS, Equality, Equal Size, Slightly dilated

Response Light, Almost none Accommodation, Somewhat

SIGHT, Seems fair

HEARING, Fair

CO-ORDINATION, Arms, Poor; Finger to nose, Eyes shut, Can't do this without trembling + uncertainty

Legs, Poor; Can't stand on one foot; Standing, Eyes shut, Can't do this;

TREMORS, Hands, & of arms, Coarse, as a whole. Tongue, Coarse

Facial Muscles, Some twitching of these General,

REFLEXES, Patellar, Both absent.

Other Reflexes,

ARTICULATION, Hesitating, Extremely, and also is Slurred,

FACIAL EXPRESSION, Sluggish

SENSIBILITY,

HEART, Sounds palpitating; no murmur.

LUNGS, Sounds fair.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~, untidy Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Records kept RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, } Seems to have no memory

Father or Pat. Relations, Says father living. } Regarding these points.

Brothers or Sisters,

Personal and Medical History of Mr. George Pond.

1893 This patient was brought here by Deputy L. Marsch and A.S. Uhlin, with following history. Has been intemperate for some time. This is first attack; supposed cause overwork & intemperance. Has been at City Hospital, Minneapolis; treatment negative. First symptoms were manifested 2 months ago: disease is increasing; disease is not variable nor are there rational intervals. Derangement is now manifested by general delusions, delirium, expansive ideas, grand schemes etc. Is not disposed to injure others, nor suicidal. Has incontinence of feces & urine. Has been irritable during past year. Received an injury to head about a year ago; had a convulsion about Christmas 1892 & another April 29th 1893. Has been restrained by strap, during past week. On personal examination, find partial ptosis left lid; right pupil dilated, tongue deviates slightly to the right; defect in speech; ataxic gait. Patient incoherent on all subjects; attempts to get up and wander away. General appearance that of a General Paretic. About 12 years ago, became ataxic and manifested other symptoms of G.P. (Reasons for Committal fully detailed in History).

May 11 May 11/93. When admitted last Evening, bodily condition was quite dirty: has a scar on right knee: Bruises on left Eye & temple. Is very weak. Has quit sleeping 8 hours last night. Am. 0 72. R 18. T 100·2. Has delusions. Says "his girl was here talking with him this morning". Appetite good; bowels normal; no cough. Pm. 0 76. R 20

" 12 T 100·6. May 12/93. Was restless, noisy, & out of bed often, last night, sleeping but 5 hours. AM. 0 80. R 20. T 99·5. Is quietly behaved by day; sits on a bench a good deal of the time. Is becoming very dirty in his habits. Pm. 0 74.

" 13 R 18. T 99·4. Talk full of delusions. May 13/93. Passed last night similarly to the one preceding. Soiled his bed and clothes. AM. 0 78. R 20. T 100. Appetite good. Bowels normal. Says "he was left in charge of business here";

" 14 thinks he is in his Shop. Does not realize where he is. PM. 0 80. R 22. T 100. May 14/93. Slept but 5 hours last night; being restless, out of bed and noisy, for 3 hours or so. AM. 0 88. Is continually demanding himself.

" 15 Is dirty. Eternally demented; wanders about in a staggering tottering way. May 15/93. Was restless, but

" 16/17 sleeping 6 hours last night. AM. 0 80. May 16/93. AM. 0 80. Today, transferred to C4. May 17/93. Am. 0 80

" 24 Is becoming destructive also. May 24/93. Pulse, R & T. taken each morning, since the 17th Inst. Have been about normal. May 25/93. Has continued quiet at night, apparently resting and sleeping well.

" 25 Is of late becoming much less able to walk or move about. Appetite has, from the first, been quite good and bowels regular. No convulsions have been seen, as yet. Has a restless, wondering, bewildered air about him. Still full of delusions. Does not yet seem to realize where he is. Thinks and declares himself perfectly

" 31 well and is anxious to go home. Continues to be very dirty in personal habits. May 31/93. appetite, fair to good. Bowels are regular. Has no cough. Patient is in a paretic condition that is becoming quite helpless. Is failing rapidly. Behavior poor. Restless most of the times. Talk is full of delusions. Habits very dirty. —

June 5 June 5/93. Weight 158 pounds. Pulse 98.

" 20 June 20/93. Patient has been confined to his bed for some days. Death has been inevitable for the past week or more. Had a very bad bedsore which progressed with extreme rapidity. The paresis was quite extreme also. The failure was rapid and was an exhaustion from both bed sore and paresis combined. Died today.

A relative had been advised by letter of patients' critical condition & late by telegram also. Remains were buried here.

Died.

Personal and Medical History of Carl Lombrecht.

From 180.

1894
Mch 1/30 April 2/94. Has made a slight gain in flesh, in the past month. Pulse 92. Apl 30/94. No change.

May 9 May 9/94. Quiet, stupid & dull. Stands idly about, a good deal of the time, or moves restlessly & aimlessly about the hall. Does not seem to make any improvement. —

" 10 May 10/94. Was today, visited by his brother, who stated that parents wished to take the patient home & give him a trial. Left, this morning, with his brother. —

July 14/17 Brought back today. Wt. 189½ lbs. dirty. says "he is struck off again". Slept 8 hrs 17th Dirty

10/31 slept 6 hrs. 18th slept 9 hrs — 20th 4 & 6th 5 — 8 hrs — 29th 4 hrs. 31st So cranky at times, stands around does not talk, does not sleep well, appetite good, walks out daily. Still holds delusions.

Aug 1 Aug 1/94. Had a fight, was a peacable, with a fellow patient (J. Flaherty). Received a slight bruise on forehead.

" 8 Aug 8/94. Wt 128 pds. Has lost considerably in flesh since his return: cause not known; has ill feeling towards Flaherty.

" 8/15 Pulse 70. Aug 8/94. During past few nights, he has been somewhat restless, yet sleeping fairly well. Aug 15/94. Habits

" 31 are becoming somewhat dirty. Aug 31/94. somewhat restless, occasionally, at night. Habits have improved. Appetite good; bowels regular. Inclined to be restless a good deal of each day. Mentally, there seems no special change.

Sep 1/30 Sep 1/94. Wt 131 pds. Pulse 84. Sep 30/94. About the same. Has not of late, given expression to his delusions.

Oct 1 Oct 1/94. Wt 135 " (Is regaining his lost flesh, gradually). Pulse. Had a fight with another patient (Anderson) while out walking, today. Oct 31/94. Reads some. Talks a little. Generally very restless.

" 31 Goes out walking. Does no work. Shows delusions. Is tidy in dress. No special improvement mentally

Nov 1/30 Nov 1/94. Wt 134 pds. Pulse 82. Nov 30/94. Behaves well; appetite good; bowels regular; talks freely & sensibly; makes no complaints; looks some what worn. Patient is improving. —

Dec 1/31 Dec 1/94. Wt 138 pds. Pulse 96. Dec 31/94. Reads, plays games; talks sensibly. Continues to improve.

1895
Jany 1/31 Jany 2/95. Wt 149 pds (has gained 11 pounds, in past month). Pulse 100. Jan 31/95. Behaves well; talks freely & sensibly. Helps with work. Improvement, above noted, still keeps up.

Febry 1/28 Febry 1/95. Wt 151½ pds (Is still gaining in flesh). Pulse 84. Feb 28/95. Still continues to improve; behaves well: talks freely & sensibly. Physical condition good. Transferred to A1 today.

" 28 Febry 28/95 Has been steadily improving. Talks freely & sensibly. Sleeps, abt, 2 or 3 hours, every day — Does some work on ward. Is very well-behaved. Clean, tidy & of good personal habits —

March 1/31 Mar 2/95. Wt 151½ pds. Pulse 72. Mar 31/95. Always cheerful & contented, though, at times, a little uneasy when thinking of home & is beginning somewhat anxious to leave. Plays games and also works some on ward — Behaves well; talks freely & rationally. Attends patients entertainments, participating in them. Appetite good. Bowels regular. Physical health good.

April 1/25 (Mr: has improved very much, in last 2 months — Is usually quite clear. There are many traces of the old trouble left, but is fairly well). Apl 1/95. Wt 151½ pds. Por. Apl 25/95: Has been about as last generally described above. Was allowed to return home, today. —

Discharged

Personal and Medical History of Frank. M. Morrison

Whole No. 3345. No. for Year, 257.

Residence, St. Paul, Minn; Cor. Curtis & Chicago Sts

Date Admission, 11th May 1893. -

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

How Sent, Penn. Davis Ct. Comr., Ramsey County

Sex, Male.

Age, 45 years

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Clerk

Degree Education, Common School

Profession Religion, Yes; R. Catholic

Habits, Not addicted to intemperance or use of narcotics (?)

Nativity, Wisconsin (Father, New York; Mother, Ireland)

Physicians Committing, Arthur B. Aucker & Geo. J. Hanley

Correspondents, (Brother) Judge Samuel Morrison
603 Pioneer Press Bldg St Paul Minn

Insane Relatives, not stated

Cause Exciting, Alcoholism from early youth; probably Syphilis

Cause Predisposing, Intemperance probably

Form, Mania chronic

Accompanying Bodily Disorder, No.

Suicidal or Not, Not; but has homicidal tendencies.

Date of this Attack, about 3 weeks ago

Duration, about 2 weeks -

No. of Attack, 1st (tho' had 1 about 15 years ago, in a Minn Depot; lasted about 6 weeks -

No. of Admissions, 1st

Age First Attack, about 30.

Time of Leaving, July 13 '93

Time in Hospital, 2 mos. 3 ds.

Result, Rec'd.

Has further gone into question regarding his homicidal tendency + personal history -

Family Physician
Arthur B. Aucker
C + C Hospital
St Paul
Minn

EXAMINATION ON ADMISSION.

Exd. by D. Phelps May 11 '93. **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:

Clear or Confused, Rational in form but Confused in Special Subjects

Quick or Sluggish, quick

MEMORY:

Past Events,

Recent Events, admits it is impaired.

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, in Correct

REASONING POWER:

Ordinary Subjects, only fair

Own Mental State, rather poor

Special Subjects, very poor.

GENERAL DESCRIPTIVE REMARKS:

Admits having drunk very hard for a long time; of having had the "D.T.s" and also of now having religious influences. Since his last bad spree of 8 weeks ago, says he has sometimes trouble in remembering. Has heard voices for nearly 2 weeks. Has had severe headache for past 2 or 3 years; one especially hard one about 2½ years ago. Shaved him a shock.

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted, mildly

Depressed,

DELUSIONS:

Systematized or Not, fairly well systematized in subject "Controlled by Spirit"

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Hears voices from the Spirit; also hearing other sounds.

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent in form.

Voluble or Reticent, very willing; answers correctly on ordinary subjects; wanders at times to delusions - Converses Chiefly of his own condition; his being controlled by the influence of the Spirit; this hearing voices from the same.

Personal and Medical History of Frank. M. Morrison

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 4 in WEIGHT, 155 lbs. NUTRITION, Seems fair (Somewhat at Times)

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, some; considerable marks from indentation - Promptness Movement, fairly prompt.

PUPILS, Equality, unequal, left larger Size, both slightly dilated

Response Light, imperfect somewhat. Accommodation,

SIGHT, Good

HEARING, Fair

CO-ORDINATION, Arms, finger to nose, Eyes shut, very poorly done.

Legs, Standing on foot, uncertain, tremules. Standing, Eyes shut, fairly well done.

TREMORS, Hands, fine Tongue,

Facial Muscles, slight around Cheek & corner of mouth, left side. General,

REFLEXES, Patellar, Equal, about 8, D. B's Scale.

Other Reflexes,

ARTICULATION, ~~Hesitating~~, fair ~~Slurred~~,

FACIAL EXPRESSION, Sluggish (says himself it is sluggish).

SENSIBILITY,

HEART,

LUNGS, Seem good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Yes Constipated, Irregular,

APPETITE, Good, yes Records Medium, Poor,

SLEEP, Good, Poor, Irregular, yes

PULSE, Records kept 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 in Asylum at St Louis, a year or so; was Despondent.

Father or Pat. Relations, Father died Sept '91 of Erysipelas; did not drink. —

Brothers or Sisters, 3 brothers all living; healthy; one drinks some.
3 sisters " "

1893

This man was brought here by Deputy-Sheriff Irish, with the following history. Tho' this is stated to be the first attack, yet patient appears to have had one about 15 years ago, but in a minor degree, lasting about 6 weeks. First symptoms of this present attack were manifested about 3 weeks ago, by delusions & homicidal tendencies. The disease is not variable nor are there rational intervals. Derangement is now manifested as the subject of religion and an expressed desire to remove one of his nephews. Is disposed to injure others. Is not suicidal. Has a destructive tendency. No history of heredity given. Has always been an indolent character. Has not been subject to any severe disease &c. Has been a patient in the C & C Hospital a number of times; acute alcoholism; supposed cause of this disease, a history of alcoholism from early youth; probably syphilis also. Has had nothing but the ordinary treatment for such. From personal examination, he is ill-conditioned, unkempt, and somewhat characteristic physiognomy. Patient said he heard "talking in his head"; "had electricity in his head"; "runs where or when he had delirium tremens, it went to his feet"; "He was in his head now, visiting religious influences"; "Hathe threw an ax of corn on his brother's brain, for the good of all people"; "that his lips were sealed, regarding his nephews removal". He simply answered questions. Appearance unfavorable; manner inclined to be reserved.

May 12 — May 12/93. On admission last Evening, Pulse 70. R 18. Bodily condition quite clean. Has a fever sore on right leg. also, what he claims, a broken blood-vessel. Was restless for 2 hours, out of bed, but slept 6 hours, last night. Am. P 76. R 20. T 99.8. Is quiet, obedient, wants to make himself useful about ward; seems to realize, fairly well, his condition and why he was sent here. Appetite is good: no cough noticed. Am. P 76. R 22. T 100.2. On examination today, there were noted delusions on subject of being "Controlled by Spirit"; also
" 13 — hallucinations of hearing. May 13/93. Last night was restless for 3 hours, sleeping but 5 hours. Am. P 76 R 20. T 99.2. Appetite still good. Bowels normal. Behavior quite normal, though, if lead to the subject, he is found he believes himself Controlled by his Spirit & also "hears voices". Pm. P 74. R 20. T 100.2. —
" 14 — May 14/93. Rested & slept better (7 hours) last night. AM. P 78. R 22. T 99.6. Moves about freely & converses
" 15 — fairly rationally with fellow-patients & attendants. May 15/93. Am. P 78. Somewhat inclined to be
" 22nd — irritable & quarrelsome at times. May 22/93. Was today transferred to A. May 24/93. Visited
" 25 — by priest today. May 25/93. Pulse, Taken the last 7 mornings & on the present one has been normal,
" 26 — (about). May 26/93. Patient's rest & sleep at night have gradually improved and for some nights past and at present he is sleeping quite well; appetite has been good & he is rapidly gaining in flesh. Bowels also have been quite regular. Behavior & conduct have been good. He has also been clean, neat & tidy in appearance: more sensible, avoiding those of his fellow-patients with whom he cannot agree. Delusions have not been prominent; indeed, have not been spoken of since the first few days. Seems Contented here. Has good physical health. Was today moved to A 2. —
" 31 — May 31/93. Is a very quiet and well-behaved patient. Attendant can't see anything wrong with him. Appetite & sleep both very good. Bowels regular.
June 5/93 — June 5/93. Weight today 176 lbs. Pulse 65. June 15/93. For some time past has been pressing his request to go outside to work. Today went to work about the stable & carriage house. —
" 27 — June 27/93. Has continued a well-behaved & orderly patient. Was today transfered to A 3 —
" 30 — June 30/93. Appetite good; bowels regular. Well behaved. Works outside daily at same place and is very neat & tidy about all the work he does.
July 1st — July 1/93. Weight 147½ lbs. Pulse 80. (Has gained 22½ pounds since admission) —

1893
July 13 — July 13/93. Patient has seemed quite freed from any perverted or hallucinatory ideas for some time. Has continued quiet & well behaved. Walked out steadily since the above permission was given him. Seemed happy & contented & Expressed himself as determined to give up drink-habits &c.
Went home today, alone. —

Discharged —
Hans Hoff

1895 cont'd From 160.
April 30 — a "very ugly spell"; knocked down Louis Schumann, (patient) & broke 2 windows of "infirmary ward" with his fist, cutting his right hand, but not seriously. He talks incoherently: is destructive and very difficult to manage. May 1/95. Wt 159 lbs. Pulse 90. May 15/95. No special Change.
May 1 / 15 — Still badly behaved & has "ugly spells" at times. May 19/95. When going out for walk, at 2.30 P.M. this patient escaped by jerking loose from attd't. & before he could be caught he knocked
" 31 — down a female employé, standing near Steward's office. May 31/95. Behavior still bad; very occasionally good: he has to be constantly held by attendant, when taken outside.
June 1 / 30 — June 1/95. Wt 167 lbs. P. M. June 30/95. Behavior, the past month, is much improved; he has been quiet, but is still of a treacherous disposition & requires closest watching, at all times. Talks in a very indistinct tone. Works same as ward. Health apparently good.
July 1/31 — July 1/95. Wt 166 lbs. Pulse 92. July 31/95. Eats & sleeps well. Physical condition keeps good. Improvement in both mental & physical condition noticed for the month. From being held by attd'ts every time he went out walking, he has now "reversed the order of things" & this patient now holds & takes care of a fellow patient (Harry Reed).
Aug 1/31 — Aug 1/95. Wt 166 lbs. Pulse 89. Aug 31/95: Behavior very fair: Eats & sleeps well: Works on ward, every day.
Sept 1/30 — Mentally, about same as for months past. Sept 1/95. Wt 168 lbs. Pulse 84. Sept 30/95: No change to note: quite well-behaved. A good worker at the ball: Makes no Complaints. Talks indistinctly & incoherently.
Oct 1/31 — Oct 1/95. Wt 173½ lbs. Pulse 92. Oct 17/95. Suffered from a very sore nose, the past few days; had been struck by another patient: is some better now. Oct 31/95. Quietly behaved: Otherwise, about same.
Nov 1 / Dec 1 / Jan 1/96 — Nov 1/95. Wt 174 lbs. Pulse 68. Dec 1/95. Wt 169 lbs. Pulse 72. Jan 1/96. Wt 172 lbs. Pulse 88. Jan 2/96. Transferred to C1 (on account of general change of wards). Jan 31/96. Eats & sleeps well: has an enormous appetite: physical condition fair: bowels regular: behavior quiet, but is a dangerous man, if molested. Occasionally, gives trouble to attendants. Has delusions. Habits neat & clean.
Feb 1/96 to June 29/97 — Dr. Phelps Summary of Nurses Notes. A violent patient. Records of frequent fighting & trouble. So Silly, at times laughing to himself. So ready to do any reckless thing. During Feb 97 had a slight sick spell for a while but he recovered quite speedily. Wt 175 lbs.
June 29 97 Transferred to Fergus Falls.

Personal and Medical History of John Roeder.

Whole No. 3347.
Residence, 1522 - 6th St. N. Minneapolis, Minn
Date Admission, 20th May 1893.
Admitted by Dr Kilbourne Hour, 7 PM.
How Sent, John H. Stolle, Jr. Hennepin County
Sex, Male
Age, 61 years
Civil Condition, widower
Children, 6
Age Youngest Child, —
Occupation, Merchant
Degree Education, Fair
Profession Religion, Catholic
Habits, Not addicted to intemperance or use of narcotics
Nativity, Germany (Parents also born there)
Physicians Committing, W. A. Jones and James H. Dunn
Correspondents, Mrs M. E. Heaven
1522. 6th St. North

No. for Year, 259.
Insane Relatives, None
Cause Exciting, La Grippe (?) 1 year ago
Cause Predisposing, not stated
Form, Senile Dementia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, 1 year ago
Duration, 1 year and disease increasing
No. of Attack, 1st
No. of Admissions, 1
Age First Attack, 60 years
Time of Leaving, Aug. 10" '93
Time in Hospital, 2 mo. 20 ds.
Result, Improved

Admitted 6/11/93 — Has no cavity that his daughter attributed his disorders

Family Physician (of many years) of J. H. Dunn Mpls.

EXAMINATION ON ADMISSION.

Exd by Dr Phelps - May 22/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused; Moderately So.
Quick or Sluggish, Sluggish

MEMORY:
Past Events, Imp, not so good as it used to be - Thinks it is impaired
Recent Events,
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, Impaired in all lines
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Says he has not drunk any for 1½ or 2 years. Says "that thoughts come up about property and he shouts out "Glacie" — "Blows off" —

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

DELUSIONS: are preferably delusive ideas not
Systematized or Not, very well developed; are an
Special Subjects, exaggeration or perversion of
Transitory or Not, really existing facts.

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION: Shows a morbid depression
Coherent or Incoherent, unwarranted by actual
Voluble or Reticent, facts, yet without well defined delusions.

Personal and Medical History of John Roeder

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 in. WEIGHT, 156 lbs. NUTRITION, Fair.
WOUNDS OR ABNORMALITIES, probably none.
TONGUE, Tremors, a few coarse Coatings, normal Promptness Movement, prompt
PUPILS, Equality, slightly unequal, right a little larger. Size, slightly larger than normal.
Response Light, very good Accommodation,
SIGHT, Fairly good, but uses glasses
HEARING, Fair
CO-ORDINATION, Arms, Finger to nose, Eyes shut, fairly well done; some inaccuracy.
Legs, Standing at foot, fairly good. Standing, Eyes shut, Fair.
TREMORS, Hands, None Tongue, None special.
Facial Muscles, apparently sluggish, some tremor General, None
REFLEXES, Patellar, Equal (about). 9+ Dr Ps Scale.
Other Reflexes,
ARTICULATION, Hesitating, yes Slurred, not
FACIAL EXPRESSION, Cheeks full & seemingly inactive.
SENSIBILITY,
HEART, Sounds good.
LUNGS, Sound Good.
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Yes, as a rule Irregular,
APPETITE, Good, Very Medium, Poor,
SLEEP, Good, Very Poor, according to his own account 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, 1 brother living in Chicago - Claims healthy

Personal and Medical History of John Roeder

1893

This man was brought here by James Kane, friend, and patients' daughter, with following history. There is no history of Consanguinity or Heredity. This is the first attack; first Symptoms manifested 1 year ago, by change in disposition and depression. Disease is increasing; there is constant depression; at times, he seems rational. Derangement is now manifested as to subject of property, also by shutting frequently the name of his half-brother "Glasie"; Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. Since death of wife, 3 years ago, occasionally went on a spree. Has had no severe disease or injury to head. Has not been restrained or confined. Supposed cause of attack is La Grippe 3 / 1 year ago. Has been treated by sedatives, opium, bromides &c, tonics; Effects transient; Manual labor, On a personal examination is found depressed, absorbed; stands with gaze fixed; Shiftless &c. Morbid ideas (Sexual) Constantly Come up before him; thinks he has done many things about property matters, that he might not to have done. He is not inclined to talk with freedom. Appearance & manner despondent. Sleep is broken; Has tendency to wander away; Ghosts &c.

May 20/93 May 20/93. On admission, Pulse 72. Wash ton Co. May 21/93. Was somewhat restless, sleeping but 2 hours last night. Walks about ward in a slow way; says he thinks he will be contented. Talks freely when spoken to. Appetite is good and bowels regular. Has no cough. No injuries noted. 7 Am. Pulse 64. 5 Pm. Pulse 68. — " —

" 22 May 22/93. Rested better, sleeping 7 hours last night. 7 Am. Pulse 70. 5 Pm. Pulse 74. Appetite still good. Went out

" 23 walking with his ward today. Seems fairly contented. Weight, today, 154 pds. May 23/93. Quiet & restful and slept 8 hours, last night. 7 Am Pulse 62. Says he does not feel very well this morning"; "homesick". 5 Pm 78.

" 24 May 24/93. Again passed a good night, last night. Says "he is homesick, but will brace up & not think of home so much"

" 25 Am. P 70. 5 Pm. Pulse 70. May 25/93. Is smiling & cheerful. May 26/93. Bowels regular. Goes out walking daily.

" 26 " 30 May 30/93. Again says he is "homesick".

Jun 1 June 1/93. Appears to be getting somewhat brighter, talks more freely, appears to be improving.

" 3 June 3/93. Patient has continued quiet restful at night, almost uniformly sleeping 7 or 8 hours each. Has been up & about daily; goes out walking with his ward. Pulse, taken each morning & evening, has been normal. Appetite has continued good & bowels regular. Patient is clean, neat & tidy in appearance, attending to his own personal wants. Has been fly day, uniformly quiet & well-behaved. Is inclined to be somewhat retiring in manner; does not talk very much, yet seems interested when conversation is begun. No definite delusions or hallucinations have been noted. At times, gets (as he expresses it) quite homesick & is somewhat anxious to go. Physical health seems quite good.

" 16 June 16/93. Was today transferred to B.

" 20 June 30/93. Is very quiet & well-behaved. Seems very anxious to be allowed to go home.

July 1 July 1/93. Is continually teasing to go home. Is very quiet on ward. Appetite quite good; bowels regular. Sleep & rest at night are apparently good. Is in quite good physical condition.

" 5 July 5/93. Maintains still the same quiet, but rather feeble, mental state. Is childish in his manner and feeble gait. —

" 31 July 31/93. Seems somewhat nervous and disturbed of late, (possibly from over anxiety to go home); walks about as if in a dream; keeps turning around a great deal. Sleep is irregular. Gets up during the night and bothers his room-mates. Appetite fair; bowels regular. Seems somewhat weak.

Aug 6 Aug 6/93. Quite restless today, walking the hall. Quiet for a while, then moving from one place to another.

" 9 Is not inclined to talk. Aug 9/93. Has been quite restless for the past few days; has lately become

Personal and Medical History of John Roeder

probably been disturbed at being kept here, as he thinks, so long. , who spent the afternoon with him. He seemed more contented 5th Inst moved to B! (this ward, A? being required for female patients). mitted to go home with his daughters, on trial.

NAME John Roeder

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
July 3?	157½	82	3½	
Aug 5th	154	—		3½

(Discharged)

Charles C. Felver

From 134.

1895

May 1 / June / July 1/95 — May/95. Wt 192 pds. Pulse 84. June 1/95. Wt 190 pds. Pulse 74. July 1/95. Wt 193 pds. Pulse 71. July 5/95. Called up on by father, 10 day. July 31/95. Behavior, since last noted, has been quiet: Makes no Complaints: Talks Constantly in a low monotone, without any sense or reason. Habits not cleanly. (was wet or dirty, 10 days in June & 5 Days Dirty, in July). Patient is in good bodily health.

Aug / Sept 1 / Oct 1/95 — Aug 1/95. Wt 195 pds. Pulse 80: Sept 1/95. Wt 200 pds. Pulse 80: Oct 1/95. Wt 202 pds. Pulse 92 — Oct 31/95. Talks to himself, all day long: attends, seems brighter: Sits in one place, when in hall. Dirty, filthy & slouchy in habits: (Soils clothes &c). Goes out walking. Health seems to be good.

Nov 1 / Dec 1 / 1896 / Jan 1/96 — Nov 1/95. Wt 205 pds. Pulse 86. Dec 1/95. Wt 205 pds. Pulse 90. Jan 1/96. Wt 202½ pds. Pulse 90 Jan 28/96. Started to run away, while out walking, but was caught & brought back. Jan 31/96. No change. Talks continually to himself, but never addressing anyone nor will he answer when spoken to. Has to be dressed and undressed. Habits filthy. (was 10 days dirty, in January). Goes out walking.

Feb 11/96 — Dr. Phelps Summary of Nurses Notes Patient quiet, chronic, stupid, demented: In good flesh.

Aug 1/97 — No Physical illness noted. Wt. 192 to 198 lbs. Aug 3rd/97 Wt. 187#. Aug 21. Trans to Annex.

1899 — General health fairly good: Very stupid & inactive. Jany 31/99 Wt. about 190 stell. Is quiet & stupid. Sent by Dr Wanous Feb. 1 - July 31/99 Wt. 180#. May 17 Face slightly scratched by unknown person: July 31 Physical health good: mentally stupid and inactive: (Hartley & Chaffee)

Aug. 1900 / Feby 1 / July 1903 — Jan. 31. 1900: Wt. 178# Sept 19 Visited by cousin: physical cond. fairly good: very inactive: habits filthy: never speaks: causes no trouble. Feby 1900. Wt 173#. P78. March 2. Ten days temperature shows variations to 101 7/10. July no. Vaccinated successfully. July 31 Thoroughly demented, stupid patient: never speaks: very inactive: filthy & slouchy in habits. Physical condition fairly good. Eats & sleeps well. Wt 178½ lbs. Sept 10. Transferred to D#. Nov 30. No change to note. Jany 31/1901. Physical condition fair: is extremely sluggish: at times, filthy in habits: does not speak: has to be persuaded about sits in one place, almost constantly, on ward. Phys. Wt 176 May Wt. 171# Aug 1. Wt 171# No change of importance: does no work: sits about ward: rarely speaking: Lazy in manners: Slovenly: never causes any trouble.

Aug 1 / 1901 / Jan 31 / Feby 1902 / Dec 1 — Was today, transferred to Hastings State Asylum.

1893

This man was brought here by James Kane, friends, and patients daughter, with [illegible]
There is no history of Consanguinity or Heredity. This is the first attack; first symptoms
1 year ago, by change in disposition and depression. Disease is increasing; there is constant depression;
at times, he seems rational. Derangement is now manifested as the subject of property; also by shouting
frequently the name of his half-brother "Glasie"; Patient is not disposed to injure others, nor suicidal, nor
filthy nor destructive. Twice death of wife, 3 years ago, occasionally went on a spree. Has had no severe
disease or injury to head. Has not been restrained or confined. Supposed cause of attack is La Grippe 2 / 1 yrs
ago. Has been treated by sedatives, opium, bromides &c, tonics; Effects: Excitement; manual labor. On a
personal examination is found depressed, absorbed; stands with gaze fixed; Shiftless &c. Morbid ideas
(Sexual) constantly come up before him; thinks he has done many things about property matters that he ought
not to have done. He is noticeably dull with freedom. Appearance & manner despondent. Sleep is broken;
Has tendency to wander away; Short &c.

May 20/93 May 20/93. On admission, Pulse 92. Temperature C°. May 21/93. Was somewhat restless, sleeping but 4 hours last night. Walks about ward in a slow way; says he thinks he will be contented. Talks freely when spoken to. Appetite is good and bowels regular. Has no cough. No injuries noted. 7 Am. Pulse 64. 5 Pm. Pulse 68. — " —

" 22 May 22/93. Rested better, sleeping 7 hours last night. 7 Am. Pulse 70. 5 Pm. Pulse 74. Appetite still good. Went out

" 23 walking with his ward today. Seems fairly contented. Weight today, 174 lbs. May 23/93. Quiet & restful and slept 8 hours last night. 7 Am Pulse 62. Says he does not feel very well this morning; "homesick." 5 Pm. P78.

" 24 May 24/93. Again passed a good night, last night. Says "he is homesick, but will brace up & not think of home so much"

" 25/26 7 Am. P 70. 5 Pm. Pulse 70. May 25/93. Kneeling & work. May 26/93. Bowels regular. Goes out walking daily.

" 30 May 29/93. Again says he is "homesick."

Jun 1 June 1/93. Appears to be getting somewhat brighter, talks more freely. Appears to be improving.

" 3 June 3/93. Patient has continued quiet & restful at night, almost uniformly sleeping 7 or 8 hours each. Has been up & about daily; goes out walking with his ward. Pulse, taken each morning & evening, has been normal. Appetite has continued good & bowels regular. Patient is clean, neat & tidy in appearance, attending to his own personal wants. Has been by day, uniformly quiet & well-behaved. Is inclined to be somewhat retiring in manner; doesn't talk very much, yet seems interested when conversation is begun. No definite delusions or hallucinations have been noted. At times, gets (as he expresses it) quite homesick & is somewhat anxious to go. Physical health seems quite good.

" 16 June 16/93. Was today transferred to A.

" 20 June 30/93. Is very quiet & well-behaved. Seems very anxious to be allowed to go home.

July 1 July 1/93. Is continually teasing to go home. Is very quiet on ward. Appetite quite good; bowels regular. Sleep & rest at night are apparently good. Seems quite good physical condition.

" 5 July 5/93. Maintains still the same quiet, but rather feeble, mental state. Is childish in his manner and [illegible]

" 31 July 31/93. Seems somewhat nervous and disturbed of late, (possibly from over-anxiety to go home); walks about as if in a dream; keeps turning around a great deal. Sleep is irregular. Gets up during the night and bothers his room-mates. Appetite fair; bowels regular. Seems somewhat weak.

Aug 6 Aug 6/93. Quite restless today, walking the hall. Quiet for a while, then moving from one place to another.

" 9 Is not inclined to talk. Aug 9/93. Has been quite restless for the past few days; has lately become very anxious to go home, and has probably been disturbed at being kept here, as he thinks, so long. Was today visited by his daughters, who spent the afternoon with him. He seemed more contented during their visit. — (Was on 5th but moved to B1 (this ward, A2 being required for female patients).

" 10 Aug 10/93. Was this morning permitted to go home with his daughters, on trial.

(Discharged)

Charles C. Felver

From 124.

1895

May 1 / June 1 / July 1/95 — May 1/95. Wt 192 pds. Pulse 84. June 1/95. Wt 190 pds. Pulse 74. July 1/95. Wt 193 pds. Pulse 71. July 5/95. Called up by the father, today. July 31/95. Behavior, since last noted, has been quiet: Makes no complaints: Talks constantly in a low monotone, without any sense or reason. Habits not cleanly. (was wet or dirty, 10 days in June & 5 Days dirty, in July). Patient is in good bodily health.

Aug 1 / Sept 1 / Oct 1/95 — Aug 1/95. Wt 195 pds. Pulse 80: Sept 1/95. Wt 200 pds. Pulse 60: Oct 1/95. Wt 202 pds. Pulse 92 — Oct 31/95 Talks & muses, all day long: at times, seems brighter: Sits in one place, when in hall. Dirty, filthy & slouchy in habits: (Soils clothes & bed). Goes out walking. Health seems to be good.

Nov 1 / Dec 1 / Jan 1/96 / Jan 31/96 — Nov 1/95. Wt 205 pds. Pulse 86. Dec 1/95. Wt 205 pds. Pulse 90. Jan 1/96. Wt 202½ pds. Pulse 90 Jan 28/96. Started to run away, while out walking, but was caught & brought back. Jan 31/96. No change. Talks continually to himself, but never addressing anyone nor will he answer when spoken to. Has to be dressed and undressed. Habits filthy. (was no Days dirty, in January). Goes out walking.

Feb 1/96 — Dr. Phelps Summary of Nurses Notes. Patient quiet, chronic, stupid, demented: In good flesh.

Aug 1/97 — No physical illness noted: Wt. 192 to 198 lbs. Aug 3rd/97 Wt. 187 lbs. Aug 21. Trans to Annex.

1899 — General health fairly good: Very stupid & inactive. Jany 31/99 Wt. about 190 stds.

July 1900 — Is quiet & stupid. Went by Dr Wanous Feb 1 - July 31/99 Wt. 180 lbs. May 17 Face slightly scratched by unknown person. July 31 Physical health good: mentally stupid and inactive. (Certified by Dr Chapple)

July 1900 / Feby 1 / July 3/03 — Jany 31. 1900. Wt. 173 lbs. Sept 19 Visited by cousin: physical cond. fairly good: very inactive: habits filthy: never speaks: causes no trouble. Feby 1/900. Wt 173 lbs. P78. March 2. Ten days temperature shows variations to 101 3/10. July 3/03. Vaccinated successfully. July 31. Thoroughly demented, stupid patient: never speaks: very inactive: filthy & slouchy in habits. Physical condition fairly good. Eats & sleeps well.

Aug 1 / 1901 / Jan 31 / Feby 1 / Dec 11 — Wt 178½ lbs. Sept 10. Transferred to D. Nov 30. No change to note. Jany 31/901. Physical condition fair: is extremely sluggish: at times, filthy in habits: does not speak: has to be spurred about: sits in one place, almost constantly, on ward. Feby. Wt 176 lbs. May Wt. 171 lbs. Aug 1. Wt 171 lbs. No change of importance: does no work: sits about ward: rarely speaking: Lazy in manners: Slovenly: never causes any trouble.

Was, today, transferred to Hastings State Asylum.

Personal and Medical History of Charles Sclain

Whole No. 3352.

No. for Year, 264.

Residence,

Insane Relatives,

Date Admission, May 26th 1893

Cause Exciting,

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

Cause Predisposing,

How Sent, Judge District Court, Washington County

Form, Subacute Insanity

Sex, Male

Accompanying Bodily Disorder,

Age, 17

Suicidal or Not,

Civil Condition, Sgl

Date of this Attack,

Children,

Duration, Two particulars

Age Youngest Child,

No. of Attack,

Occupation, Farm

No. of Admissions,

Degree Education, Can read and write

Age First Attack,

Profession Religion, Presbyterian parents

Time of Leaving, Oct 2nd '93

Habits,

Time in Hospital, 4 ms. 7 ds.

Nativity, Germ

Committed on Judge's order

Result, Improved.

Physicians Committing,

Correspondents,

EXAMINATION ON ADMISSION.

Cvd by Dr. Phelps. June 13/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Seemingly clear

Quick or Sluggish, rather sluggish

MEMORY:

Past Events, Day-it is Good; no defect noted.

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, rather slow

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, seemingly sluggish, Intro in consistencies in his story.

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Calm, even to dullness.

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None noted

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Denies any

ILLUSIONS:

CONVERSATION: Does not talk very much or

Coherent or Incoherent, very willingly; answers,

Voluble or Reticent, however, are quite clear and

GENERAL DESCRIPTIVE REMARKS: describes as follows; "Walking with brother on R.R. track, met a man (a stranger to him) who asked him to go hunting, then threatened to shoot him, if he did not; pointing the gun at him several times: then commenced to beat him with the gun; he (also) struck the other man but describes this stranger as doing most of the striking. Step brother ran away when gun was pointed. Says he never saw this man again until at trial, when man testified that Sclain attacked him. Says that his brother testified with him that the stranger began the trouble, but that, seemingly, the stranger was the one who was believed." Does not know why he was sent here. Indeed, answers "I don't know" to most of the questions outside of those above. Patient's manner is rather dull & slow; appearance somewhat indicating weak-mindedness. His behavior has been quiet & good usually free from any unusual anxiety & fear or seeming care. Says he has headaches, once in awhile. —

Personal and Medical History of Charles Sclain

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Quite Good.

WOUNDS OR ABNORMALITIES, Probably none.

TONGUE, Tremors, about normal Coatings, — Promptness Movement, Prompt

PUPILS, Equality, Equal Size,

Response Light, Prompt Accommodation,

SIGHT, Fairly good

HEARING, Seems good

CO-ORDINATION, Arms, Finger to nose, eyes shut, fairly well done.

Legs, Having a foot, steady; stands, eyes shut, steadily.

TREMORS, Hands, none special Tongue, none special

Facial Muscles, General, None

REFLEXES, Patellar, Equal, about 8 — Dr. P's Scale.

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, somewhat dulled

SENSIBILITY,

HEART, Sounds quite palpitating

LUNGS, Sounds good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Records kept 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, Mother living — claims healthy

Father or Pat. Relations, father living — claims in good health. —

Brothers or Sisters,

Personal and Medical History of Charles Schalin

1893

This patient was brought here by Adam Skarty, Sheriff of Washington County, and [illegible] east by an order of W. C. Williston, Judge, District Court, first Judicial District, dated May 25 '93. The Grand Jury of said County presented an indictment against this patient, accusing him of the crime of assault in the second degree. On examining into the matter, said Judge finds that patient is in such a state of imbecility as to be incapable of understanding the proceedings about to be taken against him. Hence his Committment here.

May 26 May 26/93. On admission was put on B'. Bodily Condition (seen at bath) quite dirty, no injuries or peculiarities noted.

" 27 May 29/93. 8 Am. Pulse 80. T. 99.2. Walks about ward; plays checkers, goes out walking. Talks but very little.

" 28 Is somewhat melancholy. Appetite good; bowels normal. No cough. 3 PM. Pulse 76. T. 99. - May 29/93. Walks around

" 29 about ward. Talks but little. Went to service in Chapel today. Appetite still good. May 30/93. Eats in dining room -

" 30 plays checkers; seems somewhat brighter. May 30/93. Talk seems quite sensible.

June 2 June 2/93. Still works on ward. Appetite good; bowels normal. Talks freely & sensibly. Has slept about 8 hours

" 3 Each night. Pulse and temperature have been normal. June 3/93. Now works out on the lawn, grading.

" 5/7 June 5/93. Weight 157 pounds. June 7/93. Appetite continues good. Talk quite sensible.

" 9 June 9/93. Has been working regularly outside, and is getting along steadily in a quiet, well-behaved, though rather dull way. Health seems very good. Sleep is undisturbed. Pulse has been normal. -

" 17 June 17/93. Has continued to improve, and was today moved to B'. Works out daily on the farm.

" 27/30 June 27/93. Was today visited by his father. June 30/93. Says "some man is trying to shoot him, and if he ever sees the person again, he (patient) will kill him." (This is a similar delusion to the one on coming D.S.) - Denies this to Physician, however.

July 14 July 14/93. Loss in weight is probably due to working outside, as he has been a diligent & steady worker on the farm for some few weeks. Has good physical health.

" 31 July 31/93. For the past 2 weeks or so, has been working on the lawn, doing good work. Has not spoken lately of his delusion (above noted). Seems considerably brighter now. Is quiet & well-behaved & of good personal habits. Talk is quite free, coherent & rational. Health good.

Aug 10/17 Aug 10/93. Keeps in good flesh & physical health. Aug 17/93. Has had no "spells". Is on medicine. Has not been working outside of late. Says he don't care to work out on farm again, or do any more work while here". Is not inclined to do anything in the way of work, even on hall. Quiet & well-behaved. Personal habits good. Plays games, billiards &c. Quite free in conversation. Much inclined to be forward in his manner. Physical health keeps good.

Sep 1/17 Sep 1/93. Is gradually regaining his flesh, but while at work. Sep 27/93. Does not have any "spells" but still holds to the same idea, he had at time of coming (of a man pointing a gun at him). Attendant says that no one has now bothered him for some time". Is apt to get mad very easily, and does not seem to get over it for 2 or 3 days. Has lately commenced to assist some with hall work, but is inclined to be indolent & to spend his time playing billiard & other games.

" 30 Sep 30/93. Occasionally gets a sort of spell; get angry & frets out about some trivial matter & will carry a black look for sometimes 2 or 3 days. Then gets over it & becomes cheerful again. Is somewhat forward.

Oct 3 Oct 3/93. Has been quite quiet & reserved since coming here. Was reported one day as saying "that some one had a gun & threatened to shoot him while working outdoors". Later, however, he denied this, & did not afterwards speak of it. He was in good health. In appearance, not much changed from that of the

Personal and Medical History of Charles Schalin

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Folio 1

CASE RECORD.

Patient's Name Hancock J.P. Name Disease March. Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
March 17		116		Gave enema		
		76		Bowels moved freely.		
" 18		90		Appetite good.	Bowels move only	
		80			when enema is given	
" 19		86		Sleeps 4 to 6 hours every night.		
		80				
" 20		90				
		80				
" 21		96		Gave sponge bath.		
		76				
" 22		72		Gave enema as above.	Bowels moved	
		80			copiously	
" 23		98		Very cross and quite abusive in his		
		88		talk.		
" 24		88				
		80				
" 25		92				
		80				
" 26		92				
		84				
" 27		104		Gave enema of soapsuds and		
		84		glycerine.		
" 28		88				
		86				
" 29		92				
		90				
" 30		92				
		100				
" 31		108				
		80				

Recorded by T. C. Spillane Nurse.

April 15 [illegible]

" 30 enema is given. April 30/93. About the same, from month to month. Takes no restraint.

May 3/11 May 3/93. Wt 79½ pds. - Has not quite markedly in flesh. May 11/93. Refuses meals

(carried to 228)

1893

May 26 May 3
" 27 May
" 28 To for
" 29 about
" 30 May
June 2 June
" 3 Each
" 5? June
" 9 June
through
" 17 June
" 27/30 June
and
" 30 are ow
July 14 July
at the
" 31 July
lately
good
Aug 10/97 Aug 1
Hasn
while
Person
in the
Sep 1/97 Sep 1
spell
Auth
does n
hits i
" 30 Sep 30/93. Occasionally gets a sort of spell; get angry & fret at about some trivial matta & will carry a black look for sometimes 2 or 3 days. Then gets over it & becomes cheerful again. Is somewhat forward.
Oct 3 Oct 3/98. Has been quite quiet & reserved since coming here. Has reported to-day as saying "that some one had a gun & threatened to shoot him while working in Laurr". Later, however, he denied this & did not afterwards speak of it. He was in good health. Disappearance, not much changed from that of the

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CASE RECORD.

Patient's Name Hancock J.P. Name Disease March Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms
March 1st.		90				
		78				
" 2nd.		88		Weight. 91 pounds.		
		80				
" 3		104		Patient lies steadily in bed in same condition		
		80		every day. continually in restraint		
" 4		88		Night. Unusually restless during the night.		
		96		slept 2 hrs.		
" 5		92		Gave Enema of soapsuds and glycerine		
		76		Bowels moved copiously		
" 6		96				
		72				
" 7		90		Gave sponge bath.		
		80		Sleeps 4 to 6 hours every night.		
" 8		88		Appetite poor.		
		75				
" 9		94				
		86				
" 10		96		Gave enema of soapsuds and glycerine		
		88		Bowels moved copiously.		
" 11		82				
		76				
" 12		94				
		80				
" 13		98				
		74				
" 14		88		Gave sponge bath.		
		88				
" 15		98				
		80				
" 16		86				
		88				

Recorded by T.R. Spillane Nurse.

April 5 [illegible] regular over, with Enema. Bowels moved only when
" 30 enema is given. April 30/95. about the same, from month to month. Ward in restraint.
May 3/ " May 3/95. Left 79½ pounds. - (Has lost quite markedly in flesh). May 1/95. Refuses meals
(Carried to 228)

1893

rsonal and Medical History of Charles [illegible]

CASE RECORD.

Folio 222

Patient's Name Hancock J.P. Name Disease Drunk Name Physician February

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Feby 16		78		Gave sponge	bath. 90° A.M.	
"		92				
" 17		90				
		90				
" 18		70		appetite very poor of late.	gave enema	
		78		of soapsuds and glycerine.	Bowels moved.	
" 19		78				
		70				
" 20		96				
		78				
" 21		96				
		76				
" 22		96				
		80				
" 23		88		Gave enema of soapsuds and glycerine		
		90		Bowels moved freely		
" 24		78				
		64		Gave sponge bath. 90°.		
" 25		88				
		70				
" 26		96				
		78				
" 27		74		Appetite fair.		
		84				
" 28		78		Gave enema of soapsuds and glycerine		
		76		Bowels moved copiously.		

Recorded by T. P. Spillane Nurse.

May 26 May [illegible]

" 29 May [illegible]

" 28 Is fr[illegible]

" 29 abnt [illegible]

" 30 Han[illegible]

June 2 Jun[illegible]

" 3 Exc[illegible]

" 5/7 Jun[illegible]

" 9 Jun[illegible]

Thor[illegible]

" 17 Jun[illegible]

" 27/30 Jun[illegible]

" 30 Jun[illegible]

July 14 Jun[illegible]

" 31 Jun[illegible]

Aug 10/17 [illegible]

Sept 1/17 [illegible]

" 30 Sept 30/93. Occasionally gets a sort of spell; get angry & fret an abnt some trivial matter, will carry a black look for sometimes 2 or 3 day. Then gets over it & becomes cheerful again. Is somewhat forward.

Oct 3 Oct 3/93. Has been quite quiet & reserved since coming here. Was reported one day as saying "that some one had a gun & threatened to shoot him while working on farm". Later, however, he denied this & did not afterwards speak of it. He was in good health. Appearance, not much changed from that of the

Dec 1893 Jany Feb 1 " 15 Mar 3/94 Apl 15 " 30 May 3/94 May 3/95 Apl 30/95 abnt the same, from month to month. Ordered restraint. May 3/95. Refuses meals

(Carried to 228)

Personal and Medical History of Charles [illegible]

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CASE RECORD.

Patient's Name Hancock J.R. Name Disease 32 5 2 Name Physician Tebruary

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms
Feby 1		96		Weight 86 pounds		
		92				
" 2		96				
		96				
" 3		96				
		92				
" 4		88				
		84		Lies steadily in bed day after day.		
" 5		76		very cross and abusive at times.		
		92		Sleeps 5 to 8 hours every night.		
" 6		96		Gave enema of soap suds and glycerine.		
		76		Bowels moved freely.		
" 7		96				
		92				
" 8		80				
		74		Appetite fair. Given sponge bath. 10 a.m.		
" 9		90				
		90		Gave enema of soap suds and glycerine.		
" 10		104		Bowels moved freely.		
		90		Continually in restraint.		
" 11		92				
		80				
" 12		78				
		96				
" 13		100		very surly and cut when spoken to.		
		90				
" 14		110		Gave enema of soap suds and glycerine		
		94		Bowels moved copiously.		
" 15		108				
		72				

Recorded by J. R. Spillane Nurse.

Sept 30/93. Occasionally gets a sort of spell; get angry & put out about some trivial matter & will carry a black look for sometimes 2 or 3 days. Then gets over it & becomes cheerful again. Is somewhat forgetful.

Oct 3/93. Has been quite quiet & reserved since coming here. Has repeated no day as saying "that some one had a gun & threatened to shoot him while working outdoors". Later, however, he denied this & did not afterwards speak of it. He was in good health. Disappearance, not much changed from that of the

[illegible] regular order, with extra. Bowels moved only when enema is given. April 30/95. about the same, from month to month. Ruled in restraint.

May 3/11 May 3/95. Wt 79½ pds. - Has lost quite markedly in flesh. May 5/95. Refuses meals

(carried to 228)

Personal and Medical History of [illegible]

CLINICAL REPORT.

Patient's Name J. P. Hancock Case Number 9312 Record Commences January

DATE.	A.M.	P.M.	
January 22	96	76	
" 23	84	80	
" 24	96	84	Sleeps fairly well during night
" 25	84	96	
" 26	96	88	
" 27	88	84	Appetite fair. Bowels costive
" 28	96	96	
" 29	88	96	
~~" 29~~	96	76	Gave enema of Soapsuds and Glycerine. Bowels moved freely.
" 30	96	76	
" 31	96	95	

" 30 Sep 30/93. Occasionally gets a sort of spell; get angry & fret at about some trivial matta & will carry a black look for sometimes 2 or 3 days. Then gets over it & becomes cheerful again. Is soon out of spell.

Oct 3 Oct 3/93. Has been quite quiet & reserved since coming here. Was reported to day as saying "that some one had a gun & threatened to shoot him while working alawn". Later, however, he denied this & did not afterwards speak of it. He was in good health. Appearance, not much changed from that of the

" 10

" 26

" 28/94

Jany 31

Feb 1/95

" 28

Mar 1/95

April 15

" 30

May 3/95 May 3/95. Wt 79½ lbs. — (Has look quite markedly in flesh). May 10/95. Refuses meals

(carried to 228)

Personal and Medical History of [illegible]

CLINICAL REPORT.

Patient's Name J. P. Hancock Case Number 9253 Record Commences January 1st 1895

DATE.	P. A.M.	R. A.M.	C. A.M.	P. P.M.	R. P.M.	C. P.M.	
January 1	92			92			Patient lies steadily in bed in same condition every day. Very cross and abusive at times. Sleeps 4 to 6 hours every night. Gave sponge bath. Night. Slept 5 hours. Night. Slept 4 hours. Night. Slept 8 hours. Night. Slept 6 hours. Appetite poor. Bowels costive. Refused drinks. Gave sponge bath. Night. Slept 7 hours. Night. Slept 6 hours. Night. Slept 7 hours. Night. Slept 5 hours. Appetite poor. Passes urine in bed. Bowels costive. Gave enema of soapsuds and Glycerine. Bowels moved freely. Night. Slept 6 hours. Gave enema of soapsuds. Bowels moved freely.
2	100			84			
3	100			80			
4	92			84			
5	92			84			
6	102			106			
7	76			74			
8	88			84			
9	90			84			
10	100			94			
11	84			76			
12	76			80			
13	96			92			
14	100			96			
15	84			88			
16	108			84			
17	96			88			
18	108			96			
19	96			96			
20	100			96			
21	96			76			

Sep 30/93. Occasionally gets a sort of spell; get angry & fret at about some trivial matta & will carry a black look for sometimes 2 or 3 days. Then gets over it & becomes cheerful again. Is somewhat feeble.

Oct 3 Oct 3/93. Has been quite quiet & reserved since coming here. Was reported as saying "that someone had a gun & threatened to shoot him while working at barn". Later, however, he denied this & did not afterwards speak of it. He was in good health. Appearance, not much changed from that of the

[illegible] regular diet, with extra. Bowels moved only when enema is given. Apl 30/95. about the same, from month to month. Asked for restraint. May 3/95. Apt 79½ lbs. (Has lost quite markedly in flesh). May 1/95. Refuses meals

(carried to 228)

Personal and Medical History of *Charles Schalin*

from Hospital by Sheriff of Washington County, too by
Discharged

Franklin P. Hancock

Vol 23
Folio 1...

DETAILED HISTORY OF SICKNESS OF MR *Franklin P. Hancock*
DIAGNOSIS.

DATE	HOUR	PULSE A.M.	PULSE P.M.	RESP. A.M.	RESP. P.M.	TEMP. A.M.	TEMP. P.M.
Dec.	6	7	6	88	84		
Dec	16	7	6	96	100		
Dec.	17	7	6	98	80		
Dec	18	7	6	84	84		
Dec.	19	7	6	86	80		
Dec.	20	7	6	98	86		
Dec	21	7	6	98	72		
Dec.	22	7	6	94	96		
Dec.	23	7	6	96	96		
Dec.	24	7	6	100	84		
Dec.	25	7	6	96	84		
Dec.	26	7	6	110	84		
Dec.	27	7	6	96	79		
Dec.	28	7	6	92	84		
Dec.	29	7	6	86	84		
Dec	30	7	6	100	88		
Dec	31	7	6	88	90		

Bowels always a week. Never
Refuses to work. Always abusive
Stands apart always a loafer. Always abusive
Keeps apart Obliging. Always abusive
Sleeps well

Night S. & R. 3 hours
Night S & R 2 hours
Night Sleft & R 4 hours
Given injection of soapsuds towels
moved freely
Night S. 6 hours R 6 hours
Night S & R 2 hours
Night S & R 6 hours
Night S 4 R 5 hours
Night S 6 hours R 8 hours
Appetite poor bowels costive
Given 4 oz enema of soapsuds
bowels moved freely Night S & R 4
4 P.M. Gave 1 oz T.O.K.
night S & R 4 hours
Night S & R 4 hours

2

Sep 30/93. Occasionally gets a sort of spell; get angry & fret out about some trival matta & will carry a black look for sometimes 2 or 3 days. Then gets over it & becomes cheerful again. Is somewhat feeble.

Oct 3/93. Has been quite quiet & reserved since coming here. Was repeated one day as saying "that some one had a gun & threatened to shoot him while working outdoors". Later, however, he denied this & did not afterwards speak of it. He was in good health. Disappearance, not much changed from that of the

Personal and Medical History of *Charles Schalin*

from Hospital by Sheriff of Washington County, too ay
Discharged

Franklin P. Hancock

Vol 33
Folio 1

DETAILED HISTORY OF SICKNESS OF MR *Franklin P. Hancock*
DIAGNOSIS.

DATE	HOUR	PULSE: AM	PM	RESP: AM	PM	TEMP: A.M.	P.M.	
Dec. 1	7	5	90	22				Weight 127 pounds. Restless 4 hours. Night. slept 3 hours.
Dec. 2	7	5	90	26				Patient lies quietly in bed and in restraint all the time. Passes urine in bed. Night. S. 2 R 6 hours. Appetite good. 2 bowels costive.
Dec. 3	7	5	104	98				Night. S. 6 R 3 hours.
Dec. 4	7	5	88	84				Given an enema of soapsuds. Bowels passed freely. Night. Restless 6 Slept 12 hours.
Dec 5	7	5	94	94				Patient very cross and abusive at times. Night. Slept 6 hours Restless 3 hours.
Dec. 6	7	5	90	84				Given a sponge bath (5 P.M.) Night. S. 5 hours R. 4 hours.
Dec. 7	7	5	84	86				Night. S. 7 R 2 hours
Dec. 8	7	5	106	80				Night. S. 6 R 2 hours
Dec. 9	7	5	80	88				Appetite fair. 2 bowels costive. Night. S. 5 R 4 hours.
Dec. 10	7	5	90	88				Night. S. 5 R 4 hours.
Dec. 11	7	5	104	78				Given an enema of soapsuds and Glycerine. 2 bowels passed freely.
Dec. 12	7	5	88	80				Given a sponge bath.
Dec. 13	7	5	100	78				Appetite fair. 2 bowels costive. Night. S. 5 hours R 4 hours.
Dec. 14	7	5	98	84				

" 30 Sept 30/93. Occasionally gets a sort of spell; get angry & put out about some trivial matta & will carry a black look for sometimes 2 or 3 days. Then gets over it & becomes cheerful again. Is somewhat feeble.

Oct 3 Oct 3/93. Has been quite quiet & reserved since coming here. Was reported one day as saying "that some one had a gun & threatened to shoot him while working outdoors". Later, however, he denied this & did not afterward speak of it. He was in good health. Disappearance, not much changed from that of the

Personal and Medical History of *Charles Schalin*

from Hospital by Sheriff of Washington County, too my
discharged

Franklin P. Hancock

Vol. 23
Folio 1

DETAILED HISTORY OF SICKNESS OF MR *Franklin P. Hancock*
DIAGNOSIS.

DATE	HOUR PUT IN HOSPITAL A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
Nov. 16	7	12	100	76			
17	7	12	100	78			
18	7	12	96	100			Sleeps 5 to 7 hours every night
19	7	12	100	72			
20	7	12	104	76			
21	7	12	104	84			
22	7	12	100	92			Appetite fairly good — bowels costive Pulse 88 passes urine in bed — [illegible] passes urine in bed
23	7	12	100	92			Given enema of soap suds and Glycerine. bowels move freely
24	7	12	104	96			
25	7	12	96	84			
26	7	12	100	92			Very cross and abusive in speech. fingers about the same
27	7	12	112	84			appetite fair — bowels costive
28	7	12	116	82			
29	7	12	100	96			
30	7	12	116	100			sleeps 5 to 7 hours every night.
Dec 1	7	12	90	66			Urine still sour in spite of the use of
							potion — it proves to be tissue to
							prevent rubbing on glove, mitten

Sept 30/93. Occasionally gets a sort of spell; get angry & put out about some trivial matter & will carry a black look for sometimes 2 or 3 days. Then gets over it & becomes cheerful again. Is somewhat forgetful.

Oct 3/93. Has been quite quiet & reserved since coming here. Was reported as saying "that some one had a gun & threatened to shoot him while working at dam". Later, however, he denied this & did not afterward speak of it. He was in good health. Disappearance, not much changed from that of the

Personal and Medical History of *Charles Schalin*

from Hospital by Sheriff of Washington County, too ay
Discharged

Franklin P. Hancock

DETAILED HISTORY OF SICKNESS OF MR *Franklin P. Hancock*
DIAGNOSIS.

DATE	HOUR	PULSE: AM	PULSE: PM	RESP: AM	RESP: PM	TEMP: AM	TEMP: PM	
Nov. 1	7	5	112	100				Given an ounce of soapsuds and Glycerine. Bowels moved freely. Slept 6 hours rest less 3 hours
2	7	5	96	80				Appetite poor. in Restraint. Feels very weak. is much better. Slept 6 hours rest less 3 hours
3	7	5	108	92				has steadily improved as usual. Gives direction less steadily. has very wrong ideas every day. has very queer at times. absurd ideas. has speech at times. Slept 6 hours. Bowels costive. Appetite poor
4	7	5	96	80				
5	7	5	104	88				
6	7	5	100	80				very absurd and queer at times. Bowels costive. Urines bath.
7	7	5	104	80				
8	7	5	116	100				Sleeps 5 to 7 hours every night. Given enemas of soapsuds and glycerine. bowels moved freely. Appetite poor
9	7	5	88	84				
10	7	5	104	84				
11	7	5	88	80				Sleeps 5 to 7 hours every night
12	7	5	100	76				
13	7	5	108	76				
14	7	5	116	92				
15	7	5	92	80				Given enemas of soapsuds and Glycerine & 2 qts Milk. Bowels moved freely.

Sept 30/93. Occasionally gets a sort of spell; get angry & put out about some trivial matta & will carry a black look for sometimes 2 or 3 day. Then gets over it & becomes cheerful again. Is somewhat forward.

Oct 3 Oct 3/93. Has been quite quiet & reserved since coming here. Was reported me day as saying "that some one had a gun & threatened to shoot him while working ad lawn". Later, however, he denied this & did not afterward speak of it. He was in good health. Disappearance, not much changed from that of the

Personal and Medical History of Charles Schalin

from Hospital by Sheriff of Washington County, too ay
Discharged

Franklin P. Hancock

DETAILED HISTORY OF SICKNESS OF MR Franklin P. Hancock
DIAGNOSIS.

DATE	HOUR	PULSE	RESPIRATION	
	A.M.	P.M.	A.M.	P.M.
Oct 1	8	88	28	32
2	7	100	22	
3	7	100	88	
4	7	96	80	
5	7	100	94	
6	7	100	76	
7	7	100	84	
8	7	84	92	
9	7	100	75	
10	7	96	80	
11	7	100	76	
12	7	86	78	
13	7	86	74	
14	7	100	80	
15	7	100	106	
16	7	108	88	
17	7	92	80	
18	7	100	84	
19	7	100	94	
20	7	80	80	
21	7	96	80	
22	7	92	84	
23	7	92	88	
24	7	104	88	
25	7	116	80	
26	7	116	80	
27	7	92	88	
28	7	84	84	
29	7	100	84	
30	7	104	84	
31	7	96	76	

Weight 86 lbs

Patient in bed and is restraint all the time. Possesses and abuses self. is very feeble and lungs gas - left hand hip, left side. has spit blood - bowels costive - appetite poor - bowels costive - appetite poor - finger sore and wife - bowels costive - appetite poor - finger sore and wife - very dirty and abusive. Bowels - very dirty and abusive. Bowels - still costive - looks as though fasting gums and breath - gum with fair appetite - bowels still costive - given an enema of soapsuds and glycerine - bowels moved freely - tongue - bowels costive - appetite very poor - tongue - still very poor - tongue coated - appetite very poor - tongue - bowels costive - appetite very poor - tongue - bowels costive - appetite very poor - tongue - bowels costive

Personal and Medical History of Charles Schalin

from Hospital by Sheriff of Washington County, too ay
Discharged

Franklin P. Hancock

[illegible] pds. Pulse 88. Oct 2/94. Patient is steadily confined to bed and is out of his strong suicidal tendencies. very cross & abusive at times. doing well. Bowels very costive, most of the time. Appetite is poor. Oct 15/94. Requires frequent enemata in order to move bowels. Finger now much better. Oct 19/94. Finger is now about well. Oct 31/94. Patient's condition does not change any from month to month. Is very cross & irritable, at times. Is still kept in restraint.

Nov 2 Nov 2/94. Sore on finger is much better. Patient still kept in restraint. Bowels much constipated at times.
" 15 Nov 15/94. Sleeps about 7 hours, nights. Quite often cross, irritable & abusive by ay. He requires enemata quite frequently, as bowels are very costive, the greater part of the time. Lies steadily in bed. Is in restraint,
" 30 and kept so for above reasons (suicidal tendencies). Nov 30/94. Sleeps from 5 to 7 hours, every night. Appetite fairly good but bowels constipated, nearly all the time. Lies steadily in bed; in about the same condition, from day to day. Cross, impatient & very abusive at times. Finger is still sore; cotton is kept on same to prevent rubbing in mittens by which patient is restrained.

Dec 1/15 Dec 1/94. Wt 89 pds. (in underclothes). Dec 15/94. Patient lies steadily in bed & is kept in restraint, for reasons above given. He sleeps from 5 to 7 hours, nightly. Appetite good: bowels constipated, most of the time & require frequent laxatives. Will pass urine in bed. Is often very cross and abusive.
" 16 Dec 16/94. Patient lies very still; has always a frown; never a smile; hands kept in mitts, to prevent suicidal attempts; health seems always to stand still; there is always the delusion that bowels
" 26 and chest are filling up with undigested food". Dr Pd's note: Dec 26/94. Restless every night, sleeping only from 3 to 6 hours at each. Lies steadily in bed. Very cross & abusive, at times.
" 28 Dec 28/94. Was, today, moved to the New Infirmary ward, East. Dec 31/94. Still lies in bed -
1895 Is quiet - kept in restraint, still. Passes urine in bed. Holds to his delusion. Very cross, at times.
Jany 31 Jany 31/95. Nurse's notes (attached) show that patient has remained in about the same condition, as generally noted above. He lies steadily, in bed: hands restrained by mitts, for usual reasons, above.
Feb 1/15 Conduct & behavior are unchanged. Feby 1/95. Wt 88 pds (in underclothes). Feb 15/95. Sleeps about the same, from month to month, & from day to day. Bowels constipated, & he requires enemata, from time to time.
" 28 Continually in restraint for usual reason, given above. Feby 28/95. No change. Is very cross & abusive at times; very curt in his replies. Still in restraint. Bowels costive, requires frequent enemata.
Mar 2/31 March 2/95. Wt 91 pds. (in bed); has gained some in flesh. March 31/95. Lies steadily in bed; is kept in restraint, for usual reasons above. Bowels constipated. Move only when enema is given them. Is very cross & abusive at times. Still holds his peculiar & delusive ideas.
Apl 15 Apl 15/95. Patient lies steadily in bed. Sleeps poorly, as a rule. Is continually in re-straint for reasons above given. Is on regular diet, with extra. Bowels move only when
" 30 enema is given. Apl 30/95. About the same, from month to month. Is kept in restraint.
May 3/11 May 3/95. Wt 79½ pds. - (Has lost quite markedly in flesh). May 11/95. Refuses meals

(carried to 228)

1893

May 26
" 27
" 28
" 29
" 30
June 2
" 3
" 5/7
" 9
" 17
" 21
" 31
July
" 2
Aug
Sep
" 30
Oct 3

had afterward speak of it. He was in good health. Appearance, not much changed from that of the

Cont'd time of coming here.

Oct 3/93 Was taken from Hospital by Sheriff of Washington County, today

Discharged

1894 From 1894 Franklin P. Hancock

Oct 1/27 Oct 1/94. Wt (in underclothes) 86 pds. Pulse 88. Oct 3/94. Patient is steadily confined to bed and is in restraint all the time, on account of his strong suicidal tendencies. very cross & abusive at times.
" 6 Oct 6/94. Finger dressed daily & is doing well. Bowels very costive, most of the time. Appetite is poor.
" 12/15 Oct 12/94. Visited by brother, today. Oct 15/94. Requires frequent enemata in order to move bowels. Finger
" 17/31 is now much better. Oct 19/94. Finger is now about well. Oct 31/94. Patient's condition does not change any from month to month. He is very cross & irritable, at times. Is still kept in restraint.
Nov 2 Nov 2/94. Sore on finger is much better. Patient is still kept in restraint. Bowels much constipated at times.
" 15 Nov 15/94. Sleeps about 4 hours, night. Quite often cross, irritable & abusive by day. He requires enemata
" 30 quite frequently, as bowels are very costive, the greater part of the times. Lies steadily in bed. Is in restraint and kept so for above reasons (Suicidal tendencies). Nov 30/94. Sleeps from 5 to 7 hours, every night. Appetite fairly good but bowels constipated, nearly all the time. Lies steadily in bed, in about the same condition, from day to day. Cross, impatient & very abusive at times. Finger is still sore; cotton is kept on same to prevent rubbing in mittens by which patient is restrained.
Dec 1/15 Dec 1/94. Wt 89 pds. (in underclothes). Dec 15/94. Patient lies steadily in bed & is kept in restraint, for reasons above given. He sleeps from 5 to 7 hours, nightly. Appetite good: bowels constipated, most of the time & require frequent laxatives. Will pass urine in bed. Is often very cross and abusive.
" 16 Dec 16/94. Patient lies very still; has always a frown; never a smile; hands kept in mitts, to prevent suicidal attempts; health seems always to stand still; there is always the delusion that bowels and chest are filling up with undigested food". Dr P's note: Dec 26/94. Restless every night,
" 26 sleeping only from 3 to 6 hours at each. Lies steadily in bed. Very cross & abusive, at times.
" 27/31 Dec 27/94. Was, today, moved to the New Infirmary ward, East. Dec 31/94. Still lies in bed -
1895 is quiet. Kept in restraint, still. Passes urine in bed. Holds to his delusions. Very cross, at times.
Jany 31 Jany 31/95. Nurse's notes (attached) show that patient has remained in about the same condition, as generally noted above. He lies steadily in bed: hands restrained by mitts, for usual reasons, above. Conduct & behavior are unchanged. Feby 1/95. Wt 86 pds (in underclothes). Feb 15/95. Sleeps about the same,
Feb 1/15 from month to month, & from day to day. Bowels constipated, & he requires enemata, from time to time.
" 28 Continually in restraint for usual reasons, given above. Feby 28/95. No change. Is very cross & abusive
at times & very curt in his replies. Still in restraint. Bowels costive, requiring frequent enemata.
March 2/31 March 2/95. Wt 91 pds. (in bed); has gained some in flesh. - March 31/95: Lies steadily in bed;
is kept in restraint, for usual reasons above. Bowels constipated - move only when enema
April 15 is given them. He is very cross & abusive at times. Still holds his peculiar & delusive ideas -
April 15/95. Patient lies steadily in bed. Sleeps poorly, as a rule. Is continually in re-
" 30 straint for reasons above given. Is on regular diet, with Extra. Bowels move only when
May 3/11 enema is given. April 30/95. about the same, from month to month. Kept in restraint.
May 3/95. Wt 79½ pds. - (Marked gain in flesh). May 11/95. Refuses meals

(Carried to 222)

Personal and Medical History of Alexander D. Davidson
"Andrew"

Whole No. 3357.
Residence, St Paul, Minn
Date Admission, 27th May 1893. —
Admitted by Dr Phelps Hour, 7 PM.
How Sent, John B. Oliver Jr. Ramsey County
Sex, Male
Age, 35 Years
Civil Condition, Single
Children, one
Age Youngest Child, —
Occupation, Banker
Degree Education, Common school.
Profession Religion, Yes; Peoples Church
Habits, not addicted to intemperance or use of narcotics
Nativity, Ontario Canada. (Father, Ireland - Mother, Canada)
Physicians Committing, Dr. Eugene Riggs & J.E. Sawyer (Dr. J.E. Sawyer Family Physician)
Correspondents, Mrs A.D. Davidson Little Falls, Minn

No. for Year, 266.
Insane Relatives, Mother has recurrent insanity.
Cause Exciting, Supposed to be Typhoid fever
Cause Predisposing, was previously in Asylum
Form, Manic-Acute
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, a year since; very violent in Asylum
Duration, a year or so -
No. of Attack, 1st (probably Continuous)
No. of Admissions, 1st here.
Age First Attack, about 34.
Time of Leaving, June 26 '93
Time in Hospital, 30 ds
Result, Recd.

EXAMINATION ON ADMISSION.

Evd by Dr Phelps May 31/93. **MENTAL CHARACTERISTICS.**

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

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

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Correct in ordinary subjects.

REASONING POWER:
Ordinary Subjects, fair
Own Mental State, slightly impaired
Special Subjects,

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

DELUSIONS:
Systematized or Not, None obtained from patient
Special Subjects,
Transitory or Not,

HALLUCINATIONS: Denies any

ILLUSIONS:

CONVERSATION: Talks coherently, slightly suspicious like manner
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Gives a pretty complete & apparently a very accurate account of the whole duration of his trouble, reasons, with a fair degree of clearness; and altho' not holding that he is insane, yet admits it as possible that he is a little so & is considerably broken down in health. Denies plotting watches, break in brain not destroying them. Brother states that he has (or had in St Paul) queer & delusive ideas concerning the Catholic religion & of mysterious powers possessed by himself of a spiritual kind. This statement of insanity appears during examination seemed fairly reasonable & he spoke of no impracticable schemes. —

Personal and Medical History of Alexander D. Davidson
"Andrew"

Wm Davidson - (Brother)
Hutchinson Minn

A. L. Davidson - (Brother)
Little Falls, Minn

Mrs A.D. Davidson - (wife)
Little Falls - Minn

MISSION. (CONTINUED.)

CTERISTICS.

NUTRITION, Quite good.
rr rectum, right side. Ons joint of
ved.
ticable Promptness Movement, Prompt
Size,
Accommodation,

uding. Eyes shut, good. —
Tongue, None
General,

TREMORS, Hands, Some fine
Facial Muscles,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Pulse 108
LUNGS,
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, yes Constipated, Irregular,
APPETITE, Good, yes Medium, Poor,
SLEEP, Good, Yes - Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Previous attack ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother living; says she is insane since June — occurs at times of her menses
Father or Pat. Relations, last from 5 to 6 weeks. —
Brothers or Sisters,

Personal and Medical H[illegible] [illegible]rson

Whole No. 3357.
Residence, St Paul, Min[illegible]
Date Admission, 27th May 189[illegible]
Admitted by D. Phelps Hour, 7 P.M.
How Sent, John B. Oliver Jr. Ramsey County
Sex, male
Age, 35 years
Civil Condition, single
Children, one
Age Youngest Child, —
Occupation, Banker
Degree Education, Common school
Profession Religion, Yes; People's Church
Habits, not addicted to intemperance or use of narcotics
Nativity, Ontario Canada.
Physicians Committing, C. Eugene Riggs & J.E. Sawyer (Parker, Retains = moder, Canada)
{Dr. J.E. Sawyer, Family Physician}
Correspondents, Mrs A.D. Davidson
Little Falls, Minn

Suicidal [illegible]
Date of this Attack,
Duration, a year or [illegible]
No. of Attack, 1st (probably Con[illegible])
No. of Admissions, 1st here.
Age First Attack, about 34.
Time of Leaving, June 26 '93
Time in Hospital, 30 ds
Result, Rec'd.

EXAMINATION ON ADMISSION.

Evd by D. Phelps. May 31/93.

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, Recent Events, Special Subjects, } Seems good

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Correct in ordinary subjects.

REASONING POWER:
Ordinary Subjects, fair
Own Mental State, slightly impaired
Special Subjects, ?

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

DELUSIONS:
Systematized or Not, none obtained from patient
Special Subjects,
Transitory or Not,

HALLUCINATIONS: Denies any

ILLUSIONS:

CONVERSATION: Talks coherently, slightly, in a
Coherent or Incoherent, very precise like manner
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Gives a pretty complete & apparently a very accurate account of the whole duration of his trouble, reasons, with a fair degree of clearness; and altho' not holding that he is insane, yet admits it as possible that he is a little so & is considerably broken down in health. Denies getting watches, break in brain not destroying them. Brother states that he has (or had in St Paul) queer delusive ideas concerning the Catholic religion & of mysterious powers possessed by himself of a spiritual kind. This statement of insanity affairs during examination seemed fairly reasonable & he spoke of no impracticable schemes. —

Personal and Medical History of Alexander D. Davidson
"Andrew"

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Quite good.
WOUNDS OR ABNORMALITIES, has had abscess near rectum, right side. Ono joint of little toe of left foot removed.
TONGUE, Tremors, none Coatings, none noticable Promptness Movement, prompt
PUPILS, Equality, Size,
Response Light, very prompt Accommodation,
SIGHT, good
HEARING, Seems good
CO-ORDINATION, Arms,
Legs, Standing at rest, good. Standing, Eyes shut, good. —
TREMORS, Hands, some fine Tongue, none
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, normal
SENSIBILITY,
HEART, Pulse 108
LUNGS,
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, yes Careless,
BOWELS, Normal, yes Constipated, Irregular,
APPETITE, Good, yes Medium, Poor,
SLEEP, Good, yes Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Previous attack ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother living; says there insane since young — occurs at times of the menses lasts from 4 to 6 weeks.
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Alexander D. Davidson
Andrew

1893

This patient was brought here by Mr. Kinney, attended by Mr. Hawes, with the following history. There is no history of consanguinity; mother has recurrent insanity; this is the 1st attack; it seems continuous. Was in Guelph Asylum, Canada; by treatment there, was slightly improved. First symptoms were manifested a year since. Was very violent in Asylum. Disease appears to be improving. Seems to be entirely lucid at times; always slightly exalted. Derangement is now manifested by his always planning to carry through some impracticable business scheme; is extremely plausible in all he plans &c. Was a dangerous patient in Asylum in Canada. Is not suicidal. Has been destructive of clothing &c. Has been peculiar ever since he had Typhoid Fever, a year ago. Has not been intemperate nor has he habitually used narcotics. no venereal disease &c. Has been confined since 1st of February. This attack of Typhoid fever is supposed cause of illness &c. Since his return from Canada, has been taking sedative mixture of Bromide & Cannaba Indica. On personal examination, it is learned that he has suffered from abuses, from which he has entirely recovered. Committment is also recommended as the fact that patient is unsafe to be at liberty.

May 27 May 27/93. The patient, on admission, is in fair physical condition. Was put on C3 — Pulse 90. on ad'm
" 28 May 28/93. Was fairly restful, sleeping 7 hours last night. 7 Am Pulse 92. Is very active & talkative; telling of business transactions &c, in which he claims to be interested & engaged. Appetite good and bowels regular. Has some cough. Complains of being tired, at times. 2 Pm. Pulse 102. — — —
" 29 May 29/93. Again slept well last night. Am. Pulse 80. Is somewhat restless & nervous today. Pm. Pulse 84.
" 30 May 30/93. Talks a good deal of the different Hospitals he has been in; how he acted & was treated there.
" 31 Am. Pulse 82. Pm. Pulse 88. May 31/93. Am. Pulse 85. Pm. Pulse 106. Mr. A today visited by brother. —
June 1 June 1/93. Seems very particular about his dress & toilet. Changed his clothes 2 times today. —
" 2 8 Am. Pulse 98. Pm. Pulse 104. June 2/93. Am. Pulse 90. Pm. Pulse 98. Is out walking daily. —
" 3 June 3/93. Am. Pulse 88. Pm. Pulse 90. Takes a great interest in base-ball games. Is cheerful, well-behaved & of good disposition. June 10/93. Sleep & rest at night have continued good, patient sleeping 7 to 8 hours each night. Has been up & around daily - very neat & tidy; spends a good deal of time at his toilet. Is very pleasant in manner & conversation. Pulse, taken twice daily, has always shown a tendency to accelleration. He has had a slight cough, occasionally. Bowels have been normal; appetite good. Read a good deal & writes quite often to relatives & friends. Is fairly contented here.
" 13 June 13/93. Was, today, transfered to 4th, the "Open ward".
" 18 June 18/93. Has passed and spends a good deal of his time out walking, and about the grounds. Also reads a good deal & writes frequent letters. Attends services in Chapel and today went to the R. C. Church, down town. June 25/93. Permission given him to go to town to meet a
" 25 brother. They spent the day driving out together.
" 26 June 26/93. Has enjoyed the privileges accorded him; walking, reading & writing a good deal. He ate less than the average patient and ate hastily. Bowels have been regular. Behavior was always quiet & gentlemanly. He entered, in a very lively manner, into games &c on arriving here, & seemed to be mildly Elated & thought that he had struck a very nice "place". After the first week, he was more sober. Talked about his business & other matters quite freely, & was more evidently normal in manner. Told his brother he did not realize he was insane till here a few days, but that this was the peace for him & would want himself sent back here, if so again. Went home with his brother to day. —

Discharged

Personal and Medical History of Alois Wangler

1894 From 1895.

Nov 1/4 Nov 1/94. Is a rather troublesome & fault-finding patient. Nov 4/94. Was quite violent, today & threatened to do harm. Transferred to B3. Nov 5/94. Remains in bed, during day; appetite is poor; he eats very little. At the first 3 meals, in this ward, he would not touch any food; and has eaten very little, since being on ward. Nov 7/94. Up, on ward. Nov 30/94. Appetite, now, fairly good; Bowels seem regular. Is fairly well-behaved, but is very easily provoked & is treacherous. No work.
" 7/30 Dec 1/94. Wt 143 pds. Pulse 80. Dec 31/94. Keeps about the same, as generally reputed.
Dec 1/31 Jan 2/95. Wt 146 " " 68. Jan 31/95. No change to note. Somewhat better behaved now.
Jan 2/31 Feb 1/95. Wt 145 " " 84. Feb 28/95. No change noticeably, generally. Health seems good.
Feb 1/28 March 1/95. Wt 149½ " " 75. March 31/95. About the same, in every way. Gains Weight & Health.
Mar 1/31 April 1/95. Wt 149 " " 88. April 9/95. Got offended at J. Brooks (patient) today, when out
April 1/9 walking; was throwing stones & sticks after him & threatened to kill Brooks if he got a chance. Had to be led all the way in & when he came in ward, he went to his room & stayed there, balance
" 10 of day; refused supper saying "I was going to starve myself" — April 10/95. Refused breakfast & Dinner but ate a good supper; remained in his room all day, until supper-time. —
" 11 April 11/95. Had some trouble with patient Thomas Meland, today; the latter kicking him, twice.
" 30 April 30/95. No change to report, generally. Patient's appetite fair: here receives extra diet.
May 1/31 May 1/95. Wt 151 pds. Pulse 88. May 31/95. Keeps about the same, Gains Weight & Health.
June 1/30 June 1/95. Keeps in usual flesh & physical condition. June 30/95. Condition about the same as reported for several months past: both mentally & physically. Habits clean.
July 5/30 July 5/95. General health quite good. July 30/95. Patient, being an Epileptic, is very cranky & irritable, at times: very quick tempered: makes himself very officious toward his fellow-patients. Though Deaf & Dumb, yet he is able, through motion, to converse quite well. Yet he is very treacherous & cannot be trusted to any extent. When angered, he would not hesitate to use any weapon he found handy. On Extra Diet: Habits clean & tidy: was, for some time, given some privileges here, but did not seem satisfied & think he had enough & wanted "parole" which was refused him. For some time, has been shut up in hall, though allowed to go out walking with the rest: but he has been discontented & ill-at-ease, in consequence.
" 31 July 31/95. Eloped, from the Crowd, while out walking, to day. —

Discharged Sept 28/95.

Personal and Medical History of George Duchene

Whole No. 3355.

Residence, Wells, Rice County, Minn

Date Admission, 29th May 1893.

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

How Sent, C. A. Mott, Sh'ff, Rice County

Sex, Male

Age, 29

Civil Condition, Married

Children, None

Age Youngest Child,

Occupation, Farmer

Degree Education, Common School.

Profession Religion, Yes; Catholic

Habits, Drinks pretty heavy; Father moderate drinker, mother none

Nativity, Rice County, Minn (Father, Belgium; mother, Kentucky, U.S.)

Physicians Committing, W. W. D. Gabbert, Family Phys. Roscoe N. Jackson, W. W. D. Gabbert

Correspondents, None given in papers

No. for Year, 267.

Insane Relatives, None

Cause Exciting, Drinking

Cause Predisposing, 2 previous attacks

Form, Mania Acute

Accompanying Bodily Disorder, Stomach trouble

Suicidal or Not, Not.

Date of this Attack, 1 week ago.

Duration, about a week

No. of Attack, Not 1st; 2 previous

No. of Admissions, 1st here (twice at St. Peter)

Age First Attack, about 23 years.

Time of Leaving, June 24 '93

Time in Hospital, 26 ds.

Result, Recd.

Exd by Dr. Phelps, May 31/93. —

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Very slightly Sluggish

MEMORY:

Past Events, Probably good

Recent Events, Probably good

Special Subjects, Probably good

PERCEPTIVITY:

Alert or Dull, Quite quick

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Only fair

Own Mental State, Thinks he was crazy but can't tell why he did.

Special Subjects, Somewhat impaired.

GENERAL DESCRIPTIVE REMARKS:

Says, has not been healthy for past few years. — Troubled with headache, neuralgia & rheumatism. Has always worked hard. Seems to be recovering his mental strength appears to have been considerably worse before coming here, than now.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Slightly

DELUSIONS:

Systematized or Not, None noted. Says marked

Special Subjects, things (as stated in "papers") - thought that people were moving off to the

Transitory or Not, Marking moved. Keeps them.

HALLUCINATIONS: Denies any.

ILLUSIONS:

CONVERSATION: Answers questions readily and

Coherent or Incoherent, Coherently - appreciates his

Voluble or Reticent, state of mind fairly well,

though with slight Confusion of mind. —

Personal and Medical History of George Duchene

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 feet (about) WEIGHT, 159 pds. NUTRITION, Fairly Good.

WOUNDS OR ABNORMALITIES,

TONGUE; Tremors, None Coatings, none special Promptness Movement, Quite prompt

PUPILS, Equality, Equal Size, normal

Response Light, Fairly good Accommodation,

SIGHT, Good

HEARING, Good.

CO-ORDINATION, Arms, Some impairment finger to nose, eyes shut, somewhat imperfect.

Legs, Standing a foot, has a trembling way. Stands, eyes shut, fairly well.

TREMORS, Hands, Considerable Tongue, None

Facial Muscles, None General,

REFLEXES, Patellar, equal; about normal. —

Other Reflexes,

ARTICULATION, ~~Hesitating~~, Good ~~Slurred~~,

FACIAL EXPRESSION, Good.

SENSIBILITY,

HEART, Sounds good

LUNGS, Sound Good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, about Constipated, Irregular,

APPETITE, Good, yes Medium, Poor,

SLEEP, Good, yes Poor, Irregular,

PULSE, about normal RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Was at St Peter Hospital ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Mother living — claims healthy —

Father or Pat. Relations, Father living — claims healthy. —

Brothers or Sisters,

Personal and Medical History of George Duchene

1893

This man was brought here in due form, with the following history. This appears the 3° attack. Had the other 2 and 3 years ago, lasting 13 months and 12 months respectively, when he was, each time, sent to St. Peter, from Lincoln County. There is no history of consanguinity, or heredity. First symptoms of this present attack were manifested 1 week ago; in no particular subject; incoherent; this attack is increasing at present; though there are intervals; best at noon; worse, morning, evening. Derangement is now manifested on nothing particular; takes plow to pieces & destroys it; chops things he should not; cuts up the harness; marks everything with "Cross" and "H x 6" - Only threatens to injure others. Is not suicidal; nor filthy nor destructive. No peculiarities shown previous to attack. Has drunk pretty heavy; father also moderate drinker; has had no severe disease, fits &c. His hard drinking is supposed cause of this attack. When examined today, is found pretty rational - Is a little "off" about statistics & harvesting. Did nothing wrong. Appearance is good but nervous.

May 29 May 29/93. On admission, bodily condition was quite dirty; no injuries or peculiarities noted. Was quiet on P[illegible]. Was quiet & slept 9 hours last night. AM. Pulse 74. T. 98.9. Sits quiet most of the time. Seems quite sensible in manner. Does not talk much. Appetite good, bowels regular. Has no cough. PM. Pulse
" 30 76, T. 99. - May 31/93. Slept better, 8 hours, last night. AM. Pulse 74. T. 99.2. Appetite still good.
" 31 Works some. Says "he sees double". PM. Pulse 72. T. 99. -

June 1 June 1/93. Again slept 8 hours last night. Works some; goes out walking. Does not talk much, yet
" 5 answers when addressed; keeps to himself a good deal; seems rather depressed. June 5/93. Works now in the
" 12 dining room. Appetite keeps good; bowels normal. Weight today 170 3/4 pds. (?) - a quite large gain -
Is talking more freely than at first. Mind seems clearing up. Has slept well all the past week -
Pulse has been normal. June 12/93. Is willing & quiet; appetite good. Has had no cough. Bowels
have continued regular. Talks quite freely & sensibly. Has slept well. Mind quite clear and a general
steady improvement is noted. Patient is clean tidy & well-behaved & in good health.

" 16 June 16/93. Today, was transferred from B. & H. Is very quiet & well-behaved.

" 24 June 24/93. Has been of quite good disposition and fair ability, since the first week. Seems
Entirely recovered. The attack was quite mild.

— Went home today alone. —

— Discharged —

Personal and Medical History of Franklin P. Hancock

1895 (From 220)

Cont'd

CASE RECORD.

Patient's Name F. P. Hancock Name Disease ____ Name Physician C.H.A.N.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
1893 Oct. 21 - am		88			On regular and Lactea diet	Slept 6 - R. 3 Patient is always very surly, and makes many complaints
" " pm		92				
" 22 am		98		Has given enema of Soap suds and Glycerine		Slept 5 - R. 3. Bowels moved. Patient's appetite is quite good. Bowels irregular.
" " pm.		84				
" 23 am		78				Slept 6 - R. 2.
" " pm		86				
" 24 am		94		Has given bath.		" 6 - R. 2.
" " pm		96				" 5 - R. 3.
" 25 am		90				
" " pm		96				" 7 - R. 1.
" 26 am		88				Patient complains a great deal about the food. Says it is not fit to eat
" " pm.		92				Slept 7 hrs. R. 1.
" 27 am		104				
" " pm.		94				Slept 6 - R. 2.
" 28 am		84		Has given enema of Soap suds and Glycerine		Bowels moved
" " pm.		100				Slept 6 - R. 2.
" 29 am		96				
" " pm		84				
" 30 Am		76				
" 31 Am		84				
" Pm		92				

Recorded by ____ Nurse.

enemata & move bowels - Ret 3 days. Sleeping rather poorly, of late. Refuses meals often. Lies steadily in bed: very abusive & irritable - never satisfied & nothing can be done to please him.

Dec 5 Dec 6/95. Condition the same, from day to day: Bed is still soaked, nightly, on account of his suicidal tendencies. Very often refuses food, with the old complaining

(carried to page 264)

1893

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1895 (From 220)

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CASE RECORD.

Patient's Name J. P. Hancock. Name Disease ..... Name Physician A. A. H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
1895. Oct 11 am		68			Ate regular 2/3 ex. diet.	Slept 4 - R. 4.
" "					Refused dinner	
" " pm		86			" Supper.	
" 12 am		100			" Breakfast.	" 5 - R. 3.
" " pm.		88			Ate fair dinner	
					Refused Supper.	
" 13 am.		90				Patient remains the
" " pm.		100				same from day to day.
						Appetite not good.
						Bowels irregular.
						Slept 4 - R. 4.
" 14 am		94			Refused breakfast.	" 2 - R. 3.
" 10 am				Was given enema of Soap suds and Glycerine.		Bowels moved.
" " pm.		90				Slept 5 - R. 3.
" 15 am		84				
" " pm		108			Refused supper.	" 4 - R. 4.
" 16 am		92			" Breakfast.	
" " pm.		100				Slept 3 - R. 3.
" 17 am		92		Was given enema of Soap suds and Glycerine.		Bowels moved.
" " pm		80		Was given bath.		" 3 - R. 3.
" 18 am		82				
" " pm.		90				" 4 - R. 4.
" 19 am		100				
" " pm.		99				" 3 - R. 3.
" 20 am		92				Patient is always cross.
" " pm		70				Curses and swears at nurses.

Recorded by ..... Nurse.

enemata & move bowels - Dec 3/95: Sleeping rather poorly of late. Refuses meals often. Lies steadily in bed: very abusive & irritable - never satisfied & nothing can be done to please him. Dec 6/95. Condition the same, from day to day: Bed is still soaked nightly, on account of his suicidal tendencies - Very often refuses food, with the old complaining

(carried to page 264)

and

Personal and Medical History of Franklin P. Hancock

1895 (from 220)

No. 3252.
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Fol. 1.

CASE RECORD.

Patient's Name F. P. Hancock Name Disease ..... Name Physician ..... H.H.H.

Date. 1895.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Oct. 1st am		98			On regular and extra diet	Slept 7 - R. 1.
" 2 am		101				" 6 - R. 2.
" " pm		96				Patient lies
" 3 am		98		Was given bath.		steadily in bed.
						Is always com-
						plaining. Never
						satisfied with
						anything.
" " pm		96				Slept 4 - R. 4.
" 4 am		97				" 5 - R. 3.
" " pm		104				Weighs 82½.
" 5 am		103		Gave enema of		Appetite not good.
				soap suds and		
				glycerine.		Bowels moved
						Slept 5 - R. 3.
" " pm		118				
" 6 am		106				" 3 - R. 5.
					Refused dinner	
					and supper.	
" " pm		102				
" 7 am		92			Refused breakfast	Slept 3 - R. 5.
" " pm		100			" dinner	
" 8 am		98			" breakfast	" 3 - R. 3.
" " pm					" supper.	Patient is cranky
" 9 am		100				and continually
" " 7 pm				Has given enema		complaining.
				of soap suds and		
				glycerine.		Bowels moved
						slightly.
" " pm		104				
" 10 am		98		Has given bath.	Refused breakfast	
" " pm		84				

Recorded by ..... Nurse.

— Discharged —

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lies steadily in bed: very abusive & irritable - never satisfied & nothing can be done to
Dec 5 please him. Dec 6 95. Condition the same, from day to day: Bed is still drenched, nightly,
on account of his suicidal tendencies - Very often refuses food, with the old complaining

(carried to page 264)

and

Personal and Medical History of Franklin P. Hancock

(From 220)

CASE RECORD.

Patient's Name F.P. Hancock Name Disease Name Physician H.H.H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
June 15		92			Is on regular and extra diet	Patient seems some better of late. appetite improveing.
		92				
" 16		100				
		92				Groans slightly at times
" 17		120				& very cross and abusive toward nurses
		100				Dig 3 left 6 hrs R 2 hrs
" 18		112				
		96				
" 19		92				
		96				Bed starched and
" 20		104		Gave enema soapsuds & glycerine ℥II		a tablespoon and several strips of sheets found in bedding
		84				Frequently cursing and using abusive
" 21		104				language
		88				Appetite poor flat.
" 22		96				Slept 6 hrs R 2 hrs
		108				
" 23		92				
		84				
" 24		96				
		84				
" 25		104				
		104				Bowels moved
" 26		100		Gave enema of		slightly
		92		soapsuds & glycerine ℥II		
" 27		92				
		108				
" 28		92				
		100				Slept 5 hrs R 2 hrs.
" 29		92				
		88				
" 30		108				
		96				

Recorded by Nurse.

Cr

enemata & move bowels - Dec 30/95. Sleeping rather poorly, of late. Refuses meals often. Lies steadily in bed: very abusive & irritable - never satisfied & nothing can be done to please him. Dec 5/95. Condition the same, from day to day: bed is still starched, nightly, on account of his suicidal tendencies - very often refuses food, with the old complaining and

(carried to page 264)

...Was
...the time.
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...s not talk much. yet
June 5/93. Looks now in the
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...except well all the past week. -
...e foods. Has had no cough. Bowels
...t well. Mind quite clear and a general
...well-behaved & in good health.
...Is very quiet & well-behaved.
...ow and fair ability, since the first week. Seems
...ed.
— Now ... y alone. —

— Discharged —

Personal and Medical History of Franklin P. Hancock

(From 220)

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Folio 1

CASE RECORD.

Patient's Name J.P. Hancock Name Disease _____ Name Physician H.H.H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
June 1		92				Patient lies steadily in bed.
		96				
" 2		92				Habits filthy passes urine in bed.
		80				
" 3		88				night slept 6 hrs
" 4		84			ord regular & ex tra diet	Restless 2 hours
		104				
" 5		92				
		100				
		84				
" 6		108				Patient is very cross & abusive to ward nurses
		100				
" 7		100		Gave enema of soapsuds and glycerine ℥ II		Enema had no effect. Complained of bowels being costive.
		120				
" 8		104				
		100				
" 9		112				
4.30 P.M.		100		Gave enema. soapsuds & glycerine & castor oil		Bowels moved very little
" 10		88				
		88				
" 11		112				night slept 6 hrs Rest 2 hours
		92				
" 12		98				
		104				
" 13		100				
		92				
" 14		110		Gave enema of soapsuds & glycerine ℥. II		Bowels moved copiously
		84				

Recorded by _____ Nurse.

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enemata & move bowels - Nov 30/95: Sleeping rather poorly, of late. Refuses meals often. Lies steadily in bed: very abusive & irritable - never satisfied & nothing can be done to please him. Dec 5/95. Condition the same, from day to day: Bed is still drenched, nightly, on account of his suicidal tendencies - Very often refuses food, with the old complaining

(carried to page 264)

Personal and Medical History of Franklin P. Hancock

(From 220)

CASE RECORD.

Patient's Name F.P. Hancock Name Disease ____ Name Physician H.H.H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
May 26		120		Gave sponge bath.		Night slept 6 hours restless 2 hours
		92				
" 27		116		Gave sponge bath		Patient very cross at times
		96				
" 28		132		Gave sponge bath		Night slept 6 hrs restless 2 hrs
		104				
" 29		116		Gave sponge bath		
		108				
" 30		124		Gave sponge bath		
		92				
" 31		106		Gave sponge bath		
		92		Gave enema of soapsuds and glycerine.		Bowels moved freely.

Recorded by ____ Nurse.

(from 226)

...ed. Was
...st of the time.
...cough. Bn. Pulse
...petite still good.

...Does not talk much, yet
...ved. June 5/93. Looks now in the
...+ pds. (?) — a quite large gain —
...Has slept well all the past week —
...petite good. Has had no cough. Bowels
...s slept well. Mind quite clear and a general
...tidy + well-behaved + in good health.
...& Ar. Is very quiet + well-behaved.
...position and fair ability, since the first week. Seems
...te mind.
— Went ... today alone. —

— Discharged —

...to Choke himself.
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...pt in restraint.
...spring meals.
...ing. Is frequently
...change. Still restrained.
...dly in bed. —
...t, on account of
...urging as high as 130.
...enemata quite
...they are bathed
...ly in restraint
...towels active.
...ally refuses a meal
...ly when enema given.
...in restraint.
...ily in bed: Still
...refuses a meal.
...taken seemingly
...steadily, in
...sleeps only fairly.
...every meal, he
...: Still quite
...only & does the
...little better,
...planing &c &c.
...: always dully
...ing of a very
...occasionally,
...tle": Still
...for days: Still
...worse: Never
...as usual.
...Still requires

30 enemata to move bowels. Ate 3 eggs: Sleeping rather poorly, of late. Refuses meals often. Lies steadily in bed: very abusive & irritable — never satisfied & nothing can be done to
Dec 5 please him. Dec 6/95. Condition the same, from day to day: Bed is still soaked, nightly, on account of his suicidal tendencies. Very often refuses food, with the old complaining and

(carried to page 264)

Personal and Medical History of Franklin P. Hancock

(From 220)

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CASE RECORD.

May

Patient's Name F.P. Hancock Name Disease Name Physician H.H.H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
May 12		87			Refused dinner	
		114				
" 13		114		8 P.M. gave sponge bath		Enema had no effect.
		102		10 " " Enema of castor oil ℥ij followed by an enema of soapsuds.		
" 14		124		Sponge bath	Refused dinner	
		120				
" 15		123		Gave sponge bath.		
		120				
" 16		111		Sponge bath.	Refused supper	
		104				
" 17		108		Sponge bath.		
		100		Sol. Pagliï ℳ 3		Bowels moved
" 18		126		Sponge bath.	Refused dinner.	
		120				
" 19		112		Sponge bath	Refused dinner and supper.	Appetite very poor
		116				Patient very cross and abusive
" 20		88		Sponge bath		
		90				
" 21		92		Sponge bath		
		100				
" 22		104		Gave enema of		Bowels moved very little.
		108		soapsuds and glycerine. Gave bath		
" 23		104		Gave sponge bath		
		100				
" 24		104		Gave sponge bath		
		92				
" 25		104		Gave sponge bath.		Night slept 6 hours restless 3 hours
		90				

Recorded by _____ Nurse.

— Discharged —

(carried to page 264)

Personal and Medical History of Franklin P. Hancock

(From 220)

CASE RECORD.

Patient's Name F.P. Hancock Name Disease Name Physician H. H. H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
May 1		104			Ord regular and extra diet	Patient lies in bed steadily.
" 2		108				
		112		P.M. gave enema of castoria		Bowels has a mild costive
		116		3/8 bowels moved.		
" 3		100			Appetite very poor.	Weight 79 1/2 pounds
		96				
" 4		112				
		108				
" 5		112			Refused dinner	Is very surly and abusive towards
		115				
" 6		112			Refused dinner	nurses at times.
		98				
" 7		104		Gave enema of	Refused dinner	Bowels moved but very little
		98		Castor oil 3/8		
" 8		96			Refused dinner	
		90				
" 9		98			Refused supper	
		104				
" 10		102		7 15 P.M. gave powder		
		100				
" 11		102		7 P.M. gave powder		Appetite very poor. A towel was taken from patient today, with which he tried to choke himself. Bowels costive.
				Gave sponge bath.		
				Gave enema castor oil 3I		
10 A.M.				Salts 3I Glycerin 3I Turpentine 3II.		
" 12				7 P.M. gave powder		
				4 P.M. sponge bath	Refused supper	moved but little. Contained very some blood
						patient appears to be in pain
						7 P.M. patient was searched and two pieces of twisted sheeting found under mattress.

Recorded by _____ Nurse.

Dec 5 enemata & move bowels. Dec 30/95: Sleeping rather poorly of late. Refuses meals often. Lies steadily in bed: very abusive & irritable — never satisfied & nothing can be done to please him. Dec 6/95. Condition the same, from day to day: Bed is still searched, nightly, on account of his suicidal tendencies. Very often refuses food, with the old complaining and

(carried to page 264)

Personal and Medical History of Franklin P. Hancock

(From 220)

...to Chokchuisoff.
...es, very lively
...ass -
...sive, at times -
...ept in restraint.
...pairing meals.
...ing - frequently
...change. Still restraint.
...dily in bed. -
...t, on account of
...ging as high as 95.
...enemata quite
...they are bathed
...ly in restraint
...towels active.
...ally refuses a meal.
...ly when enema given.
...in restraint.
...rily in bed: Still
...refuses a meal.
...taken from
...steadily, in
...sleeps only fairly.
...every meal, the
...x: Still quite
...only & loses the
...a little better,
...planing &c &c.
...5: always dully
...ning of a very
...occasionally,
...ble": Still
...Nov 18/93: Still
...worse: Never
...as usual.
...Still requires

enemata & move bowels - Nov 30/93: Sleeping rather poorly, of late. Refuses meals often. Lies steadily in bed: very abusive & irritable - never satisfied & nothing can be done to please him. Dec 6/93. Condition the same, from day to day. Head is still searched, nightly, on account of his suicidal tendencies - very often refuses food, with the old complaining and

(carried to page 264)

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CASE RECORD.

Patient's Name J. P. Hancock Name Disease Name Physician H. H. H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
April 16		80				Night. 85 R 3 hrs.
" "		86				
" 17		86				
"		84				
" 18		100		Gave enema of soapsuds and glycerine		Bleeding slightly from bowels. Night gave glycerine suppository.
" "		88				
" 19		90				Bowels did not move.
" "		90				
" 20	102	88	20	Gave sponge bath.	One regular diet with extra	Gave enema of Castor oil ℥ IV ℨ.
" "						
" 21		92				
" "						
" 22		100				Night 85 R 2 hrs.
" "		88				
" 23		96				Patient lies steadily in bed.
" "		92				
" 24		94				Bowels in very bad condition
" "		106				
" 25		100		Gave sponge bath		Bowels moved copiously.
" "		80		Gave enema Castor oil ½ ℨ.		
" 26		88				
" "		74				
" 27		64		Gave sponge bath		Night: slept and rested well
" "		78				
" 28		70				
" "		68				
" 29		94				Appetite very poor
" "		72				
" 30		88		Gave enema of soapsuds and glycerine		Bowels moved copiously
" "		90				

Recorded by T. R. Spillane Nurse.

Personal and Medical History of Franklin P. Hancock

(From 220)

...to Chokehold-
...ies, very lively
...ass ———
...nsive, at times -
...ept in restraint.
...refusing meals
...drug - frequently
...change. Still restrain.
...dly in bed. -
...ent, on account of
...ranging as high as 99.
...enemata quite
...they are taken
...ly in restraint
...bowels costive.
...ially refuses a meal
...ly when enema given
...p in restraint.
...dly in bed: Still
...refuses a meal.
...taken. Remains
...steadily, in
...sleeps only fairly
...every meal, the
...ge. Still quite
...lusty & loses the
...a little better,
...plaining &c &c.
...s: always badly
...being of a very
...occasionally,
...rable". Still
...Nov 8/93: Still
...worse: Never
...as usual.
...Still requires

...enemata & move bowels. Nov 30/93: Sleeping rather poorly, of late. Refuses meals often. Lies steadily in bed: very abusive & irritable - never satisfied & nothing can be done to please him. Dec 6/93: Condition the same, from day to day: Bed is still soiled, nightly, on account of his suicidal tendencies - Very often refuses food, with the old complaining

(carried to page 264)

and

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2252

CASE RECORD.

Patient's Name J.P. Hancock Name Disease _____ Name Physician M. M. M.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
April 1		104				Night 5 S. hrs. R 3 hrs.
" "		82				
" 2		80			On regular diet with exstra	
" "		88				
" 3		84				
" "		88				
" 4		84		Gave sponge bath		Bowels costive
" "		86				
" 5		82		Gave enema of		
" "		84		soapsuds & Glycerine		Bowels moved copiously
" 6		88				
" "		86				
" 7		88				Night 8 S R 3 hrs.
" "						
" 8		84				
" "		98				
" 9		50				
" "		88				
" 10		96		Gave enema of soapsuds glycerine		Bowels moved freely
" "		88				
" 11		108		Gave sponge bath		
" "						
" 12		98			Patient on regular diet with extra	Patient lies steadily in bed. Is continually in restraint Appetite poor.
" "		78				
" 13		88				
" "		82				
" 14		80				Bowels move only when enema is given
" "		112				
" 15		82		Gave enema of		
" "		86		soapsuds & glycerine		Bowels moved copiously.

Recorded by T. R. Spillman Nurse.

...off".

...rusted. Was
...most of the time.
...has no cough. BM. Pulse
...92. Appetite still good.

...talking. Does not talk much, yet
...depressed. June 5/93. Looks now in the
...170 3/4 pds. (?) - a quite large gain -
...up. Has slept well all the past week. -
...k; appetite good. Has had no cough. Bowels
...Has slept well. Mind quite clear and a general
...saw tidy & well-behaved & in good health.
...B. & Ar. Is very quiet & well-behaved.
...disposition and fair ability, since the first week. Seems
...quite cured.
...Went ... today alone. —

— Discharged —

Do.
" 14 Pulse
Lave contr.
Steady upon.
" 16 June 16/93. To...
" 24 June 24/93. Has ...
Entirely recovered. The...

Personal and Medical History of Franklin P. Marcock

(From 220)

…ite often. Appetite very poor. A towel was taken from him today, with which he tried to choke himself. Passages occasionally contain some blood, & he appears to be in pain, today. Is, at times, very surly and abusive to nurses. Was searched & 2 pieces of twisted sheet found under Mattress. ——

" 31 May 31/95. Has been sleeping about 6 hours, nightly. Is steadily in bed; very cross & abusive, at times. Still shows strong suicidal tendencies & requires very close watching. Is still kept in restraint.

June 15 June 15/95. Patient seems somewhat better of late - appetite improving & he has not been refusing meals.

" 20 June 20/95. Bed again searched & a table-spoon & several strips of sheets found in bedding. Is frequently

" 30 cursing and using abusive language. Bowels generally costive. June 30/95. No change. Still restrained.

July 3 July 3/95. Sleeps & eats fairly well: (is on regular & extra diet). Wt, today, 81 pds. He lies steadily in bed. -

" 15 July 15/95. Has been sleeping fairly well. Condition is unchanged. Still kept in restraint, on account of suicidal tendencies. Pulse, taken twice daily, has been somewhat accelerated of late (ranging as high as 100).

" 19 July 19/95. Again searched today, & a strip of sheeting found in bed clothes. Still requires enemata quite often. Sleeps well, of late. July 26/95. Has indications of bed-sores on hips & back: they are bathed

" 26 daily with alcohol. July 31/95. No change noticeable. Very cross & abusive. Continually in restraint

" 31 Aug 7/95. Continues to sleep quite well, tho' somewhat restless. Lies steadily in bed. Bowels costive.

Aug 7 Is very surly & cross, at times, cursing & abusing nurses. Aug 19/95. Occasionally refuses a meal.

" 19 Has a very mean disposition. Will throw food on floor - Habit filthy. Bowels move only when enema given.

" 31 Aug 31/95. No change, in any way. Pulse about as usual. Very surly & cross. Always in restraint.

Sep 15 Sep 15/95. Restless, occasionally noisy & sleeps only 4 to 6 hours, nightly. Lies steadily in bed: Still requires enema in order to get movement of bowels. Eats very lightly & at times refuses a meal. Is always cranky & makes many complaints - Pulse fluctuates considerably (it is taken morning & evening of each day) - 112 - 108 - 100 - 96 - 88 - &c. - Sep 30/95. Lies in bed, steadily, in

" 30 same condition. Requires continual restraint on account of suicidal tendencies. Sleeps only fairly.

Oct 4/9 Oct 4/95. Wt 82½ pds. Oct 9/95. Still in bed: Sleeps poorly: Has been refusing almost every meal, the

" 19 last 3 days. Cranky & continually complaining: never satisfied: Oct 19/95: No change: Still quite

" 31 often refuses meals: Sleeps poorly: requires frequent enemata in order to move bowels. Surly & cross the greater part of the time; cursing & swearing at the nurses. Oct 31/95: Has been sleeping a little better, of late. Is still confined to bed. Refuses food, says it is not fit to eat: always complaining &c &c.

Nov 5 Nov 5/95. Sleeps 5 to 6 hours, nightly: restless balance of each night. Lies steadily in bed: always dull & irritable: habits very filthy & bed requires changing several times, each day. Patient, being of a very

" 9 suicidal nature, has his bed searched every night. Nov 9/95. Sleeps about as usual. Occasionally refuses meals & appetite is very poor. Says he will not eat the food, as it is indigestible: Still

" 18 requires enemata to obtain movement of bowels. (Wt, today, 83 pounds, undressed). Nov 18/95: Still confined to bed. Quite often refuses meals, for reasons before given. Is always cross & morose: Never has a pleasant word for anyone. Very profane, at times. Still sleeps about as usual.

" 26 Nov 26/95: No change noticeable. Of late has been refusing meals very often. Still requires

" 30 enemata to move bowels. Nov 30/95: Sleeping rather poorly, of late. Refuses meals often. Lies steadily in bed: very abusive & irritable - never satisfied & nothing can be done to please him. Dec 5/95. Condition the same, from day to day: Bed is still searched, nightly,

Dec 5 on account of his suicidal tendencies - Very often refuses food, with the old complaining

(carried to page 264) and

…making

…little "off".

…cavities noted. Was

…is quiet most of the time.

…regular. Has no cough. Br. Pulse

…74. T. 99.2. Appetite still good.

June 1 …goes out walking. Does not talk much, yet

" 5 …; seems rather depressed. June 5/93. Looks now in the

dining … Weight today 170¾ lbs. (?) - a quite large gain -

Is talking … seems clearing up. Has slept well all the past week. -

" 12 Pulse has … Is willing & trunk; appetite good. Has had no cough. Bowels

have continu… quite freely & easily. Has slept well. Mind quite clear and a general

steady improve… noted. Patient is clean tidy & well-behaved & in good health.

" 16 June 16/93. Today, was transferred from B: A Hr. Is very quiet & well-behaved.

" 24 June 24/93. Has been of quite good disposition and fair ability, since the first week. Seems

Entirely recovered. The attack was quite mild.

— Went home today alone. —

— Discharged —

Personal and Medical History of John Morrow

Whole No. 3356

Residence, Eyota, Olmsted County, Minn

Date Admission, 31st May 1893.

Admitted by D. Phelps Hour, 2.30 Pm.

How Sent, Thomas Frazer Jeff, Olmsted County

Sex, Male

Age, 72 years

Civil Condition, married (?)

Children, 3

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common School.

Profession Religion, Yes, Methodist

Habits, not addicted to intemperance use of narcotics

Family Physician

Nativity, Pennsylvania (not known what parents born)

Dr. J. Johnson, Dover, Minn — Physicians Committing, Chas. J. Gauger & J. M. Johnson

Correspondents, James. B. Morrow, Eyota, Minn

No. for Year, 268

Insane Relatives, not known

Cause Exciting, Cerebral hemorrhage

Cause Predisposing, has had previous attack

Form, ~~Organic~~ Senile Dementia

Accompanying Bodily Disorder, 4 years ago, Cerebral hemorrhage

Suicidal or Not, Suicidal; by laudanum

Date of this Attack, May 28th 1893

Duration, 3 days

No. of Attack, Not 1st; probably 2nd

No. of Admissions, 1st

Age First Attack, about 72

Time of Leaving, July 17th 93

Time in Hospital, 1 mo. 17 ds.

Result, Impd

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps, May 31/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, / Recent Events, / Special Subjects, — Poorer for recent events than for past.

PERCEPTIVITY:

Alert or Dull, somewhat dull, although he

Correct or Illusive, answers questions quite promptly

REASONING POWER:

Ordinary Subjects, / Own Mental State, / Special Subjects, — rather feeble, but not perverted.

GENERAL DESCRIPTIVE REMARKS:

Says he has considerable trouble in talking sometimes. Can't pronounce words well. Has had trouble also in walking for some time. Fell down once or twice last fall. Lost power in both legs. This case presents indications toward both G.P. and cerebral and Senile Dementia, with some apoplectic focus of disease on the right hand. For General Paresis we have, Incoordination, Tremor, Exaggerated Reflex, extremely blank face, duration of one year, gradual invasion, sluggishness of pupils, & lack of history of any other lesion. For senile dementia, we have age 72 yrs, somewhat more of exaggeration of weakness & incoordination & tremor in the left hand & left foot, with a facial appearance suggesting apoplexy, rather more than G.P.; an articulation suggesting Senile Dementia rather than G.P. & Mental State also.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, & dull.

DELUSIONS:

Systematized or Not, / Special Subjects, / Transitory or Not, — probably has none

HALLUCINATIONS: none.

ILLUSIONS:

CONVERSATION: Coherent in form & indicates a state of mind of weakness & of dementia, rather than a perversion of mental powers. The depression in this case arising rather from his weakness than any delusion.

Coherent or Incoherent, / Voluble or Reticent,

Personal and Medical History of John Morrow

EXAMINATION ON ADMISSION. (Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 3/4 WEIGHT, NUTRITION, Fairly good.

WOUNDS OR ABNORMALITIES, Old fracture of left wrist; atrophy of muscles.

TONGUE, Tremors, ~~Coarse~~ Coatings, raw; beefsteak color. Promptness Movement, prompt, with tremulous effort.

PUPILS, Equality, Seem equal Size, about normal

Response Light, rather sluggish Accommodation,

SIGHT, Impaired with age.

HEARING, Impaired considerably; can hear watch only when close to ears.

CO-ORDINATION, Arms, finger to nose, Eyes shut, much more poorly done with left hand.

Legs, Standing on foot poor. Standing, Eyes shut, Extreme effort.

TREMORS, Hands, Coarse. Tongue, Coarse

Facial Muscles, tremulous, when in tension General, Yes.

REFLEXES, Patellar, somewhat exaggerated; considerably the most on left side. 7 Right side; 9, left.

Other Reflexes,

ARTICULATION, Hesitating, Yes, but not much. Slurred, somewhat impaired.

FACIAL EXPRESSION, Extremely blank; face drawn & stolid.

SENSIBILITY, Seems fairly good

HEART, Seems about normal. Pulse 108.

LUNGS, Sound good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, lately Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Has been Poor, for some time has been ~~Irregular~~, Morphia for past 6 wks or so.

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 of some fever

Father or Pat. Relations, father died of old age.

Brothers or Sisters, 6 brothers & sisters — all dead. none Ever in hospital — no history of nervous disease or apoplexy —

Personal and Medical History of John Morrow

1893

This patient was brought here by Sheriff C. R. Stewart, with the following history of case. There is no history of consanguinity; not known as to heredity; this is not 1st attack; one occurred in March 1893, lasting 3 weeks. First symptoms of this attack were manifested May 28th 1893, by melancholia, insomnia and fits of crying; disease is increasing; rational intervals do not occur regularly. Derangement is now manifested by suicidal mania, loss of memory, melancholia and insomnia. Is not disposed to injure others. Attempted suicide by taking laudanum; propensity now active. Is not filthy nor destructive. Showed religious mania in first part of March 1893. Not addicted to intemperance or habitual use of narcotics, nor parents either. Four years ago suffered from cerebral haemorrhage. Has not been restrained or confined. Cerebral hemorrhage supposed to be the cause of this disease; has taken narcotics for insomnia: Strychnia, Hyoscyamus. On personal examination, is found unable to walk with eyes closed, or stand; characteristic gait of locomotor Ataxia; seems quiet & depressed; memory is evidently poor; exaggerated knee reflex; partial loss of power, left side. Has had little conversation; seems dazed at any utter loss, regarding dates; otherwise he seems rational at this time, in presence of examiners; has been seen crying at various times. Seems worried about use of tobacco. Has, at intervals, religious mania, at which times he desires that a Minister be sent to him.

May 31. May 31/93. Has admitted this afternoon. Has put on Ath East. Nothing noted regarding bodily condition (at bath) —

June 1 June 1/93. Farwell behaved today. Says he slept about 2 hours, last night. Urn. Pulse 100. R 24. Talks in a fairly sensible way. Is a little Childish in behavior & talk. Appetite good. Says "bowels don't move but once a week" "no passage since Sunday" (4 days). Coughs a little. Complains of not sleeping well. June 2/93. Slept only a little, last night. Urn. Pulse 108. R 22. Complains of some headache. (Gave him 2 C+C pills at 9 P.M.) —

" 3 June 3/93. Am. Pulse 90. R 21. Seems to eat better today. June 4/93. Am. Pulse 80. R 20. Says "he did not sleep any last night". Is worried a good deal about his not sleeping. June 7/93. Has slept poorly this week. Has been weak & tottering; a paretic condition of legs; a generalized trembling &c, as per examination.

" 10/12 appetite variable. June 10/93. Was today visited by friends, from Viola. June 12/93. Today again visited

" 14 by friends. June 14/93. Pulse & temperature have been about normal, this second week. Bowels tend always toward constipation, and have needed cathartics. Complains most of not sleeping. Worries in a feeble, Childish way. Is out of ward daily, but can hardly walk. June 15/93. Was today visited

" 15 by his wife. Patient seems to rest better at night. Eats quite well. Legs seem more weak. —

" 17 June 17/93. Is dirty in personal habits, on ward, today. On 6th inst, weight 177 pounds. —

July 1 July 1/93. Appetite better: is more contented & feels better. Rests better also at night. —

" 2 July 2/93. Was today struck by a fellow-patient, but no special injury. July 6/93. Wt 179 pds. P 112.

" 15 July 15/93. Visited by a friend, today.

" 17 July 17/93. Is improved some by the steady life here, but is a feeble, tottering man, with a paretic appearance. Wife called & took him away: on trial, today.

— Discharged —

Personal and Medical History of Ed. O'Dea

from 96.

Feb 1 to Apl 30 — Feb 1/95. Wt 152 pds. Pulse 75. March 1/95. Wt 152 pds. Pulse 82. Apl 1/95 Wt 152 pds. Pulse 88. April 30/95. Behavior quiet, most of the time; sitting in the new place, all day: still has delusions of persecution. Habits clean. Does not work any. Is in good physical condition.

May 1/8 June July 1/31 — May 1/95. Wt 151 pds. Pulse 98. May 8/95. Attempted to run away, while out walking, today. In the struggle which ensued in bringing him back, he struck Att. Lloyd, Cutting his lip. Threatened to run away a great deal. June 1/95. Wt 151 pds. Pulse 76. July 1/95. Wt 147 pds. Pulse 72. July 31/95. Appetite good; bowels regular. Behavior not good. Is treacherous; watching his opportunity to escape. Has delusions.

Aug Sept Oct/31 — Is indolent & lazy: does no work. Habits clean. Aug 1/95. Wt 148 pds. P 94. Sept 2/95. Wt 142 pds Pulse 90. Oct 1/95. Wt 141 pds. Pulse 72. Oct 31/95. About the same, all the time. Behavior fairly good. Still holds to his peculiar delusions. Stubborn: Continually asking to go away; requires close watching.

Nov 1 Dec 1 1895 Jan 1/31/96 — Habits are clean. Indolent: does no work. Nov 1/95. Wt 140 pds. P 78. Dec 1/95. Wt 141 pds. Pulse 86. Jan 1/96. Wt 141 pds. Pulse 84. Jan 31/96. Transferred to B1 (on account of a general change of the wards). Behavior has been fairly good. Still holds peculiar delusions: thinks some one from up above, is turning electricity down on him so that it might penetrate his brain: always covering his head by holding paper over it: will not sleep in bed, but will get under it, as soon as he is left alone: habits clean: continually asking to go away: threatens to run away: does no work.

Feb 1/96 to Aug 14/96 — Summary Nurses Notes by Dr. Phelps. Patient a quiet, chronic case. Wt 138 to 149 lbs. Sits around in a quiet way: Has been accustomed to hold a newspaper over his head to protect him from electricity: Is rather dull: No special change of any kind has occurred.

Aug 14 — Patient seen by night watch last at 5:30 A.M. Had been unusually noisy & restless during night & complained vaguely. Nothing very notable thought about the case however. At six A.M. was found dead on floor of water-closet with injury on back part of head. A coroner's Jury was called & an autopsy held: The injury was found to not extend to the bone, in fact hardly as far as the bone. A slight meningial haemorrhage which was found on right side of brain was placed as the cause of the fall or apoplexy. The haemorrhage was sufficient to filtrate the pia aracnoid & about one-fourth of the entire brain surface, even down somewhat toward the base. The sequence of events was probably — during the night some arterial damage or lesion with perhaps a slight leakage, in the morning while in the closet, probably some sudden access of the trouble caused him to fall backward striking himself on back of head. The arteries were much enlarged; much more than that indicated by the general appearance of senility of the patient.

Dead.

Personal and Medical History of William Kaiser

Whole No. 3357.

No. for Year, 269.

Residence, Minneapolis (for last 2½ years) -

Date Admission, 31st May 1893.

Admitted by S. Phelps Hour, 7 PM

How Sent, John A. Steele, Jopt, Hennepin County

Sex, male

Age, (not given)

Civil Condition, married

Children, none

Age Youngest Child, —

Occupation, Salesman

Degree Education, public Schools of N.Y.

Profession Religion, not a church member

Habits, probably, not the best

no regular Phys^cn — Nativity, New York City (parents in America)

Physicians Committing, E. S. Hart & Thos J. Quinby

Correspondents, Samuel Hohr, 35 Washington Ave S

rmbls.



Insane Relatives, father died from inebriety

Cause Exciting, hereditary influence + syphilis

Cause Predisposing, hereditary influence probably

Form, Melancholia Acut, syphilitic

Accompanying Bodily Disorder, had syphilis 1½ years ago

Suicidal or Not, Yes; by cutting throat

Date of this Attack, 2 weeks ago

Duration, 2 weeks

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, From

Time of Leaving, Ma

Time in Hospital, 1

Result,

Discharged [illegible] 1st, 1894 because [illegible]

SHOT IN THE MOUTH

The Method Taken by W. H. Kaiser to End His Life.

William H. Kaiser, at one time in the employ of the American Tailors, committed suicide shortly after 10 o'clock last night in the hallway of the Vanderburg block, at 329½ Hennepin. No one saw the deed and the first intimation of the occurrence was the report of a pistol. A few minutes later the body was found lying in the entrance of the building named. In the right hand was found a pearl-handled 32 caliber revolver which the man is thought to have purchased Monday night. The body was removed to the county morgue and was there identified from the name which appeared on the shirt band. The ball which caused death was fired into the mouth.

Kaiser, in company with a party of tailors, was in Schiek's saloon on Nicollet, earlier in the evening and drank some. That was the last seen of him until his body was found. About a month ago he was released from the Rochester asylum for the insane, and some time ago is said to have tried suicide by attempting to jump into the Guaranty Loan light well. It is thought the deceased has a sister living somewhere in the city, and it is stated that his father and an uncle died by their own hands. The dead man was about 28 years of age and has been rooming with a man named McCormick. There will be no inquest.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exam'd by Dr. Phelps, June 1/93.

MENTAL ACTIVITY:

Clear or Confused, Clear on ordinary Events

Quick or Sluggish, Quick

MEMORY:

Past Events, } Seems good

Recent Events, }

Special Subjects, }

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Correct on ordinary Subjects

REASONING POWER:

Ordinary Subjects, good

Own Mental State, somewhat impaired

Special Subjects, poor

GENERAL DESCRIPTIVE REMARKS:

Is very anxious to get home. Thoroughly believes himself sane, yet acknowledges the hallucinations + delusions aforesaid, but says they are facts + are the things that worry him.

EMOTIONAL STATE:

Normal, Calm, about normal

Indifferent,

Exalted,

Depressed,

DELUSIONS: } Systematized with hallucinations, Concerning a particular man

Systematized or Not, }

Special Subjects, }

Transitory or Not, }

HALLUCINATIONS: Yes (above).

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent; quite bright in form.

Voluble or Reticent,

Had syphilis 1½ years ago. Good health after that time; feet has left steadily at work. Has drunk some. "Periodical spree". Took Hughes cure about six months ago", became he cared not stop drinking. Hesheem, he says, "shaky and nervous. Claims he was excited + had a good deal of mental trouble when he tried to injure himself.

Personal and Medical History of Wm Kaiser

THE CITY CIRCUIT.

BLEW OUT HIS BRAINS

TRAGIC ENDING OF THE LIFE OF WILLIAM KAISER.

At 10 O'Clock Last Night He Walked Into the Entrance of the Vanderburgh Building on Hennepin Avenue, and, Drawing a Revolver, Sent a Bullet Through His Head—The Victim Believed to Have Been a Traveling Salesman for a Tailoring Firm, But His Identity Has Not Been Fully Established—The Remains Removed to the Morgue and an Inquest to Be Held.

At 10:20 o'clock last night the sound of a pistol shot rang out from the entrance of Vanderburgh Block, 331 Hennepin avenue, and a few seconds later the dead body of William Kaiser was found lying in a pool of his own blood. He had committed suicide.

The body lay on the back, with the head leaning against the side of the entrance, and the left arm across the chest. His right arm lay outstretched on the floor, while his hand grasped a pearl handled revolver of five chambers and 32 calibre. One chamber had been discharged, and it was this bullet that had ended the man's life.

Shortly before the deed was committed the man was seen by some newsboys walking down Hennepin avenue, apparently coming from Fourth street. He is said to have bought a paper of one of the boys, for which he gave a quarter. Shortly after the shot was fired Charles Broadie, of Stillwater, was passing along the walk, when a newsie came running out of the entrance saying that a man had shot himself. Mr. Broadie went to the Brunswick Hotel and informed the police department of the facts by telephone. By the time the officers were on the spot the scene of death was thronged by a curious crowd, which almost became unruly in their destre to see the remains. Officers were stationed in front of the entrance, who kept the crowd back until the coroner arrived. Several gentlemen essayed to identify the body, but it was not until searched that the mystery was partially cleared up. The man was of medium height, with dark hair and moustache, and probably in the neighborhood of 30 years of age, being also well dressed.

The sight was a ghastly one. From the wound in his mouth, where the shot took effect, blood had stained the man's face and formed a dark pool on the floor near his head.

A card from Kurtzman, the tailor, and 53 cents were the only articles found on his person, the man being identified from the name on his shirt band. The directory gives William Kaiser as a saleseman for the American Tailors, living at the National Hotel. The clerk at the National, however, stated to THE TRIBUNE that Kaiser was a traveling salesman for the above firm mentioned, and that he had not boarded at the hotel since last fall.

The body was taken to the county morgue, where an inquest will probably he held today.

It is stated that the father and uncle of Kaiser committed suicide, and within the past year he tried to end his life by an attempt to leap into the well at the Guaranty Loan Building. He had been out of work lately, drinking and despondent.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 130 lbs usual; abnt 125 lbs the past year. NUTRITION, Fairly good.

ABNORMALITIES, wound on throat; no abnormalities noted.

[illegible], none special Coatings, Considerable, red in patches around sides + tip Promptness Movement, prompt

Equal Size, about normal

Light, quite prompt. Accommodation,

[illegible]eems good

Good

[illegible] Arms, slightly impaired - finger tremor, Eyes shut fair.

[illegible] Legs, " " - standing comfort, tremor + weakness. Standing Eyes shut, sways some + two attacks —

[illegible] Quite marked Tongue, None

[illegible]uscles, None General, None -

[illegible]r, Equal. about ng. -

[illegible] Reflexes,

[illegible] [illegible]esitating, Good ~~Slurred~~,

[illegible]ION, Good -

[illegible]ost normal, but quick.

[illegible]ounds good (?)

[illegible]C EXAM.,

Clean, Yes Careless,

[illegible]es Constipated, Irregular,

[illegible] yes Medium, Poor,

Poor, the past 2 weeks Irregular, would get up + talk in sleep. —

RESP., TEMP.,

[illegible]EMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Mother, claims is healthy

Father or Pat. Relations, Father drank quite heavily. Is dead - Excessive drinker

Brothers or Sisters,

Personal and Medical History of William Kaiser

Whole No. 3357.

Residence, Minneapolis (for last 2½ years) -

Date Admission, 31st May 1893.

Admitted by Dr. Phelps Hour, 7 Pm

How Sent, John A. Steele, Jr., Hennepin County

Sex, male

Age, (not given)

Civil Condition, married

Children, none

Age Youngest Child, —

Occupation, Salesman

Degree Education, public Schools of N.Y.

Profession Religion, not a church member

Habits, probably, not the best

Nativity, New York City (parents in America)

Physicians Committing, E. S. Hart and Thos F. Quinby

Correspondents, Samuel Hohr, 35 Washington Ave S

no regular Physician



No. for Year, 269.

Insane Relatives, father

Cause Exciting, hereditary

Cause Predisposing, her

Form, Melancholia

Accompanying Bodily Disorder,

Suicidal or Not, Yes; by

Date of this Attack, 2 days

Duration, 2 weeks

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, (not stated)

Time of Leaving, Mch 16 '94

Time in Hospital, 10 m. 17 d.

Result, Imp.

LIVE STOCK
Minnesota Transfer Live Stock.
Special to The Journal.
MINNEAPOLIS TRANSFER, March 14.—Cattle—Receipts were quite liberal, but of poor...

$35 ...
$17.95 ...
$11.49 ...
$9.28 ...
$4.79 ...
Our Entire Line
Ladies' Plush Sacques worth $13 ...
Ladies' Plush Sacques worth $20 ...
Ladies' Plush Sacques worth $25 ...
Eastern Man
50 Astrachan Garments at ...
50 Astrachan Garments at ...
Ladies' Plush Sacques at ...
plush and splendid to $22.50, closing ...
buy costly garments ...
that it is not possible ...

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined by Dr. Phelps, June 1/93.

MENTAL ACTIVITY:

Clear or Confused, Clear on ordinary Events

Quick or Sluggish, Quick

MEMORY:

Past Events, Recent Events, Special Subjects, } seems good

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Correct on ordinary Subjects

REASONING POWER:

Ordinary Subjects, Good

Own Mental State, somewhat impaired

Special Subjects, Poor

GENERAL DESCRIPTIVE REMARKS:

Is very anxious to get home. Thoroughly believes himself sane, yet acknowledges the hallucination + delusion aforesaid, but says they are facts + are the things that worry him

EMOTIONAL STATE:

Normal, Calm, about normal

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, } Systematized with hallucinations, Concerning a

Special Subjects, } particular man

Transitory or Not,

HALLUCINATIONS: Yes (above).

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent; quite bright in form.

Voluble or Reticent,

Had syphilis 1½ years ago. Good health after that time; yet has kept steadily at work. Has drunk some "periodical sprees". Took Hughes cure about 8 or 9 months ago, because he could not stop drinking. Hasbeen, he says, shaky and nervous. Claims he was excited + had a good deal of mental trouble when he tried to cure himself -

Personal and Medical History of Wm Kaiser

THE CITY CIRCUIT.

BLEW OUT HIS BRAINS

TRAGIC ENDING OF THE LIFE OF WILLIAM KAISER.

At 10 O'Clock Last Night He Walked Into the Entrance of the Vanderburgh Building on Hennepin Avenue, and, Drawing a Revolver, Sent a Bullet Through His Head—The Victim Believed to Have Been a Traveling Salesman for a Tailoring Firm, But His Identity Has Not Been Fully Established—The Remains Removed to the Morgue and an Inquest to Be Held.

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The body lay on the back, with the head leaning against the side of the entrance, and the left arm across the chest. His right arm lay outstretched on the floor, while his hand grasped a pearl handled revolver of five chambers and 32 calibre. One chamber had been discharged, and it was this bullet that had ended the man's life.

Shortly before the deed was committed the man was seen by some newsboys walking down Hennepin avenue, apparently coming from Fourth street. He is said to have bought a paper of one of the boys, for which he gave a quarter. Shortly after the shot was fired Charles Broadie, of Stillwater, was passing along the walk, when a newsie came running out of the entrance saying that a man had shot himself. Mr. Broadie went to the Brunswick Hotel and informed the police department of the facts by telephone. By the time the officers were on the spot the scene of death was thronged by a curious crowd, which almost became unruly in their desire to see the remains. Officers were stationed in front of the entrance, who kept the crowd back until the coroner arrived. Several gentlemen essayed to identify the body, but it was not until searched that the mystery was partially cleared up. The man was of medium height, with dark hair and moustache, and probably in the neighborhood of 30 years of age, being also well dressed.

The sight was a ghastly one. From the wound in his mouth, where the shot took effect, blood had stained the man's face and formed a dark pool on the floor near his head.

A card from Kurtzman, the tailor, and 53 cents were the only articles found on his person, the man being identified from the name on his shirt band. The directory gives William Kaiser as a salesman for the American Tailors, living at the National Hotel. The clerk at the National, however, stated to THE TRIBUNE that Kaiser was a traveling salesman for the above firm mentioned, and that he had not boarded at the hotel since last fall.

The body was taken to the county morgue, where an inquest will probably be held today.

It is stated that the father and uncle of Kaiser committed suicide, and within the past year he tried to end his life by an attempt to leap into the well at the Guaranty Loan Building. He had been out of work lately, drinking and despondent.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 130 lbs. usual; about 125 lbs the past year NUTRITION, fairly good.

ABNORMALITIES, wound on throat; no abnormalities noted.

Tongue, none special Coatings, Considerable, red in patches around sides + tip — Promptness Movement, fair prompt

Pupils, Equal Size, about normal

Light, quite prompt. Accommodation,

Hearing, seems good

Vision, Good

Arms, slightly impaired - Finger tremor, Eyes shut fair.

Legs, " " - Standing unfort, tremor + weakness. Standing Eyes shut, sways some two articles —

Gait, Quite marked Tongue, Some

Muscles, Some General, Some -

Nutr, Equal. about 7. -

Reflexes,

Deglutating, Good Slurred,

SPEECH, Good -

Memory, most normal, but quick.

Sounds, Sounds good (?)

MEDICAL EXAM.,

Appetite, Clean, Yes Careless,

Digestion, yes Constipated, Irregular,

Sleep, yes Medium, Poor,

Urine, Poor, the past 2 weeks Irregular, waked get up + talk in sleep. —

PULSE, RESP., TEMP.,

MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Mother, claims is healthy

Father or Pat. Relations, Father drank quite heavily. Is dead - Excessive drunk

Brothers or Sisters,

Personal and Medical History of William Kaiser

Whole No. 3357.

Residence, Minneapolis (for last 2½ years) -

Date Admission, 31st May 1893.

Admitted by Dr Phelps Hour, 7 Pm

How Sent, John A. Steele, Supt, Hennepin County

Sex, male

Age, (not given)

Civil Condition, married

Children, none

Age Youngest Child, —

Occupation, Salesman

Degree Education, public Schools of N.Y.

Profession Religion, not a church member

Habits, probably not the best

Nativity, New York City (parents in America)

no regular Phys^cn

Physicians Committing, E. S. Hart & Thos J. Quinby

Correspondents, Samuel Hohr, 25 Wash^tn Ave S

Dubls.

No. for Year, 269.

Insane Relatives, father died from inebriety

Cause Exciting, hereditary influence + syphilis

Cause Predisposing, hereditary influence prob.

Form, Melancholia Acut, syphilitic

companying Bodily Disorder, had syphilis 1 year ago

icidal or Not, Yes; by cutting throat

te of this Attack, 2 weeks ago

ration, 2 weeks

. of Attack, 1st

. of Admissions, 1st

ge First Attack, Prob

Time of Leaving, Mar

Time in Hospital,

Result,



Crossed F. [illegible] 1st [illegible] because [illegible]

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Early Dr Phelps, June 1/93.

MENTAL ACTIVITY:

Clear or Confused, Clear on ordinary Events

Quick or Sluggish, Quick

MEMORY:

Past Events, Seems good

Recent Events, Seems good

Special Subjects, Seems good

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Correct on ordinary Subjects

REASONING POWER:

Ordinary Subjects, good

Own Mental State, somewhat impaired

Special Subjects, poor

GENERAL DESCRIPTIVE REMARKS:

Is very anxious to get home. Knowingly believes himself sane, yet acknowledges the hallucinations + delusions afore-said, but says they are facts + are the things that worry him.

EMOTIONAL STATE:

Normal, Calm, about normal

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, systematized

Special Subjects, delusions, Ge

Transitory or Not, particular

HALLUCINATIONS: Yes (above

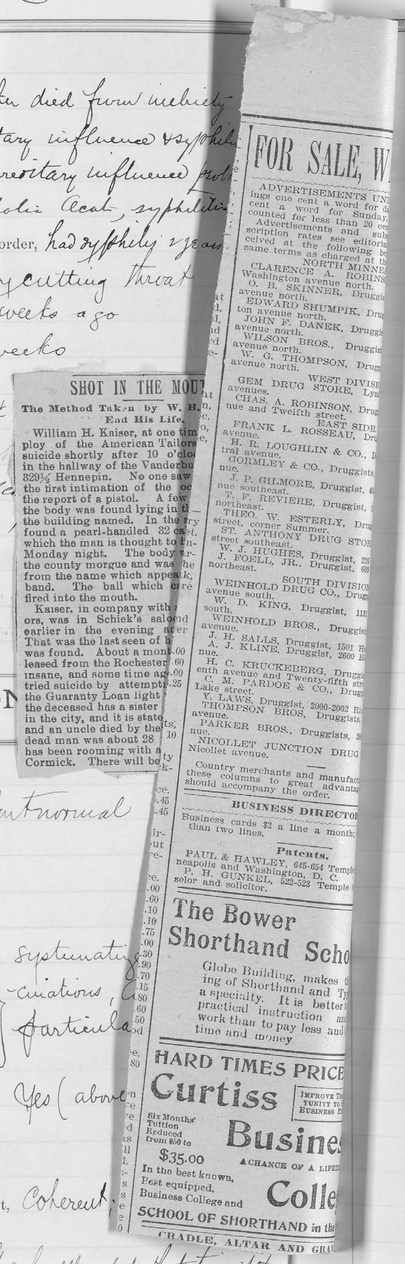
ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent,

Had syphilis 1½ years ago. Good health up to that time, but has left steady weak. Has drunk some "periodical sprees". Took Hughes cure about 5 or 6 months ago, because he could not stop drinking. Shaken, hesays, shaky and nervous. Claims he was excited + had a good deal of mental trouble when he tried to give himself—



SHOT IN THE MOU

The Method Taken by W. H. [illegible] End His Life.

William H. Kaiser, at one tim[e] ployd of the American Tailors suicide shortly after 10 o'clo[ck] in the hallway of the Vanderbu[lt] 329½ Hennepin. No one saw the first intimation of the oc[cur] the report of a pistol. A few the body was found lying in t[he] the building named. In the dry found a pearl-handled 32 ca[li]. which the man is thought to h[ave] Monday night. The body w[as] the county morgue and was id[en] from the name which appear[ed] band. The ball which e[n]t[ered] fired into the mouth.

Kaiser, in company with [a] ors, was in Schick's saloon earlier in the evening after That was the last seen of h[im] was found. About a mon[th] leased from the Rochester [asy]lum insane, and some time ag[o] tried suicide by attempti[ng] the Guaranty Loan light [in] the deceased has a sister in the city, and it is stated and an uncle died by the dead man was about 28 has been rooming with a Cormick. There will be

FOR SALE, W

ADVERTISEMENTS UN[DER] lings one cent a word for da[ily] cent a word for Sunday. counted for less than 20 ce[nts] Advertisements and sub[scr]iption rates see editor's ceived at the following [lo]w same terms as charged at t[he]

NORTH MINNE[AP]

CLARENCE A. ROBIN[SON] Washington avenue north. O. B. SKINNER, Drugg[ist] avenue north.

EDWARD SHUMPIK, Dru[g] tion avenue north.

JOHN F. DANEK, Druggi[st] avenue north.

WILSON BROS., Druggi[sts] avenue north.

W. G. THOMPSON, Drug[gist] avenue north.

WEST DIVIS[ION]

GEM DRUG STORE, Ly[ons] avenues.

CHAS. A. ROBINSON, Drug[gist] nue and Twelfth street.

EAST SIDE

FRANK L. ROSSEAU, Dr[ug] avenue.

H. R. LOUGHLIN & CO., D[rug] tral avenue.

GORMLEY & CO., Druggists, nue.

J. P. GILMORE, Druggist, nue southeast.

F. REVIERE, Druggist, northeast.

THEO. W. ESTERLY, Dru[g] street, corner Summer.

ST. ANTHONY DRUG STO[RE] street southeast.

W. J. HUGHES, Druggist, 2[9] J. FOELL, JR., Druggist, 60[1] northeast.

SOUTH DIVISIO[N]

WEINHOLD DRUG CO., Drug[gists] avenue south.

W. D. KING, Druggist, 11[2] south.

WEINHOLD BROS., Druggi[sts] avenue.

J. H. SALLS, Druggist, 1501 H[ennepin] A. J. KLINE, Druggist, 2800 [Lyndale] nue.

H. C. KRUCKEBERG, Drugg[ist] enth avenue and Twenty-fifth str[eet] C. M. PARDOE & CO., Drug[gists] Lake street.

Y. LAWS, Druggist, 2000-2002 R[ice] THOMPSON BROS, Druggists, avenue.

PARKER BROS., Druggists, nue.

NICOLLET JUNCTION DRUG[GISTS] Nicollet avenue.

Country merchants and manufac[turers] these columns to great advanta[ge] should accompany the order.

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The Bower Shorthand Scho[ol]

Globe Building, makes [a] ing of Shorthand and Ty[pe] a specialty. It is better practical instruction and work than to pay less and time and money.

HARD TIMES PRICE

Curtiss Busines[s]

IMPROVE TH[E] TUNITY TO BUSINESS [or] A CHANCE OF A LIFE[TIME]

Six Months' Tuition Reduced from $60 to $35.00

In the best known, Best equipped, Business College and SCHOOL OF SHORTHAND in the

Colle[ge]

CRADLE, ALTAR AND GRA[VE]

Personal and Medical History of Wm Kaiser

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 130 lbs usual; about 120 lbs the past year NUTRITION, Fairly good.

WOUNDS OR ABNORMALITIES, wound in throat; no abnormalities noted.

TONGUE, Tremors, none special Coatings, considerable, red in patches around sides + tip Promptness Movement, prompt

PUPILS, Equality, Equal Size, about normal

Response Light, quite prompt. Accommodation,

SIGHT, Seems good

HEARING, Good

CO-ORDINATION, Arms, slightly impaired - Finger to nose, Eyes shut fair.

Legs, " " - Standing unsteady, tremor + weakness. Standing Eyes shut, sways some + two attacks —

TREMORS, Hands, Quite marked Tongue, some

Facial Muscles, some General, some -

REFLEXES, Patellar, Equal. about 7. -

Other Reflexes,

ARTICULATION, ~~Hesitating~~, Good ~~Slurred~~,

FACIAL EXPRESSION, Good -

SENSIBILITY,

HEART, Sounds normal, but quick.

LUNGS, Sounds good (?)

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, yes Constipated, Irregular,

APPETITE, Good, yes Medium, Poor,

SLEEP, Good, Poor, the past 2 weeks Irregular, used get up + talk in sleep. —

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 claims is healthy

Father or Pat. Relations, Father drank quite heavily. Is dead - Excessive drinker.

Brothers or Sisters,

Personal and Medical History of Wm Kaiser

1893

This man was brought here by Deputy Sheriff Uhlein, with the following history. No consanguinity. Father inebriate; died from that cause. This is 1st attack, occurred 2 weeks ago, at 25 Washington Ave So, Mpls, Minn: was suicidal. Has been under treatment at St. Mary's Hospital; found amelioration; says not much. Disease appears to be decreasing. So, most of the time, rational. Has an idea, however, that a man at the "National Hotel" has a great influence over him. Derangement is now manifested by hallucinations & delusions; thinks this man hears everything that is being said. (Examiner is at present speaking German to prevent the man from understanding). Is not disposed to injure others. Attempted suicide by cutting his throat. Intemperate habits not now active. Not filthy or destructive. Before the accession of the disease, had only the delusion that this man was exerting a baneful influence over him, urging him to do filthy deeds. Patient thinks he had brain fever in boyhood; is not sure; had syphilis 2 years ago. Has been in above hospitals 2 weeks. Supposed Cause of attack is hereditary influence & syphilis. Bromides & other sedatives have been given; effect as desired. On personal examination, there are all indications of active syphilis, no malformations or indicia of injury to skull. While calm at first, became excited in talking upon facts already stated.

May 31 — May 31/93. On admission, was put on C². Has a cut on the neck. Is in fair condition.

June 1 — June 1/93. Slept 7 hours last night. Am. Pulse 108. Is very restless & excited. 11 Am. Neck was dressed. Talks some to himself. Appetite is good; bowels normal. No cough noticed. Complains of headache. PM Pulse 88.

" 2 — June 2/93. Fairly restful, sleeping 7 hours, last night. Went out walking today. Talks quite rationally. Neck dressed again today. AM. Pulse 95. PM. Pulse 100. June 3/93. Slept 7 hours, last night. Am. Pulse 95. Goes

" 3 — out walking daily, with his ward. Says he would like to get home. PM. Pulse 82. June 4/93. Somewhat

" 4 — restless last night, sleeping only 5 hours. Appetite good; bowels regular. June 6/93. Does not seem contented;

" 6 — is now at ease; Continually moving about. June 8/93. Wound in neck is healing nicely. Am. Pulse 100.

" 8 — PM. Pulse 88. For the last 3 nights has been resting & sleeping well. June 9/93. Appeared much disturbed

" 9 — last night, and slept but 3 hours. June 14/93. During the last 5 nights, patient has been sleeping quite

" 14 — poorly, only from 5 to 6 hours each night. Pulse, taken twice daily, has been accelerated; at times, much so, especially in the mornings. Is very restless & nervous; says he does not sleep well. Appetite has been uniformly good and bowels regular. Wound in neck has about healed up. Patient is very neat and tidy in appearance. Goes out walking daily. Is very discontented and is anxious to go. (As to delusions &

" 16 — hallucinations held by him see record of his examination on page 233.). June 16/93. Of late, has been

" 17 — talking to himself a good deal; often in a loud tone. June 17/93. Seems more nervous & restless than

" 19 — usual today. Continually talking to himself. While out walking, asked for a knife, a number of times. June 19/93. Pulse 120 & full. Ate no dinner today. While out in the grove this afternoon, patient tried to Commit suicide by hanging, but was discovered before receiving any injuries. Blood found from the mouth. On questioning him, said he secured the rope upon the ward & "This was the second time he

" 20 — had tried to take his life & failed, but the next time he would succeed". June 20/93. Has been

" 21 — fairly quiet all day. Pulse is swollen some. Ate very little supper. June 21/93. Appetite some better, today.

" 23 — June 23/93. Very restless & talking to himself this PM. June 24/93. Was today visited by a friend.

" 30 — June 30/93. Patient continues very restless & uneasy at all times. Evidently still holds to his delusions. On account of his suicidal propensities, which seem quite active, an especially close watch is kept upon him, at all times. Is very neat & tidy in appearance. (See attached record).

CLINICAL NOTES IN THE CASE OF Wm. Kaiser

DATE.	PULS:	TEMP:	RESP:	NOTES BY NURSE.	NOTES BY PHYSICIAN.
1893 May 31	4 PM:			Came on Ward	
June 1	7 am:	108		Very restless and excited talks to himself.	
	5 PM:	88		11 Neck dressed	Complains of headache.
2	7 am:	96			
	5 PM:	100		Quit working daily	Says he would like to get home
3	7 am:	96		Out again	
	5 PM:	82			Appetite good
4	7.00	82			
	5.00	80			Bowels regular
5	7.00	90			
	5.00	77			Does not seem contented restless at ease
6	5	82		always moving about	
	7	82		Talks to himself at times	
7	7	86			
	5	84		Neck doing nicely	
8	7	100			
	5	88			
9	7	90		Seems more restless than usual today	
	5	80			
10	7	90		Appetite good	Bowels regular
	5	86			
11	7	82		appears to be doing nicely	
	5	88			
12	7	100		Very nervous	Says he does not sleep well
	5	94			
13	7	96			
	5	92		Seems to be more restless and	
14	7	98		nervous daily	
	5	84			
15	7	90			
	6	76		Continually talking to himself at times	
16	7	90			
	5	87			
17	7			Very restless all morning. Continuously walking around the	
	5			room and muttering to himself while out walking	
				asked for a knife a number of times	
18	7			Restless and talking to himself	
	5			Weight 120½ Ate no Dinner. While out walking	
19					Quit working daily Says he would like to get home
				in the grove this afternoon, tried to Commit suicide	
				by hanging, but was discovered before receiving any	
				injuries. Blood came from the mouth. On questioning him	
				he stated he secured the rope which was the ward and	
				he said that this was the second time that he tried	
				to take his life and failed. But the next time he would	
				succeed	
20				Ate very little supper. Has been fairly quiet all day.	
				Lip is swollen some	
21				Appetite better	
				Very restless and talking to himself this PM	
23				Visited by friend	
24				Restless & talking to himself	
30					

Discharged

1893

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J

deem
fitas
es have
phils,
talking

dressed.
e. Pr Pulse 88.
aturally. took
e. Pulse 90. Does
H/93. Somewhat
ot seem Contented;
ely. Ain Pulse 100.
ard much disturbed
been sleeping quite
nated; at times, muchso,
ill. Appetite has been
it is very neat and tidy
wins to go (as to delusions &

" 16 hallucinations
" 17 talking to himself a
neral today. Continually
" 19 June 19/93. Pt 120½ pds. Ate no din
Commit suicide by hanging, but was discov
my injuries. Blood from the
mouth. On questioning him, said he secured the rope up
d it. This was the second time he
" 20 had tried to take his life & failed, but the next time he would succeed". June 20/93. Has been
" 21 fairly quiet all day. Lip is swollen some. Ate very little supper. June 21/93. Appetite some better, today.
" 23 June 23/93. Very restless & talking to himself this Pm. June 24/93. Was today visited by a friend.
" 30 June 30/93. Patient continues very restless & uneasy at all times. Evidently still holds to his delu-
sions. On account of his suicidal propensities, which seem quite active, an especially close
watch is kept upon him, at all times. Is very neat & tidy in appearance. (as attached record).

1893

July 5/93. Pt 125½ pds. July 28/93. Appears to be doing nicely. Is somewhat more cheerful, tho' occasionally has "spells", when he is nervous, restless & talking to himself a good deal. Appetite good and bowels regular. Is in quite fair physical health.

Aug 3/15 Aug 3/93. Pt 124 pds. Aug 15/93. Seems interested in games, but, when left alone, for any length of
" 19 time, is inclined to have these "spells" of restlessness &c. Aug 19/93. Was visited by a friend, today.
" 22 Aug 22/93. Seems improving. Helps some with the ward work. Attendant takes him out walking, daily.

Sep 5 Sep 5/93. There are periods (of about a week at a time), when his manner & actions would indicate
" 8/26 quite an improvement in his condition; then he will gradually fall back into one of his "spells". Sep 8/93. Pt, today, 133 pounds (quite a gain in flesh). Sep 26/93. Today remarked that he would
" 30 not believe a month from now; might go away quicker than we think". Sep 30/93. Rests & sleeps well
at night, for some time past. Appetite good. Bowels regular. Seems to continue to make improve-
ment. On account of his very active suicidal propensities, a very close watch is kept upon
him, and when he goes out walking, he is always accompanied by one of the attendants.

Oct 3/17 Oct 3/93. Patient maintains his usual flesh, & is in good physical health. Oct 17/93. Ap-
- petite good. Bowels normal. Seems to be doing quite well of late. Does not appear so nervous.
" 21 Oct 21/93. Got into trouble with another patient (A.H. Poulter of 13th) & struck him. Has always
" 25 been quiet & well-behaved heretofore. Oct 25/93. Wants, very much, to go to Minneapolis. —
- 31 Says "he can get his position if he can get away". Oct 31/93. Patient, for some time, has been improving. Appetite continues good; bowels regular. Is not so nervous, as in the past.
More quiet, of late. Has not been sleeping very well, for some time. Goes out walking daily,
as usual. Reads & plays games a good deal. Also does some work at the hall. —

Nov 3/30 Nov 8/93. Pt 131 pds. Nov 30/93. Apparently rests & sleeps well, at night. Appetite good; bowels regular.
Converses freely & sensibly - Reads a good deal; takes part in games, card &c; seems interested in
his surroundings - Is doing nicely. Habits clean and he is very neat about his dress &c.

Dec 4/30 Dec 4/93. Pt 132 pds. Dec 30/93. Keeps about the same. Is pleasant & agreeable in manner.
Fond of games & cards - Attends the occasional card parties on the wards - Occasionally
18th slightly noisy on ward, singing & whistling - Helps willingly with the hall-work. —

Jan 2/5 Jan 2/94. Pt 127½ pds. Jan 8/94. Has not been feeling well for some days past; has a cold.
" 14 Jan 14/94. Lately, patient has been noticed talking to himself at times. Complains of pain in back.
" 15/31 Jan 15/94. Transferred to W3, today. Jan 31/94. No noticeable Change in his condition. —

Feb 1/28 Feb 1/94. Pt 125 pds. Pulse 92. Feb 28/94. Is quite restless, walking the hall considerably;
laughing to himself and making motions with hands. Talks freely. Plays games &c.

Mar 2/6 Mar 2/94. Pt 125 pds. Pulse 90. March 6/94. Patient was committed here under the
"Laws of 1893" recently declared unconstitutional. —
Was today sent home, with home there from Hennepin County.

— Discharged —

Personal and Medical History of Frank. P. O'Brien

Whole No. 3358.

Residence, Portland, Oregon

Date Admission, 1st June 1893.

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

How Sent, John. B. Oliver Jr. Ramsey County

Sex, male

Age, 34.

Civil Condition, Married

Children, 3

Age Youngest Child, —

Occupation, Merchant

Degree Education, fair

Profession Religion, R. Catholic

Habits, not intemperate (he says).

Nativity, Canada. (parents, Ireland)

Physicians Committing, P. Marchand & A. B. Aucker

Family Physician Arthur St. Aucker Autom. St. Montreal

Correspondents, Mr. Frank. P. O'Brien Portland Ore.

(This contradicts previous statement) Detroit, Mich.

No. for Year, 270

Insane Relatives, not known

Cause Exciting, not known; possibly some head injury

Cause Predisposing, not stated.

Form, Dement Paresis (Law. Stark).

Accompanying Bodily Disorder, possibly has had head injury

Suicidal or Not, not

Date of this Attack, May 2nd 1893.

Duration, about a month.

No. of Attack, not the 1st

No. of Admissions, 1st

Age First Attack, ?

Time of Leaving, June 18th 1895

Time in Hospital, 2 years; 17 days

Result, Died. Congestive attack in General paresis.

N.B. 3/19/95 address Mr. R. McKay 239 Ottawa Ont. Mother: Mrs Anne O'Brien Ottawa Hotel Kingston Ont.

EXAMINATION ON ADMISSION.

Early D. Phelps June 5/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Poor

Recent Events, Poor

Special Subjects, Poor

PERCEPTIVITY:

Alert or Dull, Dull; Calls this place a "College"

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects, Impaired

Own Mental State, Impaired

Special Subjects, Impaired

GENERAL DESCRIPTIVE REMARKS:

Was in Insty Hospital San Francisco, about 6 months ago, for a period of 2 months. Had the right leg broken the 4th of January 1893 & it laid him up for 13 months. Says he has had attacks of what he thinks resembled "Delirium Tremens" at times.

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted, Slightly

Depressed,

DELUSIONS:

Systematized or Not, Unsystematized

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Not very Coherent

Voluble or Reticent, rather voluble.

Conversation shows a weakened mental state, not remembering accurately what has happened; not realizing things accurately: not even where he is or for what purpose.

Personal and Medical History of Frank. P. O'Brien

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, has weighed 210 lbs. NUTRITION, Fair

WOUNDS OR ABNORMALITIES, has had right leg broken at knee.

TONGUE, ~~Tremors,~~ Coatings, brownish Promptness Movement, very prompt

PUPILS, Equality, abnt equal Size, normal

Response Light, fairly good Accommodation, fairly good

Case No. 3358. Frank P. O'Brien. Vol. 23.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

Staring, Eyes shut, fairly good.

Facial Muscles, some slight General,

REFLEXES, Patellar, abnt equal — abnt q — Dr. Ph's Scale.

Other Reflexes,

ARTICULATION, Hesitating, yes; much so Slurred, Yes

FACIAL EXPRESSION, slightly impaired

SENSIBILITY,

HEART, Sounds are good

LUNGS, seem good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal, Yes	Constipated,	Irregular,
APPETITE, Good, Yes	Medium,	Poor,
SLEEP, Good,	Poor, Kept Restless	Irregular, Yes
PULSE,	~~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, Mother living?

Father or Pat. Relations, Father died, about 3 years ago. Liver Complaint(?).

Brothers or Sisters,

Personal and Medical History of Frank. P. O'Brien

Whole No. 3358.

Residence, Portland, Oregon

Date Admission, 1st June 1893.

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

How Sent, John. B. Oliver Jopt. Ramsey County

Sex, male

Age, 34.

Civil Condition, married

Children, 3

Age Youngest Child, —

Occupation, Merchant

Degree Education, fair

Profession Religion, R. Catholic

Habits, not intemperate (he says).

Nativity, Canada (parents, Ireland)

Family Physician Arthur Rd. Aucker Austin Rhomuel S

Physicians Committing, P. Marchand & A. B. Aucker

Correspondents, Mrs Frank P. O'Brien Portland Ore. mother: Mrs Anne O'Brien

(His contradicts previous statement) Detroit, Mich. Ottawa Hotel Kingston ont.

No. for Year, 270

Insane Relatives, not known

Cause Exciting, not known; possibly some head injury

Cause Predisposing, not stated.

Form, General Paresis, (now Stuck).

Accompanying Bodily Disorder, possibly has had head injury

Suicidal or Not, not

N/B 3/94 address Mrs R. M. O'Brien 229 St. Paul Portland Oregon

Time of Leaving, June 18th 1895

Time in Hospital, 1 years; 17 days

Result, Died: Congestive attack in General paresis.

EXAMINATION ON ADMISSION.

Exam'd by D. Phelps June 5/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Recent Events, Special Subjects, } Poor

PERCEPTIVITY:

Alert or Dull, Dull; Calls this place a "College"

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects, Own Mental State, Special Subjects, } Impaired

GENERAL DESCRIPTIVE REMARKS:

Was in Kitty Hospital San Francisco, about 6 months ago, for a period of 2 months. Had the right leg broken the 4th of January 1893 & it laid him up for 13 months. Says he has had attacks of what he thinks resembled "Delirium Tremens" at times.

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted, Slightly

Depressed,

DELUSIONS:

Systematized or Not, unsystematized

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None detected

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, not very Coherent

Voluble or Reticent, rather voluble.

Conversation shows a weakened mental state, not remembering accurately what has happened; not realizing things accurately: not aware where he is or for what purpose.

Personal and Medical History of Frank. P. O'Brien

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, has weighed 210 pds. NUTRITION, Fair

WOUNDS OR ABNORMALITIES, has had right leg broken at knee.

TONGUE, ~~Tremors,~~ almost none Coatings, brownish Promptness Movement, very prompt

PUPILS, Equality, about equal Size, normal

Response Light, fairly good Accommodation, fairly good

SIGHT, Fair

HEARING, probably fair

CO-ORDINATION, Arms, Finger to nose, Eyes shut, Quite poor.

Legs, Standing at foot, not much unsteadiness. Standing, Eyes shut, fairly good.

TREMORS, Hands, none Tongue, almost none

Facial Muscles, some slight General,

REFLEXES, Patellar, about equal = about 4 — Dr. P's Scale.

Other Reflexes,

ARTICULATION, Hesitating, yes; much so Slurred, Yes

FACIAL EXPRESSION, slightly impaired

SENSIBILITY,

HEART, Sounds are good

LUNGS, seem good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Yes Constipated, Irregular,

APPETITE, Good, Yes Medium, Kept Poor,

SLEEP, Good, Poor, Irregular, Yes

PULSE, 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, Mother living?

Father or Pat. Relations, Father died, about 5 years ago. Liver Complaint (?).

Brothers or Sisters,

Personal and Medical History of Frank T. O'Brien

1893

This patient was brought here, in due form, by a Sheriff's officer, with the following history. By occupation, a merchant. There is no history of consanguinity; as to heredity, unknown; Has had other attacks; (these not particularized) The first symptoms of this present attack were manifested about May 2nd 1893; disease appears to be increasing, but is variable at times and rational intervals. Was found, May 2d, wandering about outskirts of City in a deranged condition. Has shown disposition to injure others. Is not suicidal, nor filthy, nor destructive. Says neither he, nor his parents, were ever addicted to intemperance or habitual use of narcotics. Unable to tell cause of disease, but possibly there may have been some head injuries. Has been under treatment at the C & C Hospital here, since May 2d. Has been given sedatives. On personal Examination, there is hesitation in Speech; a rambling from one subject to another. Stood up & talked constantly on subjects concerning family matters; appearance good; manners polite. Was found almost impossible to restrain him at the Hospital; had maniacal intervals.

June 1 June 1/93. Was, on admission, put on B³ – Pulse 84. T(e) 99.3. Has had right leg broken at knee. There is now
" 2 some deformity there. June 2/93. Slept but 5 hours last night. Pm. Has been restless today; never contented
while sitting down. Talks a good deal about going home. Appetite good; bowels regular. No cough noticed.
" 3 Pulse 88. R 19. T(e) 100.9. June 3/93. Slept 7 hours last night, being restless for 4 hours. Am. Pulse 80. T(e) 99.2.
Appetite fairly good. Manifests delusions. Gives an account of the breaking of his leg &c. Talk is not very rational.
" 4 Pm. Pulse 78. R 24 T(e) 100.2. June 4/93. Slept fairly well during last night, though restless for about 3 hours
Am " 84 " 24 " 99.2. "Always talking about putting a telegraphing for money to settle Bills" – asks
" 5 quite often for help to get him ready, so he can leave on the first train". June 5/93. Was slightly noisy
for 3 hours, last night, but slept 8 hours. Am. Pulse 90. R 25. T(e) 99.1. Appetite fairly good. Pm. Pulse 104. T 99.8.
" 6 June 6/93. Slept 7 hours last night. Got up once & wanted his clothes "so he could get out of here" –
" 7 Am. Pulse 86 T 98.8. (Refused Taking off pulse this Pm) – June 7/93. Slept well all last night. Am Pulse
T(e) 99. Plays cards, but shows great confusion while so doing; at times gets quite excited over them. Complains
" 8 of rheumatism in one of his legs. Pm. Pulse 78. T(e) 99.8. June 8/93. Was restless for 2 hours, but slept 7 hours,
" 9 last night. Am. Pulse 86. T(e) 99.6. Appetite good. Bowels regular. June 9/93. Slept 8 hours last night.
" 10 Am. Pulse 80. T(e) 99. Pm. Pulse 84. T(e) 100. June 10/93. Am. Pulse 84. T(e) 99.3. Pm. Pulse 88. T(e) 99.6.
" 11 June 11/93. 8 Am. Pulse 84. T(e) 99.4. Pm. Pulse 88. T(e) 99.4 Has been sleeping well on the past 2 nights.
" 12 June 12/93. Am. " 86 " 99.8. Pm " 102 " 101.4. Appetite good; bowels regular. Thinks he is
still travelling for a certain wholesale house & quite often asks the attendants "if they dont want to
" 13 buy a lot of Groceries, very cheap"? June 13/93. Am. Pulse 92. T(e) 99.9. Pm. Pulse 92. T(e) 101. –
" 14/15 June 14/93. Am. Pulse 94. T(e) 100.2. Pm. Pulse 86. T(e) 101.2. June 15/93. Am. Pulse 96. T(e) 100.8. –
nose appears some swollen and red this morning. Has been restless, disturbed & slightly noisy, for
from 2 to 3 hours in each of past 3 nights, but sleeping from 6 to 7 hours in each. Is up & about the
ward daily. Clean tidy & well-behaved; causes no trouble – appetite has been good & bowels normal –
Talks quite freely. Plays games, Checkers & card, but appears confused in the latter game. Is very anxious
" 20 to be allowed to go. Writes occasional letters. June 20/93. Appetite fairly good; bowels regular. Still complains
" 23 of his rheumatism. June 23/93. Takes quite an interest in checkers & cards. Talks freely. Is easily disturbed
" 29 and quite nervous. June 29/93. Objects, of late, to going outwalks; says his feet trouble him so". Complains this
morning of being sick to his stomach; says he vomited a good deal last night. Lies in bed this morning;
July 11 says he is too sick to get up. July 11/93. Got up on 30th inst & has remained up since. Seems to have

DETAILED HISTORY OF SICKNESS OF MR. F. P. O'Brien
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM
June 15	8	5		86				101
16	8	5		84			99	100
17	8	5		90			99	99.8
18	8	5		88			99	99.4
19	8	5		92			98.8	
20	8	5		86			99.6	99.6
21	8	5		78			99.4	99.8
22	8	5		82			99.4	99.6
23	8	5		80			99	99.4
24	8	5		82			99	99.4
25	8	5		88			99	99.8
26	8	5		80			99.2	
27	8	5		82			99.6	
28	8	5		90			99.2	100.6
29	8	5		92			99.8	
30	8	5		86			99.7	101
July 1	8	5		96			99.7	101.2
2	8	5		96			99.7	101
3	8	5		76			99.2	
4	8	5		86			99.2	
5	8	5		82			99.2	
6	8	5		90			99.4	99.7
7	8	5		88			99	
8	8	5		90			99	100
9	8	5		86			99.2	
10	8	5		84			99	99.6
11	8	5		80			99.2	99.6
12	8	5		86			99.1	99.6
13	8	5		84			99	
14	8	5		88			98.8	
15	8	5		82			99	99.6
16	8	5		84			99	99.6
17	8	5		84			99.4	99.7
18	8	5		100			99.4	100.2
19	8	5		98			99.4	
20	8	5		82			99	101
21	8	5		88			99	100.8
22	8	5		80			99	

Aug 3 Appetite fairly good. Bowels regular
" 8 Complains of hypersalivation at his
" 15 times. Plays checkers & cards. Walks
" 23 about in yard, is easily disturbed & quite
Sept 2/30 nervous –

Oct 1 Complains of his feet and says he
" 31 can't walk, and is not generally
Nov 1/30 observed to go out. Complains of being sick at his stomach &
Complains of being sick at his stomach &
says he vomited a good deal during
night. Is in bed this morning and
Dec 8 says he is too sick to get up.
" 19
" 31
1894
Jan 10
" 11
" 13
" 15
" 17
" 19
" 22
" 24
" 25
" 28/29
" 31
Feb 1

restless during the day, continually getting out of bed. Gestures & fail steadily. –
Feb 2/94. Is steadily confined to his bed. Has lost very decided in flesh, during past month.
Is continually restless; bowels constipated. Is continually talking. Seldom quiet. –

(carried to 248)

Personal and Medical History of Frank P. O'Brien

1893

June 1
" 2
" 3
" 4
" 5
" 6
" 7
" 8
" 9
" 10
" 11
" 12
" 13
" 14/15
" 20
" 23 of his rheumatism. June 23/93. Takes quite an interest in checkers & cards. Talks freely; is easily disturbed
" 29 and quite nervous. June 29/93. Object of late, to going outwalks; says his feet trouble him so". Complains, this
morning, of being sick to his stomach; says he vomited a good deal last night. Lies in bed this morning;
July 1 says he is too sick to get up. July 11/93. Got up on 30th nets & has remained up since. Seems to have

Frank P O'Brien

NAME Frank P O'Brien

DATE, 189 3	Weight.	Pulse.	Gain.	Loss.
June 3d	167	92	–	
July 1st	178	108	11	
Augt 5th	184	92	6	
Sept 2d	188	98	4	
Oct 2d	182	84		6
Nov 1st	183	112	1	
Dec 4th	182	95		1
1894 Janu 2d	180	84		2
Feby 2d	155	104		13 (sick in bed)
Mar 2d	159	–	4	
Apl 2d	162½	–	3½	

of I know I would at once
stop and taken out and lets
with my wife and see me and
write and come after me at
I my Papers made I Benson Minn
and that you come out and
he I would take I was sent now
Corner and take of this I wash
to the gard Amish Doctors I was
given to and sent me and
here and would as soon as you
come I was born Kingston as a boy
and came out to Portland children
the on 16th the very easy got me sick
. well come as you can do so

S IN THE CASE OF Mr F. P. O'Brien

OTES BY NURSE. NOTES BY PHYSICIAN.

Dec 4th 1893
Friend
& Men
ant you
ed get me
you only
d Bowels regular.
urban costor
d in complaining of the
Costive and asks of being
he cases go out walking

Jan 31/94. Continues very restless at night - sleeps very
restless during the day, continually getting out of bed. Continues to fail steadily.
Feb 1 Feb 2/94. Is steadily confined to his bed. Has lost very decided in flesh, during past month.
Is continually restless; bowels constipated. Is continually talking. Seldom quiet.

(carried to 245)

1893

June 1
" 2
" 3
" 4
" 5
" 6
" 7
" 8
" 9
" 10
" 11
" 12
" 13
" 14/15
" 20
" 23 of his rheumatism. June 23/93. Takes quite an interest in Checkers & cards. Talks freely. Is easily disturbed
" 29 and quite nervous. June 29/93 Object, of late, to going out walks; says his feet trouble him so". Complains this
morning of being sick to his stomach; says he vomited a good deal last night. Lies in bed this morning;
July 1 says he is too sick to get up. July 11/93. Got up on 30th ult. & has remained up since. Seems to have

Aug 3
" 8
" 15
" 23
Sept 2/30
Oct 1
" 31
Nov 1/30
Dec 8
" 19
" 31
1894
Jan 10
" 11
" 13
" 15
" 17
" 19
" 22
" 24
" 25
" 25/29
" 31 Jan 31/94. Continues very restless at night - sleeps very little - so very restless during the day, continually getting out of bed. Continues to fail steadily. —
Feb 1 Feb 2/94. Is steadily confined to his bed. Has lost very decided in flesh, during past month.
Is continually restless; bowels constipated. Is continually talking. Seldom quiet. —
(carried to 248)

CLINICAL NOTES IN THE CASE OF Mr F. P. O'Brien

	NO:	DATE.	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
July	12	8 am	88	100.6			
		5 pm	90	101			
	13	8 am	100	99.8			
		5 pm	88	101			
	14	8 am	100	100.8			
		5 pm	80	100.6			
	15	8 am	98	99.8			
	16	8 "	90	99.4			
		5 pm	97	99.6			
	17	8 am	72	98.8			
		5 pm	80	99.4			
	18	8 pm	102	99.6			

23/237

Portland Disane Dec 4th 1893
To John Coats My other Friend
then Layre Mr Ethrop & Mon
Monroe Mitch I want you
Send And Come and get me
out at once I Heard If you only
of I Know it would at once
Step and Taken out and Lets
with my wife and See me and
write and come after me at
I my Papers made I Benson Mine
and that you come out and
So I would Take I was sent now
Corner and take of this I wash
to the good Emish Doctors I was
given to and sent me and
here and would as soon as you
come I was Bone Kingston as a boy
and came out to Portland Children
the On 18th the very easy got me out
. well come as you can do so

d ... complaining of his
... & cold ... and ... of being
... he can't go out walking

Personal and Medical History of Frank H. O'Brien.

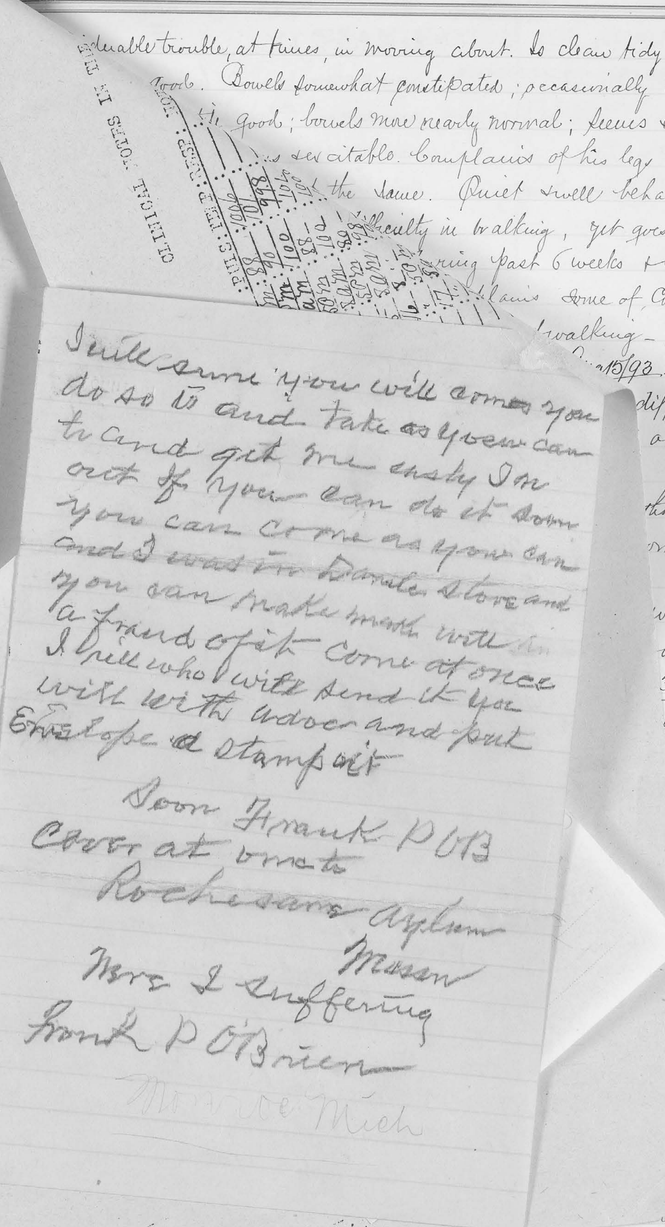
1893

June 1
" 2
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" 14/15
" 20
" 23 of his rheumatism. June 23/93. Takes quite an interest in checkers & cards. Talks freely. Is easily disturbed
" 29 and quite nervous. June 29/93. Objects, of late, to going out walks; says "his feet trouble him so". Complains, this
morning, of being sick to his stomach; says he vomited a good deal last night. Lies in bed this morning;
July 11 says he is too sick to get up. July 11/93. Got up on 30th inst. & has remained up since. Seems to have

Personal and Medical History of Frank P. O'Brien

considerable trouble, at times, in moving about. Is clean tidy & well-behaved (see attached record). —
took. Bowels somewhat constipated; occasionally calls for a cathartic.
in good; bowels more nearly normal; seems somewhat better than when he first came
is very excitable. Complains of his legs as lame. Personal habits clean.
the same. Quiet & well behaved. Less nervous. Still complains
difficulty in walking, yet goes out on the grounds occasionally.
during past 6 weeks & is in quite fair physical condition.
complains some of Constipation & also of being sick, and
walking — Aug 5/93. Record of Pulse & Temperature
15/93. Appetite still good; bowels normal;
different kinds. Is nervous & easily excited.
occasional letters. Aug 23/93. Complains
the. Sep 30/93. Not much change to note.
something, some ill-feeling or other. Does
without any apparent cause. —
does not seem worse than on last time.
30/93. Appetite fairly good. Bowels
ness, praying. Appears to be growing worse.
Habits are clean.
only about 4 hours, awake of them.
y. Is beginning to be quite troublesome.
s, and has also slept very poorly.
ze, physically & mentally.
day; Continually wanting to go away
Steadily. Sleeps very poorly, at night.
did not get up this morning, refuses
any solid food. Drinks only milk.
2 days. Appetite some improved.
bed, there. Jan 17/94. Continually
/94. Out of bed, a number of times
is bathed every day, with alcohol,
plains of pain in bowels. Is badly
- for the past 10 nights, has been sleeping in the average 5 hours, on each.
Jan 26/94. Very restless all day; quite ugly at times. Jan 28/94. Visited, today, by his wife.
31 Jan 31/94. Continues very restless at night - Sleeps only about 4½ hours, on each. Is also very
restless, during the day, continually getting out of bed. Continues to fail steadily. —
Feb 2 Feb 2/94. Is steadily confined to his bed. Has lost very decided in flesh, during past month.
Is continually restless; bowels constipated. Is continually talking - Seldom quiet. —

(carried to 248)



1893

June 1 " 2 " 3 " 4 " 5 " 6 " 7 " 8 " 9 " 10 " 11 " 12 " 13 " 14/15 " 20 " 23 " 29 July 11

Jail Yard
Dec 22 Do as u did and Take as Green Can
1st Card Get Out and Walk
Do as u did and Take as Green Can
Get Out and Walk
Green Can Come Out Green Can
Feed & Feed in Green Can
Your Own Make Home With
A Friend of Mine Come Office
Will Write Read It Has
Envelope & Stamp Out

Room Number 203
Corr at Inmates
Residence Appleton
Wisconsin
Mrs L Coffering
Frank P O'Brien

of his rheumatism. June 23/93. Takes quite an interest in checkers & cards. Talks freely. Is easily disturbed and quite nervous. June 29/93. Objects, of late, to going out walks; says "his feet trouble him so". Complains, this morning, of being sick to his stomach; says "he vomited a good deal last night. Lies in bed this morning; says he is too sick to get up. July 11/93. Got up on 30th ult. & has remained up since. Seems to have

[illegible] trouble, at times, in moving about. Is clean, tidy & well-behaved (See attached Record). —

CLINICAL NOTES IN THE CASE OF Mr F. P. O'Brien

MO:	DA:	HR.	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN
July	12	8 am	88	100			
		5 pm	90	101			
	13	8 am	100	998			
		5 pm	88	101			
	14	8 am	100	1008			
		5 pm	80	1006			
	15	8 am	98	998			
	16	8 "	90	994			
		5 pm	97	996			
	17	8 am	92	998			
		5 pm	88	994			
	18	8 am	102	996			
		5 pm	82	996		Appetite good Bowels regular.	
	19	8 am	100	998			
		5 pm	84	100			
	20	8 am	80	100			
		5 pm	66	998			
	21	8 am	84	996			
		5 pm	84	1004		Says his Bowels are costive	
	22	8 am	80	994			
		5 pm	80	1008			
	23	8 am	88	999			
		5 pm	80	100			
	24	8 am	94	100			
		5 pm	106	101			
	25	8 am	86	100			
		5 pm	89	100.8			
	26	8 am	92	99.6			
	27	8 am	88	99.4			
		5 pm	86	101.2			
	28	8 am	96	998			
		5 pm	88	101			
	29	8 am	101	100.2			
	30	8 am	93	100.2			
		5 pm	90	100.4			
	31	8 am	95	998			
		5 pm	92	101			
Aug	1	8 am	92	902			
	2	8 am	84	992			
		5 pm	80	998			
	3	8 am	90	1004		Appetite good was complaining of his Bowels being costive and also of being sick and says if he cant go out walking	
	3	5 pm	77	996			
	4	8 am	94	992			
	5	8 am	94	993			
		5 pm	76	996			
	6	8 pm	27	99.4			

Is continually restless; vomits occasionally. Is continually raising. Seems quiet.

(carried to 245)

1893

June 1
" 2
" 2
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" 1
" 1
" 1
" 23
" 29 and ya

July 11 morning of being sick to his stomach; says he vomited a good deal last night. Lies in bed this morning; says he is too sick to get up. July 11/93. Got up on 30 chairs & has remained up since. Seems to have

considerable trouble, at times, in moving about. Is clean tidy & well-behaved (see attached Record). — Appetite is good. Bowels somewhat constipated; occasionally calls for a cathartic.

July 19 July 19/93. Appetite good; bowels more nearly normal; seems somewhat better than when he first came here & seems less nervous & excitable. Complains of his legs as lame. Personal habits clean.
" 31 July 31/93. Continues about the same. Quiet & well behaved. Less nervous. Still complains of his legs paining him & of difficulty in walking, yet goes out on the ground occasionally. Has gained considerably in flesh during past 6 weeks & is in quite fair physical condition.
Aug 3 Aug 3/93. Appetite continues good; Complains some of constipation & also of being sick, and says his legs are so lame that he can't go out walking — Aug 6/93. Record of Pulse & Temperature
" 15 has been kept to this date, which is here attached. Aug 15/93. Appetite still good; bowels normal; is quietly behaved. Reads a good deal & plays games of different kinds. Is nervous & easily excited.
" 23 Shows delusions. Personal habits are clean. Write occasional letters. Aug 23/93. Complains of one of his limbs being swollen and sore.
Sept 2/30 Sep 2/93. Has been gaining in flesh the past 3 months. Sep 30/93. Not much change to note. Well behaved; quiet. Always complaining about something, some ill-feeling or other. Does not seem now to be quite so nervous.
Oct 2 Oct 2/93. Has lost some in weight the past month, without any apparent cause.
" 31 Oct 31/93. No material change. Patient is paretic but does not seem worse than in autumn.
Nov 1/30 Nov 1/93. Patient keeps in about his usual flesh. Nov 30/93. Appetite fairly good. Bowels regular. Will stand in one place for quite a while, at a time, praying. Appears to be growing worse. Has almost lost his speech & is very hard now, to understand. Habits are clean.
Dec 8 Dec 8/93. Has been restless & noisy the past 2 nights, sleeping only about 4 hours, out of each of them.
" 19 Dec 19/93. Seems to be steadily growing worse; wants to go away. Is beginning to be quite troublesome.
" 31 Dec 31/93. Has, during the past few nights, been quite restless, and has also slept very poorly. Troublesome by day and is evidently growing steadily worse, physically & mentally.
1894 Jan 10 Jan 10/94. Appetite fairly good; bowels regular. Troublesome by day; Continually wanting to go away
" 11 very restless. Habits fairly clean. Jan 11/94. Seems failing steadily. Sleeps very poorly, at night.
" 13 Jan 13/94. very restless, sleeping but 4 hours, last night. Could not get up this morning, consequently, remained in bed, all day. Is very weak. Can't eat any solid food. Drinks only milk.
" 15 Jan 15/94. Appears somewhat better this morning than for past 2 days. Appetite some improved.
" 17 Was, to-day, transferred to C2 (the Sick-Ward). Put to bed, there. Jan 17/94. Continually
" 19 getting out of bed; says "he's looking for his wife." Jan 19/94. Out of bed, a number of times,
" 22 to-day; Is very cross; struck at nurse. Jan 22/94. Back is bathed every day, with alcohol,
" 24 to prevent bed sores. Jan 24/94. very restless all day. Complains of pain in bowels. Is badly
" 25 constipated. Jan 25/94. For the past 10 nights, has been sleeping on the average 5 hours, out each.
" 25/26 Jan 26/94. very restless all day; quite ugly at times. Jan 28/94. Visited, to-day, by his wife.
" 31 Jan 31/94. Continues very restless at night. Sleeps only about 4½ hours, out each. Is also very restless during the day, continually getting out of bed. Continues to fail steadily. —
Feb 2 Feb 2/94. Is steadily confined to his bed. Has lost very decided in flesh, during past month. Is continually restless; bowels constipated. Is continually talking. Seldom quiet. —

(carried to 248)

Personal and Medical History of Charles Mickelson

Whole No. 3360.

Residence, Town of Holt, in said County.

Date Admission, 2nd June 1893.

Admitted by D. Phelps Hour, 3.20 PM.

How Sent, E.V. Farrington, Jo. Co., Fillmore County

Sex, male

Age, 23 years

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, Farmer

Degree Education, very limited

Profession Religion, Yes, Lutheran

Habits, Drank moderately.

Nativity, Holt, Fillmore County, Minn. (parents born in Norway)

Physicians Committing, J.A. Phillips & G.A. Love

Correspondents, None given in Papers

Family Physician: D. Woodleff, Lanesboro, Minn.

No. for Year, 272.

Insane Relatives, none; but father a drunkard

Cause Exciting, unknown

Cause Predisposing, not given

Form, Mania Acuta

Accompanying Bodily Disorder, Slight head-injury three

Suicidal or Not, Not

Date of this Attack, May 25th 1893

Duration, about 6 days

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, 23 years

Time of Leaving, Oct 10 93.

Time in Hospital, 4 mos. 8 d.

Result, Improved

Crossed off Register List, April 1st, 1894, because illegally committed.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exa. by D. Phelps June 9/93.

MENTAL ACTIVITY:

Clear or Confused, very much confused

Quick or Sluggish, Quick

MEMORY:

Past Events, } very much Confused

Recent Events, }

Special Subjects, }

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects, }

Own Mental State, } very Poor

Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:

He is unable to give a clear account of himself or the reason he is here. —

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, slightly

Depressed,

DELUSIONS:

Systematized or Not, } about seeing Christ and the Devil — not especially systematized.

Special Subjects, }

Transitory or Not, }

HALLUCINATIONS: — as above —

ILLUSIONS:

CONVERSATION: Wandering rambling —

Coherent or Incoherent, incoherent

Voluble or Reticent,

Personal and Medical History of Charles Mickelson

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 in. WEIGHT, 135 lbs. NUTRITION, Fairly good.

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, none noticed Coatings, no special Promptness Movement, fairly prompt

PUPILS, Equality, Equal Size, normal

Response Light, yes Accommodation,

SIGHT, Fair

HEARING, probably good

CO-ORDINATION, Arms, Finger to nose, Eyes shut, good.

Legs, Stands afoot, well. Stands, Eyes shut, quite steady.

TREMORS, Hands, none noted Tongue, none

Facial Muscles, none noticed General, none

REFLEXES, Patellar, Equal; 1; entirely absent, except on reinforcement.

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, fairly bright

SENSIBILITY,

HEART, Sounds good

LUNGS, Sounds good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"). Say none of relatives were Ever "out of head." —

Mother or Mat. Relations, Mother dead

Father or Pat. Relations, Father dead

Brothers or Sisters,

Personal and Medical History of Charles Mickelson

1893

This man was brought here by Mr Erickson, Sheriff's deputy, with following history. Has drunk moderately; father was a drunkard. No history of consanguinity; no insane relatives; this is 1st attack. First symptoms were manifested May 26th 1893 (about 6 days ago) by hallucinations. Imagined that Jesus was in the window; disease is increasing; is not variable; no rational intervals. Derangement is now manifested as religion principally; is continually preaching, praying and singing hymns; thinks he has been to Heaven & returned. Is disposed to injure others. Is not suicidal; disposed, however, to filthy & destructive habits. Has had slight injury to head twice. Has had his hands tied since Sunday. - Cause of the disease is unknown. Has had medicine to quiet, but without effect. On Personal Examination, found the patient naked; talked a great deal but was very incoherent; handled his penis a good deal, and said his disease was there, and had to come out through it. Nothing further could be gathered from him. Has hallucinations of sight (claiming other persons were in room, when none were present.). Laid on his back, naked, tried to stand on his head, turned several somersaults. There were indications of acute mania. - Here has been a complete change in habits and manners, since last Friday, May 26th 1893.

June 2 June 2/93. Was admitted this afternoon. Pulse 84. Ts (refused); of injuries & peculiarities, none noted.
" 3 Was put on B3. — June 3/93. Was very restless & disturbed, last night, frequently out of bed, and slept but 4 hours. Will not keep his clothes on today; is very troublesome. Was struck on the chin today by a fellow-patient; chin some swollen. Does not seem to have any idea of where he is at present. Says he has been here since the world began". Appetite is poor; did not eat any supper last night and took a very
" 4 little breakfast this morning. Am. Pulse 84. PM. Pulse 70. June 4/93. Was very restless during last night sleeping but 5 hours. Has to be watched all the time. Am. Pulse 80. Wont keep his clothing on. Appetite improving.
" 5 June 5/93. Slept fairly well last night. Am. Pulse 66. Is rather foolish in his talk. PM. Pulse 66.
" 6 June 6/93. Fairly quiet & restful, sleeping 6 hours, last night. AM. Pulse 92. Is very restless. PM. P 76.
" 7 June 7/93. Slept well, all last night. Am. Pulse 100. Says he is Jesus Christ"; appetite fairly good. Bowels constipated for past 2 or 3 days. PM. Pulse 86. Bowels moved this morning.
" 8 June 8/93. Was restless for 3 hours, out of bed often, but slept 6 hours, last night. Am. Pulse 88. Ts 99.6. Seems some better to day. Is more quiet than he has been; keeps his clothes on & in good condition -
" 9 appetite very Good. Still thinks himself the King, Jesus Christ. June 9/93. Slept 5 hours last night,
" 10 being restless for 4 hours. Am. P 70. Ts 98.8. PM. Pulse 62. Ts 98.8. June 10/93. Was restless for 3 hours, sleeping but 6 hours, last night. AM. Pulse 64. Ts 99.4. PM. Pulse 65. Ts 98.6.
" 11 June 11/93. Slept 8 hours last night. Am. Pulse 84. Ts 99.2. PM. Pulse 82. Ts 99.4.
" 12 June 12/93. Slept but 6 hours last night; up, walking the hall, at times. Am. Pulse 74. Ts 99.9. - PM. Pulse 72. Ts 99.8. Appetite good. Bowels regular. Appears very much better the past few days;
" 13 though he has some very foolish ideas and cannot be convinced that he is wrong. June 13/93. Was restless for 4 hours or so, sleeping but 5 hours, last night. Am. Pulse 74. Ts 100. PM. Pulse 68. Ts 99.6.
" 14 June 14/93. Slept 4 hours, being restless for 5 hours, last night. Am " 76 " 99. PM. " 74 " 99.8. Is more troublesome than he was a few days ago; will not keep his clothing on; restlessly walks the floor, unless watched; frequently goes into bedroom & undresses - appetite continues good.
" 15 June 15/93. Restless for 5 hours, but sleeping 7 hours, last night. Am. Pulse 70. Ts 99.4. PM. P 84
" 16 Ts 99.5. June 16/93. Slept but 4 hours, restless 5 hours or so, last night. Am. Pulse 72. Ts 99.5.
" 17 June 17/93. From the above it will be seen that patient's rest & sleep at night is very much disturbed;

Personal and Medical History of Charles Mickelson

NAME. Charles Mickelson

DATE. 189.3	Weight.	Pulse.	Gain.	Loss.
June 2nd	135	-		
July 1st	151	84	16	
Aug 1st	152	82	1	
Sept 2d	159	72	7	
Oct 2d	158½	70		½

SICKNESS OF MR. Chas Michelson
DIAGNOSIS.

			TEMP AM	TEMP PM	
			99.6		
			99.4		
			99.4		
			99.6		
			99.6		Appetite good. Bowels regular
			100.6		
			100.6		
			99.8		
					Prattles and occasionly tries to
					motion that he will not keep his
					clothes on
			99.2		
			98		
			99.1		
			99.3		
			99.2		
			99.2		
			98		
			99.4		
			99.6		
			99.2		
			99		
			99.7		
			99.4		Is quite a good deal better than
			99.4		he was a couple of weeks ago does
					not bother anyone by taking his
					clothes off appetite good. Bowels
					regular
			99		
			99		
			99		
			99.7		
			99.4		
			99		
			98.6		
			99.2		
			99.4		
			99		
			99.6		
			99		
			99.6		
			99.7		

Personal and Medical History of Chas

1893

This man was brought here by Mr Erickson moderately; father was a drunkard. No hi first symptoms were manifested May 26 Jesus was in the window; disease is increas now manifested as religion principally; is conv he has been to Heaven & returned. Is disposed to filthy & destructive habits. Was had slight injury Cause of the disease is unknown. Has had medicine & found the patient naked; talked a great deal which was and said his disease was there, and had to come out th Has hallucinations of sight (claiming other persons were in room naked, tried to stand on his head, turned several somersaults Have been a complete change in habits and manners, since last Friday, May 26th 1893.

June 2 June 2/93. Was admitted this afternoon. Pulse 84. Temp (refused); of injuries & peculiarities, none noted.
" 3 Was put on B3 — June 3/93. Was very restless & disturbed last night, frequently out of bed, and slept but 4 hours. Will not keep his clothes on today. Is very troublesome. Was struck on the chin today by a fellow-patient; chin some swollen. Does not seem to have any idea of where he is at present. Says he has been here since the world began". Appetite is poor; did not eat any supper last night and took a very
" 4 little breakfast this morning. Am. Pulse 84. PM. Pulse 70. June 4/93. Was very restless during last night sleeping but 5 hours. Has to be watched all the time. Am. Pulse 60. Wont keep his clothing on. Appetite improving.
" 5 June 5/93. Slept fairly well last night. Am. Pulse 66. Is rather foolish in his talk. PM — Pulse 66.
" 6 June 6/93. Fairly quiet & restful, sleeping 6 hours last night. AM. Pulse 92. Is very restless. PM. P 76.
" 7 June 7/93. Slept well all last night. Am. Pulse 100. Says he is Jesus Christ"; appetite fairly good. Bowels constipated for past 2 or 3 days. PM. Pulse 86. Bowels moved this morning.
" 8 June 8/93. Was restless for 3 hours, out of bed often, but slept 6 hours, last night. Am. Pulse 88. T(R) 99.6. Seems some better to day. Is more quiet than he has been; keeps his clothes on & in good condition. —
" 9 Appetite very Good. Still thinks himself the King, Jesus Christ. June 9/93. Slept 5 hours last night,
" 10 being restless for 4 hours. Am. P 70. T(R) 98.8. PM. Pulse 62. T(R) 98.8. June 10/93. Was restless for 3 hours, sleeping but 6 hours, last night. AM. Pulse 64. T(R) 99.4. PM. Pulse 65. T(R) 98.6.
" 11 June 11/93. Slept 8 hours last night. Am. Pulse 64. T(R) 99.5. PM. Pulse 52. T(R) 99.4.
" 12 June 12/93. Slept but 6 hours last night; up, walking the hall, at times. Am. Pulse 74. T(R) 99.9. — PM. Pulse 72. T(R) 99.8. Appetite good. Bowels regular. Appears very much better the past few days;
" 13 though he has some very foolish ideas and cannot be convinced that he is wrong. June 13/93. Was restless for 4 hours or so, sleeping but 5 hours, last night. Am. Pulse 74. T(R) 100. PM. Pulse 68. T(R) 99.6.
" 14 June 14/93. Slept 4 hours, being restless for 5 hours, last night. Am " 75 " 99. PM " 74 " 99.8. Is more troublesome than he was a few days ago; will not keep his clothing on; restlessly walks the floor, unless watched; frequently goes into bedroom & undresses — appetite continues good.
" 15 June 15/93. Restless for 5 hours, but sleeping 7 hours, last night. Am. Pulse 70. T(R) 99.4. PM. P 64
" 16 T(R) 99.5. June 16/93. Slept but 4 hours, restless 5 hours or so, last night. Am. Pulse 72. T(R) 99.5.
" 17 June 17/93. From the above it will be seen that patient's rest & sleep at night is very much disturbed;

Personal and Medical History of Chas Michelson

23/vol 3

DETAILED HISTORY OF SICKNESS OF MR. Chas Michelson
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
June 16	10		74				99.6		
17	8		74	100			99.4	99.4	
18	5		72				99.4		
19	8		72				99.6		
"	5		66					99.6	
20	8		80				99.2		Appetite good. Bowels regular
"	5		84					100.6	
21	8		100				99.7		
"	5		82					100.6	
22	8		82				99.6		
"	5		84					99.8	
23	8		84				99.3		Restless and excessively take off clothes — that he will not keep on
23	5		76					99.2	
24	8		84				99.8		
25	8		72				99		
"	5		80					99.4	
26	8		78				99.2		
"	5		68					99.3	
27	8		90				99.4		
"	5		72					99.8	
28	8		80				99.2		
"	5								
29	8		74				99.8		
30	8		108				99.3		
"	5		72					99.4	
July 1	8		80				99.4		
"	5		86					99.6	
2	8		72				99.2		
"	5		76					99	
3	8	5		76			99.4		
4	8		84				99.4		Is quite a good deal better than
5	8			54			98.4		he was a couple of weeks ago does
									not bathe anymore by taking his
									clothes off appetite good Bowels
									regular
5	8		56				99		
"	5			62				99	
6	8		72				99		
7	8		70				99.2		
"	5		66					99.4	
8	8		68				99		
"	5			60				98.6	
9	8		68				98.7		
"	5			62				99.2	
10	8		60				99.4		
"	5			78				99	
11	8		66				99.6		
"	5			64				99	
12	8		60				99		
"	5			56				99.6	
13	8		78				99.2		

Personal and Medical History of [illegible]

3360

CLINICAL NOTES IN THE CASE OF Mr Chas Richardson

MO:	DA:	HR.	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
July	13	5PM	70	99.2			
	14	8AM	68	99			
	"	8PM	66	99.2			
	15	8AM	64	99.3			
	16	8AM	84	99.2			
	"	5PM	68	99			
	17	8AM	76	99			
	"	5PM	64	99			
	18	8AM	80	99.6			
	"	5PM	78	99.6		Appetite good Bowels regular	
	19	8AM	72	99.4			
	"	6PM	74	99.2			
	20	8AM	68	98.6			
	"	8PM	70	98.7			
	21	8AM	74	99.5			
		6PM	98	100.2			
	22	8AM	82	99.2			
	"	8PM	76	99.3			
	23	8AM	84	99.5			
	23	8PM	84	99.3			
	24	8AM	88	99.8			
	"	5PM	87	99.8			
	25	8AM	80	99			
	"	5PM	86	99.6			
	26	8AM	74	99			
	27	8AM	84	98.8			Patient
	"	5PM	80	99.8			
	28	8AM	74	98.8			

Pulse was there, and had to come out through it. Nothing further could be gathered from him. ...nunciations of eight (claiming other persons were in room, when none were present). Laid on his back, naked, tried to stand on his head, turned several somersaults. There were indications of acute mania. - Here has been a complete change in habits and manners, since last Friday, May 26th 1893.

June 2 June 2/93. Was admitted this afternoon. Pulse 84. Temp (rectum); of injuries & peculiarities, none noted.
" 3 Was put on B.B. — June 3/93. Was very restless & disturbed, last night, frequently out of bed, and slept but 4 hours. Will not keep his clothes on today, is very troublesome. Was struck on the chin today by a fellow-patient; chin some swollen. Does not seem to have any idea of where he is, at present. Says "he has been here since the world began". Appetite is poor; did not eat any supper last night and took a very
" 4 little breakfast this morning. Am. Pulse 84. PM. Pulse 70. June 4/93. Was very restless, during last night sleeping but 5 hours. Has to be watched all the time. Am. Pulse 80. Wont keep his clothing on. Appetite improving.
" 5 June 5/93. Slept fairly well last night. Am. Pulse 66. Is rather foolish in his talk. PM. Pulse 66.
" 6 June 6/93. Fairly quiet & restful, Sleeping 6 hours, last night. AM. Pulse 92. Is very restless. PM. P76.
" 7 June 7/93. Slept well, all last night. Am. Pulse 100. "Says he is Jesus Christ"; appetite fairly good. Bowels Constipated for past 2 or 3 days. PM. Pulse 86. Bowels moved this evening.
" 8 June 8/93. Was restless for 3 hours, out of bed often, but slept 6 hours, last night. Am. Pulse 88. Temp 99.6. Seems some better to-day. Is more quiet than he has been; keeps his clothes on & in good condition -
" 9 appetite very Good. Still thinks himself the King, Jesus Christ. June 9/93. Slept 5 hours last night,
" 10 being restless for 4 hours. Am. P70. Temp 98.8. PM. Pulse 62. Temp 98.8. June 10/93. Was restless for 3 hours, sleeping but 6 hours, last night. AM. Pulse 64. Temp 99.4. PM. Pulse 65. Temp 98.6.
" 11 June 11/93. Slept 8 hours last night. Am. Pulse 84. Temp 99.5. PM. Pulse 82. Temp 99.4.
" 12 June 12/93. Slept but 6 hours last night; up, walking the hall, at times. Am. Pulse 74. Temp 99.9. - PM. Pulse 72. Temp 99.8. Appetite good. Bowels regular. Appears very much better the past few days;
" 13 though he has some very foolish ideas and cannot be convinced that he is wrong. June 13/93. Was restless for 4 hours or so, Sleeping but 5 hours, last night. Am. Pulse 74. Temp 100. PM. Pulse 68. Temp 99.6.
" 14 June 14/93. Slept 8 hours, being restless for 5 hours, last night. Am " 75 " 99. PM " 74 " 99.8. Is more troublesome than he was a few days ago; will not keep his clothing on; restlessly walks the floor, unless watched; frequently goes into bedroom & undresses - appetite continues good.
" 15 June 15/93. Restless for 5 hours, but sleeping 7 hours, last night. Am. Pulse 70. Temp 99.4. PM. P64
" 16 Temp 99.5. June 16/93. Slept but 4 hours, restless 5 hours or so, last night. Am. Pulse 72. Temp 99.6.
" 17 June 17/93. From the above it will be seen that patient's rest & sleep at night is very much disturbed;

…rangement is
… and singing hymns; thinks
… not suicidal; disposed, however, to
…ad twice. Has had his hands tied since Sunday. –
…medicine to quiet, but without effect. On Personal Examination,
…as a great deal but it was very incoherent; handled his penis a good deal,
…isease was there, and had to come out through it. Nothing further could be gathered from him.
…hallucinations of sight (claiming other persons were in room, when none were present). Laid on his back,
naked, tried to stand on his head, turned several somersaults. There were indications of acute mania. –
There has been a complete change in habits and manners, since last Friday, May 26th 1893.

June 2 June 2/93. Was admitted this afternoon. Pulse 84. Ter (refused); of injuries & peculiarities, now noted.
" 3 Was put on B3 — June 3/93. Was very restless & disturbed, last night, frequently out of bed, and slept
but 4 hours. Will not keep his clothes on today, is very troublesome. Was struck on the chin today by a fellow-
patient; chin some swollen. Does not seem to have any idea of where he is, at present. Says he has been
here since the world began". Appetite is poor; did not eat any supper last night and took a very
" 4 little breakfast this morning. Am. Pulse 84. PM. Pulse 70. June 4/93. Was very restless, during last night
sleeping but 5 hours. Has to be watched all the time. Am. Pulse 80. Must keep his clothing on. Appetite improving.
" 5 June 5/93. Slept fairly well last night. Am. Pulse 66. Is rather foolish in his talk. PM – Pulse 66.
" 6 June 6/93. Fairly quiet & restful, sleeping 6 hours, last night. AM. Pulse 92. Is very restless. PM. P 76.
" 7 June 7/93. Slept well, all last night. Am. Pulse 100. "Says he is Jesus Christ"; appetite fairly good.
Bowels constipated for past 2 or 3 days. PM. Pulse 86. Bowels moved this morning. —
" 8 June 8/93. Was restless for 3 hours, out of bed often, but slept 6 hours, last night. Am. Pulse 88. Ter 99.6.
Seems some better today. Is more quiet than he has been; keeps his clothes on & in good condition –
" 9 Appetite very Good. Still thinks himself the King, Jesus Christ. June 9/93. Slept 5 hours last night,
" 10 being restless for 4 hours. Am. P 70. Ter 98.8. PM. Pulse 62. Ter 98.8. June 10/93. Was restless for 3
hours, sleeping but 6 hours, last night. AM. Pulse 64. Ter 99.4. PM. Pulse 65 – Ter 98.6. —
" 11 June 11/93. Slept 8 hours last night. Am. Pulse 84. Ter 99.2 – PM. Pulse 82. Ter 99.4. ———
" 12 June 12/93. Slept but 6 hours last night; up, walking the hall, at times. Am. Pulse 74. Ter 99.9 –
PM. Pulse 72. Ter 99.8. Appetite good. Bowels regular. Appears very much better the past few days;
" 13 though he has some very foolish ideas and cannot be convinced that he is wrong. June 13/93. Was
restless for 4 hours or so, sleeping but 5 hours, last night. Am. Pulse 74. Ter 100. PM. Pulse 68. Ter 99.6.
" 14 June 14/93. Slept 4 hours, being restless for 5 hours, last night. Am " 76 " 99. PM. " 74 " 99.8.
Is more troublesome than he was a few days ago; will not keep his clothing on; restlessly walks
the floor, unless watched; frequently goes into bedroom & undresses – appetite continues good.
" 15 June 15/93. Restless for 5 hours, but sleeping 7 hours, last night. Am. Pulse 70. Ter 99.4. PM. P 84
" 16 Ter 99.5. June 16/93. Slept but 4 hours, restless 5 hours or so, last night. Am. Pulse 72. Ter 99.5.
" 17 June 17/93. From the above it will be seen that patient's rest & sleep at night is very much disturbed;

July 17 (cont'd) He is also quite often restless by day, and troublesome; denuding himself frequently; walking the
" 30 floor restlessly; Is fairly clean and tidy. Does no work. Talk is, most of the time incoherent and
he still holds to his delusions. Seems in fair physical health. June 30/93. Appetite good &
bowels regular. Habits clean. Still manifests delusions. Has made a decided gain in flesh
during past 4 weeks. Takes a notion occasionally to denude himself.
July 4 July 4/93. Patient seems a good deal better than he was a few weeks ago. Does not now so frequently
" 14 attempt to denude himself. Appetite continues good; bowels normal. July 12/93. Still holds
to his delusions. Imagines, sometimes, when he sees a horse tied about the building, that it belongs
to him & wants his hat to go out, and take this horse home. Is quite restless for a while, then.
" 28 July 28/93. Seems to be in a kind of dull & sluggish state. Does not take any part in games,
" 31 & seems unconcerned in what is going on about him. Is confused in his ideas. July 31/93 Patient
Continues about as described in last note. Apparently rests & sleeps well at night. Of good
personal habits. In quite good physical health. – (see records attached).
Aug 10/11 Aug 10/93. Refused to eat dinner, today; threw his victuals over the table. Aug 11/93 Again refuses
" 15 his dinner & was quite ugly. Aug 15/93. Appetite not very good the past few days. Has been of
quite a stubborn disposition, of late; declines to do anything & for a he sometimes to be used.
Is quite ugly at times. Habits are clean.
Sep 2 Sep 2/93. Has gained 7 pounds in weight, in past 4 weeks. Physical condition is quite good.
" 21/30 Sep 21/93. Was, today, visited by his brother. Sep 30/93 Apparently rests & sleeps well, at
night. Appetite good; bowels regular. Is now quiet & well-behaved. Talks rationally.
Works some on ward. Of good personal habits.
Oct 7/10 Oct 3/93. Still in good physical health. Oct 14/93 Patient had quietly and steadily
improved to a great extent. Orchestra was in fair condition.
Went home with brother, today, on trial. —

Discharged —

Personal and Medical History of Edward Meyer

Whole No. 3362.
Residence, Nicollet, Minn.
Date Admission, 5th June 1893.
Admitted by D. Phelps Hour, 3. P.M.
How Sent, N. L. Buck, Jof P, Nicollet County
Sex, male
Age, 19
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, Reading, Writing & arithmetic
Profession Religion, Yes: Catholic
Habits, probably temperate
Nativity, Minnesota (Parents in Austria).
Physicians Committing, D.B. Pritchard & G.L. Gates
Correspondents, None given in "papers" Friends, Mr. [illegible] St. Paul Minn

No. for Year, 274
Insane Relatives, not known
Cause Exciting, not known
Cause Predisposing, probably wound of head 10 yrs ago.
Form, Subacute Insanity
Accompanying Bodily Disorder, Pain in head.
Suicidal or Not, No.
Date of this Attack, 1st June 1893
Duration, about 5 days
No. of Attack, probably 2nd
No. of Admissions, 1st
Age First Attack, about 19
Time of Leaving,
Time in Hospital,
Result, Discharged under Law of '93 unconstitutional

Vol 27.

EXAMINATION ON ADMISSION.

Exd by D. Phelps - June 7/93 -

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, Says somewhat impaired - though nothing noted -
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Incorrect

REASONING POWER:
Ordinary Subjects,
Own Mental State, Impaired
Special Subjects, Impaired

GENERAL DESCRIPTIVE REMARKS:
Claims he had some bleeding through penis, about 3 years ago. Has had occasional "dizzy spells" - "things blur before him". Says is troubled some with his bowels & with piles: also with headaches, but these not often. Has had them for about 7½ years. In conversation, finally admits there is an uncertainty in his own mind as to the state of the case, then says he has been living with Mr Meyer, as his father. —

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

DELUSIONS:
Systematized or Not, Systematized quite fairly
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Is especially confused in the subject
Coherent or Incoherent, of his parents. Makes various
Voluble or Reticent, & diverging statements. 1st
denies that Schneider & his wife are his parents, then
says they have claimed to be his parents.

Personal and Medical History of Edward Meyer

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, probably none
TONGUE, Tremors, none Coatings, none Promptness Movement, prompt
PUPILS, Equality, Equal Size, slightly dilated
Response Light, quite good Accommodation, quite good.
SIGHT, Good
HEARING, Good
CO-ORDINATION, Arms, Finger to nose, Eyes shut, fair.
Legs, Stands & gait well. Stands, Eyes shut, fairly.
TREMORS, Hands, none Tongue, none
Facial Muscles, General, none
REFLEXES, Patellar, Equal; about 7; Dr Ph scale.
Other Reflexes,
ARTICULATION, ~~Hesitating.~~ ~~Slurred,~~ fair
FACIAL EXPRESSION, Fair
SENSIBILITY,
HEART, Sounds good
LUNGS, Good
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Somewhat Constipated, used — — — Irregular,
APPETITE, Good, Yes Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Record kept 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 living.
Father or Pat. Relations, Father living —
Brothers or Sisters,

Personal and Medical History of Edward Meyer

NAME Edward Meyer

DATE, 189.3	Weight.	Pulse.	Gain.	Loss.
July 4th	141½	—	-	-
Aug 3d	140½	—	-	5
Sept 8th	149	—	9½	

1893

This patient was brought here by John Gay, Sheriff's off
- mission, is in fair physical condition. There is no history of
- tions, nothing known. This is not 1st attack; has an about 2
First symptoms of this attack was manifested Yesterday, 1st Ju
there are rational intervals; patient seems rational & all sul
persons are following him and trying to do him harm, and t
other parties are his parents. Derangement is now manifested in
are his parents; that they disown him; follow him and try to
-taliate by assaulting them. Patient becomes excited & incoheren
disposed to injure others. Is not suicidal, nor filthy, nor destru
Has not been intemperate nor has he habitually used narcotics. A
Years ago. Now complains of pain in head, and nds it a good
Don't know causes of disease. Is not known to have been under treat
excitable when the "Schneider matter" is brought up. Does not seem
unobservative than at large. Seems very indifferent. Appe
and incoherent. He made an unprovoked attack on Wm Schneid
of talking evil of him &c.

June 5 June 5/93. Was admitted this afternoon; bodily condition quite dirty
" 6 June 6/93. Slept well, 8 hours, last night & was quiet. Am. Pulse &
about ward; works some. Went out walking 1 day. Talks quite sensibly & freely. Appetite good. Bowels
" 7 are constipated. No cough noticed. Pm. Pulse 78. T. 99. June 7/93. Slept 7 hours last night. Am. P 76
T. 98.8. Walks on ward quite well & willingly; goes out walking; talks freely; has a restless air about him. -
" 12 Pm. P 74. T. 98.7. June 12/93. During this week, patient has had a good appetite, normal pulse & tempe-
" 19 -rature & has slept well. Talks quite well; seems contented in a lazy dull way. June 19/93. During this second
week, patient is noted as becoming excited & walking the hall frequently in an excited fashion. Does
some little work, but has seemingly been growing more excitable. Appears in good health. Has continued
" 30 quiet & to rest & sleep well at night. Pulse taken daily, has continued normal. June 30/93. Appetite
good; bowels somewhat constipated. Has no cough. Walks around ward. While on the ward,
has a very restless air & manner, walking the hall most of the time. Even when outside with
the rest, is very restless & uneasy. Apparently rests & sleeps well at night. Is seemingly contented here.

July 3/31 July 27/93. Was today visited by his brothers. July 31/93. Appetite still good; at times, complains
of constipation. Still restless & uneasy. Does some work on ward. Talks freely. Steadily in a
rather careless, indifferent manner, though speaks interestedly when asked.

Aug 3/31 Aug 3/93. Has made considerable gain in flesh, the past month. Aug 21/93. Has complained of
" 31 slight ill-feeling the past few days. Aug 31/93. Appetite good. Bowels are constipated at times
talks freely. Does no work. Is in good physical health.

Sep 4/8 Sep 4/93. Pulse 78. T. 99.2. Sep 8/93. Continues to gain in body-weight.
" 9 Sep 9/93. Was, today, permitted to go home, with his brother, on trial.

March 9/94 This patient was committed under Law of 1893 "recently declared unconstitutional."
He was today returned under new Warrant" — Entered in Vol 27 page 121, no 3307

Personal and Medical History of Frank P. O'Brien

Folio 308
3 3 5 8

DETAILED HISTORY OF SICKNESS OF MR. Frank P. O'Brien
DIAGNOSIS.

1894 e.2.

DATE	HOUR	PULSE	RESP.	TEMP	
Mar	AM. PM.	AM. PM.	AM. PM.	AM.	PM.
25	7 5	94 86			
26	7	76			
27	7 5	78 72			
28	7 5	102 72			
29	7 5	100 88			
30	7 5	76 84			
31	7 5	100 78			
Apl 1	7 5	92 90			
2					

Talking and fingering the great Beat of the day

appetite good. Bowels at present in good condition Restless and noisy & quarrelsome during

5.30 a.m. Passages

Day - noisy disturbing other patients. Gets talk to sings continually. Appetite good. Bowels in good condition. Restless & noisy & quarrelsome during night. Destroys bedclothes & sings & talks. Destroys his clothing, at times filthy in habits. (Weight 142½)

on ward a day. Is appetite good. Bowels sings & voices, destroys his clothing, at times filthy in habits.

(p. 74 - Transfer Book.)

Personal and Medical History of Edward Meyer.

1893 This patient was brought here by John Gay, Sheriff's office, with the following history - mission, is in fair physical condition. There is no history of consanguinity; as to insanity - ties, nothing known. This is not 1st attack; had one about 2 months ago, lasting a short time. First symptoms of this attack was manifested yesterday, 1st June 1893; disease appears stationary; there are rational intervals; patient seems rational on all subjects but one, and that is that certain persons are following him, and trying to do him harm, and that his mother is no relative but the other parties are his parents. Derangement is now manifested in the belief that one Schneider and wife are his parents; that they discover him; follow him and try to do him personal injury, and he re- - taliates by assaulting them. Patient becomes excited & incoherent when speaking of this subject. Is disposed to injure others. Is not suicidal, nor filthy, nor destructive. Has been sleepless & irritable. - Has not been intemperate nor has he habitually used narcotics. Received wound scalp - wound of head ten years ago. Now complains of pain in head, and rubs it a good deal. Has been 30 days in jail. - Don't know - Cause of disease. Is not known to have been under treatment. On personal examination, is excitable when the "Schneider matter" is brought up. Does not seem to care that he is now in Sheriff's charge; would rather be here than at large. Seems very indifferent. Appearance and manner at times excited and incoherent. He made an unprovoked attack on Wm Schneider about 2 months ago. He accuses people of talking evil of him &c.

June 5 June 5/93. Was admitted this afternoon; bodily condition quite dirty; no injuries or peculiarities observed.
" 6 June 6/93. Slept well, 8 hours, last night & was quiet. AM. Pulse 80. T 99 2. Is quietly - behaved. Walks about ward; works some. Went out walking 1 day. Talks quite sensibly & freely. Appetite good. Bowels
" 7 are constipated. No cough noticed. PM. Pulse 78. T 99. June 7/93. Slept 7 hours last night. Am. P 76 T 98 8. Makes no want quite well & willingly; goes out walking; talks freely; has a restless air about him. -
" 12 PM. P 74. T 98 7. June 12/93. During this week, patient has had a good appetite, normal pulse & tempe-
" 19 - rature & has slept well. Talks quite well; seems contented in a lazy dull way. June 19/93. During this second week, patient is noted as becoming excited & walking the hall frequently in an excited fashion. Does some little work, but has seemingly been growing more excitable. Appears in good health. Has continued
" 30 quiet & to rest & sleep well at night. Pulse taken daily, has continued normal. June 30/93. Appetite good; bowels somewhat constipated. Has no cough. Lungs sound onward. While on the ward, has a very restless air & manner, walking the hall most of the time. Even when outside with the rest, is very restless & uneasy. Apparently eats & sleeps well at night. Is seemingly contented here.
July 27/31 July 27/93. Was today visited by his brothers. July 31/93. Appetite still good; at times, complains of constipation. Still restless & uneasy. Does some work on ward. Talks freely, steadily in a rather careless, indifferent manner, though speaks interestedly when asked.
Aug 31/31 Aug 31/93. Has made considerable gain in flesh, the past month. Aug 21/93. Has complained of slight ill-feeling the past few days. Aug 31/93. Appetite good. Bowels are constipated at times. Talks freely. Does no work. Is in good physical health.
Sep 4/8 Sep 4/93. Pulse 78. T 99 2. Sep 8/93. Continues to gain in body-weight.
" 9 Sep 9/93. Was, today, permitted to go home, with his brother, on trial.

March 9/94 This patient was committed under law of 1893 recently declared unconstitutional. He was today retained under new Warrant — Entered in Vol 27 page 121. no 3367

and Medical History of Frank P. O'Brien

Mar 7 " 8 " 13 " 20 " 31 Apr 2 " 2 " 2 Ma Ju

Bowels constipated. Feb 15/94. Sleep continues very poor.

SICKNESS OF MR. Frank P. O'Brien
DIAGNOSIS.

Talking and Reading the greater part of the day

Appetite good. Bowels at present in good condition. Rests and sleeps well.

31 1 7 apl 1 7 2

9 a.m. Passage

Very noisy, disturbing the patient. Cries, talks & sings continually. Appetite good. Bowels regular. Sleeps & Eats well. (Weight 142½)

vings & cries, destroys his clothing, at times filthy in habits.

(p. 74 - Transfer Book.)

towels deliri- ted a bad t- like f the ets very onging, ch of day. ill- up es & noisy.

Restless + noisy, today. Bowels constipated. Feb 15/94 Sleep continues very broken

Adm 30/
3308

DETAILED HISTORY OF SICKNESS OF MR. Frank P. O'Brien.
DIAGNOSIS.

1894 C.2.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP AM	TEMP PM	
Feb 26	7	5	102	84					
27		5		84					Slept on an average Night from the 16th to 28th inc. 5½ hrs.
28	7	5	90	86					Crying all morning.
Mar 1	7	5	100						Visited by wife
2									" " " Weight 169 lbs
3	7	5	90	86					" " "
4	7	5	106	90					" " "
5	7	5	70	96					" " "
6	7	5	76	76					" " "
7	7	5	84	84					" " " Appears some brighter
8	7	5	74	88					Visited by wife.
9	7	5	104	84					
10	7	5	94	80					Appetite good. Bowels freely regular
11	7	5	100	84					
12	7	5	100	88					
13	7	5	102	88					Singing and crying nearly all day.
14	7	5	104	100					
15	7	5	98	96					Noisy and talking all the P.M.
16	7	5	102	108					Restless and noisy
17	7	5	114	96					Singing nearly all day
18	7	5	80	80					Restless and noisy all day.
19		5		90					
20	7	5	102	96					Singing and crying nearly all day.
21		5		76					
22	7	5	108	84					
23		5		88					
24	7	5	100	82		18			Quiet most of the time. Appetite good. Bowels not very good. Medication

" 1 Ad
" 12 Pm. P
" 19 rature + ra
week, patient
some little work, m
" 30 quiet + to rest + sleep w
good; bowels somewhat
has a very restless, air
the rest, is very restless + uneas

July 2/31 July 27/93. Was today visited by his
of constipation. Still restless + uneasy
rather careless, indifferent manner, though speaks interestedly when asked.

Aug 3/31 Aug 31/93. Has made considerable gain in flesh, the past month. Aug 21/93. Has complained of
" 31 slight ill-feeling the past few days. Aug 31/93. Appetite good. Bowels are constipated at times
Talks freely. Does no work. Is in good physical health.

Sep 4/8 Sep 4/93. Pulse 78. T(e) 99.2. Sep 8/93. Continues to gain in body-weight.
" 9 Sep 9/93. Was, today, permitted to go home, with his brother, on trial.

March 9/94 This patient was committed under "Law of 1893" recently declared unconstitutional.
He was today returned under new Warrant" — Entered in Vol 27 page 121. No 3307

Restless + noisy, today. Bowels constipated. Feb 15/94 Sleep continues very broken

" 1 Ad
" 12 Pm. P
" 19 rature + ra
week, patient
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sings + cries, destroys his clothing, at times filthy in habits.

(p. 74 - Transfer Book.)

1893 Thi

" 1 Ve

" 12 Pm. v

" 19 rature

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He was today returned under new Warrant — Entered in Vol 27 page 121, no 3307

appetite good. Bowels

no last night. Am. P 75

restless on about him. -

petite, normal pulse & tempe-

way. June 19/93. During this second

ly in an excited fashion. Does

. Appears in good health. Has continued

tinued normal. June 30/93. Appetite

Works sound on ward. While on the ward,

all most of the time. Even when outside with

eats & sleeps well at night. Is seemingly Contented &

July 31/93. Appetite still good; at times, Complains

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time

dese

on,

sings & cries, destroys his clothing, at times filthy in habits

(p. 74 - Transfer Book.)

13-287

7268

DETAILED HISTORY OF SICKNESS OF MR. Frank P. O'Brien
DIAGNOSIS.

1894 Ce 21

DATE	HOUR	PULSE		RESP.		TEMP		
Jany	AM	PM	AM	PM	AM	PM	AM	PM
9	7	5	72	70				
10	7	5	76	70				
11	7	5	80	82				
12	7	5	78	86				
13	7		74	86				
14	7	5	86	84				
15	7	5	80	72				
16	7	5	96	80				
17	7	5	100	78				
18	7	5	84	74				
19	7	5	84	72				
20	7	5	80	80				
21	7	5	86	84				
22	7	5	70	88				
23	7	5	70	88				
24	7	5	80	84				
25		5		96				

Appetite good — Bowels regular of late

talks of his money & property at times talks freely & rationally

Slept nightly from Feb 5th to 25th inc. on an average of 6 hours

Personal and Medical History of Frank P. O'Brien

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DETAILED HISTORY OF SICKNESS OF MR. Frank P. O'Brien.
DIAGNOSIS.

1894

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP. AM	TEMP. PM	
June 15		5		76					Came onward from B. 3.
16	7	5	84	80		20		98.4	
17	7	5	104	72					Quite unable getting out of bed, says he is looking for his wife
18	7	5	100	78					
19	7	5	96	76					Out of bed a number of times to-day. Very cross, struck at nurse.
20	7	5	81	66					
21	7		100						
22	7	5	70	62					Back bathed every day with Alcohol to prevent bed sores
23	7	5	80	62					
24	7	5	88	68					8 a.m. Bowels Costive. Gave enema of Soap Suds. Bowels moved but little. Very restless all day. 9 p.m. Complaining of pains in bowels. Gave enema of Soap Suds and glycerine. Bowels moved freely.
25	7	5	104	70					Slept Nightly from the 16th to 25th inc. on an average of 5 hours.
26	7	5	108	70					Very Restless all day and quite ugly at times.
27	7	5	80						
28	7	5	76	84					Visited by wife
29	7	5	81	82					
30	7	5	120	90					Continued getting out of bed.
31	7	5	92	70					
Feb 1	7	5	102	80					
2	7	5	104	76					Weight 152 lbs. Gave enema of Soap Suds and Glycerine. Bowels moved but little
3	7	5	94	78					Continued restless
4									Slept nightly from the 26th Feb. inc. on an average of 4½ hours
5	7	5	100	80					
6	7	5	112	84					Bowels Costive gave enema of Salts
7	7	5	116	82					Restless and noisy
8	7	5	90	80					

ly. Appetite good. Sleeps
7 hours last night. Ans. P.O
has a restless air about him. -
od appetite, normal pulse & tempe-
dull way. June 19/93. During this second
requently in an excited fashion. Does
table. Appears in good health. Has continued
as continued normal. June 30/93. Appetite
gh. Walks around ward. While on the ward,
he hall most of the time. Even when outside with
uietly seats & sleeps well at night. Is seemingly Contented &c.
ers. July 31/93. Appetite still good; at times, complains
y. Does some work on ward. Talks freely, steadily in a
rather careless, indifferent manner, though speaks interestedly when asked.
July 27/93. Was today visited
of constipation. Still restless &
Aug 3/93. Has made considerable gain in flesh, the past month. Aug 21/93. Has complained of
slight ill-feeling the past few days. Aug 31/93. Appetite good. Bowels are constipated at times
Talks freely. Does no work. Is in good physical health.
Sep 4/93. Pulse 78. T(e) 99.2. Sep 8/93. Continues to gain in body-weight.
Sep 9/93. Was, today, permitted to go home, with his brother, on trial.

March 9/94 This patient was committed under "Law of 1893" recently declared unconstitutional.
He was today returned under new Warrant" — Entered in Vol 27 page 121. No 3307

ings & cries, destroys his clothing, at times filthy in habits.
(p. 74 - transfer book.)

Personal and Medical History of Edward Shenner

1893

June 5
" 6
" 7
" 12
" 19
" 30

July 3/31

Aug 3/31

Sept 4/8
" 9

March 9/94 This patient was committed under law of 1893 recently declared unconstitutional. He was today retained under new Warrant — Entered in Vol 27 page 121. No 3302

Personal and Medical History of Frank P. O'Brien

from NO -

1894

Feb 7/15 Feb 7/94. Restless & noisy today. Bowels constipated. Feb 15/94. Sleep continues very poor.
" 18 Restless by day. Bowels constipated. Feb 18/94. Continues quite restless; talks a great deal.
" 23 Still confined to his bed. Feb 23/94. Has been sleeping, on the average, 6 hours each night, since last noted. Still very restless, by day; talking about his money, property etc. Frequently wanting to get out of bed (See nurse's record attached).-
" 24 Feb 24/94. This patient was committed here under the law of 1893 recently declared unconstitutional. He was today Taken out and Returned under "new Warrant" from Olmsted County.
" 28 Feb 28/94. Since 16th inst. has been sleeping, on the average, nightly, about 5 1/3 hours. Is still sick in bed. Has frequent Crying Spells. Is very marked Change of Face.
Mar 7 March 7/94. Has been daily visited by his wife, for the past week. Appears somewhat brighter, today;
" 8 and this has been the case while wife has been visiting him. March 8/94. Again visited by his wife.
" 13 March 13/94. Appetite Good; bowels fairly regular. Has been singing and crying, nearly all day.
" 20 March 20/94. During the past 5 days, he has been restless, noisy, singing & crying nearly all of each day.
" 31 March 31/94. Continues noisy & restless the greater part of the time. Has frequent "crying spells" - Is still sick & confined to his bed. Appetite is good; & bowels, at present, are in good condition.
Apl 2 April 2/94. Has been very noisy, today; disturbing the other patients by his continual talking and
" 21 singing, of late. Was, today, transferred to 2B3. April 21/94. Is, almost nightly, restless & noisy, for from 5 to 6 hours, sleeping only 3 or 4 hours, each. Is also very restless, by day; does not stay in bed; but wanders about aimlessly in his room, all the day & is also quite noisy, at times.
" 27/30 April 27/94. Is up & about ward today. April 30/94. Appetite good; bowels regular. Behavior does not improve any; he is very noisy & singing, a good deal of the time. Talks in a very low tone of voice; is very difficult to understand. Shows delusions. Habits are clean, at present.
May 1 Weight 170 3/4 lbs. p. 106 - 6th restless 6 hours, slept 3. 10th restless & noisy 5 hours, slept 4 hours.
16th slightly noisy & has 16th slightly noisy & restless & has slept 2 hours. 19th slightly noisy & restless & has slept - & has 22nd " " 7 " " 2 " 22nd " "
" 7 " " 2 " 23rd " " 6 " " 3 " 24 " "
" 6 " " 3 " 27th " " 6 " " 3 " 28 " "
" 6 " " 3 " 30th the same as - 28th. 31st appetite fairly good bowels
apparently regular. behavior restless; always working about on hall. has delusions. habits clean, does no work. June 1st slept 4 hours, restless 5. June 2nd
June weight - 171 lbs. p. 106. 3rd restless 6 hrs, slept 3. June 6th same as last note 7th had a bad spell this P.M. & was put to bed. 8th Much improved this morning & is about the ward. slept - 1 hrs. restless 8 hrs. 9th slept 3 hrs, restless 6, O.K. this morning. 11th & 18th same as first of mo. 15th Apparently getting worse, had a bad spell to day. gets very weak & cant walk. up to 18th increasing restlessness - 18th goes about ward crying, appears to be in pain, appetite poor, bowels regular. 24th Still restless much of time, sleeps about 2 hours, appears to be growing weaker, stayed in bed to day, destroys his clothing. 27th about the same, slept - 5 hrs night before last. up on ward to day. 30th Appetite fairly good, bowels regular, behavior restless & noisy, sings & cries, destroys his clothing, at times filthy in habits.

(p. 74 - Transfer Book.)

Personal and Medical History of Thomas Grady

Whole No. 3383.

Residence, unknown.

Date Admission, 6th June 1893

Admitted by Dr. Phelps Hour, 11 1/4 A.M.

How Sent, A.L. Buck, Supt, Ionia County

Sex, Male

Age, about 27.

Civil Condition, not known

Children, Not known

Age Youngest Child, —

Occupation, Not known

Degree Education, very little

Profession Religion, Yes; Catholic.

Habits, unknown

Nativity, Says in Wales (parents there, also)

Physicians Committing, J.B. McCaughey and J.S. Tracy

Correspondents, Says he has relatives in Scranton Penn. but can't give names etc



No. for Year, 275.

Insane Relatives, no history of these

Cause Exciting, none known

Cause Predisposing, unknown

Form, Mania Acute

Accompanying Bodily Disorder, unknown

Suicidal or Not, not known

Date of this Attack, not known

Duration, not known

No. of Attack, not known

No. of Admissions, 1st

Age First Attack, not known

Time of Leaving, Jany. 21. 94

Time in Hospital, 7 mos 15 days

Result, Improved

Crossed off from Absentee List, April 1st, 1891, because illegally committed.

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps, June 9/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, quick

MEMORY:

Past Events, seems good;

Recent Events, seems good, but probably somewhat impaired.

Special Subjects,

PERCEPTIVITY:

Alert or Dull, somewhat dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Quite poor.

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Was in St. Peter Asylum 7 or 8 months ago - thinks he was there about 8 months - Was dark some, but very little lately; He thinks that his wandering about is the cause of his being put in Asylums. Admitted also getting confused in, as he says, wandering about.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None of definite form noted, although admitted that in Ionia people seemed enemies to him - Dont care much up.

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None noted

ILLUSIONS: " "

CONVERSATION: Shows a state of mind rather confused & blurred; a careless, dull wandering talk, with only a half-realization of his own situation & with seemingly no care for, or appreciation of, what he does.

Personal and Medical History of Thomas Grady

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ WEIGHT, 138 pds. NUTRITION, Fairly Good.

WOUNDS OR ABNORMALITIES, Scar from severe burn on left wrist.

TONGUE, Tremors, some Coatings, ✓ Promptness Movement, Quite prompt

PUPILS, Equality, unequal - left larger Size, about normal

Response Light, Yes Accommodation,

SIGHT, probably, a little short sighted

HEARING, seems good

CO-ORDINATION, Arms, finger to nose, eyes shut, quite good.

Legs, standing on foot, quite good. Standing, eyes shut, quite steady.

TREMORS, Hands, none noticed Tongue, none

Facial Muscles, General, none

REFLEXES, Patellar, equal - about normal.

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, about normal.

SENSIBILITY,

HEART, Sounds good

LUNGS, Sound good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Record kept 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 dead.

Father or Pat. Relations, Father living; claims healthy

Brothers or Sisters, claims all are healthy.

1893

This patient was brought here by J. T. Gay, a Sheriffs' officer, with the following history. He is in apparently fair physical condition. History is very meagre. Residence, occupation, Consanguinity, Insane relatives, No. of attack, when 1st symptoms were manifested, disposition to injure, Suicidal propensity, peculiarities previously, habits, bodily disorder or disease, supposed Cause; nothing appears else known in any of these points. Suicide is probably stationery. Of rational interval, none since his confinement in Jail for 2 days. Derangement is now manifested, by his thinking he has committed a crime - Wanders aimlessly about the Streets; can give no history of himself; talks incoherently. Is disposed to filthy & destructive habits. Has not been under treatment, so far as known. On personal examination, he is filthy. Answers questions differently at different times - Talk is incoherent. Does not know where he has spent the last few months. Manner is listless and appearance was utterly lacking in intelligence - Patient was found by officers in bare walking in Stocking feet and acting as if insane. Is deemed irresponsible.

June 6 June 6/93. Was admitted this morning; was put on B3. — Pulse 100. T(a) refused. When seen at bath, left Ear is found partially bitten off, (he says in a fight). Has a scar on left wrist, caused by acid poured on it by one of his friends, so that he (patient) would receive sympathy when out begging. Tried to escape, while out
" 7 walking with ward, this afternoon. June 7/93. Quiet, sleeping 8 hours last night. Am. Pulse 84. T(a) still refused. Is very restless to day; walking the floor most of the time; looks wild & seems afraid to talk. Laughs a good deal to himself. When addressed sometimes, will not answer, but walks away. Appetite is
- 8 fairly good. Pm. Pulse 102. T(a) - still refused. June 8/93. Was noisy, 2 hours or so, last night, but
- 9 slept 7 hours. Am. Pulse 98. June 9/93. Restless for 4 hours, sleeping but 5, last night. Am. Pulse 88. -
" 10 Is very restless to day; walking the hall & laughing to himself. Pm. Pulse 72. June 10/93. Last night, was
" 11 restless for 3 hours, sleeping 6 hours. Am. Pulse 68. Pm. Pulse 62. June 11/93. Slept 6 hours last night. -
" 12 Am. Pulse 74. Pm. Pulse 78. June 12/93. Appeared to sleep fairly well, last night. Am. Pulse 82. Seems to be somewhat better than at time of his coming; is more quiet; does not now walk the hall so much.
Does not enter into conversation with any one, simply answers questions & greetings. Appetite good; bowels normal.
" 13/14 June 13/93. Slept 7 hours last night. Pulse, taken twice to day, normal. June 14/93. Is talking a good deal about going away. "Says he has been confined in the St. Peter Hospital, about 7 or 8 months - that they sent him away
" 20 about a year ago." June 20/93. Has been quite quiet during this week. Pulse & Temperature have been normal.
" 30 Health good. Condition, apparently, somewhat Chronic in Character. June 30/93. Patient straightened up right away when he came in, but, of late, has been depressed, and says "this is his punishment for not having led a better life". Occasionally he will go in to a room & begin to Cry. Seems to have had some trouble over some love affair and religion. Appetite is fairly good and bowels are regular. Works some on the ward. Always willing to do anything asked of him. Is worrying a good deal about getting out of here, as it is apparent he will have to stay all summer. -
July 1 July 1/93. Tore a picture off the wall and dashed it on to the floor, breaking picture to pieces.
" 3 Has also been very restless & somewhat noisy to day. July 3/93. Restless 4 hours or so, last night.
" 4 July 4/93. Has been extremely noisy & throwing fight to day. Had to put him in a single
" 5 room, at bed time, to night. July 5/93. Was given hypnotic, but slept only 3 hours, last night.
" 6/7 July 6/93. Was again given hypnotic & slept 8 hours, last night. July 7/93. Was noisy all last night but did not sleep any. Was secluded for a while yesterday & the day before. Is some better this morning & not so noisy. Has been quite typically, in an acute, exaltes state - To day,

NAME Thomas Grady

DATE, 189 3	Weight.	Pulse.	Gain.	Loss.
July 1st	141	130	3	
Aug 1st	147½	86	6½	
Sept 2d	140	92		7½
Oct 2d	141	96	1	
Nov 1st	149½	100	8½	
Dec 4th	146½	98		3
Jany 2d 1894	151	90	4½	

w flushed. Ideas tumultuous & confused. July 8/93. Was slightly
ly 9/93. Noisy 6 hours or so, last night. July 10/93. Very restless during
o. Slept only about 4 hours. July 11/93 Restless for 7 hours, last night.
, last night; talking at times, but not loudly. Is somewhat better,
ed & bewildered ideas. Appetite is good, at present; for about a week,
spell, he did not eat anything & was also destructive. Habits clean.
July 12/93. Last night, was restless for 3 hours or so, but
for 5 hours last night, out of bed often, sleeping but 4 hours. —
date & up to the 25th inst, patient's rest & sleep at night continued poor;
e nights, frequently out of bed. Sleeping only from 3 to 5 or 6 hours,
s been more quiet restful & has slept 7 or 8 hours each night.
ut of the 'more active & spell' above referred to, & has since been
s he acts foolishly, 'laughing' a good deal to himself, at times.

in flesh, the past month. Aug 15/93. Ideas confused. Is very
Foolish - acting - Habits Clean. Health good. Aug 23/93. Has
ten part of the past 3 nights & has slept very poorly. Aug 29/93. Very
o, has had to be watched very closely all day; would jump up
. Imagines he is taking part in some tragedy. Noisy every night
Sep 7/93 Sep 1/93. Lost 7½ pounds in weight, the past month. Cause not apparent. Sep 12/93. Noisy restless
nearly every night since Augt 20th last - During the day he has also been very noisy restless,
& occasionally violent & has had to be put in a single room in C3 - Requires constant and
- 30 close watching or he gets into trouble with the other patients. Sep 30/93. Has improved some
in the past week & is not now so noisy as before. Talks quite rationally. Still restless,
& walks the floor a good deal. Habits clean.
Oct 3 Oct 3/93. Struck & gave a black eye to, a fellow patient (Wm Brown). Has been very restless & noisy
the past few days. Will sing & go through some of Shakespeare's Works, especially, Richard III; —
thinking that he is taking part in it. Has not been so frequently noisy at night, of late. —
" 31 Oct 31/93. Appetite good; bowels regular. Has improved very much of late, and is now quite
Nov 1 rational. Talks sensibly and is well - behaved. Habits clean. Nov 1/93. Wt 149½ lbs. Pulse 100
Nov 12 Nov 12/93. For past week or so, patient has noisy & restless for from 6 to 7 hours each night, sleeping
only from 1 to 3 hours. By day, also, has occasionally been restless & noisy: also quarrelsome
" 30 striking other patients. Nov 30/93. Appetite good. Bowels regular. Sleep & rest, at night,
have been much better, of late. At present is a very quiet & well - behaved patient. Talks quite
rationally & attendant seems to think him all right. Habits clean & neat.
Dec 4 Dec 4/93. Wt 146½ lbs. Pulse 96. Is again somewhat noisy by day; sings a good deal; quarrels
" 7 with & quite often strikes the other patients. Dec 7/94. Has been restless & noisy nearly all night
each of past 3 nights; sleeping only one or two hours each. Last night, patient was quite
ugly & pugnacious, striking the night nurse also one of the attendants, making them quite busy.
" 9 He was moved to C3. Dec 9/93. Continues more or less restless & noisy, at night, sleeping poorly.

(Carried to 254)

1893

This patient was brought here by [illegible]
apparently fair physical condition.
Insane relatives, no. of attacks, when 1st Syn
-city, peculiarities previously, habits, bodily
or any of these points. Insane is probably state
for 2 days. Derangement is now manifested, by
about the streets; can give no history of himself;
Has not been under treatment, so far as known. On
differently at different times - Talk is incoherent. De
Manner is listless and appearance was utterly lacking
Were walking in stocking feet and acting as if insane. Is deemed irresponsible.

June 6 June 6/93. Was admitted this morning; was put on B3. — Pulse 100. T(o) refused. When seen, at bath, left Ear is found partially bitten off, (he says in a fight). Has a scar on left wrist, caused by acid poured on him by one of his friends, so that he (patient) would receive sympathy when out begging. Tried to escape, while out walking with ward, this afternoon. June 7/93. Quiet, sleeping 8 hours last night. Am. Pulse 84. T(o) still refused. Is very restless to day; walking the floor most of the time; looks wild & seems afraid to talk. Laughs a good deal to himself. When addressed sometimes, will not answer, but walks away. Appetite is
" 8 fairly good. Pm. Pulse 102. T(o) - still refused. June 8/93. Was noisy 2 hours or so, last night, but
" 9 slept 7 hours. Am. Pulse 98. June 9/93. Restless for 4 hours, sleeping but 5, last night. Am. Pulse 88. -
" 10 Is very restless to day; is walking the hall & laughing to himself. Pm. Pulse 72. June 10/93. Last night, was
" 11 restless for 3 hours, sleeping 6 hours. Am. Pulse 68. Pm. Pulse 62. June 11/93. Slept 6 hours last night. -
" 12 Am. Pulse 74. Pm. Pulse 78. June 12/93. Appeared to sleep fairly well, last night. Am. Pulse 82. Seems to be somewhat better than at time of his coming; is more quiet; does not now walk the hall so much. Does not enter into conversation with any one, simply answers questions & greetings. Appetite good; bowels normal.
" 13/14 June 13/93. Slept 7 hours last night. Pulse, taken twice to day, normal. June 14/93. Is talking a good deal about going away. "Says he has been confined in the St. Peter Hospital, about 7 or 8 months - & that they sent him away
" 20 about a year ago." June 20/93. Has been quite quiet during this week. Pulse & Temperature have been normal.
" 30 Health good. Condition, apparently, somewhat chronic in character. June 30/93. Patient straightened up right away when he came in, but, of late, has been depressed, and says "this is his punish-
-ment for not having led a better life". Occasionally he will go in to a room & begin to cry. Seems to have had some trouble over some love affair and religion. Appetite is fairly good and bowels are regular. Works some on the ward. Always willing to do anything asked of him. Is worrying a good deal about getting out of here, for afraid he will have to stay all summer. -
July 2 July 2/93. Tore a picture off the wall and dashed it on to the floor, breaking picture to pieces.
" 3 Has also been very restless & somewhat noisy, to day. July 3/93. Restless 5 hours or so, last night.
" 4 July 4/93. Has been extremely noisy & showing "fight" to day. Had to put him in a single
" 5 room, at bed time, to night. July 5/93. Has given hypnotic, but slept only 3 hours, last night.
" 6/7 July 6/93. Was again given hypnotic & slept 6 hours, last night. July 7/93. Was noisy, all last night
and did not sleep any. Was secluded for a while yesterday & the day before. Is some better
this morning & not so noisy. Has been quite typically in an acute exalted state - To day,

July 8 tries to "rhyme" his talk. Face flushed. Ideas tumultuous & confused. July 8/93. Was slightly
" 9/10 noisy for 4 hours last night. July 9/93. Noisy 6 hours or so, last night. July 10/93. Very restless during
" 11 the night. Sat up in bed & talked. Slept only about 4 hours. July 11/93 Restless for 7 hours, last night.
" 14 July 14/93. Was restless for 6 hours, last night; talking at times, but not loudly. Is somewhat better, although he has yet some confused & bewildered ideas. Appetite is good, at present; for about a week, while being in the worst of his spell, he did not eat anything & was also destructive. Habits clean.
" 15 Has gained slightly in flesh. — July 17/93. Last night, was restless for 3 hours or so, but
" 17 slept 6 hours. July 17/93. Noisy for 5 hours last night, out of bed often, sleeping but 4 hours. —
" 31 July 31/93. Down the last mentioned date up to the 25th inst, patient rest & sleep at night continued fair; he being restless & noisy for some nights, frequently out of bed. Sleeping only from 3 to 5 or 6 hours, a night. Since that date he has been more quiet & restful & has slept 7 or 8 hours each night. Has seemed to have now come out of the "more active spell" above referred to & has since been somewhat better behaved, though he acts foolishly, laughing a good deal to himself, at times. Is very restless & uneasy.

Aug 1/2 Aug 1/93. Has gained some in flesh, the past month. Aug 15/93. Ideas confused. Is very
" 23 restless, never sitting down. Foolish - acting - Habits clean. Health good. Aug 23/93. Has
" 24 been extremely noisy & restless the greater part of the past 3 night & has slept very poorly. Aug 24/93. Very noisy & restless, all last night. Also, has had to be watched very closely all day; would jump up & down, keeping his arms going. Imagines he is taking part in some tragedy. Noisy every night

Sep 1/2 Sep 1/93. Lost 7½ pounds in weight, the past month. Cause not apparent. Sep 17/93. Noisy restless
" 30 nearly every night since Aug 20th last - During the day he has also been very noisy restless, & occasionally violent & has had to be put in a single room as C3. Requires constant and close watching or he gets into trouble with the other patients. Sep 30/93. Has improved some in the past week & is not now so noisy as before. Talks quite rationally. Still restless, & walks the floor a good deal. Habits clean.

Oct 3 Oct 3/93. Struck & gave a black eye to a fellow-patient (Wm Brown). Has been very restless & noisy
" 31 the past few days. Will sing & go through some of Shakespeare's works, especially, Richard III; — thinking that he is taking part in it. Has not been so frequently noisy, a night, of late. —
Nov 1 Oct 31/93. Appetite good; bowels regular. Has improved very much of late, and is now quite
Nov 12 rational. Talks sensibly and is well - behaved. Habits clean. Nov 1/93. Wt 149½ pds. Pulse 100
" 30 Nov 12/93. For past week or so, patient has noisy & restless for from 6 to 7 hours each night, sleeping only from 1 to 3 hours. By day, also, has occasionally been restless & noisy: also quarrelsome, striking other patients. Nov 30/93. Appetite good. Bowels regular. Sleep exact, a night, have been much better, of late. At present is away quiet & well - behaved patient. Talks quite rationally & attendant seems to think him all right. Habits clean & neat.

Dec 1 Dec 1/93. Wt 146½ pds. Pulse 96. Is again somewhat noisy by day; sings a good deal; quarrels
" 7 with & quite often strikes the other patients. Dec 7/94. Has been restless & noisy nearly all night
" 9 each of past 3 nights; sleeping only one or two hours each. Last night, patient was quite ugly & pugnacious, striking the night nurse also one of the attendants, marking them quite badly. He was moved to C3. Dec 9/93. Continues more or less restless & noisy, a night, sleeping fairly.

(Carried to 254)

Personal and Medical History of Elmer Louis Eckert

Whole No. 3365.

Residence, 420 Washington Ave No. Minneapolis

Date Admission, 6th June 1893

Admitted by Dr. Moore Hour, 1 P.M.

How Sent, John A. Steele, Jof P, Hennepin Co.

Sex, male

Age, 16 years (Feby 4/93).

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, none

Degree Education, limited; was excelled from school nice

Profession Religion, Roman Catholic

Habits, probably not very good.

Nativity, New London Wis. (Father in Germany, mother Appleton Wis).

Physicians Committing, C. K. Bartlett & C. M. Koster.

Correspondents, Mrs Minnie Eckert (widow) 420 Wash Ave No. Duplo

No. for Year, 277.

Insane Relatives, Father intemperate, excitable & wasteful.

Cause Exciting, not definitely stated

Cause Predisposing, not stated

Form, Paranoiac Insanity

Accompanying Bodily Disorder, attacks of falling down & Nocturnal Incontinence

Suicidal or Not, Threatened it

Date of this Attack, about 3 years ago

Duration, seems continuous since

No. of Attack, 1st - Continuous

No. of Admissions, 1st

Age First Attack, about 13 years.

Time of Leaving, Oct 12" 93

Time in Hospital, 3 mos, 18 ds.

Result, Recovered

Evelyn D. Phelps, June 7/93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, very sluggish

MEMORY:

Past Events, 2

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects, probably considerably misdirected; does not think enough to test on

Own Mental State, all points. —

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Has had "dizzy spells" a good many times headache within the past year. Headaches come after the "dizzy spell" but do not last long. Has the idea that some nerves are after him to do him harm. "Don't know what made him sick so." He tells of headache preceding these "dizzy spells" - the whole lasting several hours, but is unable to give any detailed or accurate account of the same - In appearance is very slight. Has a somewhat perverted position of the body. Is rather poorly nourished. Hangs his head in a depressed way, & appears generally rather dull.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, & dull

DELUSIONS:

Systematized or Not, obstructed - admits, however,

Special Subjects, being afraid, in an

Transitory or Not, indefinite way. —

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Acts afraid & is unwilling to talk

Coherent or Incoherent, mind seems to be occupied

Voluble or Reticent, by some fear or oppression.

In this form it would be denominated melancholia, although the general indications are those of a progressive mental weakness or dementia.

Personal and Medical History of Elmer Louis Eckert

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet WEIGHT, 82½ lbs. NUTRITION, not very good.

WOUNDS OR ABNORMALITIES, probably none.

TONGUE, Tremors, ~~none~~ Coatings, none Promptness Movement, prompt.

PUPILS, Equality, Equal Size, slightly dilated

Response Light, fairly good Accommodation, fairly good

SIGHT, Good

HEARING, Good

CO-ORDINATION, Arms,

Legs, Standing on foot, good: Standing, Eyes shut, good.

TREMORS, Hands, slight Tongue, none

Facial Muscles, General, none. —

REFLEXES, Patellar, Equal — q. Dr. P's Scale —

Other Reflexes,

ARTICULATION, ~~Hesitating,~~ fair ~~Slurred,~~

FACIAL EXPRESSION, Fair

SENSIBILITY,

HEART, seems good

LUNGS, seem good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, yes Careless,

BOWELS, Normal, probably Constipated, Irregular,

APPETITE, Good, most of the time. Medium, Poor,

SLEEP, Good, Yes 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 living - says not healthy; don't know what is the matter.

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Elmer Louis Eckert.

1893 This boy was brought here by Deputy Sheriff Louis Maisch, with the following history. No history of parents or grandparents relationship. Father, however, was intemperate, excitable & sinful. This is 1st attack, and it has been continuous; patient has not been under any hospital treatment. First symptoms were manifested about 3 years ago; he began to be stubborn and have attacks of falling down & becoming unconscious, at irregular intervals. Disease appears to be growing worse. Derangement is now shown, on no particular subject, but is said to be afraid some one will injure him; avoids company and will hide if he hears or sees anyone coming. Has shown no disposition to injure others. Has threatened suicide, with a knife. Has destroyed clothing, at times. Was badly scalded when a child, about 10 months old. Has not been restrained or confined. Cause of disease unknown, except as above stated. His found on personal Examination, patient is not so well developed, physically, mentally, as the average boy of his age. - (at proper time, transfer to School for Defectives recommended.) - He would not talk while under examination. Tried to escape. Appeared stupid, indefferent & afraid. Cannot be Controlled at home.

June 6 June 6/93. Was admitted this evening. Put on Ct. Pulse 90. Bodily Condition good; no injuries or peculiarities noted.

" 7 June 7/93. Slept fairly well last night. Am. Pulse 90. Is quietly behaved; fairly clean & tidy. Seems afraid. Talks none. No delusions or hallucinations detected. Appetite is good; bowels regular. Has

" 8 no cough. Complains some of headache. June 8/93. When examined in office, yesterday - seemed to be afraid; unwilling to talk; & it was with difficulty that anything could be learned of, or from, him. Mental State was very sluggish & confused. 7 Am. Pulse 76. Passed a fairly restful night. Is very quiet; says nothing unless first addressed or questioned; Weight today, 82½ pounds. 5 Pm Pulse 88. —

" 9 June 9/93. Went out walking today. Am. Pulse 88. Pm. Pulse 66. Says he is lonesome - "there are

" 10 no other boys to play with; does not like it, there". June 10/93. Today, says "he likes the place" - talks

" 11 more freely & seems more contented. 8 Am. Pulse 82. Pm. Pulse 78. June 11/93. Has commenced to work in dining-room. 5 Pm. Pulse 78. Pm. Pulse 76. Continues quiet & well behaved. —

" 12 June 12/93. Goes out walking with his ward. Appears bright & active. Am. Pulse 90. Pm. Pulse 100.

" 13 June 13/93. Complains of headache on retiring at night. Am. Pulse 94. PM. Pulse 78. Is quiet.

" 20 June 20/93. Weight 93 pounds (a gain of 10½ pounds). Pulse has continued for the most part, normal, only on 2 or 3 days being slightly accelerated. Sleep & rest at night have been uniformly good. This past week, patient has been healthy; no fever; no symptoms. Has grown brighter since his coming. Walks about and takes interest. Has a queer, half-bashful, reserved

" 30 way. Is somewhat weak-minded in character. June 30/93. Patient seems brighter & is more active. Habits are good & bowels regular. Appetite also good. Talks & converses freely now. No cough noticed. Sleep & rest at night are both good. Goes out walking regularly & also does some work on the ward. Has received no visits. Patient has "spells" when he thinks of home & then cries. Reads a great deal.

July 10 July 10/93. Complains of headache. Appetite good. Bowels normal. Is full of tricks; likes to be playing jokes on some one. Wrote a letter to his mother, today. Is rather despondent or homesick, of late; though brighter evidently

" 14 than on coming here. July 14/93. Is feeling badly today; perhaps on account of not hearing from his mother.

" 17 July 17/93. Received a letter from his mother today. Says "he wants to go home". July 22/93. Is interested in

" 20 making chair - chairs & spends a good deal of his time at this work. July 25/93. Appetite good; bowels regular. Again wrote home, today. Has talked quite rationally & has been quiet & well-behaved since coming

" 28/30 upon the ward. July 28/93. Has complained of headache all the afternoon. July 30/93. Patient continues to be

NAME Elmer Louis Eckert

DATE. 1893	Weight.	Pulse.	Gain.	Loss.
June 6th	82½	—	-	
" 20th	93	—	10½	
July 1st	95	—	2	
Aug 3d	95	—	—	
Sept 8th	101		6	
Oct 4th	102½		1½	

CHESS OF MR. Elmer Louis Eckert
DIAGNOSIS.

TEMP
PM.

Cause on ward
Very quiet. Says nothing unless spoken to
Enjoys the [illegible] talks and seems contented
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
Can see very little change from day to day.
Weight 95 lbs.
[illegible]
[illegible]
Weight 95 lbs.
Both [illegible]
Crying - wanting to go home - this seems
[illegible]
[illegible]
[illegible]
[illegible]

Discharged —

From 1/12. John. R. Young.

1900
July 31 July 31. Habits very slovenly. Inactive: grooming more thoroughly desired.
Dec 6 Visited by sister. Jany 31/03. Very inactive: destructive and untidy: health fair:
1903
Jan 31 Constantly talking, incoherently, to himself. —

Personal and Medical History of Elmer Lou

1893 This boy was brought here by Deputy Sheriff Louis Maisch, with the parents' or grandparents' relationship. Father, however, was intemperat and it has been continuous; patient has not been under any such manifested about 3 years ago; he began to be stubborn and h unnecessary, at irregular intervals. Disease appears to be ge on no particular subject, but is said to be afraid some one hide if he hears or sees anyone coming. Has shown no with a knife. Has destroyed clothing, at times. No Has not been restrained or confined. Cause of disease un

Examination, patient is not so well developed at proper time, transfer to School for Defectives recom tried to escape. Appeared stupid, indifferent to say

June 6 June 6/93. Was admitted this evening. Put on Ct.

" 7 June 7/93. Slept fairly well last night. Am. Pulse 90. Is fea afraid. Talks none. No delusions or hallucinations detected. C no cough. Complains some of headache. June 8/93. When examined, a afraid; unwilling to talk; it was with difficulty that anything could be State was very sluggish & confused. 7 Am. Pulse 76. Passed a fairly restful night. Is very quiet; says nothing unless first addressed or questioned; weight today, 82½ pounds. 5 Pm Pulse 88.

" 9 June 9/93. Went out walking today. Am Pulse 68. Pm. Pulse 65. Says he is lonesome - "there are

" 10 no other boys to play with; does not like it here". June 10/93. Today, says he likes the place - talks

" 11 more freely & seems more contented. 8 Am. Pulse 82. Pm. Pulse 78. June 11/93. Has commenced to work in dining-room. 8 Am. Pulse 78. Pm. Pulse 76. Continues quiet & well behaved.

" 12 June 12/93. Goes out walking with his ward. Appears bright & active. Am. Pulse 90. Pm. Pulse 100.

" 13 June 13/93. Complains of headache on retiring at night. Am. Pulse 94. Pm. Pulse 78. Is quiet-

" 20 June 20/93. Weight 93 pounds (a gain of 10½ pounds). Pulse has continued for the most part, normal, only on 2 or 3 days being slightly accelerated. Sleep & rest at night have been uniformly good. This past week, patient has been healthy; no fever; no symptoms. Has grown brighter since his coming. Looks about and takes interest. Has a queer, half-bashful, reserved way. Is somewhat weak-minded in character. June 30/93. Patient seems brighter & is more active. Habits are good & bowels regular. Appetite also good. Talks & converses freely now. No cough noticed. Sleep & rest at night are both good. Goes out walking regularly & also does some work on the ward. Has received no visits. Patient has "spells" when he thinks of home & then cries. Reads a great deal.

July 10 July 10/93. Complains of headache. Appetite good. Bowels normal. Is full of tricks; likes to be playing jokes on some one. Wrote a letter to his mother today. Is rather despondent or homesick of late; though brighter evidently than on coming here. July 14/93. Is feeling badly today; perhaps account of not hearing from his mother.

" 17 July 17/93. Received a letter from his mother today. Says "he wants to go home". July 22/93. Is interested in

" 25 making chairs - chairs & stools a good deal of his time at this work. July 25/93. Appetite good; bowels regular. Again wrote home, today. Has talked quite rationally & has been quiet & well-behaved since coming

" 28/30 upon the ward. July 28/93. Has complained of headache all the afternoon. July 29/93. Patient continues to

Personal and Medical History of Elmer Louis Eckert

DETAILED HISTORY OF SICKNESS OF MR. Elmer Louis Eckert
DIAGNOSIS.

DATE	HOUR A.M.	HOUR P.M.	PULSE A.M.	PULSE P.M.	RESP. A.M.	RESP. P.M.	TEMP A.M.	TEMP P.M.
1893 June 5		7						
6		5:00		90				
7			76	68				
8	7	5	78	60				
9	7	5	82	76				
10	7	5	78	76				
11	7	5	90	100				
12	7	5	94	78				
13	7	5	76	72				
14	7	5	78	76				
15	7	5	84	70				
16	7	5	74	60				
17	7	5	92	90				
18	7	5	94	86				
19	7	5						
20			106	88				
21	7	5	80					
22								
23								
July 5								
6								
9								
10								

Cause on ward
Very quiet. Says nothing unless spoken to
Lives he likes the place. Talks more. Seems contented
Writes home about once a week. Is seen walking
peculiarities noted.
tidy. Seems
regular. Has
y - Seemed to be
f, or from, him. Mental
Can use very little changes for a few days to day.
Weight 93 lbs
Seems cheerful, healthy & in quite
Weight 95 lbs.
Bath
Crying - wanting to go home - does not seem
Discharged

From 112

John. R. Young.

1901
July 31 July 31. Habits very slouchy. Inactive: growing more thoroughly shiftless.
Dec 16 Visited by sister. Jany 31/03. Very inactive: destructive and untidy: health fair:
1903 Jan 31 Constantly talking, incoherently, to himself. —

1893

with a
Has not been seen.
Examination, patient a
for proper time, transfer to School for
Tried to escape. Appeared stupid, indiffer
June 6 June 6/93. Was admitted this evening. Put on peculiarities noted.
" 7 June 7/93. Slept fairly well last night. Am. dy. Seems
afraid. Talks some. No delusions or hallucination egular. Has
" 8 no cough. Complains some of headache. June 8/93. When Seemed to be
afraid; unwilling to talk; & it was with difficulty that anything co from him. Mental
State was very sluggish & confused. 7 Am. Pulse 76. Passed a fairly rest t. Is very quiet;
says nothing unless first addressed or questioned; Weight, today, 82½ pounds. 5 Pm. Pulse 88. —
" 9 June 9/93. Went out walking today. Am Pulse 88. Pm. Pulse 65. Says he is lonesome — "there are
" 10 no other boys to play with; does not like it, here". June 10/93. Today, says "he likes the place" — talks
" 11 more freely & seems more contented. 8 Am. Pulse 82. Pm. Pulse 78. June 11/93. Has commenced to
work in dining-room. 8 Am. Pulse 78. Pm. Pulse 76. Continues quiet & well behaved. —
" 12 June 12/93. Goes out walking with his ward. Appears bright & active. Am. Pulse 90. Pm. Pulse 100.
" 13 June 13/93. Complains of headache & retiring at night. Am. Pulse 94. Pm. Pulse 78. Is quiet
" 20 June 20/93. Weight 93 pounds (a gain of 10½ pounds). Pulse has continued, for the most part,
normal, only on 2 or 3 days being slightly accelerated. Sleep & rest at night have been uni-
formly good. This past week, patient has been healthy; no fever; no symptoms. Has grown
brighter since his coming. Looks about and takes interest. Has a queer, half-bashful, reserved
" 30 way. Is somewhat weak-minded in character. June 30/93. Patient seems brighter & is more active.
Habits are good & bowels regular. Appetite also good. Talks & converses freely now. No cough noticed. Sleep & rest
at night are both good. Goes out walking regularly & also does some work on the ward. Has received two visits.
Patient has "spells" when he thinks of home & then cries. Reads a great deal.
July 10 July 10/93. Complains of headache. Appetite good. Bowels normal. Is full of tricks; likes to be playing jokes
on some one. Wrote a letter to his mother, today. Is rather despondent or homesick, of late; though brighter evidently
" 14 than on coming here. July 14/93. Is feeling badly today; perhaps on account of not hearing from his mother.
" 17 July 17/93. Received a letter from his mother today. Says "he wants to go home". July 22/93. Is interested in
" 20 making chair-chains & spends a good deal of his time at this work. July 27/93. Appetite good; bowels
regular. Again wrote home, today. Has talked quite rationally & has been quiet & well-behaved since coming
" 25/30 upon the ward. July 25/93. Has complained of headache all the afternoon. July 30/93. Patient continues to be

Personal and Medical History of Elmer Louis Eckert

1893
July 30 (contd) quite bright & active, though, at times, gives way to slight despondency, seeming homesick. Is, however, apparently contented here. Habits have always been clean; has been neat & tidy in appearance. Rest and sleep at night have been quite good. Appetite good & bowels normal. He has been complaining somewhat of headaches, from time to time. Writes a few letters & reads a good deal. Is full of boyish tricks & jokes. He is in good physical health & has gained considerably, in flesh, since coming here.
Aug 8/15 Aug 8/93. Complains of headache, today. Aug 15/93. No material change can be noticed, from day
" 24 to day. Is now quite bright, smart & active. Works some onward. Appetite good. Makes no com-
plaints of any kind, except of headaches, at times. Aug 24/93. Again complains of his
head aching today. Appetite is good: bowels regular.
Sep 21/23 Sep 21/93. Complains of his throat being sore. Sep 23/93. Patient is doing nicely. Appetite
continues good. Bowels are normal. Works onward. Goes walking. Advises to go home.
Oct 4 Oct 4/93. Has been making a steady increase in weight & has gained 20 pounds since admission.
" 12 Oct 12/93. This boy was, seemingly, somewhat defective. At first, was very reserved & peculiarly
depressed & bashful. He, soon, quite well overcame this. He is never quite as neat and sensible
as the rest of the boys. —

Went home today, on trial.

— Discharged —

From 112. John. R. Young

1900
July 31 July 31. Habits very slouchy. Inactive: growing more thoroughly dumb &
Dec 6 treated by sister. Jany 31/03. Very inactive: destructive and untidy: health fair:
1903 Jan 31 Constantly talking, incoherently, to himself. —

Personal and Medical History of August Lundstrom

Whole No. 3370.
Residence, 750 Sims St. St. Paul, Minn
Date Admission, 8th June 1893.
Admitted by D. Moore Hour, 7 P.M.
How Sent, John B. Olivier Jr. Ramsey County
Sex, male
Age, 34.
Civil Condition, married
Children, 4
Age Youngest Child, ——
Occupation, Shoemaker
Degree Education, Common School
Profession Religion, Lutheran
Habits, not stated - not intemperate -
Nativity, Sweden (Parents, also)
Physicians Committing, Olaf Stolberg, & O.A. Riesberg
Correspondents, John Jacobson
749 Sims St. St. Paul

No. for Year, 282
Insane Relatives, None
Cause Exciting, Religious excitement & depression
Cause Predisposing, not given
Form, Melancholia — Acute
Accompanying Bodily Disorder, None Stated
Suicidal or Not, Threatened
Date of this Attack, about new years
Duration, about 5 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 33 years.
Time of Leaving, Mch 16th 94
Time in Hospital, 9m 8d.
Result, Improved

EXAMINATION ON ADMISSION.

Exd by D. Phelps - June 10/93 -

MENTAL CHARACTERISTICS.

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

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

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Incorrect

REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
} Poor.

GENERAL DESCRIPTIVE REMARKS:
Describes a mental trouble Commencing about Xmas last. Was told by a Spirit that Something was going to fall upon the Earth & perhaps destroy it. Quit work then. Tried work again but got worse; for the past 2 weeks, has been quite bad. Appetite has been poor & health failing. —

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

DELUSIONS:
Systematized or Not, Fears that Something is
Special Subjects, going to fall upon the
Transitory or Not, Earth & kill him.

HALLUCINATIONS: Denies any. —
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent as far as it goes.
Voluble or Reticent, Answers questions.

Personal and Medical History of August Lundstrom

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 feet — WEIGHT, 148½ lbs. NUTRITION, Poor. Is anaemic
WOUNDS OR ABNORMALITIES, Probably None.
TONGUE, Tremors, None Coatings, Promptness Movement, Sluggish
PUPILS, Equality, Equal Size, Normal
Response Light, ready Accommodation,

Case No. 3370. August Lundstrom Vol.23
The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

Facial Muscles, General, None
REFLEXES, Patellar, equal, about normal.
Other Reflexes,
ARTICULATION, ~~Hesitating,~~ Slurred No - Fair.
FACIAL EXPRESSION, Rather dull & depressed.
SENSIBILITY,
HEART, Sounds good
LUNGS, Sounds -
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Yes Irregular,
APPETITE, Good, Medium, Poor, Very
SLEEP, Good, Yes 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 living; Claims always healthy
Father or Pat. Relations, Father dead; Claims was healthy.
Brothers or Sisters, None of brothers or sisters ever in Hospital -

Personal and Medical History of August Lundstrom

Whole No. 3370.
Residence, 750 Jinio St. St. Paul, Minn
Date Admission, 8th June 1893.
Admitted by D. Moore Hour, 7 P.M.
How Sent, John B. Olivier Jr. Ramsey County
Sex, male
Age, 34.
Civil Condition, married
Children, 4
Age Youngest Child, ——
Occupation, Shoemaker
Degree Education, Common School
Profession Religion, Lutheran
Habits, not stated - not intemperate -
Nativity, Sweden (parents, also)
Physicians Committing, Olaf Dahlberg, M.D. O.A. Riesberg
Correspondents, John Jacobson
749 Jinio St. St. Paul

No. for Year, 282.
Insane Relatives, None
Cause Exciting, Religious excitement & depression
Cause Predisposing, not given
Form, Melancholia — Acute
Accompanying Bodily Disorder, None Stated
Suicidal or Not, Threatened

Time of Leaving, Mch 16th 94
Time in Hospital, 9m 8d.
Result, Improved

EXAMINATION ON ADMISSION.

Exd by D. Phelps - June 10/93 -

MENTAL CHARACTERISTICS.

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

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

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Incorrect

REASONING POWER:
Ordinary Subjects,
Own Mental State, Poor.
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Describes a mental trouble Commencing about Xmas last. Was told by a spirit that something was going to fall upon the Earth & perhaps destroy it. Quit work then. Tried work again but got worse; for the past 2 weeks, has been quite bad. Appetite has been poor & health failing. —

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Yes
DELUSIONS:
Systematized or Not, Fears that something is
Special Subjects, going to fall upon the
Transitory or Not, Earth & kill him.
HALLUCINATIONS: Denies any. —
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent as far as it goes.
Voluble or Reticent, Answers questions.

Personal and Medical History of August Lundstrom

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 feet — WEIGHT, 148½ lbs. NUTRITION, Poor. Is anaemic
WOUNDS OR ABNORMALITIES, Probably None.
TONGUE, Tremors, None Coatings, Promptness Movement, Sluggish
PUPILS, Equality, Equal Size, Normal
Response Light, ready Accommodation,
SIGHT, Fair
HEARING, Seems Good
CO-ORDINATION, Arms, finger to nose, Eyes Shut, somewhat shaky done.
Legs, Stands on foot fairly; Stands, Eyes Shut, firmly.
TREMORS, Hands, None of importance Tongue, None
Facial Muscles, General, None.
REFLEXES, Patellar, equal; abnormal.
Other Reflexes,
ARTICULATION, ~~Hesitating,~~ Slurred No - Fair.
FACIAL EXPRESSION, Rather dull & depressed.
SENSIBILITY,
HEART, Sounds good
LUNGS, Sounds -
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, yes Careless,
BOWELS, Normal, Constipated, yes Irregular,
APPETITE, Good, Medium, Poor, very
SLEEP, Good, yes 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 living; claims always healthy
Father or Pat. Relations, Father dead; claims was healthy.
Brothers or Sisters, None of brothers or sisters ever in Hospital -

Personal and Medical History of August Lundstrom

1893

This man was brought here, by P. C. Staas, Sheriff's Deputy, with the following history. There is no history of consanguinity or heredity. This is the first attack; symptoms appearing about New years; by religious ideas; disease appears stationary; but there are rational intervals, which come on irregularly. Derangement is now manifested in religious subjects. Patient is not disposed to injure others. Has threatened suicide. Has tried to kill himself &c. Is not filthy or destructive: no peculiarities known to have been previously shown. Neither he nor his parents have been addicted to intemperance or habitual use of narcotics, nor has he been subject to any severe disease. Has not been restrained or confined. Religious excitement the supposed cause of this disease, followed by depression. Tonics & moral persuasion seemed to partially restore him at first, but he gradually relapsed into his former state of mind. On personal examination, there is the usual appearance of melancholia; loss of flesh, weakness, depression &c. Patient said that, as there is no forgiveness for his sins, he might as well die, and other remarks of such character, showing mental uncleanness. - Patient was very quiet & docile, answering questions in a hesitating but somewhat rational manner. - Is anaemic and indicating a low physical status. Will suddenly become emotional, wringing hands, crying, praying, demonstrating with exclamations &c. Has had sound medical treatment.

June 8th - 9 June 8/93. On admission, patient is in fair condition. Was put in B2. Bodily condition (seen at bath) quite clean. No injuries or peculiarities noted. June 9/93. Was restless for a hours, sleeping but a, last night. Am. Pulse 90. T. 99.4. Sits on a seat most of the time, when in hall. Is very quiet & depressed. Went out walking with his ward today. Says his head isn't right; talks sound with his fellow-patients. Appetite very poor; bowels seem regular. Has no cough. No complaints or injuries noted. Pm. P 88. T. 99.5.

" 10 June 10/93. Slept 7 hours last night, being restless for an hour or so. Am. Pulse 88. T. 99.6. Is very quiet. Either stands up or sits on a seat all the time, while in hall. Walks about but little. Appetite seems

" 11 improving. Pm Pulse 86. T. 99.4. June 11/93. Was quiet & restful, sleeping 8 hours, last night. Am P 86 T. 99.4. Is quiet; talks but very little; keeps by himself; seems very despondent; appetite fair; bowels regular.

" 15 Pm. Pulse 82. T. 98.8. June 15/93. During last night, patient has been quiet & has, apparently, rested & slept well. Talks very little. Is depressed in manner. Temperature seems to have come down

" 16 to normal. Has a melancholy appearance and also looks weak & sickly. June 16/93. Appetite fair, goes out walking regularly; keeps by himself a good deal of the time, walking up & down within a small

" 17 space. Talks to some of his countrymen. June 17/93. Still appears depressed. Wrote a letter to his wife today.

" 22 June 22/93. Uniformly sleeps well at night. Pulse continues about normal. Patient is about same as when he came in. Appetite is fair. Still depressed. Complains of headache at times.

" 30 June 30/93. Patient is depressed continually; has occasional "crying spells"; these, however, are of short duration. Appetite poor; eats very little. Goes out walking with the rest. At all times, keeps by himself, taking no interest in his surroundings.

July 3 July 3/93. Seems in a state of mild depression. Says "that he does not sleep well". Realizes his mental state

" 4 somewhat. July 4/93. Has gained some in flesh, since coming here. Still mildly depressed, and can

" 30 only feebly comprehend things. July 30/93. Appetite medium. Bowels normal. Sleeps at night, reported as good. Works very little. Seems to have improved some during the past month. Seems chronically depressed. Follows about in a rather silly, childish way.

Aug 8/31 Aug 18/93. Is still dull & depressed. Aug 30/93. Appetite medium. Always depressed. Is quietly behaved. Does not talk much.

Personal and Medical History of August Lundstrom

NAME August Lundstrom

DATE. 189 3	Weight.	Pulse.	Gain.	Loss.
June 8th	148½	–		
July 4th	154½	–	6	
Aug 3rd	156	-		2½
Sept 8th	151½	–		5½
Oct 3rd	161	76	3½	
Nov 1st	162½	70	1½	
Dec 1st	171	72	8½	
1894 Jany 2nd	172	71	1	
Feby 1st	172	66	–	
Mar 2nd	174	80	2	

8/93. Has gained some in weight, the past 5 weeks. Aplil 30/93. Ap- Is very dull. Depressed. Deluded.
in flesh. Oct 10/93. Still very depressed. Quiet & well-behaved. Chronically stupid, depressed & deluded. Talks but very little. ntinues quiet & well-behaved onward.
se in weight. Nov 10/93. Appetite medium. Talks some. Is ressed. Works some on ward. Nov 30/93. Appetite only medium. Stands about, when not at work, in ward. Says "he is going over few days". Habits are clean.
in weight, in past month. Dec 31/93. Stands idly about in the hall. no part in games &c. Otherwise no change. Still depressed. somewhat improved. Jan 31/94. No change of note above reported. - ing in weight the past 5 month; having increased 20 pounds 2/94. Still stands idly about, in the ward. Talks but little. some of being weak. Is apparently very much depressed. o committed here under the "Law of 1893" recently, declared oday. Taken out and Returned under "new Committ- Country. Feb 28/94. No change since date of 22nd inst. - much improved, patient having gained 25½ pounds in flesh.

10 since coming here. March 16/94. Continues about the same as for the past few months. Still seems much depressed. Is quiet & much inclined to reticence. Habits are clean. -

A brother called today to see patient, and took him out, on trial. -

Discharged

1893

This man was brought here, by P.C. Staas, no history of consanguinity or heredity. This is by religious ideas; disease appears Static Derangement is now manifested in suicide. Has tried to kill himself &c shown. Neither he nor his parents have been subject to any severe disease. Has no of this disease, followed by depression. Tonics &, gradually relapsed into his former state of mu- -ance of melancholia; loss of flesh, weakness, depres his sins, he might as well die, and other remarks of Patient was very quiet & docile, answering questions in a Is anaemic and indicating a low physical status. The Lauds, crying, praying, demonstrating with exclamations &c. Has had sound medical treatment.

June 8/93. On admission, patient is in fair condition. Was put on B7. Bodily condition (seen at bath) quite clean. No injuries or peculiarities noted. June 9/93. Was restless for a hours, sleeping but a, last night. Ann. Pulse 90. T. 99.4. Sits on a seat most of the time, when in hall. Is very quiet & depressed. Went out walking with his ward today. Says his head isn't right; talks sound with his fellow-patients. Ap- -petite very poor; bowels seem regular. Has no cough. No complaints or injuries noted. PM. P 88. R 24. T 98.6.

" 10 June 10/93. Slept 7 hours last night, being restless for an hour or so. AM. Pulse 88. T. 99.6. Is very quiet. Either stands up or sits in a seat all the time, while on hall. Walk about but little. Appetite seems

" 11 improving. PM. Pulse 86. T. 99.4. June 11/93. Has quiet restful, sleeping 8 hours, last night. AM P 86 T. 99.4. Is quiet; talks but very little; keeps by himself; seems very despondent; appetite fair; bowels regular.

" 15 PM. Pulse 82. T. 98.8. June 15/93. During last night, patient has been quiet & has, apparently, rested & slept well. Talks very little. Is depressed in manner. Temperature seems to have come down to normal. Has a melancholy appearance and also looks weak & sickly. June 16/93. Appetite fair,

" 16 goes out walking regularly; keeps by himself a good deal of the time, walking up & down within a small

" 17 space. Talks to some of his countrymen. June 17/93. Still appears depressed. Wrote a letter to his wife today.

" 22 June 22/93. Uniformly sleeps well at night. Pulse Continues about normal. Patient is about same as when he came in. Appetite is fair. Still depressed. Complains of headache at times. ——

" 30 June 30/93. Patient is depressed continually; has occasional "crying spells"; these, however, are of short duration. Appetite poor; eats very little. Goes out walking with the rest. At all times, keeps by himself, taking no interest in his surroundings. ——

July 3 July 3/93. Seems in a state of mild depression. Says "that he does not sleep well". Realizes his mental state

" 4 somewhat. July 4/93. Has gained some in flesh, since coming here. Still mildly depressed, and can

" 30 only feebly comprehend things. July 30/93. Appetite medium. Bowels normal. Sleeps at night, reported as good. Works very little. Seems to have improved some during the past month. Seems chronically depressed. Follows about in a rather silly, childish way.

Aug 8/31 Aug 18/93. Is still dull & depressed. Aug 31/93. Appetite medium. Always depressed. Is quietly behaved. Does not talk much.

1893

Sep 4/30 Sep 4/93. Pulse 64. T. 98.8. Sep 8/93. Has gained some in weight, the past 5 weeks. Sep 30/93. Ap- -petite is very poor. Stands about. Is very dull. Depressed. Deluded.

Oct 3/10 Oct 3/93. Has made a further gain in flesh. Oct 10/93. Still very depressed. Quiet & well-behaved.

" 31 Oct 31/93. Appetite poor. Seems chronically stupid, depressed & deluded. Talks but very little. Walks unsteadily at times. Continues quiet & well-behaved onward.

Nov 1/10 Nov 1/93. Continues to gain some in weight. Nov 10/93. Appetite medium. Talks some. Is

" 30 quiet & well-behaved. Seems depressed. Works some on ward. Nov 30/93. Appetite only medium. Talks but little. Still depressed. Stands about, when not at work, on ward. Says "he is going over into the Insanium Pineries in a few days". Habits are clean.

Dec 4/31 Dec 4/93. Has gained 3½ pounds in weight, in past month. Dec 31/93. Stands idly about on the hall. Talks but little. Headstrong; takes no part in games &c. Otherwise no change. Still depressed.

1894

Jan 27/31 Jan 27/94. Physical health has somewhat improved. Jan 31/94. No change from above reports. —

Feb 1 Feb 1/94. Has been steadily gaining in weight the past 6 months; having increased 20 pounds

" 22 in that period. Pulse 66. Feb 22/94. Still stands idly about on the ward. Talks but little. Appetite medium. Complains some of being weak. Is apparently very much depressed.

" 23 Feb 23/94. This patient was committed here under the "Law of 1893" recently declared unconstitutional. He was, today, Taken out and Returned under "new Committ- -ment papers" from Olmsted County. Feb 28/94. No change since date of 23d inst. —

" 28

Mar 2 March 2/94. Physical health has much improved, patient having gained 25½ pounds in flesh

" 16 since coming here. March 16/94. Continues about the same for the past few months. Still seems much depressed. Is quiet & much inclined to reticence. Habits are clean. —

A brother called today to see patient, and took him out, on trial. —

Discharged —

Personal and Medical History of Martin Johnson.

Whole No. 3387

Residence, Minneapolis, Minn

Date Admission, 7th June 1893.

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

How Sent, John A. Peterson Jr. Hennepin County

Sex, Male —

Age, 26 years.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Worked in Creamery

Degree Education, Lagsons.

Profession Religion, Lutheran

Habits, Unknown

Nativity, Sweden (Parents there also.)

Physicians Committing, Geo. M. Crafts & Hy. F. Lunn

Correspondents, (Says has no relatives or friends)

No. for Year, 279.

Insane Relatives, cannot be ascertained

Cause Exciting, unknown

Cause Predisposing, probably previous attack

Form, Melancholia — Acute

Accompanying Bodily Disorder, unknown

Suicidal or Not, not

Date of this Attack, not given; was found wandering about streets

Duration, not stated

No. of Attack, cannot be ascertained; probably previous ones

No. of Admissions, 1st

Age First Attack, not stated

Time of Leaving, July 28 '93

Time in Hospital, 1 mo. 21 ds.

Result, Rec'd.

EXAMINATION ON ADMISSION.

Exd by D. Phelps = June 9/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Somewhat confused

Quick or Sluggish, Sluggish —

MEMORY:

Past Events, Probably impaired. —

Recent Events, Seemingly rather better than

Special Subjects, indicated by history —

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Poor

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes —

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, ?

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Seems to be unable to give an account of ordinary things —

Coherent or Incoherent;

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Cannot speak English. Says he came from Bassford, South Dakota to Minneapolis — Does not recollect when he came to the latter place. Has friends but don't know where they are — at times seems to appear rather better than described in history that accompanied him.

Personal and Medical History of Martin Johnson

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in (5 ft 9 in) WEIGHT, 122½ pds. (137 pds.) (?) NUTRITION, Seems fair.

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Marked Coatings, Promptness Movement, Not very prompt.

PUPILS, Equality, Equal Size, Slightly dilated

Response Light, Yes Accommodation, Prompt.

SIGHT, Probably good —

HEARING, Apparently good.

CO-ORDINATION, Arms, Finger to nose, Eyes shut, Some difficulty & inaccuracy.

Legs, Standing on foot, Some difficulty. Standing, Eyes shut, fair: Does not feel dizzy.

TREMORS, Hands, None noted Tongue, Marked

Facial Muscles, General, None

REFLEXES, Patellar, Equal; about normal.

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Rather vacant & wondering —

SENSIBILITY,

HEART, Sounds good

LUNGS, Sounds good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty. Clean, Yes Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, (Recent) Kept 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"). No history can be obtained on these points, at this date

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Martin Johnson.

1893

This man was brought here by Sheriffs officer, with the following history. Nothing can be ascertained as to consanguinity or heredity, or as to number of attack. Was probably in Hospital in Cube, Nevada, (but this is uncertain). Not stated when first symptoms of this attack were manifested. Was found wandering about the Streets. Is apparently more agitated than when first seen Yesterday. Disease was Continuous during time of observation; no rational periods; Eats and sleeps very little. Is, at present, agitated; has Hallucinations; wants something driven away; has a wild expression; (doubtful alcoholic history); answers questions incoherently. Is not disposed to injure others; nor is he Suicidal, or filthy or destructive. As to his habits, nothing known, nor as to any disease or injuries. Has been confined in County Jail 24 hours. Cause of the disease is unknown. Sedatives administered were. On personal examination, there is a general agitated state; restless, abstracted, Continually moving about, hunting for something; incoherent speech. Said he lost $500 in his bed - When given a Glass of water, offered to pay a quarter for it. Talks to himself a good deal, changing from one idea to another, appearance & manner agitated.

June 7 June 7/93. On admission, Pulse 96. R 18. T @ 100·2. Bodily condition good: no injuries or peculiarities noted. - was put on B³ — June 8/93. Was restless & out of bed for 3 hours or so last night, but slept 6 hours. Am Pulse 68. R 15. T @ 99·2. Is very quiet; lies on a bench most of the time, while awake. Says he is very sick and
" 9 is going to die". Appetite good; bowels regular. no cough - no complaint or injuries. June 9/93. Slept fairly, 7 hours, last night, being restless 2 hours. Am. Pulse 56. T @ 99. - Appears somewhat better today; converses freely about his past life. Says he started for Minneapolis, to visit a friend, but does not remember
" 10 any more of how he came here. Appetite keeps good. Pm. Pulse 56. T @ 99.1. June 10/93. Rested fairly well,
" 11 last night. Am. Pulse 56. T @ 99·4. Pm. Pulse 54. T @ 100·2. June 11/93. Slept well, 8 hours, last night.
" 12 Am. Pulse 58. T @ 100. Pm. Pulse 58. T @ 100. June 12/93. Slept very good last night. Am. Pulse 66. T @ 99.8. - Is a very quiet Patient; works some on ward. Appetite good; bowels regular. Night he seems to sound
" 13 better shall. Pm. Pulse 66. T @ 99.8. June 13/93. Last night, rested & slept well. Am. pulse 72. T @ 100·4.
" 14 Pm. Pulse 66. T @ 100·2. June 14/93. Restless for 3 hours, but sleeping 6 hours, last night. Am - 82 - 100·7.
" 15 Was this afternoon, transfered to H². - Pulse (Pm) 80. T @ 100. June 15/93. Slept well, last night. Pulse & temperature this Am, normal. Is very quiet & well-behaved. Works some on hall. Pm Pulse 100. T @ 99.8.
" 16 June 16/93. Slept about 6 hours last night, being somewhat restless. Am. Pulse 85. T @ 98·8. Pm Pulse 86.
" 21 T @ 99·4. June 21/93. For the past o nights patient has been uniformly quiet & apparently has rested & slept well. Pulse and temperature have become more nearly normal. Appetite has continued good & bowels regular. Has also been uniformly quiet & well behaved. Has worked quite well. Goes out walking daily. While on the hall, sits quietly in a rather dull way, though seems to comprehend well and to have rational forms of thought. A mildly depressed state of mind still Looks, however.
" 30 June 30/93. Continues quiet & well-behaved. Clean, tidy & of good personal habits. Free and quite pleasant in conversation; rational. Does considerable work a ward. Seems much brighter of late.
July 1 July 1/93. Appetite good. Bowels normal. Rest & sleep at night, apparently good. Continues to improve.
" 3 July 3/93. Wt 149 pounds. Has gained considerably in flesh & is in good physical health. Pulse 84. -
" 26 July 26/93. For some days, has been working well in the dining room, also at hall-work. Has been in a somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid, and depressed slightly. Went home today.

— Discharged —

Personal and Medical History of Thomas G. [illegible]

1893 Dec 14 3

1894 Jan 1 " 2 " 8 " 11 " 17 " 16 " 21

1895 Dec 5 " 10 " 11/13 " 14 " 14/16 " 17 " 18

CASE RECORD.

Patient's Name Van cock F. P. Name Disease Name Physician H.H.M.

1893 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Dec. 17 8 pm				Hyp. Morph. gr. 1/8	Slept 2 - R. 6.
" 18 - 7 am				" " 1/8	Patient rapidly failing.
" 8 am		117			Appears somewhat
" 10 45 a.m.				Glycerine Suppository	delirious.
" 1 p.m.				Hock. ℥ I - beef tea. 0	
" 2 30 pm				" ℥ I " "	
" pm				Hyp. Morph. gr. 1/8	
" 3 30 pm					Patient will not answer questions asked him. Seems almost ready to expire.
" 8 45 p				Milk & whiskey ℥ I.	
" 10 p.				Beef tea ℥ III.	Hardly able to swallow.
" 10 30 - 6.					Patient died. Cause of death, - tabes dorsalis

Recorded by ..... Nurse.

— Died —

Personal and Medical History of Thomas G.

CASE RECORD.

Patient's Name Hancock T.P. Name Disease Name Physician H.H.H.

1893 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Dec. 14-pm.					Applied Turpentine stupe to abdomen. Kept on ½ hr. Hot applications every ½ hr. until 6oo pm.
" " 130 pm					
" " -5 pm		120			Hot applications all night
" 6 pm				Cup tea	Patient has failed considerable since morning.
" 8 pm				Hypo. Morph. gr. 1/8	Slept 2- R. 6
" 15- am		106		Refused breakfast	Patient very weak today.
" " - 1 pm				" dinner	
" " 2 45 p				Hypo. Morph. gr. 1/8.	
" " 5 30 p				Cup tea.	Slept 3- R. 5
" 16- am.		130		Refused breakfast	Hot sand bag applied to feet.
" " - 12 m.				" dinner	
" " 1 pm.				Took few swallows hot whiskey	Patient has been groaning a great deal during day. Failing rapidly
" " 130 p.				Hypo. Morph. gr. 1/8	
" " 330 p.				Refused brefast	
" 5 p.		130		5 Oz. Beef tea.	
" " 740 p				Refused beef tea	
" 17- 7 am				Hypo. Morph. gr. 1/8.	Complained of severe pain in left shoulder and lower extremities.
" " - 8 am		116		1 Glass beef tea.	
" " 930 p				Took few swallows beef tea.	
" " 345 p				Hypo Morph. gr. 1/8.	
" " 5 p.		104			

Recorded by Nurse.

— Died —

— Discharged —

Personal and Medical History of Thomas G.

CASE RECORD.

Patient's Name Hancock T.P. Name Disease ..... Name Physician H.H.H.

1895 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Dec. 11-am		106		Cup coffee.	Weight (undressed) 70 lbs
" " 12 m				Cup tea.	
" " 5 pm.		100			Slept 4 - R. 4.
" " 6 pm				" "	
" 12-am		102		" "	Gave sponge bath.
" " 9 30 am					Gave enema of soap suds and glycerine. Bowels moved.
" " 12 m				" "	
" " 5 pm.		112			Slept 6 - R. 5.
" " 6 pm.				" "	
" 13-am		100		Cup coffee.	Patient failing rapidly. Almost entirely helpless.
" " 12 m.				Bowl clam broth.	
" " 5 pm		108		Cup tea.	Slept 3 - R. 5.
" " 6 pm					
" 14-am					3.40 a.m. Patient taken with spell of vomiting. Bowels moved slightly.
" " 7-am				Cup coffee.	Bowels moved slightly.
" " 9 30 am				Hyps. morph. gr 1/8	Respiration shallow and rapid. Some swelling and tympanites of abdomen. Tenderness over entire abdomen.
" " 10 30					
" " 12 m.				Refused dinner.	

Recorded by ..... Nurse.

— Died —

...nistered) well.
...ntinually moving
... - When given a glass
...changing from one idea to another.

June 7 June 7/93. ...ion good: no injuries or peculiarities noted. -
" 8 was quiet. ...pr 3 hours or so last night, but slept 6 hours. Am
Pulse 68. R... ...n most of the time, while awake. Says he is very sick and
" 9 is going to d... ...w. no cough - no complaints or injuries. June 9/93. Slept
fairly, 7 hours, ... 2 hours. Am. Pulse 56. Te 99. - Appears somewhat better today;
Converses freely abo... ...Says he started for Minneapolis, tourist agent, but does not remember
" 10 any more or how he ...here. Appetite keeps good. Pm. Pulse 56. Te 99.1. June 10/93. Rested fairly well,
" 11 last night. Am. Pulse 56. Te 99.4. Pm. Pulse 54. Te 100.2. June 11/93. Slept well, 8 hours, last night.
" 12 Am. Pulse 58. Te 100. Pm. Pulse 58. Te 100. June 12/93. Slept very good last night. Am. Pulse 60. Te 99.8. -
Is very quiet patient; works some on ward. Appetite good; bowels regular. Night he sent to some
" 13 better hall. Pm. Pulse 66. Te 99.8. June 13/93. Last night, rested & slept well. Am. pulse 72. Te 100.4.
" 14 Pm. Pulse 66. Te 100.2. June 14/93. Restless for 3 hours, but sleeping 6 hours, last night. Am - 82 " 100.7.
" 15 Was this afternoon, transfered to 2d - Pulse (Pm.) 80. Te 100. June 15/93. Slept well, last night. Pulse &
temperature, this Am, normal. Very quiet & well-behaved. Walks some on hall. Pm Pulse 100. Te 99.8.
" 16 June 16/93. Slept about 6 hours last night, being somewhat restless. Am. Pulse 85. Te 98.8. Pm Pulse 86.
" 21 Te 99.4. June 21/93. For the past 4 nights patient has been uniformly quiet & apparently has rested & slept
well. Pulse and temperature have become more nearly normal. Appetite has continued good & bowels regular.
Has also been uniformly quiet & well behaved. Has worked quite well. Goes out walking daily.
While on the hall, sits quietly in a rather dull way, though seems to comprehend well and to have rational
forms of thought. A mildly depressed state of mind still holds, however.
" 30 June 30/93. Continues quiet & well-behaved. Clean, tidy & of good personal habits. Free and quite
pleasant in conversation; rational. Does considerable work on ward. Seems much brighter of late.
July 1 July 1/93. Appetite good. Bowels normal. Rest & sleep at night, apparently good. Continues to improve.
" 3 July 3/93. Wt 114 pounds. Has gained considerably in flesh & is in good physical health. Pulse 84. -
" 26 July 26/93. For some days has been working well in the dining room, also at hall-work. Has been in a
somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid,
and depressed slightly. Went home today.

— Discharged —

1895 Dec 5 ... Dec 10 ... " 11/13 ... " 14 ... 10 30 ... 8 P... Dec ... " 15/16 ... " 17 ... a g... in ... " 18 Little ... Since ... him ... to ... - re...

Personal and Medical History of Thomas G

CASE RECORD.

Patient's Name Hancock F. P. Name Disease Name Physician H.S.H.N.

1895 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Dec. 6-am		118		Cup tea.	Patient appears to be failing in strength.
" " 12 m				Cup tea and bowl clam broth.	
" " 7 pm.					Gave enema soap suds and glycerine. Bowels moved.
" " 5 pm.		98			
" 6 pm.				Refused supper.	Slept 6 - R. 7.
" 7- am		108		6 Cup tea.	
" " 12 m				Refused dinner	Patient very cross and irritable.
" " 5 pm.		96			
" " 6 pm.				Cup tea and little toast.	Slept 2 - R. 6.
" 8- am		104		Cup coffee and little toast	Patient is loosing flesh quite rapidly.
" " 12 m.				Cup tea.	
" " 5 pm		108			
" " 6 pm.				Cup tea and small quantity cream potato.	Slept 5 - R. 3
" 9- am		116		Cup of coffee	
" " 12 m.				Cup tea.	Condition does not change
" " 5 pm		98			Still failing.
" " 6 pm.				Cup tea and little toast	Slept 5 - R. 3.
" 10- am		124		Cup of coffee.	
" " 12 m.				" "	
" " 5 pm		108		" " tea	Slept 2 - R. 6.
" " 6 pm					

Recorded by Nurse.

— Died —

a good: no injuries or peculiarities noted. -

3 hours or so last night, but slept 6 hours. Am

out of the time, while on ward. Says he is very sick and

no cough - no complaints or injuries. June 9/93. Slept

6 hours. Am. Pulse 56. T. 99. - Appears somewhat better today;

says he started for Minneapolis, tourist agent, but does not remember

" 10 any more or how he

ore. Appetite keeps good. Pm. Pulse 56. T. 99.1. June 10/93. Rested fairly well,

" 11 last night. Am. Pulse 56. T. 99.4. Pm. Pulse 54. T. 100.2. June 11/93. Slept well, 8 hours, last night.

" 12 Am. Pulse 58. T. 100. Pm. Pulse 58. T. 100. June 12/93. Slept very good last night. Am. Pulse 66. T. 99.8. -

Is very quiet patient; works some on ward. Appetite good; bowels regular. Night he sent to some

" 13 better hall. Pm. Pulse 66. T. 99.8. June 13/93. Last night, rested & slept well. Am. pulse 72. T. 100.4.

" 14 Pm. Pulse 66. T. 100.2. June 14/93. Restless for 3 hours, but sleeping 6 hours, last night. Am - 82 - 100.7.

" 15 Was this afternoon transferred to 3rd - Pulse (Pm) 80. T. 100. June 15/93. Slept well, last night. Pulse &

temperature, this Am, normal. Very quiet & well-behaved. Works some on hall. Pm Pulse 100. T. 99.8.

" 16 June 16/93. Slept about 6 hours last night, being somewhat restless. Am. Pulse 85. T. 98.8. Pm Pulse 86.

" 21 T. 99.4. June 21/93. For the past 5 nights Patient has been uniformly quiet & apparently has rested & slept

well. Pulse and temperature have become more nearly normal. Appetite has continued good & bowels regular.

Has also been uniformly quiet & well behaved. Has worked quite well. Goes out walking daily.

While on the hall, sits quietly in a rather dull way, though seems to comprehend well and to have rational

forms of thought. A mildly depressed state of mind still holds, however.

" 30 June 30/93. Continues quiet & well-behaved. Clean, tidy & of good personal habits. Pleasant and quite

pleasant in conversation; rational. Does considerable work a ward. Seems much brighter of late.

July 1 July 1/93. Appetite good. Bowels normal. Rest & sleep at night, apparently good. Continues to improve.

" 3 July 3/93. Wt 114 pounds. Has gained considerably in flesh & is in good physical health. Pulse 84. -

" 26 July 26/93. For some days has been working well in the dining room, also at hall-work. Has been in a

somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid,

and depressed slightly. Went home today.

— Discharged —

...rsonal and Medical History of Thomas G...

...ntered wee...
...nually moving
...When seen a glass
...ranging from nine o'clock A. M. to ten...

...good: no injuries or peculiarities noted. -
...3 hours & ½ last night, but slept 6 hours. Am
...most of the time, while on ward. Says he is very sick and
...no cough - no complaint or injuries. June 9/93. Slept
...6 hours. Am. Pulse 66. T. 99. - Appears somewhat better today;
...says he started for Minneapolis, to visit a friend, but does not remember
...ore. Appetite keeps good. Pm. Pulse 56. T. 99.1. June 10/93. Rested fairly well,
last night. Am. Pulse 56. T. 99.4. Pm. Pulse 54. T. 100.2. June 11/93. Slept well, 8 hours, last night.
Am. Pulse 58. T. 100. Pm. Pulse 58. T. 100. June 12/93. Slept very good last night. Am. Pulse 66. T. 99.8. -
Is a very quiet patient; works some on ward. Appetite good; bowels regular. Night he went to some
better hall. Pm. Pulse 66. T. 99.8. June 13/93. Last night, rested & slept well. Am. pulse 72. T. 100.4.
Pm. Pulse 66. T. 100.2. June 14/93. Restless for 3 hours, but sleeping 6 hours, last night. Am - 82 - 100.7.
Was this afternoon, transfered to A2 - Pulse (Pm.) 80. T. 100. June 15/93. Slept well, last night. Pulse &
temperature, this Am, normal. Very quiet & well-behaved. Walks some on hall. Pm Pulse 100. T. 99.8.
June 16/93. Slept about 6 hours last night, being somewhat restless. Am. Pulse 85. T. 98.8. Pm Pulse 86.
T. 99.4. June 21/93. For the past 5 nights patient has been uniformly quiet & apparently has rested & slept
well. Pulse and temperature have become more nearly normal. Appetite has continued good & bowels regular.
Has also been uniformly quiet & well behaved. Has worked quite well. Goes out walking daily.
While on the hall, sits quietly in a rather dull way, though seems to comprehend well and to have rational
forms of thought. A mildly depressed state of mind still holds, however.
June 30/93. Continues quiet & well-behaved. Clean, tidy & of good personal habits. Free and quite
pleasant in conversation; rational. Does considerable work a ward. Seems much brighter of late.
July 1/93. Appetite good. Bowels normal. Rest & sleep at night, apparently good. Continues to improve.
July 3/93. Wt 149 pounds. Has gained considerably in flesh & is in good physical health. Pulse 64. -
July 26/93. For some days has been working well in the dining room, also at hall-work. Has been in a
somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid,
and depressed slightly. Went home today.

— Discharged —

CASE RECORD.

3252.

Patient's Name Hancock, F. P. Name Disease ..... Name Physician H. H. M.

Date. 1895.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Dec. 1 - am		110		On regular and extra diet. Refused breakfast. Cup tea, slice toast and pudding	Patient's appetite is very poor. Says the food offered him is indigestible and will not eat it. He is always complaining. Patient being of suicidal nature.
" " - 1 pm					
" " 5 pm		118		Dish ice cream	Head is bandaged slightly.
" " 5-30 pm					Slept 4 - R. 4.
" 7 - am		108		Refused breakfast.	
" " 10-30 am					Gave enema of soap suds and glycerine. Bowels moved.
" " 12 m.				Cup tea and bowl chicken broth.	Bowels moved slightly
" " 5 - pm		114			
" " 6 pm				Cup tea and dish berries.	Slept 6 - R. 2.
" 3 - am		118		Cup coffee.	
" " 12 m.				Refused dinner.	
" " 5 pm		92		Cup tea	Slept 5 - R. 3.
" " 6 pm					
" 4 - am		120		Refused breakfast " dinner	Condition does not seem to change.
" " 12 m.					
" " 5 pm		114		Cup tea	Slept 4 - R. 4.
" " 6 pm					
" 5 - am		120		Cup coffee and very little toast	Gave sponge bath.
" " - 12 m.				½ Cup tea	
" " 5 pm		116		Cup tea	Slept 6 - R. 2.
" " 6 pm					

Recorded by Infirmary Nurse.

— Died —

sonal and Medical History of Thomas G.

CASE RECORD.

Patient's Name Hancock, T. P. Name Disease ..... Name Physician Hall.

1893. Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Nov. 28-pm		120		1 bowl oyster soup and 1 glass cider for supper.	Patient has been very abusive to nurses today. Gave enema of soap suds & sup glycerine. Bowels moved. Slept 4 - R. 4.
" 29 am		114		Cup of coffee for breakfast	
" "					Refused dinner.
" 6 pm		120		Cup tea for supper.	
					Slept 4 - R. 4.
30 - am		114			Refused breakfast.
" " pm				Small quantity of soup for dinner.	
" 6 p.m		118		Ate fair Supper.	Slept 3 - R. 5.

Recorded by ..... Nurse.

— Died —

...ntered rec...
...nually moving
...when given a glass
...ging from one idea to another.

June 7 June 7/93 ... good: no injuries or peculiarities noted. -
" 8 was put a... 6 hours or so last night, but slept 6 hours. Am
Pulse 68. Di... not off the time, while awake. Says he is very sick and
" 9 is going to... no cough - no complaints or injuries. June 9/93. Slept
fairly, 7 hours, ... hours. Am. Pulse 56. Te) 99. - Appears somewhat better today;
Converses freely abou... up he started for Minneapolis, tourist agency, but does not remember
" 10 any more or how he... a. Appetite keeps good. Pm. Pulse 56. Te) 99.1. June 10/93. Rested fairly well
" 11 last night. Am. Pulse 56. Te) 99.4. Pm. Pulse 54. Te) 100.2. June 11/93. Slept well, 8 hours, last night.
" 12 Am. Pulse 58. Te) 100. Pm. Pulse 58. Te) 100. June 12/93. Slept very good last night. Am. Pulse 56. Te) 99.8. -
Is a very quiet patient; works some on ward. Appetite good; bowels regular. Night he went to some
" 13 better hall. Pm. Pulse 66. Te) 99.8. June 13/93. Last night, rested & slept well. Am. pulse 72. Te) 100.4.
" 14 Pm. Pulse 66. Te) 100.2. June 14/93. Restless for 3 hours, but slept 6 hours, last night. Am - 82 - 100.7.
" 15 Was this afternoon, transferred to 3rd - Pulse (Pm) 88. Te) 100. June 15/93. Slept well, last night. Pulse &
temperature, this Am, normal. Is very quiet & well-behaved. Walks some on hall. Pm Pulse 100. Te) 99.8.
" 16 June 16/93. Slept about 6 hours last night, being somewhat restless. Am. Pulse 85. Te) 98.8. Pm Pulse 86.
" 21 Te) 99.4. June 21/93. For the past week patient has been uniformly quiet & apparently has rested & slept
well. Pulse and temperature have become now nearly normal. Appetite has continued good & bowels regular.
Has also been uniformly quiet & well behaved. Has worked quite well. Goes out walking daily.
While on the hall, sits quietly in a rather dull way, though seems to comprehend well and to have rational
forms of thought. A mildly depressed state of mind still holds, however.
" 30 June 30/93. Continues quiet & well-behaved. Clean, tidy & of good personal habits. Is not quite
pleasant in conversation; rational. Does considerable work a ward. Seems much brighter of late.
July 1 July 1/93. Appetite good. Bowels normal. Rest & sleep at night, apparently good. Continues to improve.
" 3 July 3/93. Wt 149 pounds. Has gained considerably in flesh & is in good physical health. Pulse 84. -
" 26 July 26/93. For some days has been working well in the dining room, also at hall-work. Has been in a
somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid,
and depressed slightly. Went home today.

— Discharged —

sonal and Medical History of Thomas G

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ually moving
when given a Laxs
ging from one idea to another.

June 7 June 7/93
" 8 was put o
Pulse 68. R 1
" 9 is going to
fairly, 7 hours,
" 10 any more
" 11 last night. Am. Pulse 56. Te) 99.4. Pm. Pulse 54. Te) 100.2. June 11/93. Slept well, 8 hours, last night.
" 12 Am. Pulse 58. Te) 100. Pm. Pulse 58. Te) 100. June 12/93. Slept very good last night. Am. Pulse 66. Te) 99.8. - Is very quiet patient; works some on ward. Appetite good; bowels regular. Night he went to some
" 13 better hall. Pm. Pulse 66. Te) 99.8. June 13/93. Last night, rested & slept well. Am. pulse 72. Te) 100.4.
" 14 Pm. Pulse 66. Te) 100.2. June 14/93. Restless for 3 hours, intersleeping 6 hours, last night. Am - 82 - 100.7.
" 15 Was this afternoon, transferred to 3rd - Pulse (Pm) 88. Te) 100. June 15/93. Slept well, last night. Pulse & temperature, this Am, normal. Is very quiet & well-behaved. Walks some on hall. Pm Pulse 100. Te) 99.8.
" 16 June 16/93. Slept about 6 hours last night, being somewhat restless. Am. Pulse 85. Te) 98.8. Pm Pulse 86.
" 21 Te) 99.4. June 21/93. For the past ought patient has been uniformly quiet & apparently has rested & slept well. Pulse and temperature have become more nearly normal. Appetite has continued good & bowels regular. Has also been uniformly quiet & well behaved. Has worked quite well. Goes out walking daily. While on the hall, sits quietly in a rather dull way, though seems to comprehend well and to have rational forms of thought. A mildly depressed state of mind still holds, however.
" 30 June 30/93. Continues quiet & well-behaved. Clean, tidy & of good personal habits. Is not quite pleasant in conversation; rational. Does considerable work a ward. Seems much brighter of late.
July 1 July 1/93. Appetite good. Bowels normal. Rest & sleep at night, apparently good. Continues to improve.
" 3 July 3/93. Wt 149 pounds. Has gained considerably in flesh & is in good physical health. Pulse 84. -
" 26 July 26/93. For some days has been working well in the dining room, also at hall-work. Has been in a somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid, and depressed slightly. Went home today.

— Discharged —

CASE RECORD.

Patient's Name Hancock, J. P. Name Disease ..... Name Physician HOKN.

Date. 1893.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Nov. 25-am		90		Patient took only few spoonfuls of Clef tea for breakfast.	Patients condition remains about the same. Is forever complaining about something. Seems never to be satisfied or contented.
				Ate about ½ pt. Chicken broth, with crackers for dinner.	
" " 5 pm		88			
" " 6 p.m				Took about ½ pt. beef tea for supper.	Slept 4- R. 4.
" 26-am		92			Refused breakfast.
" " 12 m.				½ pt. Soup for dinner	
" " 5 pm.		96			Refused supper.
" " 6 pm					Slept 4 + R. 4.
" 27-am		102		½ pt. beef tea for breakfast.	Was given bath.
" " 12 m					Refused dinner.
" " 5 pm		96			" supper.
					Slept 5- R. 3.
" 28-am		94		1 cup coffee for breakfast.	
				1 pt. beef tea for dinner.	

Recorded by ..... Nurse.

— Died —

sonal and Medical History of Thomas G.

CASE RECORD.

Patient's Name Hancock, T. P. Name Disease ..... Name Physician Hayes

1893 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Nov. 19-am		88		Regular and extra diet.	Refused breakfast.
" " pm.		84			Gave enema of soap and glycerine. Bowels moved quite freely. Slept 4 - R. 4.
" 20-am		110			Refused dinner.
" " 12 m					" Supper.
" " pm		104			Slept 4 - R. 4.
" 21-am		100			Refused breakfast.
					" dinner.
					It was given bath.
" " pm.		88			Slept 8 - R. 8. Refused supper.
" 22-am		120			Refused breakfast.
" " 12 m.					" dinner.
" " pm.		108			" Supper.
					Slept 5 - R. 3.
" 23-am		100			Refused breakfast.
" " 12 m.				Took 1 pt. beef tea and few spoonfuls of milk toast.	
" " 5 pm		100			
" " 6 pm				½ pt. beef tea.	Slept 4 - R. 4.
" 24-am		92		½ pt. beef tea for breakfast.	
" " 12 m				½ pt. beef tea for dinner.	
" " 5 pm		100			
" " 6 pm				½ pt. beef tea for supper.	Slept 6 - R. 2.

Recorded by ..... Nurse.

- Died -

...ed well. " 11
...ually moving " 12
...new fever a glass " 16
...going from me to Austin. " 21

...w: no injuries or peculiarities noted. -
...hours as to last night, but slept 6 hours. Am
...op the time, while awake. Says he is very sick and
...cough - no complaints or injuries. June 9/93. Slept
...ours. Am. Pulse 56. T. 99. - Appears somewhat better today;
...restarted for Minneapolis, to visit a friend, but does not remember
...Appetite keeps good. Pm. Pulse 56. T. 99.1. June 10/93. Rested fairly well,
last night. Am. Pulse 56. T. 99.4. Pm. Pulse 54. T. 100.2. June 11/93. Slept well, 8 hours, last night.
Am. Pulse 58. T. 100. Pm. Pulse 58. T. 100. June 12/93. Slept very good last night. Am. Pulse 56. T. 99.8. -
Is a very quiet patient; works some on ward. Appetite good; bowels regular. Night he went to some
better hall. Pm. Pulse 66. T. 99.8. June 13/93. Last night, rested & slept well. Am. pulse 72. T. 100.4.
Pm. Pulse 66. T. 100.2. June 14/93. Restless for 3 hours, he slept 6 hours, last night. Am - 82 - 100.7.
Was this afternoon, transfered to A2 - Pulse (Pm.) 80. T. 100. June 15/93. Slept well, last night. Pulse &
temperature, this Am, normal. Is very quiet & well-behaved. Works some on hall. Pm. Pulse 100. T. 99.8.
June 16/93. Slept about 6 hours last night, being somewhat restless. Am. Pulse 85. T. 98.8. Pm. Pulse 86.
T. 99.4. June 21/93. For the past 8 nights patient has been uniformly quiet & apparently has rested & slept
well. Pulse and temperature have become now nearly normal. Appetite has continued good & bowels regular.
Has also been uniformly quiet & well behaved. Has worked quite well. Goes out walking daily.
While on the hall, sits quietly in a rather dull way, though seems to comprehend well and to have rational
forms of thought. A mildly depressed state of mind still holds, however.
June 30/93. Continues quiet & well-behaved. Clean, tidy & of good personal habits. Free and quite
pleasant in conversation; rational. Does considerable work on ward. Seems much brighter of late.
July 1/93. Appetite good. Bowels normal. Rest & sleep at night, apparently good. Continues to improve.
July 3/93. Wt 114 pounds. Has gained considerably in flesh & is in good physical health. Pulse 84. -
July 26/93. For some days has been working well in the dining room, also at hall-work. Has been in a
somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid,
and depressed slightly. Went home today.

- Discharged -

sonal and Medical History of Thomas G

CASE RECORD.

Patient's Name Hancock, T. P. Name Disease Name Physician

Date. 1893.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Nov. 10-am		96		Regular and extra diet.	Slept 5-R.2.
" " pm		94			Gave enema of soap and glycerine. Bowels moved.
" 11-am		108			Refused dinner.
" " pm		92			Slept 6-R.7.
" 12-am		86			Refused supper.
" " pm.		98			Slept 5-R.2.
" 13-am		100			" 6-R.7.
" " - pm		100			Was given bath.
" 14-am		94			Refused supper.
" " pm.		100			Slept 6-R.7.
" 15-am		92			" 6-R.7.
" " pm.		108			Gave enema of soap and glycerine. Bowels moved slightly.
" 16-am		99			Refused supper.
" " pm.		90			Slept 6-R.7.
" 17-am		98			Refused supper.
" " - pm		100			Slept 6-R.7.
					Patient is always cross and morose. Never has a pleasant word for anyone. Is very incoherent at times.
" 18-am		104			Refused breakfast.
" " - p.m.		100			Slept 6-R.7.

Recorded by Nurse.

- Died -

Dec 5 [illegible]

" 10 De[illegible]

" 11/13 [illegible]

" 14 De[illegible]

10[illegible]

Dec[illegible]

" 17 a g[illegible]

" 18 little[illegible]

June 7 June 7/c

" 8 was put. Pulse 68. R.

" 9 is going to [illegible] fairly, 7 hours, [illegible] Converses freely abo[illegible]

" 10 any more or how he [illegible]ore. Appetite keeps good. Pm. Pulse 56. T(o) 99.1. June 10/93. Rested fairly well,

" 11 last night. Am. Pulse 56. T(o) 99.4. Pm. Pulse 54. T(o) 100.2. June 11/93. Slept well, 8 hours, last night.

" 12 Am. Pulse 58. T(o) 100. Pm. Pulse 58. T(o) 100. June 12/93. Slept very good last night. Am. Pulse 66. T(o) 99.8. - Is a very quiet patient; works some on ward. Appetite good; bowels regular. Night he went to some

" 13 better hall. Pm. Pulse 66. T(o) 99.8. June 13/93. Last night, rested & slept well. Am. pulse 72. T(o) 100.4.

" 14 Pm. Pulse 66. T(o) 100.2. June 14/93. Restless for 3 hours, but slept 6 hours, last night. Am - 82 " 100.7.

" 15 Was this afternoon, transferred to A[illegible] - Pulse (Pm) 80. T(o) 100. June 15/93. Slept well, last night. Pulse & temperature, this Am, normal. Very quiet & well-behaved. Works some on hall. Pm Pulse 100. T(o) 99.8.

" 16 June 16/93. Slept about 6 hours last night, being somewhat restless. Am. Pulse 85. T(o) 98.8. Pm Pulse 86.

" 21 T(o) 99.4. June 21/93. For the past 5 nights patient has been uniformly quiet & apparently has rested & slept well. Pulse and temperature have become more nearly, normal. Appetite has continued good & bowels regular. Has also been uniformly quiet & well behaved. Has worked quite well. Goes out walking daily. While on the hall, sits quietly in a rather dull way, though seems to comprehend well and to have rational forms of thought. A mildly depressed state of mind still holds, however.

" 30 June 30/93. Continues quiet & well-behaved. Clean, tidy & of good personal habits. Free and quite pleasant in conversation; rational. Does considerable work on ward. Seems much brighter of late.

July 1 July 1/93. Appetite good. Bowels normal. Rest & sleep at night, apparently good. Continues to improve.

" 3 July 3/93. Wt 114 pounds. Has gained considerably in flesh & is in good physical health. Pulse 84. -

" 26 July 26/93. For some days has been working well in the dining room, also at hall-work. Has been in a somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid, and depressed slightly. Went home today.

- Discharged -

Personal and Medical History of Thomas G[illegible]

Aug 7/57.

3/1/3257.

CASE RECORD.

Patient's Name Hancock, T. P. Name Disease ..... Name Physician .....

Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
1893. Nov. 1- am.		86		On regular and extra diet.	Patient's appetite is very poor. Bowels inclined move without the aid of an enema. Lies steadily in bed and is always restless and irritable. Slept 0- R. 3. Bed requires changing several times each day.
" " pm.					" 6- R. 2.
" x- am.		98			
" " pm.		96			
" 3 am.		112			" 5- R. 3.
" " pm.		98			Patient being of a suicidal nature, has Ohio bed searched every night.
" 4- am.		96			Slept 6- R. x.
" " pm.		108			Refused breakfast
" 5- am.		68			Gave enema of soap and glycerine. Bowels moved.
" " pm.		100			
" 6- am.		88			Slept 5- R. 3
" " pm.		102			" 6- R. x
" 7- am.		98			Appetite is still very poor. Says he will not eat the food given him as it is indigestible.
" " - pm.		84			
" 8- am.		90			Refused supper. Slept 5- R. 3.
" " - pm.		94			Weight 83 lbs. (uncovered.)
" 9- am.		78			Slept 5- R. 3.
" " - pm.		88			

Recorded by Infirmary Nurse.

— Died —

[illegible] deal, changing from one idea to another.

[illegible] condition good: no injuries or peculiarities noted. -

[illegible] of bed for 3 hours or so last night, but slept 6 hours. Am

[illegible] a bench most of the time, while on ward. Says he is very sick and

[illegible] regular. No cough - no complaints or injuries. June 9/93. Slept

fairly, [illegible] restless 2 hours. Am. Pulse 56. Te) 99.- Appears somewhat better today;

Converses [illegible] ape. Says he started for Minneapolis, to visit a friend, but does not remember

any more [illegible] no fever. Appetite keeps good. Pm. Pulse 56. Te) 99.1. June 10/93. Rested fairly well,

last night. Am. Pulse 56. Te) 99.4. Pm. Pulse 54. Te) 100.2. June 11/93. Slept well, 8 hours, last night.

Am. Pulse 58. Te) 100. Pm. Pulse 58. Te) 100. June 12/93. Slept very good last night. Am. Pulse 56. Te) 99.8. -

Is very quiet patient; works some on ward. Appetite good; bowels regular. Night be sent to some

better hall. Pm. Pulse 66. Te) 99.8. June 13/93. Last night, rested & slept well. Am. pulse 72. Te) 100.4.

Pm. Pulse 86. Te) 100.2. June 14/93. Restless for 3 hours, but sleeping 6 hours, last night. Am - 82 - 100.7.

Was, this afternoon, transferred to 3rd - Pulse (Pm) 80. Te) 100. June 15/93. Slept well, last night. Pulse &

temperature, this Am, normal. Is very quiet & well-behaved. Works some on hall. Pm Pulse 100. Te) 99.8.

June 16/93. Slept about 6 hours last night, being somewhat restless. Am. Pulse 85. Te) 98.8. Pm Pulse 86.

Te) 99.4. June 21/93. For the past night patient has been uniformly quiet & apparently has rested & slept

well. Pulse and temperature have become more nearly normal. Appetite has continued good & bowels regular.

Has also been uniformly quiet & well behaved. Has worked quite well. Goes out walking daily.

While on the hall, sits quietly in a rather dull way, though seems to comprehend well and to have rational

forms of thought. A mildly depressed state of mind still holds, however.

June 30/93. Continues quiet & well-behaved. Clean, tidy & of good personal habits. Is not quite

pleasant in conversation; rational. Does considerable work a ward. Seems much brighter of late.

July 1/93. Appetite good. Bowels normal. Rest & sleep at night, apparently good. Continues to improve.

July 3/93. Wt 149 pounds. Has gained considerably in flesh & is in good physical health. Pulse 84. -

July 26/93. For some days has been working well in the dining room, also at hall-work. Has been in a

somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid,

and depressed slightly. Went home today.

— Discharged —

Personal and Medical History of Martin Johnson.

1893 [illegible]

July 7 [illegible]
" 8 [illegible]
" 9 [illegible]
" 10 [illegible]
" 11 [illegible]
" 12 [illegible]
" 13 [illegible]
" 14 [illegible]
" 15 [illegible]
" 16 [illegible]
" 21 [illegible]
" 30 [illegible]

July 1 [illegible]
" 3 July 3/93. Ht 114 pounds. Has gained considerably in flesh & is in good physical health. Pulse 84. —
" 26 July 26/93. For some days has been working well in the dining room, also at hall-work. Has been in a somewhat quiet & rather depressed condition, ever since coming. Is now rational & clear but timid, and depressed slightly. Went home today.

— Discharged —

Personal and Medical History of Thomas Grady

From page 257.

1893 Dec 14/93. Has improved some, in the last few days & is very quiet, at present. Dec 31/93. Has
Dec 31 restless & noisy for 5 hours, sleeping but 4 hours, last night. Patients' conduct & behavior is very
" 3 variable. At times he is quiet & well-behaved; then, again, he becomes ugly & quarrelsome, getting
into fights & striking other patients, without any provocation whatever — Physical health is good.
1894 Jan 1/94. Slept only 4 hours; was restless & noisy for 5 hours; last night. Today, is very well-
Jan 1 - behaved, but such good conduct may last but a few days. Habits are clean — Jan 7/94. Has
" 8 made further gain in flesh, in the past month. Jan 8/94. Patient has been growing worse,
in the last few days & is quite restless & ugly, now; striking patients & attendants without
" 11 any cause whatever. Was again put in C.3. Jan 11/94. Noisy & restless 6 hours, sleeping
" 17 but 3 hours, last night. Jan 17/94. Again, restless & noisy, last night, sleeping only about 3 hrs.
" 16 Jan 16/94. Has again shown some improvement the past few days & at present appears
" 21 to be quite rational. Jan 21/94. Patient eloped this evening by unlocking the screen
and jumping out through the window — Diligent search was made for him,
but without avail. —

— Discharged —

From 228. — Franklin P. Hancock —

1895 Dec 5 and fault-findings: bowels badly constipated, most of the time. Patient seems failing in strength.
" 10 Dec 10/95. Some nights, he sleeps very poorly: still lies in bed: very cross & irritable: often refuses meals:
" 11/13 is losing quite rapidly in flesh & still failing. Dec 11/95. Abt (undressed) 70 pds. Dec 13/95. Is failing
rapidly: almost entirely helpless: relatives advised of his serious condition. Still sleeps poorly. —
" 14 Dec 14/95. 5.45 Am: was taken with a "spell" of vomiting. Bowels moved slightly. Is still failing.
10.30 Am. Respiration shallow & rapid: some swelling & tympanites of abdomen: tenderness over
entire abdomen - turpentine "stupe" applied to abdomen: afterwards, hot applications.
8 Pm. Patient has failed considerably since morning. Relatives advised by telegram —
" 15/16 Dec 15/95. Is very weak, this morning. Sleeps & rests very poorly. Dec 16/95. Has been groaning,
" 17 a great deal, during the day & is failing rapidly. Dec 17/95. 7 Am. Complained of severe pain
in left shoulder & lower extremities. Has continued to refuse food (beef tea &c) quite often. Took very
" 18 little nourishment, today. Dec 18/95. Restless 6 hours & slept only 2 hours, last night. Appears
somewhat delirious, this morning & is rapidly failing. 3.30 Pm. Will not answer questions asked
him: seems almost about to expire. Took very little nourishment today. 10 Pm. Is hardly able
to swallow. 10.35 Pm. Continued to sink rapidly & died at this hour. (see Nurses'
records attached). —

— Died —

Personal and Medical History of Nels. D. Johnson

Whole No. 3372.
Residence, Scandia, Washington Co. Minn.
Date Admission, June 12th 1893.
Admitted by Dr. Phelps Hour, 7 P.M.
How Sent, Rudolph Lehnicke Jr. Washington County
Sex, male
Age, 38.
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Farming & lumbering
Degree Education, Common school, in Sw
Profession Religion, Not a church member
Habits, good intemperate
Nativity, Sweden (parents also born there)
Physicians Committing, James C. Rhodes & Thos. C. Clark.
Correspondents, Charles G. Johnson
Scandia, Washington Co. Minn

No. for Year, 284.
Insane Relatives, none
Cause Exciting, none definite given, took sick on board ship
Cause Predisposing, not stated
Form, Mania Acute
Accompanying Bodily Disorder, none given
...r Not, Not —
...his Attack, recent, while returning from Sweden
probably Not.
...tack, 1st —
...missions, 1
... Attack, about 38.
... Leaving, July 16-94
Time in Hospital, 1 y. 1 mo 4 d.
Result, Impr



EXAMINATION ON ADMISSION.

Exd by Dr. Phelps - June 13/93.

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, Recent Events, Special Subjects, } probably Confused.

PERCEPTIVITY:
Alert or Dull, rather dull
Correct or Illusive, Incorrect

REASONING POWER:
Ordinary Subjects, Own Mental State, Special Subjects, } Impaired

GENERAL DESCRIPTIVE REMARKS:
* Co-ordination & Reflex. Wont allow these tests to be made - gets excited - says "it will hurt everything."

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

DELUSIONS:
Systematized or Not, Special Subjects, Transitory or Not, } Concerning hearing voices of God and the Devil & of the people talking of & about him

HALLUCINATIONS: In connection with the Same.
ILLUSIONS:
CONVERSATION: Quite willing. Tends to get Coherent or Incoherent, excited; brings in delusive ideas
Voluble or Reticent, Steadily & is too much controlled by them to talk upon new or ordinary Subject.

Personal and Medical History of Nels. D. Johnson.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 9 in WEIGHT, 165 pds. (about) NUTRITION, Seems quite good.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, none Coatings, slight Promptness Movement, quite prompt
PUPILS, Equality, Yes Size, somewhat dilated
Response Light, quite ready Accommodation,
SIGHT, seems fair
HEARING, probably good
* CO-ORDINATION, Arms,

Case No. 3372. Nels D. Johnson. Vol. 23.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

ARTICULATION, ~~Hesitating,~~ probably good ~~Slurred,~~ except accent.
FACIAL EXPRESSION, Fair, except when excited.
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

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"), memory confused; no further information could be obtained on these points.
Mother or Mat. Relations, Mother dead.
Father or Pat. Relations, father dead.
Brothers or Sisters,

Personal and Medical History of Nels D. Johnson

Whole No. 3372.
Residence, Scandia, Washington Co, Minn.
Date Admission, June 12th 1893.
Admitted by Dr Phelps Hour, 7 P.M.
How Sent, Rudolph Lehnicke Jr, Washington County
Sex, male
Age, 38.
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Farming & lumbering
Degree Education, Common School, in Sw
Profession Religion, Not a church member
Habits, past intemperate
Nativity, Sweden (parents also born there).
Physicians Committing, James G. Rhodes & Thos. E. Clark.
Correspondents, Charles G. Johnson
Scandia, Washington Co. Minn

No. for Year, 284.
Insane Relatives, none
Cause Exciting, none definite given, took sick on board ship
Cause Predisposing, not stated
Form, Mania Acute
Accompanying Bodily Disorder, none given
[illegible] or Not, not —
[illegible] his Attack, recent, while returning from Sweden
probably short.
St
Result, Impr

EXAMINATION ON ADMISSION.

Exd by Dr Phelps - June 13/93 -

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, probably Confused.
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, rather dull
Correct or Illusive, Incorrect

REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
* Co-ordination & Reflex. Wont allow these tests to be made - gets excited - says "it will hurt everything."-

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

DELUSIONS:
Systematized or Not, Concerning hearing voices of God and the Devil & of the people talking of & about him
Special Subjects,
Transitory or Not,

HALLUCINATIONS: In connection with the same.
ILLUSIONS:
CONVERSATION: Quite willing. Seems eager
Coherent or Incoherent, excited; brings in delusive ideas
Voluble or Reticent, Readily - is too much controlled by them to talk upon new or ordinary subject.

Personal and Medical History of Nels D. Johnson.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 9 in WEIGHT, 165 pds. (about) NUTRITION, Seems quite good.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, none Coatings, slight Promptness Movement, quite prompt
PUPILS, Equality, Yes Size, somewhat dilated
Response Light, quite ready Accommodation,
SIGHT, Seems fair
HEARING, probably good
* CO-ORDINATION, Arms,
Legs, Standing on foot, seems rather unsteady.
TREMORS, Hands, none Tongue, none
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, ~~Hesitating,~~ probably good ~~Slurred,~~ except accent.
FACIAL EXPRESSION, Fair, except when excited.
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"), memory confused; no further information could be obtained on these points.
Mother or Mat. Relations, Mother dead.
Father or Pat. Relations, Father dead.
Brothers or Sisters,

Personal and Medical History of Nels. D. Johnson

189[3]

This man was brought here by Deputy-Sheriff C. O. Anderson, with the following history. No history of Consanguinity or heredity. This is 1st attack. Patient never in hospital before. First symptoms of this attack were manifested on a recent voyage from Sweden this town in Scandia. Disease is about stationary. There are rational periods at irregular intervals. His illusions are of persecution; thinks some one is trying to kill him. Delusions are especially active at night, when he will try to defend himself against imaginary Enemies with pocket-knife or other weapon. Has shown no disposition to injure others. Is not filthy in destructive. Is not suicidal. Patient is mostly always good-natured; rather quick tempered; but gentlemanly in manner. — Has not been subject to any severe disease, or injury to head. Has not been restrained or confined. No definite cause of disease given. Went to Sweden in May '92, in good health; returned May 1893; during voyage this brain-trouble developed. Has not had much medical treatment. Patient is muscular, well-nourished. R. normal. Pulse, now, 132; Eyes slightly injected; pupils nearly normal. Slight papular eruption on portion of face & body. Told Dr Clark, that, a day or two ago, while out walking he met some 15 Swede fellows & they called him all sorts of nick-names & frightened him; that also, while aboard ship, different persons knocked his hat off, pulled him around by the coat & several times attacked him in the night; so that he has to draw his knife & defend himself. Patient was perfectly quiet & apparently rational, during examination, & except upon the subject of these hallucinations — His brother states that at times patient does not recognize his friends; is moody & suspicious; attempts to leave house & go to the woods, especially towards evening. Sometimes 12 o'clock, before he can be prevailed upon to come in. Has to be watched constantly. —

June 12/93. On admission, patient found in fair physical condition. Was put on B[3]. Bodily Condition quite clean. Has an eruption of skin on back & shoulders. June 13/93. Slept, apparently, 8 hours last night. Was quiet. Am. Pulse 88. T. 99 4. On the hall, sits in a seat. Is depressed. Went out walking today. Talks but little & mostly in his native tongue. Appetite is fair. No cough. Knee seems stiff & lame. Pm. Pulse 84. T. 99.2.

June 14/93. Appeared to sleep well (8 hours) last night. Am. Pulse 82. T. 98.8. Is very excited; running about hall at 12.30 Pm & secluded for ½ an hour. Was transferred to C[3]. Was then excited & noisy for 2 hours or so, and secluded 7 hours. Appetite fair. Talks chiefly Scandinavian. June 15/93. Was restless for 3 hours, sleeping 8 hours last night. Am. Pulse 114. Was quiet today until 8 Pm, when he became excited & noisy. Has fears. Appetite fair: bowels seem constipated. Went out walking this morning & afternoon. June 16/93. Was quite noisy & restless for 2 hours, slightly noisy 4 hours, out of bed frequently & slept but 1 hour, last night. Am. Pulse 92. — Is quietly behaved today. Talks but little. Went out walking twice today. Appetite fair, though he has sometimes, to be urged to eat. Bowels still constipated. No complaints. Pm. Pulse 98. June 17/93. Slept 7 hours, last night, restless 2 hours or so. Am. Pulse 100. Appetite continues fair. At times, becomes excited & wants to be shot" — Is afraid. Stands in the middle of the floor & prays. Is generally obedient. Pm. Pulse 96. ——

June 18/93. Was restless, noisy, out of bed frequently & slept but 2 hours, last night. Appetite still quite fair. Talks considerably in his own tongue. Is loud, boisterous at times much excited. Is slow to comprehend. Suspicious & afraid. Refused to permit taking of pulse, today. June 19/93. Was noisy, restless & out of bed nearly all last night; slept but 1 hour. Bowels, quite badly constipated for past few days, have by aid of laxatives, moved freely today. Is wild, excited & noisy today; seems bewildered. Again refused taking of pulse. June 20/93. Quite noisy for 2 hours, but slept 7, last night. Am. Pulse 128. Very wild & noisy today. Lies in floor & tries to choke himself. Inclined to be ugly. Appetite poor. Bowels again inclined to constipation. Was secluded for 7 hours, today. June 21/93. Was extremely noisy for 2 hours, quite so for 4 hours, slightly noisy

June 12/
" 13
" 14
" 15
" 16
" 17
" 18
" 19
" 20
" 21

Personal and Medical History of Nels. D. Johnson.

NAME Nels D. Johnson

DATE. 189[3]	Weight.	Pulse.	Gain.	Loss.
June 14th	165	114	–	
July 2d	172½	74	7½	
Aug 1st	172	88		½
Sept 2d	180½	86	8½	
Oct 2d	177	72		2½

and days. Some one out-door calls him. Has spells when he talks loudly with imaginary persons. Is not ugly or destructive. Answers when addressed, but hesitates. Somewhat inclined to be stupid. Personal habits are fairly neat. Face bruised in a fight with a fellow patient (19th).

July 8/ July 8/93. Hears the King, calling "Nels Johnson" today. July 14/93. Very noisy, nearly all last night. Out of bed; dressed & walked about hall; wanted to get out. Seems to have fears of being harmed.
" 17/31 July 17/93. Manifests hallucinations; is talking with imaginary people, today. July 31/93. Appetite fair; bowels regular. Is apparently good physical condition, having also made quite a gain in flesh, since his coming. Is now quietly behaved: stupid most of the time. Has an occasional noisy outburst. Has hallucinations, also crying "spells". Occasionally noisy at night. Has not been in seclusion during this month. No injuries to be noted. Habits neat

Aug 3/ Aug 3/93. Had a "spell" of weeping & walking the floor, today. Aug 8/93. Today, had
" 13 a very severe spell of crying. Aug 13/93. Another spell of crying. Has fears of
" 21 being killed. Aug 31/93. Appetite fair. Bowels regular. Physical condition fair. Quiet & well-behaved. Lies, all day, on a bench or table, or the ground. Stupid & bewildered. Seldom speaks. Has hallucinations. Today transferred to B[3] —

" 24 Aug 24/93. Had another severe spell of crying; was also quite noisy. Ideas confused. Says
" 31 "Everybody is related to him". — Aug 31/93. No material change.

Sept/30 Sept 30/93. Has gained 6½ pounds in weight, in past 4 weeks. Sept 30/93. Still shows delusions, although is somewhat better. Has occasional "spells" of crying. Seems quite stupid.

Oct/31 Oct 31/93. Keeps in good flesh. Oct 31/93. Gets quite wild & excited when he gets hold of a Bible; will then read & cry & make motions with his hands. Manifest delusions still. Habits clean.

(Carried to 280)

189[3] This man was brought here by Deputy-Sheriff C.
Consanguinity or heredity. This is 1st attack. P
were manifested on a recent voyage from Swede
rational periods at irregular intervals. Sti
Delusions are especially active at night
pocket-knife or other weapon. Has s
not suicidal. Patient is mostly always qu
Has not been subject to any severe disease, or injury
disease given. Went to Sweden in May '92, in goo
- trouble developed. Has not had much medical
Pulse, now, 132; Eyes slightly injected; pupils nearly n
Told Dr. Clark, that, a day or two ago, while out walking he
nick-names & frightened him; that also, while aboard ship, differ
ly the coat & several times attacked him in the night; so that he has to draw his knife & defend himself. Patient was
perfectly quiet & apparently rational, during examination, except upon the subject of these hallucinations —
His brother states that at times patient does not recognize his friends; is moody & suspicious; attempts to leave house & go
to the woods, especially towards evening. Sometimes 12 o'clock, before he can be prevailed upon to come in. Has to
be watched constantly. —

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uctive. Is
in manner. —
o definite cause of
voyage this brain -
r, well-nourished. R. normal
eruption on portion of face & body.
ao fellows & they called him all sorts of
knocked his hat off, pulled him around

June 12 June 12/93. On admission, patient found in fair physical condition. Was put on B[3]. Bodily Condition quite
" 13 clean. Has an eruption of skin on back & shoulders. June 13/93. Slept, apparently, 8 hours last night. Was quiet.
Ate. Pulse 86. Te 99.4. On the hall, sits in a seat. Is depressed. Went out walking today. Talks but little &
mostly in his native tongue. Appetite is fair. No cough. Knee seems stiff or lame. Pm. Pulse 84. Te 99.2.
" 14 June 14/93. Appeared to sleep well (8 hours) last night. Am. Pulse 82. Te 98.8. Is very excited; running about
hall at 12.30 Pm. In seclusion for ½ an hour. Was transferred to C[3]. Was then excited & noisy for 2 hours or so,
" 15 and secluded 7 hours. Appetite fair. Talks chiefly Scandinavian. June 15/93. Was restless for 3 hours, sleeping
8 hours last night. Am. Pulse 114. Was quiet today, until 8 Pm, when he became excited & noisy. Has fears.
" 16 Appetite fair: bowels seem constipated. Went out walking this morning & afternoon. June 16/93. Was quite noisy &
restless for 2 hours, slightly noisy 4 hours, out of bed frequently & slept but 1 hour, last night. Am. Pulse 92. —
So quietly behaved today. Talks but little. Went out walking twice today. Appetite fair, though he has sometimes,
" 17 to be urged. Heat. Bowels still constipated. No complaints. Pm. Pulse 98. June 17/93. Slept 7 hours, last
night, restless 2 hours or so. Am. Pulse 100. Appetite continues fair. At times, becomes excited. "Wants to be
shot" - So afraid. Stands in the middle of the floor & prays. So generally obedient. Pm. Pulse 96. —
" 18 June 18/93. Was restless, noisy, out of bed frequently & slept but 2 hours, last night. Appetite still quite fair.
Talks considerably in his own tongue. Is loud, boisterous at times much excited. Is slow to comprehend.
" 19 Suspicious & afraid. Refused to permit taking of pulse today. June 19/93. Was noisy, restless & out of bed
nearly all last night; slept but 1 hour. Bowels, quite badly constipated for past few days, have by aid of
laxatives, moved freely today. Is wild, excited & noisy today; seems bewildered. Again refused taking of pulse.
" 20 June 20/93. Quite noisy for 2 hours, but slept 7, last night. Am. Pulse 128. Very wild & noisy today. Lies in floor
& tries to choke himself. Inclined to be ugly. Appetite poor. Bowels again inclined to constipation. Was
" 21 secluded for 7 hours, today. June 21/93. Was extremely noisy for 2 hours, quite so for 4 hours, slightly noisy

June 21 (Contd) for 3 hours or so, out of bed frequently, and slept none last night. Am. Pulse 100. Pm. Has been very quiet all day. Does not walking today. Appetite very good. Seems confused & bewildered - June 22/93. Quite
" 22 noisy, out of bed frequently, slept but 2 hours, last night. Am. Pulse 98. Pm. Was fairly quiet most of the day,
" 23 had a few noisy outbursts. Appetite good. Does not seem to gain mentally. June 23/93. Slept 8 hours,
last night and was quiet. Am. Pulse 98. Pm. Was very quiet during today. Mental condition appears
" 24 slightly improved. Talks but little, when spoken to. June 24/93. Last night, was noisy for 3 hours, out of
bed, sleeping only 5 hours. Am. Pulse 86. Quiet most of the day. Pm. Had 2 or 3 noisy spells. -
" 25 Seems to be drowsy or stupid. June 25/93. Quiet last night, sleeping, apparently, 8 hours. Am. Pulse 88.
" 26 Again quiet today. Occasionally shadows as though called. Manifests hallucinations. June 26/93. Was
slightly noisy 1 hour, restless 1 hour or so, but slept 7 hours, last night. Am. Pulse 82. Pm. Has remained
very quiet, refuses to take his medicine - Seems to be bewildered - Talks but little. Appetite, for past few
days, has been good. Bowels have all along been constipated, more or less, and movements have only
been obtained by aid of laxatives. Today they move quite freely. Patient, when examined a few days ago,
(see record of same. Page 265) was found to hold delusions; also had hallucinations. Was too much controlled
by delusions to talk on any ordinary subject. Was confused, mentally - There was also a tendency
to get excited, when making some of the "tests". June 27/93. Quiet, sleeping 8 hours last night. Am. Pulse.
" 27 June 30/93. Sleep & rest at night have improved, and they are now, apparently, quite good. Appetite is good;
" 30 but bowels are irregular. Seems to be stiff in his joints; there are symptoms of skin or blood disease on
his back. While on hall, sits on a seat, taking little or no notice of what is going on about him. Starts up
and says "Some one out-doors calls him. Has spells when he talks loudly with imaginary persons. Is not
ugly or destructive. Answers when addressed, but hesitates. Somewhat inclined to be stupid. Personal
habits are fairly neat. Face bruised in a fight with a fellow patient (19th).
July 8/93 July 8/93. Hears the King, calling "Nels Johnson" today. July 14/93. Very noisy, nearly all last night.
Out of bed; dressed & walked about hall; wanted to get out. Seems to have fears of being harmed.
" 17/93 July 17/93. Manifests hallucinations; is talking with imaginary people today. July 31/93. Appetite
fair; bowels regular. Is apparently good physical condition, having also made quite a
gain in flesh, since his coming. Is now quietly behaved: stupid most of the time. Has an
occasional noisy outburst. Has hallucinations, also crying "spells". Occasionally noisy
at night. Has not been in seclusion during this month. No injuries to be noted. Habits neat.
Aug 3/93 Aug 3/93. Had a "spell" of weeping & walking the floor, today. Aug 8/93. Today, had
" 13 a very severe spell of crying. Aug 13/93. Another spell of crying. Has fears of
" 21 being killed. Aug 21/93. Appetite fair. Bowels regular. Physical condition fair.
Quiet & well-behaved. Lies, all day, on bench & when set aside, on the ground. Stupid
& bewildered. Seldom speaks. Has hallucinations. Today transferred to B[3]. —
" 24 Aug 24/93. Had another severe spell of crying; was also quite noisy. Ideas confused. Says
" 31 "Everybody is related to him". - Aug 31/93. No material change.
Sep 1/93 to Sep 30/93 Sep 1/93. Has gained 8½ pounds in weight, in past 4 weeks. Sep 30/93. Still shows
delusions, although is somewhat better. Has occasional "spells" of crying. Seems quite stupid.
Oct 1/93 to Oct 31/93 Oct 1/93. Keeps in good flesh. Oct 31/93. Gets quite wild & excited when he gets hold of a
Bible; will then read & cry & make motions with his hands. Manifests delusions well. Habits clean.

(Carried to 280)

Personal and Medical History of John E. Mullen.

Whole No. 3377.

Residence, 824 E. 7th Street, St. Paul, Minn

Date Admission, 14th June 1893.

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

How Sent, John. D. Olivier, Jo P., Lawsey County

Sex, male

Age, 35 years.

Civil Condition, married

Children, 3

Age Youngest Child, —

Occupation, Harness-Maker

Degree Education, Common School

Profession Religion, Catholic

Family Physician, Habits, not good; drank & smoked to excess.

Dr. Bridal MD 824 E 7th St Paul, Nativity, Georgetown, Kentucky.

Physicians Committing, E. H. Whitcomb & C. Woolway.

(wife) Correspondents, Mrs John. E. Mullen 824 East 7th Street -

(Employer) H. W. McCord - North St Paul - Minn

No. for Year, 289

Insane Relatives, none

Cause Exciting, Intemperance; excessive use of tobacco & probably low parked -

Cause Predisposing, not stated

Form, Mania - Chronic

Accompanying Bodily Disorder, Some injury to head from blow.

Suicidal or Not, not

Date of this Attack, July 1892.

Duration, about 11 months -

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 34 years

Time of Leaving, 11th December 1901

Time in Hospital, 8 yrs & mos 27 ds

Result, Transferred to Hastings Asylum

JK pm

EXAMINATION ON ADMISSION.

Ex'd by Dr. Phelps - June 9/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused on Special Subjects

Quick or Sluggish, Quick

MEMORY:

Past Events, apparently fairly good except as interfered with by Delusions.

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects, Impaired somewhat

Own Mental State, greatly impaired

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, slightly

Depressed,

DELUSIONS:

Systematized or Not, somewhat systematized & absurd

Special Subjects, Subject of religion

Transitory or Not,

HALLUCINATIONS: Hears voices; talking of God.

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, somewhat coherent except as above

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Patient thinks he talks with God every day receives Special Commands governing his behavior, kept his clothes off because God Commanded him to do so. Talks very volubly - Runs off vaguely into a religious trend. Delusions are held very firmly but do not seem to prominent as at time of admission. Patient is cross-eyed. Says has been greatly troubled with dyspepsia. Otherwise has had good health.

Personal and Medical History of John E. Mullen.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ in. WEIGHT, 126 lbs. NUTRITION, Fair

WOUNDS OR ABNORMALITIES, Scar over left eye.

TONGUE, Tremors, None noted Coatings, Promptness Movement, Prompt

PUPILS, Equality, Equal - & cross-eyed. Size,

Response Light, very good Accommodation,

SIGHT, rather short sighted

HEARING, Fair

CO-ORDINATION, Arms, Finger to nose, Eyes shut. Fairly Good

Legs, Stands w feet fairly well; Stands, Eyes shut, feet steadily

Case No. 3377. John E. Mullen Vol. 23.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Palpitating; irritable.

LUNGS, Sounds good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty. Clean, Yes Careless,

BOWELS, Normal, Yes Constipated, Irregular,

APPETITE, Good, Yes Medium, Kept Poor,

SLEEP, Good, Yes Poor, Recent 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 living; claims healthy

Father or Pat. Relations, Father died, he claims, of bloody flux.

Brothers or Sisters, — Denies any heredity —

Personal and Medical History of John E. Muller.

Whole No. 3377.

Residence, 824 E. 7th Street, St. Paul, Minn

Date Admission, 14th June 1893.

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

How Sent, John B. Olivier Jo P., Ramsey County

Sex, male

Age, 35 years.

Civil Condition, married

Children, 3

Age Youngest Child, —

Occupation, Harness-Maker

Degree Education, Common School

Profession Religion, Catholic

Family Physician, Wife, Brother-in-law, Employers

Habits, not good; drank & smoked to excess.

Nativity, Georgetown, Kentucky.

Physicians Committing, E. H. Whitcomb & J. Woolway.

Correspondents, Mrs John E. Muller 824 East 7th Street - H. W. McCord - North St Paul - Minn

No. for Year, 289

Insane Relatives, none

Cause Exciting, Intemperance; excessive use of Tobacco & Opium (Laudanum) probably.

Cause Predisposing, not stated

Form, Mania - Chronic

Accompanying Bodily Disorder, Some injury to head from blow.

Suicidal or Not, not

Date of this Attack, July 1892.

Duration, about 11 months -

Result, Transferred to ...

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps - June 19/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused on Special Subjects

Quick or Sluggish, Quick

MEMORY:

Past Events, apparently fairly good except as interfered with by delusions

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects, Impaired somewhat

Own Mental State, greatly impaired

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, slightly

Depressed,

DELUSIONS:

Systematized or Not, somewhat systematized & absurd

Special Subjects, Subject of religion

Transitory or Not,

HALLUCINATIONS: Hears voices, talking of God.

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, somewhat Coherent except as delusions

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Patient thinks he talks with God every day receives Special Command governing his behavior, kept his clothes off because God Commanded him to do so. Talks very voluably - Runs off vaguely into religious trend. Delusions are held very firmly but do not seem to be prominent at time of medical. Patient is cross-eyed. Says has been greatly troubled with dyspepsia. Otherwise has had good health.

Personal and Medical History of John E. Muller.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ in. WEIGHT, 126 lbs. NUTRITION, Fair

WOUNDS OR ABNORMALITIES, Scar over left Eye.

TONGUE, Tremors, None noted Coatings, Promptness Movement, Prompt

PUPILS, Equality, Equal - Is cross-eyed. Size,

Response Light, very good Accommodation,

SIGHT, rather short sighted

HEARING, Fair

CO-ORDINATION, Arms, Finger to nose, Eyes shut, Fairly Good

Legs, Stands on foot fairly well; Stands, Eyes shut, feet steady

TREMORS, Hands, None Tongue, None noted

Facial Muscles, General,

REFLEXES, Patellar, Equal; about normal

Other Reflexes,

ARTICULATION, ~~Hesitating,~~ Good ~~Slurred,~~

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Palpitating; irritable.

LUNGS, Sounds good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, Yes Constipated, Kept Irregular,

APPETITE, Good, Yes Medium, Poor,

SLEEP, Good, Yes 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 living; claims healthy

Father or Pat. Relations, Father died, he claims, of Bloody Flux.

Brothers or Sisters, — Denies any heredity —

Personal and Medical History of John E. Mullen

1893 This man was brought here by Deputy Sheriff Sick, with following history. There is no consanguinity or history of insanity. This is 1st attack; occurred in July 1892, imagined people desired to do him bodily harm. Disease is increasing; disease is also variable, rational intervals coming at irregular intervals. Derangement is now manifested on subject of religion. Thinks he is next to God and he must do as God Commands him, freely. Is not disposed to injure others, nor suicidal, nor filthy nor destructive, nor were any peculiarities previously known. Has drank & smoked to excess. Received a blow on head in a fight about July 1892. Has not been restrained or confined. Supposed cause of this attack is his intemperance & excessive use of tobacco; possibly this blow has something to do with case. No treatment has been given patient.

On personal examination, patient is naked; when asked to clothe himself, replied "these are the clothes God Commanded me to wear." Eyes staring; is constantly talking on religion & God. Patient stated he was next to God & Commanded to go as he was born (naked) & stand up fearlessly & mingle with the people on the Globe &c. Stood naked before interviewer & examining Doctors & talked of God & religious subjects incoherently. Appearance & manner, mild. Is troubled with Insomnia, periods of melancholia, excessive appetite. -

June 14 June 14/93. Patient, on admission, is in fair condition. Was put on B2 - Bodily condition quite clean. One Eye has been injured. June 15/93. Was restless but one hour, Sleeping 7 hours, last night. Sits on a seat quietly most of the time, while on ward; went out walking today. Greets Everyone with "God bless you, God bless Everyone on this Earth." Talks freely to patients & attendants. Pulse, this Am. 88. Te) 99.4. Appetite good. Has no cough. No complaints noted. PM. Pulse 80. Te) 99. June 16/93. Last night, Slept 4 hours only; the balance of the time, was quite restless & getting out of bed. AM. Pulse 76. Te) 98.8. Was very quiet today until about 5 PM. when he took off his clothes; says "he has got the Clothes God gave him"; was put in Seclusion until bed time (8 o'clock). PM. Pulse 84. Te) 99.6. June 17/93. Slept but 5 hours, being restless for 3 hours, last night. As he persisted in denuding himself, was kept in Seclusion 11 hours today. At 5 PM, dressed himself. Appetite Continues good. Am. Pulse 78. Te) 99.4 PM. Pulse 80. Te) 99.2. —

" 18 June 18/93. Was again restless for 4 hours or so, out of bed often, and slept but 4 hours, last night. Am. Put Works now in dining room. Appears to talk quite sensibly on some subjects. Goes out walking with ward.

" 19 June 19/93. Slept 5 hours, last night; restless for 3 hours & frequently out of bed. Am. Pulse 72. Was examined, in office, today. Showed delusions on subject of religion; also Hallucinations "of hearing". "Receives special Commands from God, Governing his behavior" &c &c. June 20/93. Slept apparently well (8 hours)

" 20 last night. AM. P74. June 21/93. Slept fairly well, last night; restless, an hour or so. Am. Pulse 78.

" 21 Does some work on ward. Talks quite freely; appetite Continues good. June 22/93. Restless for 2 hours,

" 22 but sleeping 6, last night. Says he wants a "Change throughout the universe"; "no money; work 3 hours

" 23 per day; and everybody have everything they want; rich & poor put on same basis". June 23/93. Slept but

" 24 4 hours last night; restless 4 hours or so, & out of bed. June 24/93. Passed last night similarly to the one preceding. "Talks about going away"; says "that he can die & come back again"; and "nobody can stop him if he tries to go away." Struck an attendant while out walking today because he stopped patient from going away.

" 25/26 June 25/93. Was fairly restful last night, Sleeping 7 hours. June 26/93. During the last 3 nights, has been quite restless for 2 hours or so, but sleeping 6 hours, in each. Works willingly; appetite has continued good; Makes no complaints. Is always pleasant in manner, but "thinks God is running things here" and "tells him what to do". Wants to get away. Complains of being kept here. Goes out walking; no cough:

" 29 June 29/93. Slept but 5 hours last night. When awake was quite restless & getting out of bed. Pulse, for the past week, has been normal. Has not denuded himself, or been in seclusion for some days.

Personal and Medical History of John E. Mullen.

NAME. John E. Mullen

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 14th	126	—		
July 4th	130	—	4	
Aug 3rd	132½	—	2½	
Sept 1st	143	78	10½	
Oct 1st	144	80	1	
Nov 2d	143½	86		½
Dec 2d	149	76	5½	
1894 Jany 2d	152	84	3	
Feby 2d	151	72		1

riests & arch- ped and end to and very s glob of him ~ Ah!

at Present

Friend John Mullen

P.S. I would like to go to High Mass during the Morning at Rochester.

He paid here for one the

93. Appetite good; bowels normal. no cough noticed. & go home.

te restless when awake. July 19/93. Is very deluded. ows going" - July 30/93. Appetite continues good; lusions still, but does not mention them so much are good. Always cheerfully repeats the formula ht Shine on 'em" - This is frequently mentioned tally and delusions are not systematized enough sh & is in good physical health.

ows Walking. Search made, but without avail. . Aug 21/93. Has continued about as usual. Quiet st. Aug 31/93. Still shows delusions. Says that Hospital & that they are going to make him Ruler and the formula above mentioned.

s 10½ pounds in past month. Sept 30/93. Is very Health good.

es regularly; also dances, taking part in them.

ould not eat dinner or supper. Oct 31/93. Is just the ead now putting him in Hospital. Also says that p a quiet well-behaved patient. Habits clean & eat. cal condition. Nov 30/93. Appears cheerful, sleeps well, ups quiet & well-behaved. Still holds to his delusions some on ward, and occasionally, with Carpenter Portsmouth. About as above described. Still

" 31 deluded - Dec 31/93. No material change in mental condition - Is now working in kitchen -

Jan 10 1894 Jany 10/94. No noticeable Change - Always quiet & well behaved - Holds to his delusions.

" 31 Jany 31/94 - Has not worked in kitchen since 20th Inst. Seems to easily tire of any work - Does not remain long at any one occupation - Otherwise no change to report.

Febr Febr/94. Has steadily increased in weight, since coming is now 25 pounds heavier than on his admission. Physical health is very good. Otherwise about the same. —

" 12 Feb 12/94. Remained all day in his room on his knees, praying in a loud voice - Feb 13/94. Refused

" 13 to eat anything today - Would cry at times, but would give no reason for doing so. Feb 14/94. Today, refused to come to his meals & would not eat. Will not speak, at times. While in his room, remains on his knees, praying). Feb 18/94. Comes now to his meals, as before, but he refuses to

" 18 talk. Feb 21/94. Remains nearly all day in his room on his knees, praying; hands over face - goes to his meals but eats little. At times, wont speak. Bowels regular. Habits are clean.

" 23 Feb 23/94. Has taken out today and returned under "new Commitment papers" from Olmsted County. (Has been previously committed under laws of 1893 recently declared illegal).

" 28 Feb 28/94. No material change at this date. Remains a good deal of the time in his room. Eats but little.

Mar 3 March 3/94. Has been eating nothing, the past few days. Wednesday, transferred to Ward B2 East.

(Carried to 288)

Personal and Medical History of John. E. Mullen

1893

This man was brought here by Deputy Sheriff Lick, with following history. There is no
This is 1st attack; occurred in July 1892, imagined people desired to do him bodily
is also variable, rational intervals coming at irregular intervals. Deranged
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suicidal, nor filthy nor destructive, nor were any peculiarities present
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On personal examination, patient is naked; when asked to
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Is troubled with insomnia, periods of melancholia, excessive appe

June 14 June 14/93. Patient, on admission, is in fair condition. Urine put on B: 6. One Eye
" 15 has been injured. June 15/93. Was restless but one hour. Sleeping 7 hou a seat quietly
most of the time, while on ward; went out walking today. Greets Everyone in you. God bless
Everyone on this Earth." Talks freely to patients & attendants. Pulse, this Am 2) 99.4. Appetite good.
" 16 Has no cough. No complaints noted. PM. Pulse 80. T(e) 99. June 16/93. Last night, slept 4 hours only; the
balance of the time, was quite restless & getting out of bed. Am. Pulse 76. T(e) 98.8. Was very quiet today
until about 5 PM. when he took off his clothes; says "he has got the Clothes God gave him"; was put in
" 17 Seclusion until bed time (8 o'clock). PM. Pulse 84. T(e) 99.6. June 17/93. Slept but 5 hours, being restless
for 3 hours, last night. As he persisted in denuding himself, was kept in seclusion 11 hours today. At
5 PM, dressed himself. Appetite Continues good. Am. Pulse 78. T(e) 99.4. PM. Pulse 80. T(e) 99.2. ——
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Works now in dining-room. Appears to talk quite sensibly on some subjects. Goes out walking with ward.
" 19 June 19/93. Slept 5 hours, last night; restless for 3 hours & frequently out of bed. Am. Pulse 72. Was examined,
in office, today. Showed delusions on subject of religion; also "hallucinations of hearing". "Receives
" 20 special Commands from God, governing his behavior" &c. June 20/93. Slept apparently well (8 hours)
" 21 last night. Am. P 74. June 21/93. Slept fairly well, last night; restless, an hour or so. Am. Pulse 78.
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and "tells him what to do". Wants to get away. Complains of being kept here. Goes out walking; no cough.
" 29 June 29/93. Slept but 5 hours last night. When awake was quite restless & getting out of bed. Pulse,
for the past week, has been normal. Has not denuded himself, or been in seclusion for some days.

Personal and Medical History of John. E. Mullen.

269

John Mullen

23/269

All the Priests
Sisters and arch-
Bishops and Popes and
Carden I send
my love to and
God Bless every
body on this globe
May light
Shine on them
Grant them Oh
God.

No more at Present
From your
True Friend
John Mullen

P.S. I would like to go
to High Mass in the
Morning at Rochester.

Has paid visit home on the

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Jany 31/94 - Has not worked in Kitchen since 20th Inst. Seems to easily tire of any work -
does not remain long at any one occupation - Otherwise no change to report.
Febr 1/94. Has steadily increased in weight, since coming is now 20 pounds heavier
than on his admission. Physical health is very good. Otherwise about the same. ——
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Feb 28/94. No material change at this date. Remains a good deal of the time in his room. Eats but little.
March 9/94. Has been working working, the past few days. Was today, transferred to Ward B² East.

(Carried to 288)

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Rochester Aug 26-92

J. R. Hill
St Paul

Dr Sir

Henry McCool bought
my R.R. ticket on
third street between sibley
and Jackson st at a
Scalpers office and Jim
McLallie Michael Mullen
was present when the
ticket was bought the
went from the ticket
office to Jim McLallies
boarding house where I
got the ballance of my
money from Henry McCool
the man that was killed
He paid Here for on the

John. E. Mullen.

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train and they took Him
off and hit Him and
killed Him to the best of
my knowledge He had $12.50
twelve Dollars & fifty cents
We are trying this between
God and Man. this little
Babe is to be a Girl from
the first of march to
the first of December at
nine o'clock in the evening
and God watch the R J
R. Men to name it. God
bless every Person the
globe may yet be light
shine on Them granting
Them O. Lord from your
bosom Friend
John Mullen

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in the formula above mentioned.
ined 10 lbs pounds in past month. Sep 30/93. Is very
. Health good.
rcises regularly; also dances, taking part in them.
Would not eat dinner or supper. Oct 31/93. Is glad to
abroad now putting him in Hospital - Also says that
always a quiet well-behaved patient. Habits clean & neat.
ecial Condition. Nov 30/93. Apparently sleeps well,
always quiet & well-behaved - Still holds to his delusions,
ks some on ward, and, occasionally, with Carpenter.
2, in past month - About as above described. Still
in mental condition - Is now working in kitchen -
deluded - Dec 31/93. normal
Jan 10/94 Jany 10/94. No noticeable Change - Always quiet & well behaved - Holds to his delusions.
" 31 Jany 31/94 - Has not worked in kitchen since 20th Inst. Seems to easily tire of any work -
Does not remain long at any one occupation - Otherwise no change to report.
Febr Febr/94. Has steadily increased in weight, since coming is now 25 pounds heavier
than on his admission. Physical health is very good. Otherwise about the same. —
" 12/ Feb 12/94. Remained all day in his room on his knees, praying in a loud voice - Feb 13/94. Refused
13 to eat anything today - Would cry at times, but would give no reason for doing so. Feb 17/94. Today,
" 17 refused to come to his meals would not eat. Will not speak, at times. While in his room,
remains on his knees (praying). Feb 18/94. Comes now to his meals, as before, but he refuses to
" 18 talk. Feb 21/94 Remains nearly all day in his room on his knees, praying; hands on face -
" 21 goes to his meals but eats little. At times, wont speak. Bowels regular. Habits are clean.
" 23 Feb 23/94. Has taken out today and returned under "new Commitment papers" from
Olmsted County. (He had been previously committed under law of 1893 recently declared illegal).
" 24 Feb 28/94. No material change at this date. Remains a good deal of the time in his room. Eats but little.
Mar 3 March 3/94. Has been eating nothing, the past few days. Was today, transferred to Ward B2 East.

(Carried to 288)

1893

This man was brought here by Deputy Sheriff Such, with foll
This is 1st attack; occurred in July 1892, imagined people
is also variable, rational intervals coming at irregular in
-gular. Thinks he is sent by God and he must do as God Co
suicidal, nor filthy nor destructive, nor ever any peculiari
a blow on head in a fight about July 1892. Has not been
intemperance & excessive use of tobacco; possibly this blow has
On personal examination, patient is naked; when asked
me to wear." Eyes staring; he constantly talking in rel
to go as he was born (naked) & stand up fearlessly &
interviewer & examining Doctor & talked of God & religi
Is troubled with Insomnia, Periods of Melancholia,

June 14 June 14/93. Patient, on admission, is in fair condition
" 15 has been injured. June 15/93. Was restless but a
most of the time, while on ward; went out walkin
Everyone on this Earth." Talks freely to patients
" 16 Has no cough. No complaints noted. PM. Pulse
balance of the time, was quite restless & getti
until about 5 PM. when he took off his clothes
" 17 seclusion until bed time (8 O'clock). PM. Pu
for 3 hours, last night. As he persisted in dres
5 PM, dressed himself. Appetite Continues goo
" 18 June 18/93. Was again restless for 4 hours or so, out of bed up
Works now in dining-room. Appears to talk quite sensibly on some subjects. Goes out wa
" 19 June 19/93. Slept 5 hours, last night; restless for 3 hours & frequently out of bed. Am. Pulse 72. Was examined,
in office, today. Showed delusions on subject of religion; also "hallucinations of hearing". "Receives
" 20 special Commands from God, Governing his behavior" &c &c. June 20/93. Slept apparently well (8 hours)
" 21 last night. AM. P 74. June 21/93. Slept fairly well, last night; restless an hour or so. Am. Pulse 78.
" 22 Does some work on ward. Talks quite freely; appetite continues good. June 22/93. Restless for 2 hours,
but sleeping 6, last night. Says he wants a "Change throughout the universe"; "no money; work 3 hours
" 23 per day; and everybody have everything they want; rich & poor put on same basis". June 23/93. Slept but
" 24 4 hours last night; restless 4 hours or so, out of bed. June 24/93. Passed last night similarly to the one
preceding. "Talks about going away"; says "that he can die & come back again"; and "nobody can stop him
if he tries to go away." Struck an attendant while out walking today because he stopped patient from going
" 25/28 June 25/93. Was fairly restful last night, sleeping 7 hours. June 28/93. During the last 3 nights, has
been quite restless for 2 hours or so, but sleeping 6 hours, in each. Works willingly; appetite has continued
good; makes no complaints. Is always pleasant in manner, but "thinks God is running things here"
and "tells him what to do". Wants to get away. Complains of being kept here. Goes out walking; no cough.
" 29 June 29/93. Slept but 5 hours last night. When awake was quite restless & getting out of bed. Pulse,
for the past week, has been normal. Has not denuded himself, or been in seclusion for some days.

J. R. Hill
third & Broadway
St Paul
Minn

July 2/30 Still holds to his delusions, however. June 30/93. Appetite good; bowels normal. no cough noticed.
Works some in dining-room. Anxious to be allowed to go home.
July 2/19 July 2/93. Slept 4 hours only, last night; was quite restless when awake. July 19/93. Is very deluded.
" 30 Says "his time is up, today & no one can stop him from going". July 30/93. Appetite sometimes good;
and bowels regular. Troublesome on ward. Manifests delusions still, but does not mention them so much
as when he first came in. Sleep & rest at night are good. Always cheerfully repeats the formula
"God bless everybody on this Globe; let your Light shine on 'em" - This is frequently mentioned
in the letters he writes, also. Is quite weak mentally, and delusions are not systematized enough
to be paranoiac. Patient has gained some in flesh & is in good physical health.
Aug 1 Aug 1/93. Ran away today, while coming in from Walking. Search made, but without avail.
Aug 27/14 Aug 27/93. Was brought back today from Utica. Aug 27/93. Has continued about as usual. Quiet
" 31 & well behaved. Was today transferred to B2 East. Aug 31/93. Still shows delusions. Says that
all the Rail-road men on earth sent him to this Hospital & that they are going to make him Ruler over
Occasionally writes letters; these generally contain the formula above mentioned.
Sep 1/30 Sep 1/93. Has grown quite fleshy; having gained 10 pounds in past month. Sep 30/93. Is very
"rooted" in his ideas. Still holds to his delusions. Health good.
Oct 3 Oct 3/93. No material change. Attends chapel services regularly; also dances, taking part in them.
" 25/31 Oct 25/93. Complained to day of pain in bowels. Would not eat dinner or supper. Oct 31/93. Is just the
same. Has the same ideas, as at first, about Railroad men putting him in Hospital. Also says that
all the R.R. men in the world know him. Is always a quiet well-behaved patient. Habits clean & neat.
Nov/30 Nov 2/93. Wt 143 3/4 lbs. Is in very good physical condition. Nov 30/93. Apparently sleeps well,
at night. Appetite good; bowels regular. Is always quiet & well-behaved. Still holds to his delusions,
his strange ideas about R.R. men &c &c. Works some on ward, and, occasionally, with Carpenter.
Dec Dec 2/93. Has made a further gain in flesh, in past month. About as above described. Still
" 31 deluded. Dec 31/93. No material change in mental condition. Is now working in kitchen.
Jan 10 1894 Jany 10/94. No noticeable Change. Always quiet & well behaved. Holds to his delusions.
" 31 Jany 31/94. Has not worked in kitchen since 20th inst. Seems to easily tire of any work.
Does not remain long at any one occupation. Otherwise no change to report.
Febr Febr 1/94. Has steadily increased in weight, since coming in now 25 pounds heavier
than on his admission. Physical health is very good. Otherwise about the same. —
" 12/13 Feb 12/94. Remained all day in his room, on his knees, praying in a loud voice. Feb 13/94. Refused
" 17 to eat anything today. Would cry at times, but would give no reason for doing so. Feb 17/94. Today,
refused to come to his meals & would not eat. Will not speak, at times. While in his room,
" 18 remains on his knees, praying). Feb 18/94. Comes, now, to his meals, as before, but he refuses to
" 21 talk. Feb 21/94. Remains nearly all day in his room on his knees, praying; hands over face -
goes to his meals but eats little. At times, wont speak. Bowels regular. Habits are clean.
" 23 Feb 23/94. Has taken out today and returned under "new Commitment papers" from
Oneida County. (He had been previously committed under law of 1893 recently declared illegal).
" 28 Feb 28/94. No material change at this date. Remains a good deal of the time in his room. Eats but little.
Mar 3 March 3/94. Has been eating nothing, the past few days. Was today, transferred to Ward B2 East.

(Carried to 288)

Personal and Medical History of Xaver Bismark.

Whole No. 3378.

Residence, In a transient; Dakota County.

Date Admission, 14th June 1893.

Admitted by Dr. Phelps Hour, 7 PM.

How Sent, Thos. P. Moran, Jeff, Dakota County

Sex, male

Age, Says 25 years.

Civil Condition, married; affinis &c.

Children, Says 12.

Age Youngest Child, ——

Occupation, unknown

Degree Education, reads writes German & English

Profession Religion, Says he is Lutheran

Habits, perhaps not very good -

Nativity, Says in Colorado. (But of parents, unknown)

Physicians Committing, V. VanBeeck & K.E. Finch -

Correspondents, (cannot tell anything about his friends or relations)

No. for Year, 290.

Insane Relatives, unknown

Cause Exciting, Cannot discover any

Cause Predisposing, " " "

Form, Dementia

Accompanying Bodily Disorder, Says has had Typhoid fever

Suicidal or Not, not known

Date of this Attack, unknown

Duration, unknown

No. of Attack, unknown if it is the 1st

No. of Admissions, 1st

Age First Attack, unknown

Time of Leaving, June 29 1893

Time in Hospital, 4 yrs. 15 d.

Result, Transferred to Fergus Falls.

p.t. pm

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps, June 17/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Very confused

Quick or Sluggish, Quite sluggish

MEMORY:

Past Events,

Recent Events, Exceedingly poor

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Very dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State, Very dull & confused

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Gives very various places for his birth: gives varying accounts of how he spent his time. Cannot tell very clearly when his father lives & as indicated then, is very much confused in mind. Says "Gets out of his head" when he gets sick - "Feels better now". Says he had Typhoid fever about a month ago (?) —

EMOTIONAL STATE:

Normal, Calm,

Indifferent, & demented in Character.

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None definite noted

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None noted

ILLUSIONS:

CONVERSATION: Exceedingly slow: Answers a little,

Coherent or Incoherent, Sometimes nothing, in very low tone.

Voluble or Reticent,

Personal and Medical History of Xaver Bismark.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6 3/8 WEIGHT, 151 1/2 lbs NUTRITION, Fair

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, None noted Coatings, Promptness Movement, Normal

PUPILS, Equality, Equal Size, abnormal

Response Light, very prompt Accommodation,

SIGHT, Seems good

Case No. 3378. Xaver Bismark. Vol. 23.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

REFLEXES, Patellar, equal - about 3 - Dr. Ch. Scale -

Other Reflexes,

ARTICULATION, Hesitating, Fairly good Slurred,

FACIAL EXPRESSION, rather dull -

SENSIBILITY,

HEART, Normal

LUNGS, Normal

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good, Record kept	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, Father, he says, lives near Winnipeg, Manitoba -

Brothers or Sisters,

not much information can be obtained from him on these points

Personal and Medical History of Xaver Bismark.

Whole No. 3378.

No. for Year, 290.

Residence, Is a transient; Dakota County.

Insane Relatives, unknown

Date Admission, 14th June 1893.

Cause Exciting, Cannot discover any

Admitted by Dr. Phelps Hour, 7 PM.

Cause Predisposing, " " "

How Sent, Thos. P. Moran, Jeff, Dakota County

Form, Dementia

Sex, male

Accompanying Bodily Disorder, Says has had Typhoid fever

Age, Says 25 Years.

Suicidal or Not, not known

Civil Condition, married; affinis so.

Date of this Attack, unknown

Children, Says 12.

Duration, unknown

Age Youngest Child, ——

No. of [illegible]

Occupation, unknown

Degree Education, reads writes German & Eng

Profession Religion, Says he is Lutheran

Habits, perhaps not very good -

Nativity, Says in Colorado (Both parents, [illegible]

Physicians Committing, W. Hamblock & J.E. Finch -

Correspondents, (cannot tell anything about his friends or relations)

transferred to Fergus Falls.

pt. PM

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps, June 17/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Very confused

Quick or Sluggish, Quite Sluggish

MEMORY:

Past Events,
Recent Events,
Special Subjects,
} Exceedingly poor

PERCEPTIVITY:

Alert or Dull, Very dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,
Own Mental State,
Special Subjects,
} Very dull & confused

GENERAL DESCRIPTIVE REMARKS:

Gives very various place for his birth: gives varying accounts of how he left this town. Cannot tell very clearly when his father lives & as indicated there, is very much confusion in mind. Says Gets "out of his head" when he gets sick - Feels better now". Says he had Typhoid fever about a month ago.(?)—

EMOTIONAL STATE:

Normal, Calm,

Indifferent, & demented in Character.

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None definite noted

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None noted

ILLUSIONS:

CONVERSATION: Exceedingly slow: Answers a little

Coherent or Incoherent, Sometimes nothing, in very low tone.

Voluble or Reticent,

Personal and Medical History of Xaver Bismark.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 3/4 WEIGHT, 151 1/2 lbs NUTRITION, Fair

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, None noted Coatings, Promptness Movement, Normal

PUPILS, Equality, Equal Size, abnormal

Response Light, Very prompt Accommodation,

SIGHT, Seems good

HEARING, Seems fairly good

CO-ORDINATION, Arms, Finger to nose, eyes shut, fairly good - Some inaccuracy.

Legs, Standing on foot, fairly good; Standing, Eyes shut, Steady.

TREMORS, Hands, None special Tongue, None special

Facial Muscles, General, None

REFLEXES, Patellar, equal - about 3 - Dr. P's Scale -

Other Reflexes,

ARTICULATION, Hesitating, Fairly good ~~Slurred.~~

FACIAL EXPRESSION, rather dull -

SENSIBILITY,

HEART, Normal

LUNGS, Normal

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

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

Record kept

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, he says, lives near Winnipeg, Manitoba -

Brothers or Sisters,

} not much information can be obtained from him on these points

1893

This man was brought here by Sheriff Hyland, with the following history, which is rather meagre. As to, Consanguinity, insane relatives, number of attack, duration, when first symptoms was manifested, State of disease, disposition towards others, suicidal propensities, previous peculiarities &c. if he has been restrained or confined, nothing is known; cannot find out any information from him or regarding him. There seems to be a complete loss of memory; some hallucinations of sound; think he is not filthy or destructive. Patient says he had typhoid fever. Cannot discover any cause of the disease; Complains of Gastric derangement; Evidently has tenderness of Epigastric region. Is listless, stupid, depressed. Cannot tell anything about his friends or relatives. He wanders about and is exposed to want of food or shelter or accidents.

June 14 June 14/93. On admission, Sputum B3. Patient is in fair Physical Condition. Pulse 72. R 24. T(a) 100. No injuries or peculiarities noticed. June 15/93. Was restless for 3 hours, but slept 6 hours, last night. Am. Pulse 54. R 26. T(a) 98.5. Is quietly behaved. Talks now, except in answer to questions. Appetite good, " 16 bowels regular. No cough noticed. Pm. Pulse 74 R — T(a) 98.7. June 16/93. Slept well, last night. Am " 17 Pulse 56. R 22. T(a) 98.4. PM Pulse 82. R 25. T(a) 99.6. June 17/93. Again rested & slept well, last night. " 20 Am. Pulse 64. R 22. T(a) 98.8. Pm. Pulse 82. R 24. T(a) 99. June 20/93. Continues quiet & well behaved. Is very reticent: never speaks except & reply to questions. Goes out walking. Appetite good; bowels " 28 regular. Seems dull & uninterested in his surroundings. June 28/93. When going to bed this evening, said "he could not stay any longer"; wanted his clothes, so that he might go away. During the past week pulse has been about normal each morning, but quite subnormal, as a rule, in the evening. Evening temperature has usually been higher than that of the morning, which generally has been normal. Patient has been a quite dull, half stupid man; seeming to half comprehend where he is or what about. Is well-behaved, and works quite willingly on the ward. Still very reticent.

July 1 July 1/93. Weight 155 lbs. Pulse 64. Does not talk much but answers when spoken to. Appetite good; bowels regular. (July 17/93. Patient, a new man, the temperature record was kept up to find if it " 12 continued. It does, but there seems to be no good cause. He is a rather dull, inactive man. (Record attached)) July 12/93. Occasionally takes a notion that he has to go away, & when he time comes, he does not want to " 31 go to bed; when in his room is always rapping at the door. Has had two of these "Spells" since coming here. In the morning he is, apparently, all right again. July 31/93. Appetite is good; bowels regular. Very reticent; never speaks except to answer questions. Is a good worker on the ward & willing to do anything requested of him. Is clean in habits. Appears always mildly depressed.

Aug 1/31 Aug 1/93. Weight fluctuates but little. Aug 14/93. Appetite good; bowels regular. Is quiet and well-behaved. Has an idea, at times, that he must go home, & tries to get out. Once, while out walking, he " 30 tried to run away by jumping up & starting to run. Is of clean habits. Aug 30/93. Keeps about the same.

Sep 1/30 Sep 1/93. Has made a slight gain in weight. Sep 30/93. Continues quiet. Does not talk much, but will answer questions. Is a good & willing worker on the ward. Habits clean.

Oct 1/31 Oct 1/93. Has made another slight gain in flesh, in the past month. Oct 31/93. No material change.

Nov 1/30 Nov/93. Has lost 6½ pounds in weight during past month, without apparent cause. Does not complain of any ill feeling. Nov 30/93. No noticeable change in condition. Still manifests delusions. —

Dec 31 Dec 31/93. Appetite not very good, at present. Bowels apparently regular. Reticent; hardly ever speaks to anyone. When in one of his "spells" will chase the other patients about the hall. Habits are clean. —

1894 Jan 1/31 Jan 1/94. Is still losing some in flesh. Jan 31/94. Patient's Condition does not change any.

NAME Xaver Bismark

ICKNESS OF MR. X. Bismark
DIAGNOSIS.

DATE, 189 3	Weight.	Pulse.	Gain.	Loss.
June 11th 15	151½	—	—	
July 1st	153	64	3½	
Aug 1st	153½	92		2½
Sept 2d	154	90	1½	
Oct 2d	156½	84	2½	
Nov 1st	150	72		6½
Dec 4th	151	80	1	
Jan 1st 1894	149	96		2
Feb 1st	153½	82	4½	
Mar 1st	150	84		3½

TEMP. AM	TEMP. PM	
92		
98		
99.5		loss not to a pouch. but will answer when spoken to. Appetite good. Bowels regular.
92		
	98.8	
9		
98		
	99.2	
98		
	98.8	
9		
99		
	99.4	
98		
	99.2	
9		
97		
	100.4	
97		
	99.4	
98		
	99.2	
9		
97		
	99.4	
98		
	100	
14	98	
15	98.6	
16	98	
17	98	

Patient a new man the temp records were kept up to find if it continued. It does not. There seems to be no good cause. He is a rather dull inactive man.

23 out walking. Appetite poor, bowels regular. 24th & 25th scatters smoke, slept about 3 hrs daily.
28th Appetite good, bowels regular, watches & always trying to escape. Pm C-3. Habits clean. July 2nd Wt 146, ¾ lbs.
July 2/31 Same as last month, does no work. July 31st No change.

(carried to 300)

1893

This man was brought here by Sheriff Hyland, with the following h
-sanguinity, insane relatives, number of attack, duration, when fir
disposition toward others, suicidal propensities, previous peculi
nothing is known; cannot find out any information from
loss of memory; some hallucinations of sound; think he is
fever. Cannot discover any cause of the disease; Complains
Epigastric region. Is listless, stupid, depressed.
wanders about and is upset to want of food

June 14 June 14/93. On admission, Pulse 83. Patien
" 15 injuries or peculiarities noticed. June
Am. Pulse 54. R 25. T(a) 98.5. Is quiet
" 16 bowels regular. No cough noticed. Pm. Pulse 74
" 17 Pulse 56. R 22. T(a) 98.4. PM Pulse 82. R 25. T(a) 99.6.
" 20 Am. Pulse 64. R 22. T(a) 98.8. Pm. Pulse 82. R 24. T(a) 99.
Is very reticent: never speaks except to reply to questions. Goes
" 28 regular. Seems dull & uninterested in his surroundings. June
said "he could not stay any longer"; wanted his clothes, so that he might
pulse has been about normal each morning, but quite subnormal, as a rule, in the evening. Evening tempe-
rature has usually been higher than that of the morning, which gennally has been normal. Patient has been
a quite dull, half stupid man; seeming to half comprehend where he is or what about. Is well-
-behaved and works quite willingly in the ward. Still very reticent.

July 1 July 1/93. Weight 155 #s. Pulse 64. Does not talk much but answers when spoken to. Appetite good;
bowels regular. (July 17/93. Patient, a new man, the temperature record was kept up to find if it
continued. It does, but there seems to be no good cause. He is a rather dull, inactive man. (Record attached))
" 12 July 12/93. Occasionally takes a notion that he has to go away & when bed time comes, he does not want to
go to bed; when in his room is always rapping at the door. Has had two of these "spells" since coming
here. In the morning he is, apparently, all right again. July 31/93. Appetite is good; bowels regular.
" 31 Very reticent; never speaks except to answer questions. Is a good worker in the ward & willing to do
anything requested of him. Is clean in habits. Appears always mildly depressed.

Aug 1/14 Aug 1/93. Weight fluctuates but little. Aug 14/93. Appetite good; bowels regular. Is quiet and well-
" 30 behaved. Has an idea, at times, that he must go home, & tries to get out. Once, while out walking, he
tried to run away by jumping up & starting to run. Is of clean habits. Aug 30/93. Keeps about the same.

Sep 1/30 Sep 1/93. Has made a slight gain in weight. Sep 30/93. Continues quiet. Does not talk much, but
will answer questions. Is a good & willing worker in the ward. Habits clean.

Oct 1/31 Oct 1/93. Has made another slight gain in flesh, in the past month. Oct 31/93. No material change
Nov 1 Nov 1/93. Has lost 6½ pounds in weight during past month, without apparent cause. Does not complain
" 30 of any ill feeling. Nov 30/93. No noticeable change in condition. Still manifests delusions. —

Dec 31 Dec 31/93. Appetite not very good, at present. Bowels apparently regular. Reticent; hardly ever speaks
1894 to any one - When in one of his "spells", will chase the other patients about the hall. Habits are clean. —
Jan 1/31 Jan 1/94. Is still losing some in flesh. Jan 31/94. Patient's condition does not change any.

H

DETAILED HISTORY OF SICKNESS OF MR. H. Bismark
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
June 29	8		82 x				99 x		
30	8		66				98.8		
July 1	8		70				99.2		does not talk much but will answer when spoken to. Appetite good. Bowels regular.
2	8		80				99		
3	8		66				98.6		
4	8		80				99		
5	8		68				98.8		
6	8		66				99		
7	8		84				99.2		
8	8		66				98.6		
9	8		72				99		
10	8		76				99.2		
11	8		78				99.8		
12	8		76				99		
13	8		72				99.4		
14	8		72				98.8		
15	8		70				98.8		
16	8		78				99.4		
17	8		70				99.2		

Patient a new man - the temp record was kept up to find if it continued. It does but there seems to be no good cause. He is a rather dull inactive man.

23rd out walking. Appetite poor, bowels regular. Ht 4-25th restless much, slept about 8 hrs daily.
30th Appetite good, bowels regular, watches & always trying to escape. Pm C-3. Habits clean. July 2nd Wt. 148, #'s lost.
July 2/31 Same as last month, does no work. July 31st No change.

(Carried to 300)

1893

This
-daug
disp
no
lo

Janu

Aug 1/93

" 30

Sep 7/30

Oct 7/31

Nov 1

" 30

Dec 31

1894

Jan 1/31

Augt 1/93. Very
-behaved. Has an idea, a
tried to run away by jumping up
Sept 7/93. Has made a slight gain in weight
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Oct 1/93. Has made another slight gain in flesh, in the past mo
Nov 1/93. Has lost 6½ pounds in weight during past month, without apparent cause. Does not complain
of any ill feeling. Nov 30/93 No noticeable change in condition. Still manifests delusions. —
Dec 31/93. Appetite not very good, at present. Bowels apparently regular. Reticent; hardly ever speaks
to anyone - When in one of his "spells" will chase the other patients about the hall. Habits are clean. —
Jan 1/94. Is still losing some in flesh. Jan 31/94. Patient's condition does not change any.

any more.

- behaved. Has an idea, a
- spells" since coming
- good; bowels regular.
- ward & willing to do
- pressed.
- regular. Is quiet and well-
- Oct 31/93. No material change.
- Dec 31/93. Appetite not very good, at present. Bowels apparently regular. Reticent; hardly ever speaks
- Jan 1/94. Is still losing some in flesh. Jan 31/94. Patient's condition does not change any.

Personal and Medical History of Xaver Bismark.

1894

Feb 1/94. Has gained some in flesh, the past month. Feb 22/94. Has been very restless, the past few days. Wanted to get out and go home. Has not partaken of any food for a meal. Has been walking ups and down the hall all day. Feb 23/94 Is somewhat better this morning. Ate a good breakfast.

Febry 28 Feb 28/94. Apparently rests and sleeps well, at night. Appetite good; bowels seem regular. Has occasional "spells" of refusing food, restlessness & wanting to go home - Reticent. In good health. —

Mar 5 March 5/94. Is quietly behaved. Is rather confused in his ideas; does not seem to know anything about his life before coming here. Works some on the ward. Habits are clean - Bowels regular. —

" 7 March 7/94. Patient was committed here under the "Law of 1893" recently declared unconstitutional. He was today Taken out and Returned under "new Warrant" from Olmsted County. —

" 23/24 March 23/94. Started to run away, while out walking; was overtaken & brought back. March 24/94. Has been very restless, the last few days, & has refused to eat, walking the floor & asking every body & et him out, so he can go home. Talks incoherently. March 26/94. Restless & sleeping very poorly (4 hours) last night.

" 28 Appetite is very poor & will not touch his food at all, at some meals. Mar 28/94. Vaccinated, today.

" 31 March 31/94. Appetite is improving some, the last couple of days. Behavior more quiet than previously. Talks incoherently. Habits clean. Prone & inclined to be untidy about clothing. Works some on the ward.

Apl 27/30 Wt 144 pds. (Has lost some, probably from worrying & restlessness). Pulse 78. Apl 30/94. Appetite rather poor, at present; some meals he refuses altogether; talks incoherently; shows delusions; - Is very restless, at present & wants to get away: has to be watched very closely when out; habits are clean but still untidy about his clothing. He helps some with the ward work. Is, seemingly, very Disconsolate.

May 1 Wt 151½ lbs. p. 72. 3rd restless 5 hrs. slept 3. 5th has not taken any food for four meals. Is at present very restless, walking the floor most of the time, asking everybody for a key - as he wants to get out. Will not keep his clothing on. Made his escape through the elevator door A day while working in dining room; was discovered in the basement & brought back.

5th Late in the day jumped on to Wm Jessup, attendant, said he wanted his keys.

6th Restless 5 hrs. slept 4. 7th has been very restless, walking about on hall this A.M. He was requested to sit down - after which he lay down on the seat & was apparently sleeping. All efforts made to arouse him proved fruitless. Remained in this condition

18 about half an hour. At night slept 4 hrs. restless 4. 18th Made his escape again through elevator door in D.R. but was captured as soon as he got to basement & brought back.

20th Very restless of late, always walking about - appetite poor, sometimes will not touch food for 3 or 4 meals.

21st Can not be taken out walking of late, as he will start to run away. 21st Made another attempt at running away while walking had to be carried in. 24th Restless 6 hrs slept 2. Tore out the ventilator & was going down in basement - when night watch stopped him. 30th Appetite fair. Bowels seem regular. Behavior restless, always wanting to make his escape, has to be watched

31 closely. Works little on ward, habits fairly clean. Broke gas fixture down in wash room to day. June 1st Wt 146 lbs. p. 96. 11th Made his escape down ventilator, but was caught soon as he got out of doors. Naughty in 6-3. Has been very restless for some time, tried to run away while

23 out walking. Appetite poor, bowels regular. 14th to 23rd restless mush. slept - about 3 hrs daily.

30th Appetite good, bowels regular, restless & always trying to escape. In C-3. Habits clean July 2nd Wt 148 lbs. p. 66.

July 27/31 Same as last month, does no work. July 31st No change.

(Carried to 300)

Personal and Medical History of Peter Rondeau

Whole No. 3379.
Residence, Centreville, Minn. (?)
Date Admission, 15th June 1893.
Admitted by Dr. Phelps Hour, 2 PM.
How Sent, J. C. Frost, Jof P., Anoka County
Sex, Male
Age, 26 years
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Hunter
Degree Education, none
Profession Religion, Roman Catholic
Habits, Intemperate
Nativity, St Paul, Minnesota.
Physicians Committing, J. J. Reid & A. W. Giddings
Correspondents, (none given in "papers")

No. for Year, 291.
Insane Relatives, none
Cause Exciting, self-abuse
Cause Predisposing, intemperance probably
Form, Mania Chronic
Accompanying Bodily Disorder, Syphilis & self-abuse
Suicidal or Not, Not (?) —
Date of this Attack, June 9th 1893.
Duration, abut 6 days
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, abut 25
Time of Leaving, June 25th '93
Time in Hospital, 10 dys.
Result, Improved.

EXAMINATION ON ADMISSION.

Exd by D. Phelps. June 17/93. **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:
Clear or Confused, Feebleminded in character.
Quick or Sluggish, rather sluggish

MEMORY:
Past Events, } of doubtful accuracy
Recent Events, }
Special Subjects, }

PERCEPTIVITY:
Alert or Dull, rather dull.
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, } Quite poor
Own Mental State, }
Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:
Says he has not lived at home for some time: threatened his life because he got his Grandpa's estate being able to earn enough. Has felt this way for some years. "Don't know exactly how to do this" - He admits the idea of going down" "Was going to get up a gun of his own, he says" - this was reason he wanted a gun at this seems to have no idea of when he is incoherent: which is quite complex of the deluded-confused ideas which he has. He is in manner, somewhat of the type of a feebleminded person - with some indications of considerable cunning.

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

DELUSIONS:
Systematized or Not, Interested except by some confused ideas.
Special Subjects,
Transitory or Not,
HALLUCINATIONS: ✗ ✗
ILLUSIONS:
CONVERSATION: Coherent or Incoherent, Answers questions, at times, intensely: at other times, so vaguely as to show loss of mental power - There
Voluble or Reticent, is probably also a loss of memory, so lacking is he in knowledge of things that are past.

Personal and Medical History of Peter Rondeau

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8½ WEIGHT, 149½ lbs. NUTRITION, seems good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, some slight Coatings, slight. Promptness Movement, fairly prompt
PUPILS, Equality, Equal Size, about normal
Response Light, fairly good Accommodation,
SIGHT, Good
HEARING, Fair
Slightly some slight impairment.
CO-ORDINATION, Arms, fingers normal, Eyes shut, does somewhat imperfectly
Legs, Standing on foot, fairly well done; Standing, Eyes shut, Fairly steady; Walk some.
TREMORS, Hands, very slight of fingers Tongue, some slight
Facial Muscles, General,
REFLEXES, Patellar, Equal - about 7. D. Babinski -
Other Reflexes,
ARTICULATION, ~~Hesitating~~, fairly good. ~~Slurred~~,
FACIAL EXPRESSION, fairly good.
SENSIBILITY,
HEART, Sounds good
LUNGS, Sounds good
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Yes Kept	Medium,	Poor,
SLEEP, Good, Yes Record	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 about 17 years ago.
Father or Pat. Relations, father living — Somewhere in Canada -
Brothers or Sisters,

Personal and Medical History of Peter Rondeau

1893

This man was brought here by John Tierney, Sheriff, & attended by C. Carter, with the following history of case. Is a half-breed Hunter. There is no history of consanguinity or heredity. This is 1st attack; commenced June 9th 1893, (about 5 or 6 days ago); "asked for a butcher knife to kill himself with & for a gun to go to war." Disease is variable; there are rational intervals. Derangement is now manifested by disposition to suicide; melancholia; Has shown no disposition to injure others; is not suicidal(?); is not filthy nor destructive. Has, previously, shown bad temper; melancholia; is intemperate; has been given to self-abuse, and has had syphilis; Has not been restrained or confined. Supposed cause of this attack is self-abuse; (Attached to "Committment Papers", is a statement by these 2 physicians, to the effect that patient is dangerous, and relatives and neighbors are afraid of him; that he states he will kill himself &c &c.). On personal examination, made the above statements, but would not talk much; appearance & manner were melancholy. It is believed that he is likely to commit suicide, or any other dangerous offence against society

June 15 June 15/93. On admission, is found in fair Physical Condition. Was put on B.Z. Bodily condition, clean at both, quite dirty; no injuries or peculiarities noted. June 16/93. Was restless for 2 hours, but slept 6 hours, last night. Am. Pulse 78. T. 99.4. Is depressed & stubborn. Talks but little. Appetite poor. Has no cough. Pm. P 88 " 16 " 17 T. 99.6. No complaints or injuries noted. June 17/93. Quiet, apparently sleeping 8 hours, last night. Am. Pulse 78. T. 99.4. Is very stubborn. Sits on a bench, most of the times, while on hall. Pm. P 88. T. 99.2. " 18 June 18/93. Apparently slept well (8 hours) last night. Am. Pulse 78. T. 99.4. Pm. Pulse 76. T. 98.8. Behavior " 19 about as yesterday. Seems depressed. June 19/93. Appetite good. Went out walking with his ward, today. " 21 June 21/93. Walks about ward some; does no work. Goes out walking regularly. Talks but very little. — " 23 June 23/93. Appetite medium. Is stubborn. Has been eccentric and odd; full of queer manners, and queer ideas; is evidently a "Defective", who has been made worse by circumstances, since coming here. " 24 June 24/93. For the past 5 nights, has apparently rested & slept well, in each. Behavior & conduct by day, con- " 25 tinue about the same. June 25/93. Last night, was restless for 2 hours, frequently out of bed & slept but 5 hours. Wanted to put on his clothes & go out for a walk. Had to be put back to bed, by force. Last evening, when returning from a walk, patient escaped. Seems to have remained around the buildings, as he was found in the fire-Escape about 9.30 Pm. & returned to his ward. Said he was looking for a "woman". — Pulse for the past week has been about normal. There was no perceptible change in patients' Conduct or behavior during that Period.

Eloped again, today, while out in the grove and, though a diligent search was made for him, could not be found.

— Discharged —

Personal and Medical History of Nels D. Johnson:

From 268.

Nov 1 Nov 1/93. Wt 169 pds. Pulse 94. (Has lost 8 pounds in flesh, in past month, without apparent cause).
" 30 Nov 30/93. Apparently, rests and sleeps well, at night. Appetite good; bowels regular. Behavior is quiet, with the exception that, once in a while, when he will become somewhat noisy, singing. Seems to be dull and occasionally stupid; also somewhat slightly foolish. Habits are clean.
Dec 1st Dec 4/93. Wt 166 pds. Pulse 88. (Still losing some in weight). Dec 17/93. Restless and noisy for
" 31 5 hours, sleeping but 4 hours, last night. Dec 31/93. Patient does not seem to change any.—
1894 Jan 2/94. Wt 161½ pds. Pulse 92. Jan 12/94. While out walking today, jumped into a sleigh
" 31 and went down town. Was overtaken and brought back. Jan 31/94. There seems to be no change in patients' condition from month to month, except that he is steadily losing in flesh. Habits clean.
Feb 1 Feb 1/94. Wt 160 pds. Pulse 90. Slept quite poorly, last night. Restless and noisy 8 hours or so.
" 28 Feb 28/94. At times noisily behaved, especially when he gets a Bible; will then become very excited and commence to cry. Of late, pimples have broken out over his body. Talks quite rationally, at times. Does not help with hall work. Habits, Cutaneous clean. —
Mar 1/94 March 1/94. Wt 150½ pds. Pulse 96. March 19/94. Quite noisy 8 hours; slept but 4 hours, last night. Talk is, for the most part, incoherent — has hallucinations — Helps, of late, with the ward-work.
" 21 March 21/94 — Patient was committed here under the "Law of '93", recently declared unconstitutional. He was, today, Taken Out and Returned under a "new warrant" from Olmsted County — March 31/94. No material change, noticeable, since last report.
" 31 April 2/94. Wt 164 pds. Pulse 72. April 30/94. Apparently rests well, at night. Appetite is good;
Apl 2/30 bowels regular. Behavior quiet of late; he is rather foolish in his actions; Talks incoherently & incidentally still has delusions, though he does not express them. Habits clean. Helps some with the work.
May 1/18 May 1/94. Wt 164 pds. Pulse 80. May 18/94. Seems improving some of late. Is much better-behaved now: helps nicely with ward-work; also works some outside. Talks incoherently and still shows that he has delusions. Habits are cleanly. Was today transferred to B1 —
" 28 May 28/94. Has been quiet & well-behaved, on this ward. While out in the grounds today, he Eloped.
" 30 May 30/94. Was found, some distance out in the Country & returned this evening. Put on B1 —
June 1/30 June 1/94. Wt 160 pds. Pulse 63 — June 30/94. Has "spells" when he will talk to himself, but has little to say to others. Much inclined to be alone. Seems to have no ambition. Is quite reckless in his way: insolent; not inclined to work. Appetite continues good; bowels regular.
July 1st July 1/94. Wt 158 pds. Pulse 69. July 15/94. Keeps about the same. Works a little, on ward.
" 15 July 16/94. Escaped, while out walking today. Search for him was without results.

Died Nov. 9. 94.

Personal and Medical History of Jacob Leinen Sr.

Whole No. 3382.
Residence, Rosetown
Date Admission, 16th June 1893.
Admitted by D. Kelbourne Hour, 7 PM.
How Sent, John. B. Olivier Jp. St. Lawrence County
Sex, Male
Age, 67
Civil Condition, Widower
Children, 5
Age Youngest Child,
Occupation, Farmer
Degree Education, Common School
Profession Religion, Roman Catholic
Habits, Not intemperate
Nativity, Germany
Physicians Committing, Talbot Jones & A. MacDonald
Correspondents, John Leinen, 481 Rondo St St Paul

Family Physician
A. MacDonald
326 Wabasha St
St Paul

No. for Year, 294
Insane Relatives, Sister
Cause Exciting, unknown
Cause Predisposing, previous attack
Form, Senile Dementia
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, Yes; by Cutting throat
Date of this Attack, during last May
Duration, 3 or 4 weeks
No. of Attack, 2nd probably - one in 1879.
No. of Admissions, 1st (here) -
Age First Attack, about 53.
Time of Leaving, 25th Sept 1895.
Time in Hospital, 2 years: 3 mos: 9 days
Result, Died: Cerebral Hemorrhage.

Ed by S. Phelps, June 17 93.

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish, apparently quite Sluggish
MEMORY:
Past Events, (?)
Recent Events, (?)
Special Subjects, (?)
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Probably very dull
Own Mental State, Probably very dull
Special Subjects, Probably very dull
GENERAL DESCRIPTIVE REMARKS:
Does not understand English well. Does not speak it - Examination imperfect on this account. Is dull -

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Indifferent
DELUSIONS:
Systematized or Not, Seemingly under influence
Special Subjects, of delusions of a depressing
Transitory or Not, character.
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Won't talk.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Jacob Leinen Sr.

EXAMINATION ON ADMISSION. (CONTINUED.)
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 7 WEIGHT, 148 lbs. NUTRITION, Apparently below normal
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Normal Coatings, normal Promptness Movement, Fairly prompt
PUPILS, Equality, Equal Size,
Response Light, Sluggish Accommodation,
SIGHT, ?
HEARING, Seems good
CO-ORDINATION, Arms,

Case No. 3382. Jacob Leinen Sr. Vol. 23.
The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

ARTICULATION, ~~Hesitating~~, will hardly talk ~~Slurred~~, Seemingly Good.
FACIAL EXPRESSION, pathetic dull + indifferent.
SENSIBILITY,
HEART, Sounds fairly good
LUNGS, Seem fairly good -
EXAM. URINE,

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

Record kept

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 Jacob Leinen Sr.

Whole No. 3382.
Residence, Lexetown
Date Admission, 16th June 1893.
Admitted by Dr Kilbourne Hour, 7 PM.
How Sent, John B. Olivier Jr. Ramsey County
Sex, male
Age, 67
Civil Condition, Widower
Children, 5
Age Youngest Child,
Occupation, Farmer
Degree Education, Common school
Profession Religion, Roman Catholic
Habits, not intemperate
Nativity, Germany
Physicians Committing, Talbot Jones & A. MacDonald
Correspondents, John Leinen, 481 Rondo St. St Paul

(Family Physician a MacDonald 325 Wabasha St Paul)

No. for Year, 294
Insane Relatives, sister
Cause Exciting, unknown
Cause Predisposing, previous attack
Form, Senile Dementia
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, Yes; by Cutting throat
This Attack, during last may

Time of Leaving,
Time in Hospital, 2 years: 3 mos: 9 days
Result, Died: Cerebral Hemorrhage.

Exd by S. Chelfs, June 17/93.

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish, apparently quite sluggish

MEMORY:
Past Events,
Recent Events, (?)
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,

REASONING POWER:
Ordinary Subjects,
Own Mental State, probably very dull
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Does not understand English well. Does not speak it. Examination imperfect on this account. Is dull.

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

DELUSIONS:
Systematized or Not, seemingly under influence
Special Subjects, of delusions of a depressing
Transitory or Not, character.

HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: wont talk.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Jacob Leinen Sr.

EXAMINATION ON ADMISSION. (CONTINUED.)
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 ½ WEIGHT, 148 lbs. NUTRITION, apparently below normal
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, normal Coatings, normal Promptness Movement, fairly prompt
PUPILS, Equality, Equal Size,
Response Light, sluggish Accommodation,
SIGHT, ?
HEARING, seems good
CO-ORDINATION, Arms, } Imperfectly tested – probably good.
Legs, }
TREMORS, Hands, none special Tongue, normal
Facial Muscles, General,
REFLEXES, Patellar, equal; abnormal.
Other Reflexes,
ARTICULATION, ~~Hesitating~~, will hardly talk ~~Slurred~~, seemingly good.
FACIAL EXPRESSION, pathetic dull + indifferent.
SENSIBILITY,
HEART, Sounds fairly good
LUNGS, seem fairly good –
EXAM. URINE,

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

Records kept

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 Jacob Leinen Sr

1893

This man was brought here by John Leinen + attended by Jacob Leinen, with the following history. This is not the first attack; has a previous one in 1879: was in hospital in Germany for 6 months; left, seemingly cured. First symptoms of this present attack were manifested during May last; disease is increasing; there are, however, rational intervals, when he appears quite rational. On 31st May, he attempted suicide by cutting his throat. Has shown no disposition to injure others; nor is he filthy nor destructive; sister is insane. Neither patient nor his parents have been addicted to intemperance. Has had no severe disease or head injury. Supposed cause of disease is unknown. Has had no treatment now, except surgical treatment for wound in neck. Appears healthy. Appearance + manner quiet. While being examined, Patient said nothing.

June 16 June 16/93. On admission, found to be in fair condition. Has pulse on Br. Bodily condition very dirty. Has a cut on
" 17 neck and one on instep of foot. June 17/93. Slept well, last night + was quiet. Am. Pulse 82. T@ 99.6. While
on ward, walks about most of the time. Goes out walking. Talks some. Says "can't speak anything but German, and has no one to talk to" - appetite fair - no cough noticed. no complains or injuries noted. PM. P 84. T@ 99.4.
" 18 June 18/93. Again passed a quiet restful night, apparently sleeping well. AM. Pulse 82. T@ 99.2. Is very
" 19 quiet; neck dressed today. PM. Pulse 80. T@ 99.4. June 19/93. Quiet, sleeping 7 hours, last night. -
" 20 Pulse normal. June 20/93. Was very restless + disturbed last night; up, wanting to put on his clothes.
" 23 Slept but 3 hours. Am. Pulse 82. Is very quiet + reticent. June 23/93. Pulse, on the last two + present
" 27 mornings, has been 80. 78 + 78, respectively. Appetite has continued good. June 27/93. While in hall
and also while outside, sits in a quiet, dull way; depressed + half-comprehending; looking at the floor;
" 30 wound on neck is doing well; healing partly by granulation; closed but not strongly as yet. June 30/93 Has been somewhat dirty in personal habits the past 2 days, soiling his clothing. Pulse, taken each morning during past week, has been normal. Appetite has been good, ever since admission & Patient has been quiet and, with the single exception above noted, has slept well at night, 7 to 8 hours, as a rule. His general appearance is that of a case of Senile Dementia, with a depressed state of mind.

July 1/31 July 1/93. Has lost slightly in flesh. July 31/93. Appetite is good. Talks none. Speaks only German; can't talk English. Sore on neck is healing slowly. Also has one on instep. Is very quiet; sits on a seat all the time, while in-doors. Has, during the month, been almost stupidly quiet. Sits in a corner and looks at the floor. —

Aug 1/31 Aug 1/93. Has been dirty in his habits, the past week. Aug 31/93. Sore on neck has healed up. -
Appetite medium. Is still rather depressed. Habits, dirty, at times.

Sep 3/30 Sep 3/93. Height fluctuates considerably. Sep 30/93. Sits quietly on a bench. In other respects, no change.

Oct 10/31 Oct 10/93. Patient's condition does not change much, from month to month. Oct 31/93. Still sits quietly by himself, on a seat, most of the time. Talks none. Makes no complaints. Almost stupidly quiet.

Nov 8 Nov 8/93. Appetite good. Is quietly behaved, by day. Cannot talk English. Works. Some noticed.

" 30 Nov 30/93. No material change to note. ——

Dec 7/8 Dec 1/93. Visited by son, today. Dec 8/93. Was today visited by some of his relatives. ——

" 31 Dec 31/93. Quiet + well-behaved. Makes no complaints. Goes out walking. Works some indoors.

Jan 1/31 1894 Jany 1/94. Keeps in about his usual flesh + health. Jan 31/94. No noticeable change. —

Febr Feb 1/94. Has lost some in weight in past month; but does not complain of any ill feeling.

" 22 Feb 22/94. When not working, sits on a bench quietly. Does not move about the hall, at all. Talks none.

" 23 Feb 23/94. Patient "had been committed here under the Laws of 1893" recently declared illegal.

Personal and Medical History of Jacob Leinen Sr

Commitment

most of the time,

talk some with the

some on the ward.

loud Mirth past

ed,

ood.

Hall. Health quite good.

loud Mirth & Mirth

usual, Generally.

3 3/4 pd. Pulse 104-

Sits at walking

rswell; Tidy +

ne Contented.

ily passed away.

the ward. —

ained no change.

e, about same.

. Pulse 96.

d. He sits in

ing's trunks some

Aug 31/95 keeps

ed by Locker,

y on stairs,

s appeared

oning & Dinner.

Patient left

ard", at 2 P.M.

labyes: left

& harsh.

" 21 Sep 21/95. Restless, all night. Condition unchanged. Is given eggnog frequently: also a
" 22 Sponge bath, daily. Sep 22/95. Very quiet, all night: Vomited eggnog, this morning.
" 24 Sep 24/95. No special change, during Yesterday or today, except that he has been vomiting
a good deal: coughs a little. Bowels move freely. Was very quiet, all last night.
" 25 Appears to be sleeping, the greater part of the day. Sep 25/95 - Coughed a great deal, during the night + especially, hour. Appears to be rapidly failing. This morning (T 104 2/5 P 176) - respiration laboured + rattling in throat: can take no nourishment yet is in a comatose condition. 11 AM. Visited by Rev'd Riordan. 1 PM. Patient passing peacefully - Is failing very rapidly. 1.55 P.M. Died

(Cause: Cerebral Hemorrhage)

(See Death Record)

CASE RECORD.

Patient's Name Leinen Jacob. Name Disease Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Sept 25						Patient can take no nourishment is in a comatose condition
" " 11 AM						Patient visited by Rev. Riordan + Patient passing peacefully +
" " 1 PM						"Patient died"
" 1 55 "						

Recorded by Nurse.

CASE RECORD.

Patient's Name Leiney Jacob. Name Disease Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Sept 21 7 am	100.8	88	24		2 glasses egg & nog	Patient seems as about the same condition as yesterday
" " 12 M					" " "	Bowels moved
" " 5 P.M.	101	82	27		" " "	Patient very quiet all nig
" " 6 "						ht.
" 22 7 am	101.2	94	26	Gave sponge bath.	" " "	Patient vomited up egg & nog
" " 9 "					" " "	
" " 12 M					" " "	
" " 5 P.M.	100.8	96	26		" " "	Patient slept 2 hours during night
" " 6 "						Patient vomited up egg & nog
" 23 7 a.m.	100	80	28		" " "	Bowels moved freely
" " 10 30 "				Gave sponge bath.	" " "	coughs a little at times -
" " 12 M.					" " "	
" " 5 P.M.	101	96	26		" " "	Patient very quiet all night
" " 6 " "					" " "	
" 24 7 A.M.	100.2	86	24		" " "	Patient appears to be sleeping the greater part of the day -
" " 12 M.					" " "	
" " 5 P.M.	100	114	24		" " "	Patient coughed a great deal during night
" " 6 "						Slept 1 hour.
						Patient appears to be rapidly failing respiration labored & rattling in throat.
" 25 7 a.m.	104.2	120	40			

Recorded by Nurse.

July 1/93 This man
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Quiet and
-ral appearan
July 1/93. Has ha
German; cant talk to
sits on a seat all the time, w
in a corner and looks at the flo

Aug 1/31 Aug 1/93. Has been dirty in his habits
Appetite medium. Is still rather depressed.

Sep 3/30 Sep 3/93. Weight fluctuates considerably. Sep 30/93 Sits quietly on a bench. In other respects, No change.
Oct 10/31 Oct 10/93. Patients condition does not change much, from month to month. Oct 31/93. Still sits quietly by himself, on a seat, most of the time. Talks now. Makes no complaints. Almost stupidly quiet.

Nov 8 Nov 8/93. Appetite good. Is quietly behaved, by day. Cannot talk English. Works some on yard.
" 30 Nov 30/93. No material change to note.

Dec 7/8 Dec 7/93 Visited by son, today. Dec 8/93. Was today visited by some of his relatives.
" 31 Dec 31/93. Quiet & well-behaved. Makes no complaints. Goes out walking. Works some on yard.
Jan 7/31 1894 Jan 7/94. Keeps in about his usual flesh & health. Jan 31/94. No noticeable change.
Febr Feb 7/94. Has lost some in weight in past month; but does not complain of any ill feeling
" 22 Feb 22/94. When not working, sits on a bench quietly. Does not move about the hall, at all. Talks none.
" 23 Feb 23/94. Patient had been committed here under the "Law of 1893" recently declared illegal.

Aug 31/93. Sore on neck has healed up. - dirty, at times.

Committment
most of the time,
ly.
alk some with the
some on the yard.
Found Monday past
to,
ood.
ood.
all. Health quite good.
Food Mouth to Mouth
asmus, Jr. Orally.
3½ pd. Pulse 70 -
When at walking
esswell; Tidy &
ne Contented.
ily quiet today.
the ward. —
Nurse to Charge.
e, about same.
d. Pulse 96.
t. He sits in
ies brooks some
Aug 31/93 keeps
ed by locker,
y on stairs,
es appears
rowing & dancing.
Patient left
ward", at 2 P.M.
alyzed: left
& harsh:
t: —

Sep 11/95. Restless, all night. Condition unchanged. Is given eggnog frequently: also a
" 22 sponge bath, daily. Sep 22/95. very quiet, all night: vomited eggnog, this morning.
" 24 Sep 24/95. No special change, during Yesterday or today, except that he has been vomiting
a good deal: coughs a little. Bowels move freely. Was very quiet, all last night.
" 25 Appears to be sleeping, the greater part of the day. Sep 25/95 - Coughed a great deal, during the night & slept only 1 hour. Appears to be rapidly failing, this morning (T 104.2 P 120). Respiration labored & rattling in throat: can take no nourishment per os in a comatose condition. 11 am. Visited by Rev. Riordan. 1 PM. Patient passing hopelessly - is failing very rapidly -
1.30 P.M. Died (See attached record)

Person

1893

This man
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Personal and Medical History of [illegible] Sr

Ol. 23. Fol. 281. No. 3382

CASE RECORD.

Patient's Name Louis Jacob. Name Disease [illegible] Name Physician H. H. Herzog.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Sept 1 92 Rec	104	92	24		On Liquid diet	Patient received on ward from B2
" " 5 "	101	84	24		2 glasses of eggnog	Appearing quite weak was put in bed has slight bruise on left lip caused by a fall
" " 6 "						left side of face on other leg right.
						Lungs & diabetes slight ly ill - left arm completely paralyzed left leg partially so pants full and to urinating.
						L. of. pulmonic sound of heart rough and harsh.
						2nd sound sharp and clicking - peculiar bluish color of face which is constant
" " 7 30 "				Gave cold sponge bath		
" " 12 m.				Gave medicine		Slept 4 hours during night.
" 20 2 am				" "		
" " 4 "				" "		Bowels moved freely
" " 6 "				" "		Medicine distributed
" " 7 "	102	80	24		2 glasses eggnog	
" " 12 m.					" " "	
" " 5 pm	101.6	92	24		" " "	Restless all night
" " 6 "						

Recorded by [illegible] Nurse.

Committment
most of the time,
talk some with the
stone in the ward.
& found Monday past
ts,
od.
good.
hall. Health quite good.
Four Months to month.
casional, generally.
13½ pd. Pulse 104 -
When out walking
usually; Tidy &
ns Contented.
ittle restless.
the ward. —
rence no change.
e, about same.
d. Pulse 95.
th. Heart in
ries bronchitis some
Aug 3/93. Keeps
ted by brother,
n or stairs,
as appeared
young & Junior.
Patient left
ard, at 2 pm.
nalyzed: Left
l & harsh:
t: —

July 1/31 July 1/93. Has [illegible] German; cant talk [illegible] sits on a seat all the time, [illegible] in a corner and looks at the flo[illegible]

Aug 1/31 Aug 1/93. Has been dirty in his habits. Appetite moderate. Is still rather depressed.

Sep 3/30 Sep 3/93. Weight fluctuates considerably. Sep 30/93 [illegible] sits quietly on a bench. In other respects, no change.

Oct 10/31 Oct 10/93. Patients condition does not change much, from month to month. Oct 31/93. Still sits quietly by himself, on a seat, most of the time. Talks none. Makes no complaints. Almost stupidly quiet.

Nov 8 Nov 8/93. Appetite good. Is quietly behaved, by day. Cannot talk English. Works some at times.

" 30 Nov 30/93. No material change to note. —

Dec 7/ Dec 7/93. Visited by son, today. Dec 8/93. Was today visited by some of his relatives. —

" 31 1893 Dec 31/93. Quiet & well-behaved. Makes no complaints. Goes out walking. Works some at times.

Jan 7/31 Jany 1/94. Keeps in about his usual flesh & health. Jan 31/94. No noticeable change. —

Febr Feb 7/94. Has lost some in weight in past month; but does not complain of any ill feeling.

" 22 Feb 22/94. When not working, sits on a bench quietly. Does not move about the hall, at all. Talks none.

" 23 Feb 23/94. Patient had been committed here under the "Law of 1893" recently declared illegal.

Sept 11/95. Restless, all night. Condition unchanged. To given eggnog frequently: also a sponge bath, daily. Sept 12/95. Very quiet, all night: vomited eggnog, this morning.

" 12 Sept 13/95. No special change, during Yesterday or today, except that he has been vomiting a good deal: coughs a little. Bowels move freely. Was very quiet, all last night.

" 25 Appears to be sleeping the greater part of the day. Sept 15/95. Coughed a great deal, during the night & slept only 1 hour. Appears to be suffering this morning (T. 104.8 P. 116). Respiration labored + rattling in throat: can take no nourishment, is in a comatose condition. 11 am. Visited by Resd. Riordan. 1 Pm. Patient passing [illegible] 1.35 Pm. Dead

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88. Tue 19.4.
19.2. Is very
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ngly as yet. June 30/93 Has
also, taken each morning
mission & Patient has been
to 8 hours, as a rule. His gene-
d state of mind.
good. Talks now. Speaks only
She has had an interp. Is very quiet;
outh, been almost stupidly quiet. Sits

July 4/93. Has
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sits on a seat all the time, n
in a corner and looks at the flo
Aug 17/93. Has been dirty in his habi
Appetite medium. Is still rather depress
Sep 3/93. Height fluctuates considerably. Sep 20/
Oct 10/93. Patients condition does not change much, from month to month. Oct 31/93. Still sits quietly by himself, on a seat, most of the time. Talks now. Makes no complaints. Almost stupidly quiet.
Nov 8/93. Appetite good. Is quietly behaved, by day. Cannot talk English. Works some on ward.
Nov 30/93. No material Change to note. —
Dec 7/93. Visited by son, today. Dec 8/93. Was today visited by some of his relatives. —
Dec 31/93. Quiet & well-behaved. Makes no complaints. Goes out walking. Works some on ward.
Jany 7/94. Keeps in about his usual fleck & health. Jan 31/94. No noticeable Change. —
Feb 7/94. Has lost some in weight in last month; but does not complain of any illfeeling.
Feb 21/94. When not working, sits on a bench quietly. Does not move about the hall, at all. Talks none.
Feb 23/94. Patient had been committed here under the "Law of 1893" recently declared illegal.

Aug 31/93. Sore on neck has healed up. - dirty, at times.
Sits quietly on a bench. In other respects, no Change.

July 1/31
Aug 1/31
Sep 3/30
Oct 10/31
Nov 8
" 30
Dec 7/31
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Jan 7/31
Febr
" 22
" 23

Personal and Medical History of Jacob Lenien Sr

NAME Jacob Lenien Sr

DATE, 189 3	Weight.	Pulse.	Gain.	Loss.
June 15th	148	—		
July 4th	144	—	—	4
Aug 3d	149	—	5	
Sept 5th	143	—		6
Oct 3d	147½	80	4½	
Nov 1st	149½	74	2	
Dec 2d	150	78	½	
1894				
Jany 3d	146	70		4
Febry 1st	144	70		4

Taken out and Returned under "New Commitment Act". Feb 28/94. Sits idly about on a bench most of the time, some in the ward. Personal habits are cleanly. —
6. March 31/94. No material change. Reads; talks some with the
Appetite good; bowels apparently regular. Works some in the ward.
April 30/94. Condition has not changed much, if any, for some months past
d, talks no english, appetite good, no complaints.
walks out, reads, " " , behavior good.
d talks none, works on ward, walks out daily, appetite good. —
Aug 31/94. Behaves well; talks none; works in hall. Health quite good.
Sep 30/94. No change; he keeps about the same from month to month.
Oct 31/94. Behavior good; works on ward — About as usual, generally.
Dec 1/94. Wt 149½ pds. Pulse 72. Jan 1/95: Wt 153½ pds. Pulse 104-
). Jan 31/95. Patient seems weak, at times. When not walking
brought back. Appetite generally good; Behaves well; Sits &
reads. Works some on ward. Reads some. Seems contented.
b 28/95. Failing slowly; is weak & walks slightly unsteady.
le; very quiet. behavior good. Works some on the ward. —
ch 31/95. Appetite fairly good. Gets lonesome, otherwise no change.

April 1/31 — April 1/95. Wt 143 " " 76. April 30/95. Appetite improved; is on extra Diet. Otherwise, about same.
May 2/31 — May 2/95. Wt 143 " " 74. June 1/95. Wt 142 pds. Pulse 80. July 1/95. Wt 140 pds. Pulse 96.
June 1/31 — July 31/95. Behaves well. Condition remains about same, from month to month. He sits in
July 31 — one place, all the time, while awake. Reads Bible - Talks no English. Tries to walk some
Aug 1/31 — in the ward, but is rather unsteady on feet. Aug 2/95. Wt 143 pds. Pulse 72. Aug 3/95. Keeps
" 29 — about the same, all the time. Aug 29/95. Patient walks feeble & very quiet. Visited by brother,
Sep 2/30 — and friends, today. Sep 2/95. Wt 140 pds. Pulse 86. Sep 12/95. Patient fell down on stairs,
" 19 — today, while going out walking: no marks or bruises noticed. Sep 19/95. Has appeared
quite weak, the last few days: at times, cannot stand on his feet; fell, when going to dinner.
Again, fell on floor, when going for a walk; received a slight bruise over left eye. Patient's left
leg & left arm appear to be partly paralyzed. Transferred to "Infirmary Ward", at 2 PM.
Was put to bed there. Tongue deviates slightly to left: left arm completely paralyzed: left
leg partially so: pulse full & bounding: 1st pulmonic sound of heart rough & harsh:
2d sound sharp & flicking: peculiar bluish color of face, which is constant: —
" 20 — Sep 20/95. Patient was restless & slept only 4 hours, during night: bowels moved freely.
" 21 — Sep 21/95. Restless, all night. Condition unchanged. Is given eggnog frequently: also a
" 22 — sponge bath, daily. Sep 22/95. Very quiet, all night. Vomited eggnog, this morning.
" 24 — Sep 24/95. No special change, during yesterday & today, except that he has been vomiting
a good deal: coughs a little. Bowels move freely. Was very quiet, all last night.
" 25 — Appears to be sleeping the greater part of the day. Sep 25/95. Coughs a great deal, during the night & slept only 1 hour. Appears to be rapidly failing this morning (T 104½. P 114). Respiration labored & rattling in throat: can take no nourishment, is in a comatose condition. 11 am. Visited by Rev. Knowlan. 1 PM. Patient passing properly — Is failing very rapidly. (See Death Record)
1.55 P.M. Died

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P 88. To 99.4.
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has an unsteady
th, been almost stupidly quiet. Sits

July 17/31 July 17/93.
German; can't
sit on a seat all the
in a corner and looks at
Aug 17/31 Aug 17/93. Has been dirty in his
Appetite medium. Is still rather depres
Sep 3/30 Sep 3/93. Weight fluctuates considerably. Sep
quietly on a bench. In other respects, no change.
Oct 10/31 Oct 10/93. Patients condition does not change much,
from month to month. Oct 31/93. Still sits quietly
by himself, on a seat, most of the time. Talks now. Makes no complaints. Almost stupidly quiet.
Nov 8 Nov 8/93. Appetite good. Is quietly behaved, by day. Cannot talk English. Works some on ward.
" 30 Nov 30/93. No material change to note.
Dec 1/8 Dec 1/93. Visited by son, today. Dec 8/93. Was today visited by some of his relatives.
" 31 Dec 31/93. Quiet & well-behaved. Makes no complaints. Goes out walking. Works some on ward.
Jan 1/31 1894 Jan 1/94. Keeps in about his usual flesh & health. Jan 31/94. No noticeable change.
Febr Feb 1/94. Has lost some in weight in past month; but does not complain of any ill feeling.
" 22 Feb 22/94. When not working, sits on a bench quietly. Does not move about the hall, at all. Talks none.
" 23 Feb 23/94. Patient had been committed here under the "Law of 1893" recently declared illegal.

Personal and Medical History of Jacob Leinen Sr

1894

Feb 23/28 Feb 23/94. He was, today, Taken out and Returned under "New Commitment papers", from Olmsted County. Feb 28/94. Sits idly about on a bench most of the time, while on ward. Talks none. Works some on the ward. Personal habits are cleanly. ——
Mar 2/31 March 2/94. Wt 146½ pds. Pulse 76. March 31/94. No material change. Reads; talks some with the German patients. Behaves well. Appetite good; bowels apparently regular. Works some on the ward.
Apl 1/29 April 2/94 Wt 147 pds. Pulse 72. April 30/94. Condition has not changed much, if any, for some months past
May 1st Wt. 149½ lbs. p. 70. 31st Works on ward, talks no english, appetite good, no complaints.
June 2 " 151 lbs. p. 76. 30th " " " talks but, reads, " " , behavior good.
July 2nd/31st " 149½ " 31st behavior good, talks none, works on ward, walks out daily, appetite good. ——
Aug 2/31 Aug 2/94. Wt 145½ pds. Pulse 82. Aug 31/94. Behaves well; talks none; works on Hall. Health quite good.
Sep 1/30 Sep 1/94. Wt 146 " " 69. Sep 30/94. No change; he keeps about the same from month to month.
Oct 1/31 Oct 1/94 Wt 141 " " 84. Oct 31/94. Behavior good: works on ward — About as usual, generally:
Nov 2 Nov 2/94. Wt 147 " " 70. Dec 1/94. Wt 149½ lbs. Pulse 72. Jan 1/95: Wt 153½ pds. Pulse 104.
Dec 1 (Patient has been gaining in flesh). Jan 31/95. Patient seems weak, at times. When at walking
1894 Jan 31/95 today, got tired out & had to be brought back. Appetite generally good; Behaves well; tidy & clean in habits. Sits about on seats. Works some on ward. Reads some. Seems contented.
Feb 1/28 Feb 1/95. Wt 147½ pds. P 88. Feb 28/95. Pacing slowly; is weak & walks slightly unsteady.
Talks no english. Reads his Bible; very quiet: behavior good. Works some on the ward. —
Mar 2/31 Mar 2/95. Wt NO pds. P 80. March 31/95: Appetite fairly good: Gets downward. Otherwise no change.
Apl 1/30 Apl 1/95. Wt 143 " " 76. April 30/95: Appetite improved; is on extra Diet. Otherwise, about same.
May 2/31 May 2/95. Wt 143 " " 72. June 1/95. Wt 142 pds. Pulse 80. July 1/95. Wt 140 pds. Pulse 96.
June 1 July 31/95. Behaves well. Condition remains about same, from month to month. Sits in
July 31 one place, all the time, while on ward. Reads Bible. Talks no English. Sits to meals some
Aug 2/30 on the ward, but is rather unsteady on feet. Aug 2/95. Wt 143 pds. P 72. Aug 30/95. Keeps
" 29 about the same, all the time. Aug 29/95. Patient walks feeble & very quiet. Visited by brother,
Sep 2/29 and friends, today. Sep 2/95. Wt 140 pds. Pulse 86. Sep 29/95. Patient fell down on stairs,
" 19 today, while going out walking: no marks or bruises noticed. Sep 19/95. Has appeared quite weak, the past few days: at times, cannot stand on his feet; fell, when going to dinner.
Again, fell on floor, when going for a walk; received a slight bruise over left eye. Patient's left leg & left arm appear to be partly paralyzed. Transferred to "Infirmary Board", at 2 PM. Was put to bed there. Tongue deviates slightly to left: left arm completely paralyzed: left leg partially so: pulse full & bounding: 1st pulmonic sound of heart rough & harsh:
2d sound sharp & clicking: peculiar blush color of face, which is constant: ——
" 20 Sep 20/95. Patient was restless & kept only 4 hours, during night: bowels moved freely.
" 21 Sep 21/95. Restless, all night. Condition unchanged. Is given eggnog frequently: also a
" 22 sponge bath, daily. Sep 22/95: very quiet, all night: vomited eggnog, this morning.
" 24 Sep 24/95. No special change, during yesterday or today, except that he has been vomiting
a good deal: coughs a little. Bowels move freely. Was very quiet, all last night.
" 25 Appears to be sleeping, the greater part of the day. Sep 25/95 - Coughed a great deal during the night & slept only 1 hour - appears to be suffering, this morning (T 104½ P 114). Respiration labored & rattling in throat: can take no nourishment yet in a comatose condition. 11 AM. Visited by Rev. Riordan. 1 PM. Patient passing rapidly - Is failing very rapidly.
1.35 PM. Died (Records taken)

Personal and Medical History of William J. Lambert

Whole No. 3383.

Residence, Minneapolis, Minn.

Date Admission, 17th June 1893.

Admitted by D. Kilbourne Hour, 7 PM.

How Sent, John A. Steele Jof C. Hennepin Co.

Sex, Male

Age, 34.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Carbuilder

Degree Education, Common-School

Profession Religion, Methodist

Habits, Smokes & occasionally drinks

Nativity, New York City, N. Y.

Physicians Committing, Charles Dickson & E. J. Ebert

Correspondents, William Lambert (Father) Mt Vernon, Westchester Co NY

Mail Physician Harry Logan Smith Mt Vernon NY

No. for Year, 295.

Insane Relatives, None (but sister Epileptic)

Cause Exciting, Injury to head, Epileptic tendency, intemperance

Cause Predisposing, Epilepsy, & previous attack

Form, Mania-a-potu

Accompanying Bodily Disorder, Epilepsy (?)

Suicidal or Not, Yes; by strangling with strap—

Date of this Attack, June 12th 1893

Duration, about 5 days.

No. of Attack, not 1st; probably 2nd

No. of Admissions, 1st

Age First Attack, about 31. (?)

Time of Leaving, July 12th '93.

Time in Hospital, 26 ds.

Result, Recd.

EXAMINATION ON ADMISSION.

Exd by Dr. Phelps, June 19/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Natural

Quick or Sluggish, Quick

MEMORY:

Past Events, good, except for Special Periods.

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Quick & correct

REASONING POWER:

Ordinary Subjects, } fairly good, except his

Own Mental State, } past mental State

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None noted

Special Subjects,

Transitory or Not,

HALLUCINATIONS: has them when at City Hospital; says he has none now.—

ILLUSIONS:

CONVERSATION: Natural & quite intelligent at present

Coherent or Incoherent, Coherent

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Thinks getting drunk was the reason of his mental State while at "City Hospital." Thinks he get along all right if he leaves liquor alone. Admits having headaches, and that they are worse at night. Admits also having been in Binghamton Asylum for some 18 months; while there, was quickly placed in Convalescent ward & could soon have got out but got drunk & relapsed. Says he has worked all the past year & did well. Thinks if they had just let him rest a couple of days at City Hospital there would have been no need of his coming here. No hallucinations or delusions at present. Seems to have considerable shrewdness & natural intelligence & talks freely & to the point. Admits drinking as the cause, does not seem to be closely connected with his trouble. Admits pastor was a great inebriate which is perhaps cause, worthy of note. His fits he describes seem more like fainting spells. Seems to not know of having had convulsions at any time, either when young or recently. His description is preferably one of an "alcoholic dance state."—

Personal and Medical History of William J. Lambert

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 5in WEIGHT, 141½ pds. NUTRITION, Seems quite Good

WOUNDS OR ABNORMALITIES, Has had injury to head.

TONGUE, Tremors, Marked Coatings, Considerable Promptness Movement, Fairly prompt

PUPILS, Equality, equal Size, about normal

Response Light, Quite ready. Accommodation,

SIGHT, Good

HEARING, Good

CO-ORDINATION, Arms, Finger to nose, Eyes shut, Considerable tremor & somewhat inaccurate.

Legs, Standing comfort, rather poor. Standing, Eyes shut, Fairly steady.—

TREMORS, Hands, Some Tongue, Marked

Facial Muscles, of lower part of face, When talking. General,

REFLEXES, Patellar, Equal; about normal.

Other Reflexes,

ARTICULATION, Hesitating, Some Slurred, tremulous

FACIAL EXPRESSION, about normal.

SENSIBILITY,

HEART, Palpitating

LUNGS, Good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, Record	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 dead

Father or Pat. Relations, Father is a hard drinker.

Brothers or Sisters, a sister living — Claims healthy.

Personal and Medical History of Wm. J. Lambert

1893

This man was brought here by P. S. Lane, Deputy, with the following history. Is to consanguinity, not known; no near relatives; but he has sister, aged 34, who has convulsions once a month. Father was intemperate & patient has been intemperate, and up to age of 18 or 20, was subject to convulsions (Epileptic). This is probably the 2nd attack; the 1st from the date of a fall from a scaffolding, 3 years ago; he struck on the back of his head and was confined to his bed in the Hospital for 18 months; since then, he has not been entirely well. Head pain is of frequent occurrence; but he has been able to work with the exception of 2 or 3 days, now & then. First symptoms of this attack were manifested June 12th/93 (about 6 days ago), when he was found unconscious; disease appears to be stationary; has been quite rational during the mornings since June 12th, but irrational during the evenings. Derangement is now manifested by delusions & hallucinations. He has shown no disposition to injure others; has attempted suicide by strangling himself with a strap; propensity is now active. Is not filthy nor destructive; has not been restrained or confined. Supposed cause of this disease is the injury to head, in connection with Epileptic tendency & intemperance. Patient was personally examined during a lucid interval. Hospital attendants state that suicidal tendency is very active, patient, at times, having to be placed in restraint jacket (straight). His appearance and manner were, at the time of the examination, those of a sane person, but examination was made in morning when he is rational.

June 17 June 17/93. Was on admission, put on B2. Pulse 76. T(a) 99.2. Bodily condition quite clean. No injuries or peculiarities noted. June 18/93. Was restless for 2 hours or so, but slept 6 hours, last night. Am. Pulse 94. T(a) 99. Seems contented. Reads some. Talks freely & sensibly; but holds the delusion that found and gave him a dose of poison. Appetite good & bowels regular. No complaints or injuries noted. Pm. Pulse 76. T(a) 98.8.

" 19 June 19/93. Quiet and slept 8 hours, last night. Am. Pulse 78. T(a) 98.8. Does out-walking daily. Talks quite freely to, and mingles with his fellow-patients; inclined to joke some. Pm. Pulse & T. are normal.

" 20 June 20/93. Again slept well, last night. Was examined, in office, yesterday. Was quite normal & calm; willing to give what information he could; Conversation natural; quite coherent & intelligent. (see particulars).

" 22 Appetite continues good. Was put on tonic. June 22/93. Does some work on ward. Talks freely; shows

" 27 no delusions. June 27/93. Conduct & behavior have continued uniformly good. Patient has been quiet, clean & tidy in appearance. Was today transferred to 2nd. —

July 1 July 1/93. Rest & sleep at night, with the single exception of the night of his admission, have been good. Pulse, the past week, has been normal. Appetite good & bowels regular. Talks quite freely & in a rational way. Has been uniformly well-behaved & has also done some work on the ward. No "fainting spells" have been reported since his coming here, and Patient himself says he has had none. Claims he now feels quite well & feels that, if allowed to go, he would be able to work. Attendants have not noticed

" 3 anything out of the way with him. July 3/93. Weight 148½ pds. (a gain of 7 pounds in 16 days) - P. 66.

" 12 July 12/93. Went out on a trial today. Has been expecting to go to work. Says, will leave (for Dakota) with a friend of his, who is in Minneapolis. Patient will probably do well, if he does not drink.

— Discharged —

Personal and Medical History of John E. Mullen

From 27

1894

Mar 3/ March 3/94. 2lt — Pulse 90. March 4/94. Patient eats no solid food but drinks milk when assisted

" 7/10/14 on, by Dr. Mar 7/10/14/94. Has eaten a little, at times, on these dates. Does not seem to be loosing flesh.

" 24 Prays a good deal of the time. Evidently still holds to his delusions. Mar 24/94. Was struck, today, by

" 31 a fellow patient (Geo. Wright); was slightly bruised. March 31/94. Misses meals occasionally; - prays a good deal. Makes no complaints. Helps some with the work. Habits are cleanly. -

Apr 2/30 April 2/94. 2lt 151 pds. Pulse 68. April 30/94. Worked outside, with the painters on 25th 27th & 28th

May 1st inst. Eating better, for some time; Reads his prayer-book & prays a good deal. Works done on the ward. Seems more contented of late. Habits clean; Physical health is good.

" W. 150th. p. 76 5th eats but little. 9th eats about one meal a day. 18th Is obstinate & does not

" care to go out walking. 22nd Eats but very little. 29th Works on ward, eats but lit-

June tle, walks out, reads prayer book & prays most of time, bowels irregular. June 2nd W. 154th. p. 80.

July 30th refuses food at times, works on ward, reads prayer book, no complaints. July 2nd W. 146th.

" 31st refuses food at times, reads prayer book, thinks he is going to be a saint. Appetite poor.

Aug 2/31 walks out daily. Aug 2/94. Wt 147 pds. Pulse 80. Aug 31/94. Does not change much, if any.

Continues quiet & well-behaved. Reads his prayer-book & prays every day. Blesses everybody,

(according to his regular formula) before starting a conversation with them - Works some in kitchen.

Sep 1/30 Sep 1/94. Wt 156 pds. Pulse 81. Sep 30/94. Keeps about the same, from month to month. Physical health good.

Oct 1/30 Oct 1/94. Wt 158½ " " 78. Oct 20/94. Rather industrious & willing. Worked in kitchen this forenoon.

" 31 Oct 31/94. Behavior good. He makes no complaints. Plays games; reads prayer-book. In good physical health.

Nov 2 Nov 2/94. Wt 162½ pds. Pulse 90. Dec 1/94. Wt 160½ pds. Pulse 84. Jan 2/95. Wt 159 pds. Pulse 82.

Dec 1 Jan 31/95. Behaves well. Appetite is changeable. Talks freely & generally sensibly; plays games;

1895 willingly works on ward & occasionally in kitchen. Habits clean. Is in good physical condition.

Jan 27/31 Feb 1/95. Wt 160 pds. Pulse 80. Feb 28/95. Behaves well; talks freely; makes no complaints: clean

Feb 28 and tidy in his habits. Works in kitchen, at times. March 2/95. Wt 163 pds. Pulse 80.

Mar 2 March 31/95. Patient is growing somewhat cranky & overbearing. Reads prayer book (or rather

" 31 looks at it as he cannot read. ?). Works some in kitchen. Also worked outside with

Carpenters for a few days, taking off storm windows &c. Is in good physical condition.

Apl 1/30 April 1/95. Wt 165 pds. Pulse 80. Apl 30/95. Above notes still good. Still holds delusions.

May 2/31 May 1/95. Wt 170½ " " 80. May 4/95. Was struck in face by patient Healy, today.

June 1 June 1/95. Wt 176 pds. " 82. July 1/95. Wt 174 pds. Pulse 70. July 31/95. Since last

July 1/31 noted, no special change. He has been well-behaved; has made no complaints; has talked

freely & generally sensibly: plays games. Seems contented here. Physical condition good.

Aug 2/31 Works a little on the ward. Aug 2/95. Wt 174 pds. Pulse 80. Aug 31/95. Worked in the kitchen.

" 31 Aug 31/95. Condition shows no special change, & remains about same as for months past. Quiet &

Sep 1 well-behaved. Worked a few days in kitchen, lately. Sep 2/95. Wt 173 pds. - Pulse 84. -

" 17 Sep 17/95. Condition about same: Transferred to C2, today. Sep 30/95. No change noted. Is quite cranky.

Oct 1/30 Oct 1/95. Wt 171 pds. Pulse 78. Oct 31/95. About as usual. Seems quite contented here.

" 31 Nov 1/95. Wt 169½ " " 78. Dec 1/95. Wt 176 pds. Pulse 80. Jan 1/96. Wt 180 pds. Pulse 80.

Nov 1 Jan 1/96. Transferred to C3 East (on account of a general change of wards). Jan 31/96. During

Dec 1 the Quarter, patient has been, as a rule, well behaved, though cranky & noisome. Has delusions

1896 in regard to his confinement here. Waikaia ward. Health very good. Attends entertainments &c.

Jan 2/31

See Transfer Book II page 292

Personal and Medical History of Robert Croom

Whole No. 3387.

Residence, Hayward, Minn.

Date Admission, 21st June 1893.

Admitted by F. Kilbourne Hour, 11. Am.

How Sent, Herman Blackmer, Jof P, Freeborn Co

Sex, Male

Age, 85 -

Civil Condition, widowed

Children, 4

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common school -

Profession Religion, not a Church member

Habits, Unknown -

Nativity, Scotland

Physicians Committing, H.H. Wilcox & J.P. VanBergen

Correspondents, Mrs George Bowen, Wells, Minn (Albert Lea, Minn.)
suppose to be his daughter - This address found in letter on his person when he was admitted -

No. for Year, 299.

Insane Relatives, unknown

Cause Exciting, probably fall on back of head in March '93

Cause Predisposing, previous attack

Form, Senile Dementia

Accompanying Bodily Disorder (not definitely stated) Hernia

Suicidal or Not, Not

Date of this Attack, has shown symptoms for about 4 years. more especially during past three years

Duration, Some 4 years or so.

No. of Attack, not 1st. Insane hospital 14 years ago.

No. of Admissions, 1st (here) -

Age First Attack, about 71 -

Time of Leaving, 9th Augt 1893.

Time in Hospital, 1 month & 19 Days

Result, Died; 10 days + injury to hip —

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by Dr. Eby, June 23/93.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, somewhat sluggish

MEMORY:

Past Events, } Impaired
Recent Events, }
Special Subjects, }

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Impaired

Own Mental State, does not know why he was sent here

Special Subjects, Impaired

GENERAL DESCRIPTIVE REMARKS:

Has had injury to head (accident), some years ago - Is Continually talking to himself during examination; Is incoherent; Says "his brothers are coming here to day" - "They are in the Cars" —

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not,

Special Subjects, That people are going to deprive him of his property - also that his recreation during time to day -

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, rather incoherent

Voluble or Reticent, at times voluble -

Personal and Medical History of Robert Croom

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair for one of his age.

WOUNDS OR ABNORMALITIES, An old fracture of left foot. Has hernia.

TONGUE, Tremors, some very slight Coatings, slight. Promptness Movement, Quite prompt

PUPILS, Equality, Equal Size, about normal

Response Light, Accommodation,

SIGHT, failing with age

HEARING, much impaired -

CO-ORDINATION, Arms, } Is very weak & feeble - Tests not made -
Legs, }

TREMORS, Hands, Slight Tongue, very slight

Facial Muscles, none General, none - but a general weakness.

REFLEXES, Patellar, Slightly unequal - left, about normal r. Right 4.

Other Reflexes,

ARTICULATION, Hesitating, not Slurred, but somewhat indistinct.

FACIAL EXPRESSION, fair, but somewhat dull.

SENSIBILITY, seems about normal

HEART, Sounds all right.

LUNGS, Seem good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

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

Records

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Probably long ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, ✓

Father or Pat. Relations, ✓

Brothers or Sisters, 4 brothers living - no further information obtained.

Personal and Medical History of Robert Croom

1893

This Patient was brought here by Deputy Sheriff W. C. Mitchell, attended by J. F. Hazelton, with following history. Unknown, as to consanguinity or heredity. This is not 1st attack - probably the 2nd - was in Hospital for Insane about 14 years ago, more or less, somewhere in Illinois - was there, he states, about six weeks. - Has shown symptoms of insanity, at present residence, for about 4 years, but more especially during past 3 weeks. He was exceedingly contrary, ugly + talked at random. Disease appears increasing, Especially since March 1/93. He is more rational at some times than others, but attacks do not occur at regular intervals. Derangement is now manifested by his imagining he owns a farm and the mud stock, and thinks that it is to be taken from him. Claims that he has a deed for it. Imagines that he is digging potatoes and that he is molested in his work. Attempts to run away; says "to see Lawyer about his potatoes &c". Has threatened to injure others. Is not filthy or destructive, nor is he suicidal. Has an ugly temper, and showed violent passion during angry spells - About 1st March 1893, patient fell down stairs - about 9 feet, striking in back of head, was badly hurt - could not walk scarcely until about 2 weeks ago. Has had to be watched continually, especially the last 2 weeks. Supposed cause of present attack is the injury - Has been under treatment by sedatives, tonics &c. Patient has hernia; pain over kidneys; retention of urine; lameness in left ankle. When being examined, he did not consider himself insane - at quietly, gazing upon floor, apparently meditating -

June 21 June 21/93. Patient is a feeble, decrepit old man. Vaccinated A[t] - Pulse 90. R 28. Bodily condition fairly clean. Has a bad rupture. June 22/93. Slept fairly well last night. Am. Pulse 84. R 20. Is quietly behaved on ward - Is quite childish - By the aid of 2 sticks manages to go out walking; wanders about aimlessly and makes attempts to get away; Talk is indistinct + mumbling; difficult to understand. Appetite is good; coughs some. Complains of hernia hurting him and of being sore across his stomach. —

" 23 June 23/93. Slept quite well last night. Am. Pulse 84. R 22. Eats well. Worries a good deal about going home.

" 24 June 24/93. Again slept quite well last night. Am. Pulse 80. R 20. Appetite good. No complaints. —

" 25 June 25/93. Am. Pulse 82. R 22. Appetite not very good today. Complains of pain in his bowels. —

" 26 June 26/93. Am. Pulse 100. R 30. Complains of being "sick in his head" - Coughs a little. Eats but little.

" 27 June 27/93. Am. Pulse 88. R 24. Says he is not feeling well" - appetite poor. Refuses his medicine.

" 28 June 28/93. Am. Pulse 80. R 22. Eats poorly. Is very weak + feeble. Moves about with difficulty.

" 29 June 29/93. Am. Pulse 84. R 20. Eats somewhat better today. Seems to rest quite well at night. —

" 30 June 30/93. Am. Pulse 78. R 24. Takes his medicine more regularly now. Appetite poor. —

July 2/5 July 2/93. Is eating better today. July 5/93. Am. Pulse 84. R 20. Is eating a little better now. Bowels

" 6 appear normal. July 6/93. Appetite has been poor + irregular, since admission. Patient has slept without trouble, but has been weak + complaining. Pulse + Respiration have been about normal -

" 24 Weight today 113 pounds. Pulse 80. July 24/93. Had some friends to visit him, today. Is now more

" 31 Easy to take care of. Does not fret so much about home. July 31/93. Eats quite well. Bowels seem regular. Is an aged, weak man. —

Aug 1 Aug 1/93. Appetite poor; bowels seem normal. Is very feeble + childish. On ale of this (A[t]) ward being about to be reconstructed, patient was, with some others, today transferred to B[t] - Received

" 2 a fall on the tiled floor and hip is seriously injured. Aug 2/93. Examination shows the above; Lies in bed; Cannot move limb; impacted fracture probably; —

" 3/7 Aug 3rd/93. Condition quite weak and serious. Relatives written to. Aug 7th/93 Patient has continued in the same weak condition, requiring greater exertion in breathing. Is fed with milk, in

23/189

5th August 1893.

Robt Croom. Patient appears very weak, and is apparently sinking fast. Took about ½ pint of Egg-Nogg. -

Monday 7th Aug! 1893. 9 Am.

Robert Croom passed a quiet night. Says he is better this morning. Appears to breathe easier, and takes his milk without choking. Is not weakening perceptibly.

Wednesday 9th Aug! 1893. 9 Am.

Robt Croom. Still continues in the same condition as yesterday - passed a quiet night, and perhaps he is not quite so restless as ~~last night~~ yesterday. On the whole he does not seem to be losing any strength. - His Daughter visited him last night.

NOTES IN THE CASE OF Robert Croom

NOTES BY NURSE	NOTES BY PHYSICIAN.
Came on Ward from B[t]	
Coughs Considerable	
Daught restless and	
Appears to be in pain	
Has a wound on heel	
of left leg. Took about	
Amount of Eggnog to day	
Seemed to take	
Difficulty is swallowing	
Difficulty in at present	
very rapid and labored	
Visited by daughter	
Expired 2.45 P.M.	

become the trouble, though his age and him. Was transferred to C[t], "The Sick-Ward" this morning.

8. Respiration very rapid + labored (as attached Record). ly daughter this evening. Patient continued to fail and anis were removed by relatives.

Died —

Personal and Medical History of Robert Croom

1893

This Patient was brought here by Deputy Sheriff W. C. Mitchell, attended by J. F. Hazelton, with following history. Unknown, as to consanguinity or heredity. This is not 1st attack - probably the 2nd - was in Hospital for Insane about 14 years ago, more or less, somewhere in Illinois - was there, he states, about six weeks. - Has shown symptoms of insanity, at present residence, for about 4 years, but more especially during past 3 weeks. He was exceedingly contrary, ugly + talked at random. Disease appears increasing, Especially since March 1893. He is more rational at some times than others, but attacks do not occur at regular intervals. Derangements now manifested by his imagining he owns a farm and the stock, and thinks that it is to be taken from him. Claims that he has a deed for it. Imagines that he is digging potatoes and that he is molested in his work. Attempts to run away; says "to see Lawyer about his potatoes &c" - Has threatened to injure others. Is not filthy or destructive, nor is he suicidal. Has an ugly temper, and showed violent passion during angry spells - About 1st March 1893, patient fell down stairs - about 9 feet, striking on back of head, was badly hurt - could not walk scarcely, until about 2 weeks ago. He has had to be watched continually, especially the last 2 weeks. Supposed cause of present attack is the injury - Has been under treatment by sedatives, tonics &c. Patient has hernia: pain over kidneys; retention of urine; lameness in left ankle. When being examined, he did not consider himself insane - sat quietly, gazing upon floor, apparently meditating.

June 21 — June 21/93. Patient is a feeble, decrepit old man. Temperature A.M. - Pulse 90. R 28. Bodily condition fairly clean. Has a bad rupture. June 22/93. Slept fairly well last night. Am. Pulse 84. R 20. Is pretty behaved on ward - Is quite childish - By the aid of 2 sticks manages to go out walking; wanders about aimlessly and makes attempts to get away; Talk is indistinct + mumbling; difficult to understand. Appetite is good; coughs some. Complains of hernia hurting him, and of being sore across his stomach. —

" 23 — June 23/93. Slept quite well last night. Am. Pulse 84. R 22. Eats well. Worries a good deal about going home.

" 24 — June 24/93. Again slept quite well last night. Am. Pulse 80. R 20. Appetite good. no complaints. —

" 25 — June 25/93. Am. Pulse 82. R 22. Appetite not very good, today. Complains of pain in his bowels. —

" 26 — June 26/93. Am. Pulse 100. R 30. Complains of being "sick in his head" - Coughs a little. Eats but little.

" 27 — June 27/93. Am. Pulse 88. R 24. Says "he is not feeling well" - Appetite poor. Refuses his medicine.

" 28 — June 28/93. Am. Pulse 80. R 22. Eats poorly. Is very weak + feeble. Moves about with difficulty.

" 29 — June 29/93. Am. Pulse 84. R 20. Eats somewhat better today. Seems to rest quite well at night. —

" 30 — June 30/93. Am. Pulse 78. R 24. Takes his medicine more regularly now. Appetite poor. —

July 2/93. Is eating better today. July 5/93. Am. Pulse 84. R 20. Is eating a little better now. Bowels appear normal. July 6/93. Appetite has been poor + irregular, since admission. Patient has slept without trouble, but has been weak + complaining. Pulse + Respiration have been about normal -

" 24 — Weight today 113 pounds. Pulse 80. July 21/93. Had some friends to visit him, today. Is now more

" 31 — Easy to take care of. Does not fret so much about home. July 31/93. Eats quite well. Bowels seem regular. Is an aged, weak man. —

Aug 1 — Aug 1/93. Appetite poor; bowels seem normal. Is very feeble + childish. On account of this (A[illegible] Ward being about to be reconstructed, patient was, with some others, today transferred to B[illegible] - Received

" 2 — a fall in the aged floor, and hip is seriously injured. Aug 2/93. Examination shows the above; Lies in bed; Cannot move limb; impacted fracture probably; —

" 3/ — Aug 3rd/93. Condition quite weak, and serious. Relatives written to. Aug 4th/93 Patient has continued in the same weak condition, requiring greater relation in breathing. Is fed with milk, in

Chas A. Radtke
Albert Lea
Minn.

CLINICAL NOTES IN THE CASE OF Robert Croom

1893	DATE.	TIME.	PULSE.	RESPIRATION.	TEMP.	NOTES BY NURSE	NOTES BY PHYSICIAN.
	Aug	9	9 A.M.	130	60	103.8	Came on duty from 8 P.M.
		9	5 P.M.				Coughs Considerable
							Pt quite restless and
							appears to be in pain
							Has a wound on heel
							of Left leg. Took Patient
							Report of beginning to day.
							Seemed to have Diarrhoea -
							Difficulty in swallowing
							Difficulty in breathing at present.
		5 "					Very rapid and labored
			115				Visited by daughter &
							Expired 9.15 P.M.

[illegible] the trouble, though his age and [illegible] weakness are against him. Was transferred to C[illegible], "the Sick-Ward" this morning. 5 P.M. Pulse 130. R 60. T(e) 103.8. Respiration very rapid + labored (see attached Record).

Was again visited by daughter this evening. Patient continued to fail and died at 9.15 P.M. Remains were removed by relatives.

— Died —

Personal u.

1893

This Patient was brought here u.
history. Unknown, as to ansanguinity
for disease about 14 years ago, more or less, u
Has shown symptoms of insanity, at present u
3 weeks. He was exceedingly contrary, ugly + talked u
He is more rational at some times than others, but attacks d
manifested by his imagining he owns a farm and the
Claims that he has a deed for it. Imagines that he
Attempts to run away; says "to see Lawyer a
filthy or destructive, nor is he suicidal. Has
spells - About 1st March 1893, patient fell &
hurt - could not walk scarcely until abt
last 2 weeks. Supposed cause of present ab
Patient has hernia: pain over kidneys; retention
he did not consider himself insane - Satisfactory, Says,

June 21/93. Patient is a feeble, decrepit old man. H
Fairly clean. Has a bad rupture. June 22/93. Slept fairly
behaved on ward - Is quite childish - By the aid of 2 sticks manages to
and makes attempts to get away; Talk is indistinct + mumbling; difficult to understand. Appetite is
good; coughs some. Complains of hernia hurting him and of being sore across his stomach. —
" 23 June 23/93. Slept quite well last night. Am. Pulse 84. R 22. Eats well. Worries a good deal about going home.
" 24 June 24/93. Again slept quite well, last night. Am. Pulse 80. R 20. Appetite good. No complaints. —
" 25 June 25/93. Am. Pulse 82. R 22. Appetite not very good today. Complains of pain in his bowels. —
" 26 June 26/93. Am. Pulse 100. R 30. Complains of being "sick in his head" - Coughs a little. Eats but little.
" 27 June 27/93. Am. Pulse 88. R 24. Says "he is not feeling well" - Appetite poor. Refuses his medicine.
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" 29 June 29/93. Am. Pulse 84. R 20. Eats somewhat better today. Seems to rest quite well at night. —
" 30 June 30/93. Am. Pulse 78. R 24. Takes his medicine more regularly now. Appetite poor. —
July 2/ July 2/93. Is eating better today. July 5/93. Am. Pulse 84. R 20. Is eating a little better now. Bowels
" 6 appear normal. July 6/93. Appetite has been poor + irregular, since admission. Patient has slept without
trouble, but has been weak + complaining. Pulse + Respiration have been about normal -
" 24 Weight today 113 pounds. Pulse 80. July 24/93. Had some friends to visit him, today. Is now more
" 31 Easy to take care of. Does not fret so much about home. July 31/93. Eats quite well. Bowels seem
regular. Is an aged, weak man. —
Aug 1 Aug 1/93. Appetite poor; bowels seem normal. Is very feeble + childish. On ale of this (A4) ward
being about to be reconstructed, patient was, with some others, today transferred to B4 - Received
" 2 a fall in the tiled floor, and hip is seriously injured. Aug 2/93. Examination shows the above;
Lies in bed; Cannot move limb; impacted fracture probably; —
" 3/ Aug 3rd/93. Condition quite weak, and serious. Relatives written to. Aug 4th/93 Patient has con-
-tinued in the same weak condition, requiring greater exertion in breathing. Is fed with milk, in

Personal and Medical History of Robert Croom

small quantities, every ten minutes, and has consumed fully a pint and a half. Had passage
" 7 of bowels at 2 Am; excrement very dark. Aug 8/93. 9 Am. Passed a quiet night; took but
" 8 little nourishment. Appears weaker this morning; not inclined to move his limbs much.
" 9 Respiration is becoming more difficult. Aug 9/93. Last night was passed quietly by patient.
There is now some difficulty in swallowing. (See attached Slips for particulars) -

This patient was received in this (B4) ward on the afternoon of 1st August, from A4th
and, when going in to supper, fell on the slippery, waxed floor, and wrenched his left hip-joint,
causing a probable impacted fracture. No attempt was made to examine very closely, as he
was very old + quiet was now needed. Was able to take supper + go to bed. On the morning, he
got up + dressed, but immediately became sick + unable to stand. He was, at once, undressed
and put to bed, and he has remained in bed ever since, with very slight variations in
his physical condition. His daughter visited him on the evening of the 8th Inst. Patient
has seemed to be, at times, able to perhaps overcome the trouble, though his age and
extreme weakness are against him. Was transferred to C7, "the Sick-Ward" this morning.
5 Pm. Pulse 130. R 60. T 103.8. Respiration very rapid + labored (see attached Record).
Was again visited by daughter this evening. Patient continued to fail, and
died at 9.15. Pm. Remains were removed by relatives.

— Died —

Personal and Medical History of George Mc. McMichael

Whole No. 3388.
Residence, Frontenac, Minn.
Date Admission, 21st June 1893.
Admitted by D. Kilbourne Hour, 7 P.M.
How Sent, O.D. Anderson Jof P, Goodhue County
Sex, male
Age, 59.
Civil Condition, married
Children, 6
Age Youngest Child, —
Occupation, Wheat-buyer
Degree Education, Common school
Profession Religion, not a church member
Habits, probably good - not intemperate -
Nativity, Scotland (parents also).
Physicians Committing, Dr. Anderson & D. Joeling
Correspondents, Mrs Emma McMichael - Frontenac, Minn

No. for Year, 300.
Insane Relatives, 2 sisters
Cause Exciting, not known. (probably worry about business)
Cause Predisposing, Heredity
Form, Melancholia - Hypochondriacal
Accompanying Bodily Disorder, Dyspepsia.
Suicidal or Not, Suicidal
Date of this Attack, March 1893
Duration, about 3 months.
No. of Attack, probably 4th.
No. of Admissions, 2nd
Age First Attack, 51.
Time of Leaving, Feb. 17' 94
Time in Hospital, 7 ms 26 ds
Result, Rec.

Crossed from Supreme List, April 1st, 1894, because illegally committed

EXAMINATION ON ADMISSION.

Evidly D. Ely June 23/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Fairly clear
Quick or Sluggish, Fairly quick

MEMORY:
Past Events, Seems fairly good
Recent Events, Seems uncertain - not fair
Special Subjects,

PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, fairly Correct

REASONING POWER:
Ordinary Subjects,
Own Mental State, Seems to realize his own condition
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, Normal, but
Indifferent,
Exalted,
Depressed, slightly; (at times, much so)

DELUSIONS:
Systematized or Not, } that he would starve to death
Special Subjects, } on account of his dyspepsia
Transitory or Not, }

HALLUCINATIONS: Denies any
ILLUSIONS:
CONVERSATION: answers only when questioned
Coherent or Incoherent, Coherent
Voluble or Reticent, at times, fairly free.

GENERAL DESCRIPTIVE REMARKS:
Troubled greatly with dyspepsia. "Thinks he will die, at times." Denies he intended to harm himself - the reason is, he has such poor health - "Feels very badly." - "Cannot digest food - appetite is very poor." - When asked if he still had this suicidal propensity, he hesitated before answering that he had not.

Personal and Medical History of George Mc. McMichael

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7 3/4 WEIGHT, 138½ lbs. NUTRITION, fairly good; slightly anemic
WOUNDS OR ABNORMALITIES, Contractures of some fingers of both hands.
TONGUE, Tremors, some fine Coatings, some Promptness Movement, Quite prompt.
PUPILS, Equality, Equal Size, Normal
Response Light, Yes Accommodation, Yes
SIGHT, fairly good
HEARING, impaired - Quite deaf in right ear.
CO-ORDINATION, Arms, finger to nose, Eyes shut, good.
Legs, stands on foot, fairly well - Standing, Eyes shut, sways some -
TREMORS, Hands, some Tongue, some fine
Facial Muscles, Slight General, some; marked in some movements.
REFLEXES, Patellar, unequal; left about 7; right about 5. -
Other Reflexes,
ARTICULATION, ~~Hesitating~~, Good - ~~Slurred~~, has a Scotch accent.
FACIAL EXPRESSION, Sad and depressed.
SENSIBILITY, Seems normal
HEART, Sounds (?)
LUNGS, Seem all right
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Record RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Previous attacks. ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, ✓
Father or Pat. Relations, ✓
Brothers or Sisters, 2 sisters insane

Personal and Medical History of George M. McMichael

1893

This man was brought here by Sheriff A. J. Anderson with the following history. (Patient has been here before, from June 28/91 to Aug 17/91. At that time was greatly troubled with dyspepsia & sleeplessness - was a quiet and well-behaved patient. See Vol 17. p. 25 No 2744.). No history of consanguinity, but there is of heredity; 2 sisters being insane. This is probably 4th attack. He developed symptoms 2½ years ago. Durations variable. First symptoms of this attack were manifested in March 1893, by loss of memory & strange talk. Disease is increasing, but it is variable, with rational periods at irregular intervals. Derangement is now shown by a suicidal tendency; wife thinks he intended to throw himself under a passing train. Expressed a fear also that he might kill his wife. Is not filthy or destructive. Has not, nor has his parents, been addicted to intemperance or use of narcotics - nor has he had any severe disease or injury to head. Has not been restrained, but is constantly watched. Supposed cause of disease is not known; (probably worry about business?). Has been under treatment; results negative - On personal examination, patient is found to be nervous & depressed. Complains of bad-feeling all over body; of dyspepsia; afraid he would starve; afraid that he would freeze to death next winter: said he was burning as if he was in hell: believed that brother had turned against him; said he wanted to kill himself; that he wanted to go to an Asylum for fear he would kill his wife: while being examined was very nervous - claimed was growing very poor - tongue bad - wife says he could not sleep - had to be constantly watched - got up in middle of night, once, & went out; she believes he threw himself in front of R R train -

June 21. June 21/93. Patient is in good Physical Condition. Appears greatly worried. Was put on B² - Pulse 90. T(R) 99.8. - Bodily condition clean. no injuries or peculiarities noted. (Has, however, some contractures of fingers of both hands. D. Eby). June 22/93. Restless a couple of hours, but sleeping 6 hours, last night. Am. Pulse 86 T(R) 99.5 Am. Given medicine, for constipation. Says "he is very bad off". Seems to remember all about patients & things
" 22 that happened when he was here before. Appetite poor. Has no cough. Pm. Pulse 88. T(R) 99.8. —
" 23 June 23/93. Slept 6 hours last night, being somewhat restless. While onward, sits on a seat quietly, most of the time. Does not seem so well as yesterday. Am. Pulse 88. T(R) 100. Pm. Pulse 86. T(R) 99.4. —
" 24 June 24/93. Restless for 4 hours, sleeping but 4, last night. Am. Pulse 88. Talks considerably. Appetite
" 25 medium. Takes milk freely. June 25/93. Was quite restless & slept only 5 hours, last night. Am. Pulse 86. Does not care to go into dining room; requires to be coaxed. Does not seem so well as
" 26 when he came. June 26/93. Slept 6 hours last night; was restless slightly noisy & talking. —
" 27 when awake; goes to meals reluctantly. Pulse this morning, 88. June 27/93. Slept 6 hours, last night; when awake, was restless. Am. Pulse 86. No cough noticed. Appetite is poor. Sits on seat most of the time. Talks but little; Is hypochondriac in his talk. Declares "can't eat much and
" 28 don't digest"; "can't sleep"; "feels bad". June 28/93. Slept 7 hours last night; quite restless for
" 29 an hour or so. Am. Pulse 88. June 29/93. Am. Pulse 80. Pm. Pulse 78. T(R) 99.2. appetite medium;
" 30 is continually complaining. June 30/93. Am " 82 T(R) 98.8.
July 1 to 5 July 1/93. Weight, to day, 141½ pounds; (a slight gain in flesh.). July 5/93. During the past week, patient has been sleeping resting much better - 6 to 8 hours, each night, more often the latter number. Is somewhat restless when awake. Appetite has for some days, been only medium. Says "he can't digest food & that he is in bad shape". Is steadily the same. Is evidently a chronic case. In spite of all complaints, he is in good health. Temperature seems about normal, since first few days. Goes out walking daily; mingles fairly freely with his fellow patients, talking with them, but always complaining of his ill feeling and of the "terribly bad shape" he believes

Personal and Medical History of George M. McMichael

NAME Geo. M. McMichael

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
June 21st	138½	90		
July 1st	141½	—	3	
Aug 3d	150	—	8½	
Sept 8th	156	—	6	
Oct 3d	157½	72	1½	
Nov 7th	155	74		2½
Dec 2d	157	78	2	
Jany 2d 1894	157½	80	½	
Feb 2d	156½	68		1

s no work.
s, as a rule, regular. no cough noticed. Does no work. Is less
aw when he first came in. Is nervous, at times; easily agitated;
times, conversation is quite free. No night-nurse's report to the con-
esting & sleeping well, at night. Is of good personal habits. —
ses in weight, in the past month. Aug 31/93. Appetite good;
s freely. Quiet & well-behaved. Plays billiards. Health & flesh
sh. Sept 30/93. Appetite continues good. Bowels, lately, have
takes an interest in games. Nurse & quite pleasant in conversation.
well-behaved. Was today transferred to B'. Oct 31/93. Somewhat
d. Seems to worry & fret a good deal. Has lately been again
of Dyspepsia & poor sleeping. Is hypochondriac in forms.
ds & does some reading. Is always quiet & well-behaved. —
& pains in neck; (probably rheumatism); is using liniment
relieved. Nov 30/93. Sleeps well, at night. Appetite is poor;
iet and well-behaved. Quite nervous & easily excited, at
iard. - Complains some of dyspepsia; has to be very
says; Complains of always being cold; is very hypo —
at he is out of his mind, at times, and does not know what
he is about. Personal habits are good. —

Dec 2 Dec 2/93. Patient has kept in about the same flesh, for the past 5 months; has gained,
" 15 in the whole 18 pounds, since his admission. Dec 15/93. Complains, today, of his Stomach
" 19 troubling him; "bowels not regular". Dec 19/93. Appetite poor. Complains of pains in his
" 31 bowels & of sleeping poorly. Is on medicines. Dec 31/93. Still complains of "dyspepsia"
1894 Appetite continues poor - bowels irregular. Still on medicines.
Jan 15 Jan 15/94. Still given to continually complaining of dyspepsia, of "feeling cold" of
" 30 stomach troubling him &c, &c. Appetite is poor - Is on medicine. Jan 30/94. No
material change to note from what is contained in notes above. -
Feb 2/17 Feb 2/94. Keeping about his usual flesh. Feb 17/94. Has continued about as last
above described. Considers himself, however, as very much improved - Much coming.
Physical health is much better -

Was today sent home, alone

Counted off the records - was illegally committed

1893

This man was brought here by Sheriff A. J. Anders[illegible] before, from June 26/91 to Aug 17/91. At that time was [illegible]-behaved patient. (See Vol 17. p. 25 No 2744.) [illegible] This is probably 4th attack. He developed s[illegible] were manifested in March 1893, by [illegible] rational periods at irregular intervals. [illegible] throw himself under a passing train. [illegible] Has not, nor has his parents, been addicted to intem[illegible] injury to head. Has not been restrained but is con[illegible] (probably worry about business?). Has been under treatme[illegible] is found to be nervous & depressed. Complains of bad-feele[illegible] afraid that he would freeze to death next winter: said he[illegible] had turned against him; said he wanted to kill himself; that [illegible] to go to an Asylum for fear he would kill his wife: while being examined was very nervous - claimed was growing very poor - tongue bad - wife says he could not sleep - had to be constantly watched - got up in middle of night, once, & went out; she believes to throw himself in front of R R train -

D.
sack
e, with
intended to
thy or destructive
severe disease or
isease is not known;
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" 26 when he came. June 26/93. Slept 6 hours last night; was restless slightly, noisy & talking. —

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" 29 is continually complaining. June 30/92. Am " 82 T(a) 98.8.

" 30

July 1 to 5 July 1/93. Weight, to day, 141½ pounds; (a slight gain in flesh.) July 5/93. During the past week, patient has been sleeping resting much better - 6 to 8 hours, each night, more often the latter number. Is somewhat restless when awake. Appetite has, for some days, been only medium. Says "he can't digest food & that he is in bad shape". Is steadily the same. Is evidently a chronic case. In spite of all complaints, he is in good health. Temperature seems about normal, since first few days. Goes out walking daily; mingles fairly freely with his fellow patients, talking with them, but always complaining of his ill feeling and of the "terribly bad shape" he believes

1893

July 5 (Contd) to 31 believes himself to be in. Does no work. ——

July 31/93. Appetite good. Bowels, as a rule, regular. no cough noticed. Does no work. Is less complaining and fault-finding than when he first came in. Is nervous, at times; easily agitated; Is more communicative also, and, at times, conversation is quite free. No night-nurse's report to the contrary, patient has probably been resting & sleeping well, at night. Is of good Jermain Habits. —

Aug 3/31 Aug 3/93. Has gained 8½ pounds in weight, in the past month. Aug 31/93. Appetite good; bowels generally regular. Talks freely. Quiet & well-behaved. Plays billiards. Health fair.

Sept 8/30 Sept 8/93. Continues to gain in flesh. Sept 30/93. Appetite continues good. Bowels, lately, have been somewhat constipated. Takes an interest in games. Free & quite pleasant in conversation.

Oct 8/31 Oct 8/93. Has continued quiet & well-behaved. Was today transferred to B[illegible]. Oct 31/93. Somewhat nervous at times; easily excited. Seems to worry & fret a good deal. Has lately been again making his old complaints of Dyspepsia & poor Sleeping. Is hypochondriac in form. Free in conversation. Plays billiards & does some reading. Is always quiet & well-behaved. —

Nov 10 Nov 10/93. Complains, of late, of pains in neck; (probably rheumatism); is using liniment

" 30 to rub on and pain is being relieved. Nov 30/93. Sleeps well, at night. Appetite is poor; bowels irregular. Is always quiet and well-behaved. Quite nervous & easily excited, at times. Fond of playing billiards. Complains some of dyspepsia; "has to be very careful about what he eats", he says; Complains of always being cold; Is very hypo-chondriacal. Says, himself, "that he is out of his mind, at times, and does not know what he is about". Personal habits are good. —

Dec 2 Dec 2/93. Patient has kept in about the same flesh, for the past 5 months; has gained,

" 15 in the whole 18 pounds, since his admission. Dec 15/93. Complains, today, of his Stomach

" 19 troubling him; "bowels not regular". Dec 19/93. Appetite poor. Complains of pains in his

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1894

Jan 15 Jan 15/94. Still given to continually complaining of dyspepsia, of "feeling cold" of

" 30 stomach troubling him &c, &c. Appetite is poor. Is on medicine. Jan 30/94. No material change to note from what is contained in notes above. —

Feb 2/17 Feb 2/94. Keeping about his usual flesh. Feb 17/94. Has continued about as last above described. Considers himself, however, as very much improved. Since coming Physical health has much better —

Was today sent home, alone

Counted off the record — was illegally committed

Personal and Medical History of Ole Hansen Sather

Whole No. 3389.

Residence, Cannon City, Rice County.

Date Admission, 23rd June 1893.

Admitted by D. Phelps Hour, 4.20 PM.

How Sent, R. A. Mott, Jo P. O., Rice County.

Sex, male

Age, 64

Civil Condition, married

Children, 8

Age Youngest Child, —

Occupation, Farmer

Degree Education, Fair.

Profession Religion, Lutheran

Habits, not intemperate - addicted to smoking.

Family Physician Dr. P. M. Rose Faribault Minn.

Nativity, Norway (parents also born there).

Physicians Committing, W. A. Laug & P. M. Rose.

Correspondents, none given in Commitment papers

No. for Year, 301.

Insane Relatives, brother, daughter & niece

Cause Exciting, sunstroke

Cause Predisposing, heredity probably

Form, Mania - acute

Accompanying Bodily Disorder (supposed to have had sunstroke)

Suicidal or Not, Suicidal, cut his throat.

Date of this Attack, the month ago

Duration, about one month

No. of Attack, Not 1st (had one 8 years ago).

No. of Admissions, 1st

Age First Attack, about 56 years

Time of Leaving, July 27th '93

Time in Hospital, 1 mo. 4 ds.

Result, Recd.

Exd by Dr Phelps, June 23/93. EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, "Says, is good"; probably much impaired.

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull, somewhat

Correct or Illusive, somewhat incorrect

REASONING POWER:

Ordinary Subjects,

Own Mental State, Very poor

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Says "no man can tell how much he (patient) is worth." Walk is unsteady & stumbling. On admission, he exhibited the extreme incoherence and realizing sense of a typical paretic: has also the extravagant ideas of property. Examination today, shows considerable improvement, tho' ideas are the same in kind. In favor of Paresis, we have some tremors, slight incoordination, exaggerated reflexes, unsystematized, extravagant ideas. Against Paresis, we have good articulation, fair facial expression, only slight incoordination & a general lack of well-defined motor symptoms. Also a history of previous attack. The diagnosis, therefore, shows a balance of probability against "G. P." as the motor signs are mostly always present in a case well developed otherwise.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, slightly.

Depressed,

DELUSIONS:

Systematized or Not, unsystematized.

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Ole Hansen Sather

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fairly good.

WOUNDS OR ABNORMALITIES, none noted.

TONGUE, ~~Tremors~~, some slight Coatings, — Promptness Movement, —

PUPILS, Equality, Size, somewhat dilated

Response Light, good Accommodation,

SIGHT, Fair

HEARING, Fairly good

CO-ORDINATION, Arms, } seems slightly impaired.

Legs, } standing, Eyes shut; sways: somewhat dizzy.

TREMORS, Hands, some Tongue, some slight

Facial Muscles, General,

REFLEXES, Patellar, equal - 8 to 9 Wt Pt Scale.

Other Reflexes,

ARTICULATION, ~~Hesitating~~, fairly good ~~Slurred~~,

FACIAL EXPRESSION, rather dull.

SENSIBILITY,

HEART, Sounds fairly normal

LUNGS, " " "

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, seemingly Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Records kept RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Brother died Insane

Father or Pat. Relations, Niece Insane

Brothers or Sisters,

Personal and Medical History of Ole Hansen Sather

1893

This man was brought here by Sheriff Stewart, with the following history. Not known as to Consanguinity. Insane relatives are brother, daughter and niece. This is not 1st attack, one occured 8 years ago; duration 4 months; was not in hospital. Cause of this attack is sunstroke. First symptoms were manifested one month ago; he wished to purchase everything; has no money; "has bought North Dakota &c"; "calls himself "Jim Still", "Sitting Bull" &c" - Disease is increasing. Is not variable; no rational intervals. Derangement now shown on religion, at first. Wants to take poison; wants to buy everything; is dispos'd to injure others. Attempted suicide by cutting his throat: but propensity not now active. Is not filthy or destructive. Habits probably good; seems addicted only to excessive smoking. Has had to be watched the past 2 wks. No special treatment has been given. On personal examination, is found depressed & debilitated. Says "he is sick in Stomach and head"; sits vacantly; very Emotional, Cries &c; "continually wanting to smoke". Appearance & manner that of an insane person. —

June 23 June 23/93. On admission, is apparently in fair physical condition. Was put on B2; a couple of hours later, was behaving badly in this hall, becoming destructive & troublesome and was transferred to B3 —

" 24 June 24/93. Was restless for 3 hours or so, but slept 6 hours last night. Am. Pulse 72. T(a) 99.3. Is restless, walking the floor a good deal of the time. Says "he has been here before" - Appetite is fairly good. No cough noticed.

" 25 June 25/93. Restless & out of bed for 2 hours, quite noisy 1 hour, slightly noisy 2 hours or so, sleeping but 4 hours, last night. Am. Pulse 64. T(a) 98.4. Goes out walking. Slept only half an hour at a time, last night. Said "it was time for him to be going home"; was asking for his pipe so he could have a smoke - June 26/93. Was quiet,

" 26 and fairly restful last night, sleeping 7 hours. Am. Pulse 60. T(a) 98.6. Pm. Pulse 88. T(a) 99.4. June 27/93. Slept 6

" 27 hours last night, being restless 2 hours or so. Am " 70 " 98.4. "Always wanting his hat to be on & go home" -

" 28 Pm Pulse 60. T(a) 99. Was today visited by his niece. June 28/93. Restless but sleeping 6 hours, last night. -

Am " 60 " 98.6. Appetite good; bowels regular. When out walking today, was rather destructive, breaking

" 29 branches off trees, turning over benches &c. Pm. Pulse 58 T(a) 99.2. June 29/93. Restful, sleeping 7 hours,

" 30 last night. Am. Pulse 62. T(a) 98.8. June 30/93. Slept well last night - Am. Pulse 60. T(a) 98.8 Pm. P 70. T(a) 99.8

July 1 July 1/93. Am " 66 " 99.8. Talks now more rationally & freely. Says "he had a brother here, once, by the name of Iver Hansen and that he remained here for about a year"; says "his head bothered him some, quite frequently, in the last 6 or 7 years, but that he always gets over it in a short time". Appetite is good;

" 2 bowels normal. Pm. Pulse 62. T(a) 99. July 2/93. Am. Pulse 68. T(a) 98.6. Am. Complains of some soreness in his breast. Says "he was kicked by some one during a night when he first came here"; one of his sides is some swollen - Says "he was also kicked by a horse, some long time ago". Chest was

" 7 examined, but no recent hurt discovered. July 7/93. Pulse and temperature have become about normal. Patient has improved much this past week - Is quite quiet by day & has been sleeping well at night. Is somewhat dull & feeble, but fairly well. (Wt 136 lbs. 7/11/93). Pulse 66). Appetite has been good & bowels regular.

" 13 July 13/93. From July 8th to July 13th inst, the attached record of temperature was kept - Same dropped today. He has been steadily improving in behavior; is quite rational, though some feeble in mind - No special

" 14 Cause for rise of temperature is found. Was visited by his niece on 10th inst. July 14/93. Wt 139 lbs. Pulse 70. Appetite good; bowels regular. Has improved quite rapidly since his coming here. Talks quite rationally.

" 15/14 Habits clean. Is gaining also in flesh. July 15/93. Was visited, today, by his two nieces. July 24/93 Was

" 27 again visited by niece today. July 27/93. Left today, on trial, with Son. Is about in the condition he was in before the attack. Is fairly recovered from this attack.

— Discharged —

Personal and Medical History of Xaver Bismark

From 776

1892

Aug 1/31

Sept 3/30

Oct 1/31

Nov 1/3

Dec 1/31

" 31

1893

Jan 1

" 21

Feb 1/28

Mar 1/31

Apl 1/30

May 1/31

" 15

" 31

June 1/30

July 1/31

Aug 1/31

" 31

Sept 1/30

Oct 1/31

Nov 1/30

Dec 1/31

Jan 1/31

Feb 1/28

June 29/30

CLINICAL NOTES IN THE CASE OF Mr Ole H Sather

MO: DA:	HR.	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
July 1:	8 Am:	64	98.2			
"	3 Pm:	68	99.6			
"	9 Pm:	68	99.4		On Ward	
"	10 Pm:	70	99.2			
"	10 Am:	68	99			
"	7 Pm:	68	99			
"	11 Am	70	99		Appetite good Bowels Regular	
"	11 Pm:	72	99.6			
"	12 Am:	66	99			
"	11 Pm:	66	99.6			
"	13 Am:	70	99.2			
"	5 Pm	66	99.6		Transferred to B3.	Temp record dropped for time steadily improving in behavior - to quite rational though feeble in mind - No special treatment for rise of temperature found

Personal and Medical History of Ole Hansen Sather

Personal and Medical History of Xaver Bismark

From 276

1894
Aug 1/31 Aug 1/94. Wt 150 lbs. Pulse 60. Aug 31/94. Apparently rests well, at night. Appetite fairly good; bowels regular. Behavior quiet, at present. Talks incoherently & still thinks delusions. Does not go out walking as he is always trying to escape. Patient is kept in 6^3 Ward, in the day time.

Sep 3/30 Sep 3/94. Wt 144 lbs. Pulse 60. (Has lost some in flesh, without known cause) - Sep 30/94. No change noticeable.

Oct 1/31 Oct 1/94. Wt 151 " " 70 (has recovered his lost weight) - Oct 31/94. About as usual; no change.

Nov 1/30 Nov 1/94. Wt 162 " " 64. (Still gaining in flesh). Pulse 64. Nov 30/94. Fought patient, O.E. Stranberg, & gave him a black eye. Appetite good. Bowels regular. Behavior fairly good. Talks incoherently. Does not go out walking, as he makes frequent attempts to run away. Habits clean. Is kept on 6^3.

Dec 1/31 Dec 1/94. Wt 159 lbs. Pulse 88. Dec 8/94. Transferred to 6^3. Dec 23/94. Behavior is more quiet.

" 2/30 Dec 27/94. Noisy & restless today. Had nose-bleed. Dec 30/94. Fought with patient, J Meunger; struck him on head with mop-stick, inflicting a scalp-wound, about ½ inch in length.

1894 31 Dec 31/94. No noticeable change. Works a little in ward. Eats & sleeps well. Bowels regular.

Jan 1 Jany 1/95. Wt 150 pounds (has lost in flesh, without apparent cause). Pulse 90. Engaged in a fight & had nose-bleed. Jan 31/95. Behaves fairly well. No change mentally. Habits are clean.

Feb 1/28 Feb 1/95. Wt 151 lbs. Pulse 78. Feb 28/95. Behavior has been quite good. Very often sleeps poorly at night; is very restless.

Mar 1/31 March 1/95. Wt 151 lbs. P 80. Mar 17/95. Has been very restless the last few nights, sleeping only from 2 to 5 hours, a each. Behavior continues good. Health good.

Apl 1/30 Apl 1/95. Wt 154 lbs. P 75. Apl 30/95. No change noticeable. Talks incoherently. No improvement mentally.

May 1/31 May 1/95. Wt 153 " " 72 - May 7/95. Complained of ear-ache, during night. May 8/95. Had hemorrhage from nose & now feels better. May 9/95. Seems in a sort of "spell". Appetite poor, but does not complain any; "asks for keys". Has been sleeping poorly, of late. May 15/95. Resting easier, at night, now. May 31/95. Behavior good; makes no complaints. Mentally, no change noticed.

June 1/30 June 1/95. Wt 150 lbs. Pulse 84. June 30/95. Quite often, restless at night & sleeping poorly. Otherwise condition shows no change -

July 1/31 July 1/95. Wt 149 lbs. P 72. Aug 31/95. No change especially noticeable. Sleeps somewhat better, of late. No complaints. Is often restless during portion.

Aug 1/30 Aug 1/95. Wt 145 lbs. Pulse 84. Aug 20/95. Has been in a stupid state, the greatest part of the time, of late. Aug 31/95. No special change noted. Fairly well-behaved. Physical condition good.

Sept 1/30 Sept 1/95. Wt 143 lbs. Pulse 84 - Sep 30/95. About the same, in every way, from month to month.

Oct 1/31 Oct 1/95. Wt 146 " " 88. Oct 31/95. No change noted, either mentally or physically -

Nov 1 Nov 1/95. Wt 144 " " 72. Dec 1/95. Wt 144 lbs. Pulse 84. Jan 1/96. Wt 140 lbs. Pulse 60.

Dec 1 1896 Jan 1/31 1897 Jan 1/96. Transferred to 6: (on account of a general change in the wards). Jan 31/96. No special change, during the quarter. Eats & sleeps well: physical condition good: Is not quarrelsome, unless aggravated. He seems to be in a "trance", the greater part of the time. Works. No complaints.

Feb 1/96 to June 29/97 Summary Nurses Notes by Dr. Phelps No bodily illness noted: Is rather demented: occasionally irritable: Wt. 142 to 148 lbs. June 29/97 Transferred to Fergus Falls.

1893
June 23 Th
" 24 du
" 25 m
" 26 or
" 27 hu
" 28 De
" 29 to
" 30 H
July 1 tre
2 an
7 of
13 Ca
14 th
16/14 Was
27 again noted by nurse today. July 27/93. Left today, on trial, with Son. Is about in the condition he was in before the attack. Is fairly recovered from this attack.

— Discharged —

Personal and Medical History of Nels Olsen #2



Whole No. 3390.
Residence, Minneapolis, Minn
Date Admission, June 23rd 1893.
Admitted by Dr Kilbourne Hour, 7 PM.
How Sent, John H Steele, Jof P, Hennepin Coy.
Sex, Male
Age, 23.
Civil Condition, single (?)
Children, —
Age Youngest Child, —
Occupation, Farm Laborer
Degree Education, fair
Profession Religion, Lutheran
Habits, probably not the best
Nativity, Sweden (Parents also born there).
Physicians Committing, Chas H. Nowell & E J Gibson
Correspondents, Magnus Johnson,
Box 389. — Blair, Nebraska

No. for Year, 302.
Insane Relatives, None
Cause Exciting, Masturbation
Cause Predisposing, not stated.
Form, Melancholia - Acute -
Accompanying Bodily Disorder, Not Stated
Suicidal or Not, Not
Date of this Attack, about 2 days ago (cannot know)
Duration, about 2 days as to (?)
No. of Attack, not known if 1st
No. of Admissions, 1
Age First Attack, (?)
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Exd by Dr Shelpo - June 28/93 =

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events,
Recent Events,
Special Subjects, } slightly impaired

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

REASONING POWER:
Ordinary Subjects,
Own Mental State, } Poor
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient describes himself as having left his farm in charge of his cousin at Blair, Nebraska, and having wandered from place to place to Minneapolis. Seems, while there, to have got very much confused, as he says, he was simply lost. His mental state, at present, seems much clearer than it is described to have been, when picked up. —

EMOTIONAL STATE:
Normal, Calm, Calm but inclined to dullness.
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not, Are vaguely, those of fear.
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Nels Olsen #2

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, very good.
WOUNDS OR ABNORMALITIES, None noticed.
TONGUE, Tremors, ~~None noted~~ Coatings, Promptness Movement, prompt
PUPILS, Equality, Equal Size, slightly dilated
Response Light, fairly good Accommodation,
SIGHT, probably fair
HEARING, fair

Case No. 3390. Nels Oleson #2. File No. 9.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

standing, eyes shut, hand swaying.
, none noted
about 1. (right leg injured above
le cause for difference in reflexes) —

ARTICULATION, Hesitating, fairly good Slurred,
FACIAL EXPRESSION, Fair
SENSIBILITY,
HEART, Sounds good
LUNGS, " "
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, about Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Record lost 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 living - claims healthy } Heredity denied
Father or Pat. Relations, Father " " "
Brothers or Sisters,

Personal and Medical History of Nels Olsen #2



Whole No. 3390.

Residence, Minneapolis, Minn

Date Admission, June 23d 1893.

Admitted by D. Kilbourne Hour, 7 P.M.

How Sent, John H. Steele, Jof P, Hennepin Coy.

Sex, Male

Age, 23.

Civil Condition, single (?)

Children, —

Age Youngest Child, —

Occupation, Farm Laborer

Degree Education, fair

Profession Religion, Lutheran

Habits, probably not the best

Nativity, Sweden (Parents also born there).

Physicians Committing, Chas. H. Morrell & E. J. Gibbons

Correspondents, Magnus Johnson,
Box 389. — Blair, Nebraska

No. for Year, 302.

Insane Relatives, None

Cause Exciting, Masturbation

Cause Predisposing, not stated.

Form, Melancholia - Acute

Accompanying Bodily Disorder, Not stated

Suicidal or Not, Not

Date of this Attack, about 2 days ago by account
about 2 days ago (?)

Exd by Dr. Phelps - June 28/93

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Slow

MEMORY:

Past Events,

Recent Events, } slightly impaired

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Quite dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State, } Poor

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Patient describes himself as having left his farm in charge of his Cousin at Blair, Nebraska, and having wandered from place to place to Minneapolis. Seems, while there, to have got very much confused, altho' he says, he was simply lost. His mental state, at present, seems much clearer than it is described to have been, when picked up. —

EMOTIONAL STATE:

Normal, Calm, Calm but inclined to dullness.

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, Are vaguely, those of fear.

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Nels Olsen #2

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, very good.

WOUNDS OR ABNORMALITIES, None noticed.

TONGUE, Tremors, ~~None noted~~ Coatings, Promptness Movement, prompt

PUPILS, Equality, Equal Size, slightly dilated

Response Light, fairly good Accommodation,

SIGHT, probably fair

HEARING, fair

CO-ORDINATION, Arms, } Quite fair, on usual tests; standing, speech, hand shaking.
Legs, }

TREMORS, Hands, None special Tongue, None noted

Facial Muscles, General,

REFLEXES, Patellar, unequal, left about 3 — Right about 1. (right leg injured above
~~Other Reflexes~~, knee by kick of horse); this probable cause for difference in reflexes) —

ARTICULATION, ~~Hesitating~~, fairly good ~~Slurred~~,

FACIAL EXPRESSION, Fair

SENSIBILITY,

HEART, Sounds good

LUNGS, " "

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Yes Careless,

BOWELS, Normal, about Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Recent left 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 living - claims healthy } Heredity denied

Father or Pat. Relations, Father " " "

Brothers or Sisters,

Personal and Medical History of Nels Olsen #2

1893

This man was brought here, in due form, by a Sheriff's officer, with the following history. Is a farm-laborer. No history of consanguinity or heredity. Not known if 1st attack or not. About 2 days ago the attention of the Police was called to the fact that he masturbated in public. Cannot tell state of disease: not known if there are rational intervals. Derangement now manifested by a weak mind, indecent exposure of the person. Has an unwarrantable fear of being killed by persons who are following him. Is neither disposed to injure others nor suicidal, nor filthy nor destructive. Has not been addicted to intemperance or habitual use of narcotics, nor has he had any severe disease or head injury, nor been restrained or confined. Supposed cause of disease is masturbation. On personal examination, the patient tells a plausible & undoubtedly true love story, as a result of this affair, and he has incurred the displeasure of a number of people, who, he believes, would like him if he were caught. Though he says he is innocent of any act of guilt. Appearance & manner were those of a person simply of unsound mind.

June 23 June 23/93. On admission, was put on B2. Pulse 86. T(R) 99.6. Bodily condition very dirty. No injuries or peculiarities noted. June 24/93. Was restless & out of bed for an hour or so, but slept 7 hours, last night. Is depressed; walks about ward a little: keeps most of the time by himself; appetite fair; bowels regular. no complaints or injuries noted, nor cough. Am. Pulse 78. T(R) 99. Pm. Pulse 74. T(R) 98.8. — —

" 25 June 25/93. Slept 6 hours last night; was quite restless for 2 hours & wanting to get up. Am. Pulse 78 T(R) 98.6. Pm. Pulse 76. T(R) 98.8. Works some on ward. Prays to himself, at times. —

" 26/27 June 26/93. Am. Pulse 78. appetite fair; no cough noticed. June 27/93. Has been praying, nearly all day; appetite continues fair; Talks but little; does some work. Is quiet; complains of headaches for a couple of weeks past; has a dull, depressed air; half comprehending his situation. —

" 30 June 30/93. For past night, has been quiet & restful & sleeping 8 hours, on each. Appetite is now quite good. Is very reticent; prays a good deal of the time. Pulse, for past 5 days, quite normal.

July 2 July 2/93. Works; goes out walking regularly; is still depressed; prays, now, only once in a while. —

" 5/7 July 5/93. Weight 170 pounds. July 7/93. During this, the second week, patient has changed but little. Keeps by himself; is depressed; prays occasionally; works on ward quite well; bowels have been regular; pulse normal; appetite sometimes good, & at others only fair — no cough noticed. makes no complaints; talks but little. Is inclined to be obstreperate, except when asked to do some work.

" 22 July 22/93. Remained in bed all of today, claiming he was not feeling well.

" 31 July 31/93. Appetite good; bowels regular. Works some on ward. Talks but little. Keeps apart from his fellow-patients, most of the time. Is always rather depressed: has a spell of crying, occasionally. Has a dull manner about him. Is in good physical health.

Aug 3/10 Aug 3/93. Is making a slight gain in weight. Aug 10/93. Still somewhat depressed. Works in dining room.

" 31 Aug 31/93. Has improved some, in the past month. Talks now quite freely when addressed. Seems quite cheerful, of late. Appetite good. Bowels normal. Physical health good. Works some on ward.

Sept 8/30 Sept 8/93. During past 5 weeks has made a marked gain in flesh (17 pounds). Sept 30/93. Appetite good. Continues to improve. Cheerful. Always willing to work. Health good.

Oct 3/31 Oct 3/93. A further gain in weight made. Oct 31/93. Continues cheerful. Talks freely, when addressed. Works well & willingly. Reads some. Is improving.

Nov 1/10 Nov 1/93. Wt 194½ pds. Pulse 74. Nov 10/93. Behavior is good. Is somewhat silly; laughs to himself

Personal and Medical History of Nels Olsen #2

NAME Nels Olsen #2

DATE. 1893	Weight.	Pulse.	Gain.	Loss.
July 5th	170	—		
Aug 3rd	171	—	1	
Sept 8th	189	—	17	
Oct 3rd	194	72	5	
Nov 1st	194½	74	½	
Dec 4th	194	72		½
1894 Jan 2nd	181½	74		12½
Feb 1st	186	70	4½	

wood physical condition. Nov 19/93. Complained of having a ght. Nov 20/93. Earache troubles him. Is in bed today. Pgs. T. 101.6. etter. Nov 30/93. Continues quiet and well-behaved. Talks but little. elung worker on the ward. Physical condition is good. flesh. Dec 27/93. Not feeling well today, did not help with work. in conduct or behavior since last noted. Works well on the hall. in weight, in the past month, though he has not complained of any rnal. Jan 31/94. Always quiet & well behaved. Somewhat foolish melancholy. - Still helps willingly with ward-work. s lost flesh. Feb 28/94. Apparently rests & sleeps well, at night. thy regular. Is uniformly quiet & well-behaved. Makes ks but little; generally responds to questions. Laughs to himself. Works daily & willingly on the ward. Habits are clean. - mitted here under the "Law of 1893" recently declared incon- Taken out and Returned under "new Warrant" from 4. Continues about as described in Note of Feb 28/94. Very melancholy.

March 31/94 Patient is very dull & stupid; when spoken to, does stand, that he has been addressed. Sometimes will not move unless Appetite only medium. Patient seems very much depressed.

Apl 1/30 Apl 1/94. Wt 196 pds. Pulse 70. April 15/94. Sits idly about on a seat. One of his legs seems stiff, today.

" 18 April 18/94. Was given "massage treatment" today (under supervision of attendant J. H. Sweeney).

" 30 April 30/94. Has been given 3 "massage treatments". Patient does not seem to improve any. Still quite dull & stupid. Talks none. Stands idly about; seldom moves. Is, apparently, very melancholy.

May 1st W. 197th, f. th. 31st Stupid, works none, walks out, talks none, bowels irregular, June 2nd W. 200th, p. th.

June 15th works on yard again, 30th works on yard. not as stupid as he was, talks seldom. no complaints,

July appetite good. July 2nd W. 194th, 10th appetite poor, is completely "off". 31st Stands around, will

" 31 not talk even when addressed. Prays at times, appetite fair, bowels regular, walks out daily. —

Aug 2/31 Aug 2/94. Wt 188 pds. Pulse 80. Aug 31/94. At times acts in a stupid way. Prays a great deal, but will not talk to anyone. Appetite good; bowels regular. Has a dull, stupid way about him

Sept 1/30 Sept 1/94. Wt 191 pds. Pulse 84. Sept 30/94. Keeps about the same. Helps some with work on hall.

Oct 1/31 Oct 1/94. Wt 198½ " 80. Oct 31/94. No special change. Talks but little; makes no complaints. Does not read or plays games; no recreation in this way. Walks. Habits clean. Works some

Nov 1 Nov 1/94. Wt 196 pds. Pulse 78. Dec 1/94. Wt 193 pds. Pulse 72. Jan 2/95. Wt 186 pds. Pulse 90.

Dec 1 (has been losing in flesh, without known cause). Jan 31/95. Talks but seldom; is stupid:

1895 Jan 31 appetite generally good. Walks peculiarly. Works some on the ward. Habits clean.

Feb 1 Feb 1/95. Wt 174½ pds. Pulse 64. (Has been losing in flesh the past few months, without known cause).

" 28 Feb 28/95. Works in dining-room. Walks very peculiarly. Talks none: Is untidy. Makes no complaints.

Mar 2/31 Mar 2/95. Wt 182 pds. P 88. March 31/95. No change noticeable. Is quiet and demented.

Apl 1/30 Apl 1/95. Wt 179½ " 56. — Transferred to D2. Apl 30/95. Is stupid & dull: never speaks. Indolent, does no work. Tidy. Habits clean but his entire nutrition. Health seems good.

(carried to Transfer Book A. page 198)

Personal and Medical History of Nels

1893

This man was brought here, in due forms, by a Sheriff
No history of consanguinity or heredity. Not known.
Police was called to the fact that he masturbated
there are rational intervals. Derangement
person. Has an unwarrantable fea
disposed to injure others nor since
-rance or habitual use of narcotic
restrained or confined. Supposed cause
patient tells a plausible & undoubtedly in
incurred the displeasure of a number of people
though he says he is innocent of any act of an
kindly of unsound mind.

attempte-
, nor been
mitation, the
ir, and he has
uin if he were caught.
ns were those of a person

June 23 June 23/93. On admission, was put on B7. Pulse 86. odily condition very dirty. No injuries
" 24 or peculiarities noted. June 24/93. Was restless & out of bed fr hour or so, but slept 7 hours, last night.
Is depressed; walks about ward a little: keeps most of the time by himself; appetite fair; bowels regular.
no complaints or injuries noted, not cough. Am. Pulse 78. T(e) 99. Pm. Pulse 74. T(e) 98.8. — —
" 25 June 25/93. Slept 6 hours last night; was quite restless for 2 hours & wanting to get up. Am Pulse 78
T(e) 98.6. Pm Pulse 76. T(e) 98.8. Works some on ward. Prays to himself, at times. —
" 26/27 June 26/93. Am. Pulse 78. appetite fair; no cough noticed. June 27/93. Has been praying, nearly
all day; appetite continues fair; Talks but little; does some work. Is quiet; complains of headaches
for a couple of weeks past; has a dull, depressed air; half comprehending his situation. —
" 30 June 30/93. For past 5 nights, has been quiet & restful sleeping 8 hours, on each. Appetite is now
quite good. Is very reticent; prays a good deal of the time. Pulse, for past 5 days, quite normal.
July 2 July 2/93 Works; does not walking regularly; is still depressed; prays, now, only once in a while. —
" 5/7 July 5/93. Weight 170 pounds. July 7/93. During this, the second week, patient has changed but
little. Keeps by himself; is depressed; praying occasionally; works on ward quite well; bowels
have been regular; pulse normal; appetite, sometimes good, & at others only fair — no cough noticed.
makes no complaints; talks but little. Is inclined to be obstinate, except when asked to do some work.
" 22 July 22/93. Remained in bed all of today, claiming he was not feeling well.
" 31 July 31/93. Appetite good; bowels regular. Works some on ward. Talks but little. Keeps apart
from his fellow-patients most of the time. Is always rather depressed; has a spell of crying,
occasionally. Has a dull manner about him. Is in good physical health.
Aug 3/10 Aug 3/93. Is making a slight gain in weight. Aug 10/93. Still somewhat depressed. Works in dining room.
" 31 Aug 31/93. Has improved some, in the past month. Talks now quite freely when addressed. Seems quite
cheerful, of late. Appetite good. Bowels normal. Physical health good. Works some on ward.
Sep 8/30 Sept 8/93. During past 5 weeks has made a marked gain in flesh (17 pounds). Sep 30/93. Appetite
good. Continues to improve. Cheerful. Always willing to work. Health good.
Oct 3/31 Oct 3/93. A further gain in weight made. Oct 31/93. Continues cheerful. Talk freely, when addressed.
Works well & willingly. Reads some. Is improving.
Nov 1/10 Nov 1/93. Wt 194½ pds. Pulse 74. Nov 10/93. Behavior is good. Is somewhat silly; laughs to himself

Personal and Medical History of Nels Olsen #2

1893
Nov 16/20 Works in dining-room. Is in good physical condition. Nov 19/93. Complained of having a
" 21/30 very severe headache during the night. Nov 20/93. Earache troubles him. Is in bed today. Pulse 76/104.
Nov 21/93. Up today. Is feeling better. Nov 30/93. Continues quiet and well-behaved. Talks but little.
Laughs to himself, at times. Is willing worker on the ward. Physical condition is good.
Dec 4/27 Dec 4/93. Maintains his usual flesh. Dec 27/93. Not feeling well today, did not help with work.
" 31 Dec 31/93. No noticeable change in conduct or behavior since last noted. Works well on the hall.
1894 Jan 2 Jan 2/94. Has lost considerably in weight in the past month, though he has not complained of any
" 31 serious ill-feeling. Pulse is normal. Jan 31/94. Always quiet & well behaved. Somewhat foolish
in his manner & ways - Seems melancholy. - Still keeps willingly with ward-work.
Feb 5/28 Feby 1/94. Has regained some of his lost flesh. Feb 22/94. Apparently eats & sleeps well & right.
Appetite good; bowels apparently regular. Is uniformly quiet & well-behaved. Makes
no complaints - Prays some. Talks but little; generally responds to questions. Laughs to himself.
Is in good bodily health - Works daily & willingly on the ward. Habits are clean. -
" 24 Feb 24/94. This Patient was committed here under the "Law of 1893" recently declared incon-
-stitutional. He was, today, Taken out and Returned under "new Warrant" from
" 28 Olmsted County. Feb 28/94. Continues about as described in note of Feb 22/94. Very melancholy.
Mar 1/31 March 3/94. Wt 189 lbs. Pulse 92. March 31/94. Patient is very dull & stupid; when spoken to, does
not seem to realize the fact or understand, that he has been addressed. Sometimes will not move unless
he is led. Talks none; does no work - Appetite only medium. Patient seems very much depressed.
Apl 2/30 April 2/94. Wt 196 pds. Pulse 70. April 15/94. Sits idly about on a seat. One of his legs seems stiff, today.
" 18 April 18/94. Was given "massage treatment" today (under supervision of attendant J. H. Sweeny).
" 30 April 30/94. Has been given 3 "massage treatments" - Patient does not seem to improve any. Still quite
dull & stupid. Talks none. Stands idly about; seldom moves. Is, apparently, very melancholy.
May 1st June 15th July 31st Aug 2/30 Sep 1/30 Oct 1/31 Wt. 197th, p. 76. Wt. Stupid, works some, walks out; talks none, bowels irregular. June 2nd Wt. 200th, p. 78.
works on ward again, 30th works on ward, not as stupid as he was, talks seldom, no complaints,
appetite good. July 2nd Wt 194th. 15th appetite poor, is completely "off". 31st Stands around, will
not talk even when addressed. Prays at times, appetite fair, bowels regular, walks out daily. —
Aug 2/94. Wt 188 pds. Pulse 80. Aug 31/94. At times acts in a stupid way. Prays a great deal,
but will not talk to anyone - Appetite good; bowels regular - Has a dull, stupid way about him
Sep 1/94. Wt 191 pds Pulse 84. Sep 30/94. Keeps about the same. Helps some with work on hall -
Oct 1/94. Wt 198½ " " 80. - Oct 31/94. No special change. Talks but little; makes no com-
-plaints - Does not read or plays games; no exception in this way - Walks. Habits clean. Works some
Nov 1
Dec 1
1895 Jan 31
Feb 1
" 24
Mar 2/31
Apl 1/30
Nov 1/94. Wt 196 pds. Pulse 78. Dec 1/94. Wt 193 pds. Pulse 72. Jan 2/95. Wt 186 pds. Pulse 96,
(has been losing in flesh, without known cause). Jan 31/95. Talks but seldom; is stupid:
appetite generally good. Walks peculiarly. Works some on the ward. Habits clean.
Feb 1/95. Wt 174½ pds. Pulse 64. (Has been losing in flesh the past few months, without known cause).
Feb 24/95. Works in dining-room - Walks very peculiarly - Talks none: Is untidy - Makes no complaints -
Mar 2/95. Wt 182 pds. P 88. March 31/95. No change noticeable - Is quiet and demented -
Apl 1/95 - Wt 179½ " 56. - Transferred to D.C. - Apl 30/95. Is stupid & dull: never
speaks. Indolent, does no work. Quiet. Habits clean but his entire Health seems gone

(carried to Transfer Book A. page 198)

Personal and Medical History of Nels. G. Gayer.

(This name obtained from papers found on person)

Whole No. 3391.

Residence, Minneapolis. Minn.

Date Admission, 26th June 1893.

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

How Sent, John A. Steele, Jof P. Hennepin County.

Sex, male

Age,

Civil Condition,

Children,

Age Youngest Child,

Occupation,

Degree Education,

Profession Religion,

Habits,

Nativity,

None of these particulars could be obtained, as patient would not talk at all, while being examined.

Physicians Committing, L. P. O'Brien & E. J. Gibbon

Correspondents, None given in Commitment Papers

6/30/93 Rustad, No. Dak - this home (address from patient)

No. for Year, 303.

Insane Relatives, not given

Cause Exciting, self-abuse

Cause Predisposing, not known

Form, Melancholia - acute

Accompanying Bodily Disorder, none discernable

Suicidal or Not, not stated

Date of this Attack, not stated

Duration, not stated

No. of Attack, not stated

No. of Admissions, 1

Age First Attack, not stated

Time of Leaving, Mch. 6th '94

Time in Hospital, 8 mo. 7 ds.

Result, Imp.

Crossed - from thence to 1st, North 1st, 1894, because illegally committed.

EXAMINATION ON ADMISSION.

Exd by D. Phelps, June 28/93.

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,

Cannot test as he will not speak.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, & preoccupied

DELUSIONS:

Systematized or Not, } Spoke a few sentences this morning, showing

Special Subjects, } religious delusions

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Obstinate in manner, talk; evidently controlled by delusions of fear.

Coherent or Incoherent,

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Evidently very much afraid; obstinate in manner; wont speak at all. Refuses to make tests (which is about the main indication of his state of mind). or answer any questions —

Personal and Medical History of Nels. G. Gayer

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, — Coatings, — Promptness Movement, } wont show tongue

PUPILS, Equality, Size, slightly dilated

Response Light, slow Accommodation,

SIGHT, probably fair

HEARING, " "

CO-ORDINATION, Arms, } Cant make these tests today, as he wont do anything.

Legs, }

TREMORS, Hands, " " Tongue, " "

Facial Muscles, General,

REFLEXES, Patellar, About 8 — D. P.S Scale —

Other Reflexes,

ARTICULATION, ~~Hesitating~~, seems fairly good ~~Slurred~~,

FACIAL EXPRESSION, pre-occupied & depressed. —

SENSIBILITY,

HEART, Sounds seem good

LUNGS, " " "

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, RESP., TEMP.,

Record kept

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"), } Nothing can be obtained in this point, as he wont talk at all.

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Nels. G. Gayer.

189[3]

This man was brought here by a deputy Sheriff and an assistant. The history that accompanied him was very meagre as patient would not talk at all during examination, so that no particulars could be obtained. This is supposed to be his name; was obtained from papers found on person. He was found out in the Country districts Stark naked, lying hid in the grass, his clothes in a bundle beside him. If he knows anything, will not tell. No particulars given as to his age, civil condition, nativity, habits occupation, if consanguinity or heredity, mode of attack or date of same, &c &c. No rational interval have occured since confined or since coming under notice of Examiners. Derangement now manifested by self-abuse. Is disposed to filthy habits. Cause of disease is self abuse. If subject to any severe disease &c is not discoverable. Has been confined in Cell in County Jail & strapped to bed. On personal Examination, face is drawn, eyes dull &c; mind blank; will not talk or utter a word; constantly handling privates, and practising self-abuse: would not look at nor speak to examiners: appearance was filthy & degraded; Manner sullen.

June 25 June 26/93. Was brought here in belt & wristlets; also in anklets. Was much excited, kicking viciously when unstrapped. Kneepatons C[3]. Was given hypodermic about 7[30] PM. Pulse 108. R 32. Bodily condition very dirty. Has some skin disease. Has some bruises & scratches on feet, legs & neck; left fore-arm is swollen; lump noticed on collar bone; peculiar appearance of scrotum. June 27/93. Was restless and noisy and out of bed for from 2 to 3 hours last night; pounding on door & screen of his room; slept but 5 hours. Pulse 130. R 17. Very contrary; resists being dressed & undressed; is not actively ugly, however. Seems confused & afraid. Talk cannot be understood, (last night). Would not talk during the day. Appetite is very good, but he has to be urged to eat. There has been no movement of bowels; no cough noted.

" 28 June 28/93. Last night was restless, slightly noisy & out of bed from 3 to 5 hours, sleeping only 2 hours. — AM Pulse 86. Still has to be urged to eat. Has been quietly behaved all day. Has to be dressed and undressed by force. Shows delusions. "Claims to be God & to have come from Centre of the Earth" — Had a rational spell, but it was of short duration. June 29/93. Restless, quite noisy for from 2 to 3 hours, out of bed frequently, & sleeping but 3 hours, last night. AM. Pulse 72. Ate neither breakfast nor dinner today but took a good supper. Was quiet all day. Had to be forced to take his medicine. —

" 30 June 30/93. Was restless for 4 hours noon, out of bed, but slept 5 hours, last night. AM. Pulse 110. PM. P 115. Ate no breakfast very little dinner, but took a good supper. Is still quietly behaved & has had all along, to be dressed & undressed by force. Talks none. Right knee is swollen, very badly. (Was noticed for the first time last night). Lies in bed. The knee presents a bruised appearance on each side. Patella is fractured. Bowels constipated since his admission, moved freely today. (Note. Attendant Yokes tells that the Sheriff, bringing this man, said that he "Played Lame", dragging this limb at times, but that he was all right, if not watched; also that he had occasionally done same in the ward.)

July 1 July 1/93. Last night was restless for 7 hours, sleeping but 2 hours. AM. Pulse 120. T @ 99.2. PM. P 96. (Pulse & temperature show some rise since the bruising of knee). Appetite good. Behavior quiet.

" 2 He does not talk any. July 2/93. Quiet & fairly restful, sleeping 7 hours, last night. AM. Pulse 76.

" 3 PM. Pulse 78. Lies quietly in bed - appetite good. Still will not speak. July 3/93. Restless 3 hours a.m., but slept 5 hours, last night. AM. Pulse 80. Appetite continues good. Bowels again constipated. Knee was bandaged, but patient tore same off soon afterwards. July 4/93. Restless 4 hours, sleeping 4 hours, last night. AM. Pulse 76. T @ 98.2. Can see the knee considerably. Does not keep knee very quiet.

Medical History of Nels. G. Gayer.

NAME Nels G Gayer

⊕ (in bed)

DATE. 189[3]	Weight.	Pulse.	Gain.	Loss.
⊕ July 2[nd]	130	76		
⊕ Aug 7[th]	Refused			
Sept 8[th]	144	—		
Oct 4[th]	152	—	8	

24	7	5	70	64
25	7	5	70	64
26	7	5	70	62
27	7	5	70	64
28	7	5		
29	7	5		
30	7	5		
31				

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restless for 5 hours, sleeping but 3 hours, last night. AM. Pulse 86.
rtics, moved freely today. Is quietly behaved. Get out of his bed at-
tendant his name; afterwards talked quite freely in a rational manner,
w knee, in Consultation). July 7/93. Sleeping 5 hours last night,
lse 100. Is quiet. Talks quite rationally, but not very much or
July 8/93. Restless for 5 hours, sleeping only 3 hours, last night.
ward). Appetite continues good. Is somewhat restless, but says his
se 70. July 9/93. Slept very poorly, only 2 hours, last night.
plain plaster-cast today. Talks rationally. Is bright. Answers
but is very vague in his recollection of things. Seems to think,
struggle in the ward. July 10/93. Slept poorly by shots & spells, but
ght. AM. Pulse 70. PM. Pulse 60. Appetite is good, but Consti-
is going down. Patient is more at ease & is doing nicely. Has
n. Thinks all a dream before his coming and for the first few
pained somewhat during last night. Bowels costive. Given laxative.
Seems growing brighter mentally. Talks quite rationally, though
y 14/93. Appetite good. Knee is doing nicely. July 15/93. Off cast
today. July 18/93. Has lain quietly in bed. Knee continues to im-
roved to sit up. July 20/93. Complains of constipation today. —
ant an hour or so, today. July 22/93. Bowels, by aid of laxatives, moved today,
w minutes. Appeared quite active. July 26/93. Was caught masturbating at 7 PM.
t night, but cannot help it; will try to overcome habit". July 27/93. Was got up,
the hall, today. July 30/93. Complains of leg having been paining him the
have strained it. July 31/93. Sleeps well, at night. Appetite good; no
has ranged from 60 to 80, as per attached records. Temperature, normal.
ily, dressed & out in the hall. Is rather nervous; has a peculiar twisting of
& well behaved. Talk was rational. Patient seemed quite bright.
ast 2 weeks, patient has been in one of his "Spells". Has been confined to bed.
was stubborn; would not talk; at times, ugly, striking the attendants; his
ch constipated & he has had to be blistered for masturbating. He has suffered
ed knee. During the past few days, bowels, by aid of cathartics, have moved quite freely.
his "Spell". Was got up today & dressed. Appetite good; bowels regular; Conver-
te rational & free. Aug 25/93. Keeps around daily. Knee seems much improved.
interested & in reading. Talks quite sensibly.

Sep 5/ Sep 5/93. Went out walking today. Sep 8/93. Is now going into another "Spell": very restless and
" 10 continually picking at something between his fingers. Sep 10/93. Is in "Spell"; and in bed. Acts about the
" 20 same as when in previous "Spell". Bowels very active. Sep 20/93. Is coming, gradually, out of "Spell".
" 25 Lies in bed fairly quietly, but will not talk. Sep 25/93. Has now about recovered from his "Spell",
and was today got up, dressed & put out on the hall. (see attached record of pulses). —

(Carried to 348)

1893

This man was brought here by a deputy Sheriff and an assistant. was very meagre as Patient would not talk at all during Could be obtained. This is supposed to be his name; was obtained found in the Country district Stark rated, lying hid in If he knows anything, will not tell. No particulars given as to occupation, if Consanguinity or heredity, mode of attack & date of since Confined or since Coming under notice of Examiners. Is disposed to filthy habits. Cause of disease is Self abuse discoverable. Has been Confined in Cell in County Jail & face is drawn, eyes dull &c; mind blank; will not ta privates, and practicing self-abuse: would not look filthy & degraded; Manner, Sullen.

June 25 June 26/93. Was brought here in belt & wristlets; also when unstrapped. Respirations C[3]. Was given Sys[pod] very dirty. Has some Skin disease. Has some bruis swollen; lumps noticed on collar bone; peculiar a, and out of bed for from 2 to 3 hours last night; pounding on Pulse 130. R 17. Is very contrary; resists being dressed & undressed; i Seems confused & afraid. Talk cannot be understood, (last night). Would not Appetite is very good, but he has to be urged to eat. Has had been no movement of bowels; no cough noted.

" 28 June 28/93. Last night, was restless, slightly noisy & out of bed from 3 to 5 hours, sleeping only 2 hours. — Am. Pulse 86. Still has to be urged to eat. Has been quietly behaved all day. Has to be dressed and undressed by force. Shows delusions. "Claims to be God & to have come from Centre of the Earth" —

" 29 Had a rational spell, but it was of short duration. June 29/93. Restless, quite noisy for from 2 to 3 hours, out of bed frequently, & sleeping but 3 hours, last night. Am. Pulse 72. Ate neither breakfast nor dinner today but took a good supper. Was quiet all day. Had to be forced to take his medicine. —

" 30 June 30/93. Was restless for 4 hours & so, out of bed, but slept 5 hours, last night. Am. Pulse 110. Pm. P 115. Ate no breakfast very little dinner, but took a good supper. Is still quietly behaved & has had, all along, to be dressed & undressed by force. Talks none. Right knee is swollen, very badly. (Was noticed for the first time last night). Lies in bed. The knee presents a bruised appearance on each side. Patella is fractured. Bowels, constipated since his admission, moved freely today. (Note. Attendant Yokes tells that the Sheriff, bringing this man, said that he "played lame", dragging this limb at times, but that he was all right, if not watched; also that he had occasionally done same in the ward.)

July 1 July 1/93. Last night was restless for 7 hours, sleeping but 2 hours. Am. Pulse 120. Tm 99.2. Pm. P 96. (Pulse & temperature show some rise since the bruising of knee) Appetite good. Behavior quiet.

" 2 He does not talk any. July 2/93. Quiet & fairly restful, sleeping 7 hours, last night. Am. Pulse 76.

" 3 Pm. Pulse 78. Lies quietly in bed - appetite good. Still will not speak. July 3/93. Restless 3 hours & so, but slept 5 hours, last night. Am. Pulse 80. Appetite continues good. Bowels again constipated. Knee was bandaged, but patient tore same off. Soon afterwards. July 4/93. Restless 4 hours, sleeping 4 hours, last night. Am. Pulse 76. T @ 98 +. Can see the knee considerably. Does not keep knee very quiet

DATE	HOUR AM	HOUR PM	PULS AM	PULS PM
1893 July 8		5		70
9	7	5	66	64
10	7	5	70	66
11	7	5	60	62
12	7	5	72	76
13	7	5	68	68
14	7	5	64	60
15	7	5	60	60
16	7	5	66	60
17	7	5	66	72
18	7	5	64	52
19	7	5	60	52
20	7	5	68	60
21	7	5	60	72
22	7	5	56	54
23	7	5	52	67
24	7	5	70	64
25	7	5	80	64
26	7	5	70	62
27	7	5		
28	7	5		
29	7	5		
30	7	5		
31				

PULS

last night, sleeping 7 hours. Am. Pulse 88. Appetite is very good. Bowels are
7/93. Was restless for 6 hours, sleeping but 3 hours, last night. Am. Pulse 86.
d of cathartics, moved freely today. Is quietly behaved. Get out of his bed oc-
d the attendant his name; afterwards talked quite freely in a rational manner,
Mayo saw knee, in Consultation). July 7/93. Sleeping 5 hours last night,
. Am. Pulse 100. Is quiet. Talks quite rationally, but not very much or
owed - July 8/93. Restless for 6 hours, sleeping only 3 hours, last night.
te & Sick-Ward"). Appetite continues good. Is somewhat restless, but says his
5 Pm. Pulse 70. July 9/93. Slept very poorly, only 2 hours, last night.
ht. Knee put in plaster-cast today. Talks rationally. Is bright. Answers
mptly, but is very vague in his recollection of things. Seems to think,
t in a struggle in the ward. July 10/93. Slept poorly by short spells, but
ie, last night. Am. Pulse 70. Pm. Pulse 60. Appetite is good, but Consti-
ug only is going down. Patient is more at ease & is doing nicely. Has
l condition. Thinks all a dream before his coming and for the first few
11/93. Leg pained somewhat during last night. Bowels costive. Given laxative.
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ne put on, today. July 18/93. Has lain quietly in bed. Knee continues to im-
to be allowed to sit up. July 20/93. Complains of constipation, today. —
out an hour or so, today. July 22/93. Bowels, by aid of laxatives, moved today,
w minute. Appeared quite active. July 26/93. Was caught masturbating at 7 Am.
t night, but cannot help it; will try to overcome habit". July 27/93. Was got up,
the hall, today. July 30/93. Complains of leg having been causing him the
have strained it. July 31/93. Sleeps well, at night. Appetite good; no
has ranged from 60 to 80, as per attached records. Temperature, normal.
ly, dressed & out in the hall. Is rather nervous; has a peculiar twisting of
& well behaved. Talk was rational. Patient seemed quite bright.
last 2 weeks, patient has been in one of his "spells". Has been confined to bed.
was stubborn; would not talk; at times, ugly, striking the attendants; has
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interested & in reading. Talks quite sensibly.

Sep 5/93. Sep 5/93. Went out walking today. Sep 8/93. Is now going into another "Spell". Very restless and
" 10 continually picking at something between his fingers. Sep 10/93. Is in "Spell"; and in bed. Not about the
" 20 same as when in previous "Spell". Bowels very costive. Sep 20/93. Is coming, gradually, out of "Spell".
" 25 Lies in bed fairly quietly, but will not talk. Sep 25/93. Has now, about recovered from his "Spell",
and was today got up, dressed & put out in the hall. (see attached record of pulses). —

(Carried to 3248)

1893

This man was brought here by a deputy Sheriff and an assistant. was very meagre as patient would not talk at all during Could be obtained. This is supposed to be his name; was obtained found astray in the Country districts Stark naked, lying hid in If he knows anything, will not tell. No particulars given as to occupation, if Consanguinity or heredity, no of attack or date of since confined or since Coming under notice of Examiners. Is disposed to filthy habits. Cause of disease is self abuse discoverable. Has been confined in Cell in County Jail & face is drawn, eyes dull &c; mind blank; will not to privates, and practising self-abuse: would not look filthy & degraded; Manner dull &c.

June 26 June 26/93. Was brought here in belt & restraints; also when unstrapped. Has pulse C3 Was given hypo very dirty. Has some skin disease. Has some bruises swollen; lumps noticed on collar bone; peculiar w., and out of bed for from 2 to 3 hours last night; pounding on Pulse 130. R 17. Is very contrary; resists being dressed & Seems confused & afraid. Talk cannot be understood, Appetite is very good, but he has to be urged to eat. He

" 28 June 28/93. Last night was restless, slightly noisy & out of Am Pulse 86. Still has to be urged to eat. Has been undressed by force. Shows delusions. "Claims to be G

" 29 Had a natural spell, but it was of short duration. out of bed frequently, & sleeping but 3 hours, last today but took a good supper. Was quiet all

" 30 June 30/93. Was restless for 4 hours a.m., out of b Ate no breakfast & very little dinner, but took to be dressed & undressed by force. Talks none. Night time last night). Lies in bed. The knee presents a bruised fractured. Bowels constipated since his admission, moved freely today. Note. Attendant tells that the Sheriff, bringing this man, said that he "played lame", dragging this limb at times, but that he was all right, if not watched; also that he had occasionally done dance on the ward.)

July 1 July 1/93. Last night was restless for 7 hours, sleeping but 2 hours. Am. Pulse 120. T 99.2. Pm. P 96. (Pulse & temperature show some rise since the bruising of knee) Appetite good. Behavior quiet.

" 2 He does not talk any. July 2/93. Quiet & fairly restful, sleeping 7 hours, last night. Am. Pulse 76.

" 3 Pm. Pulse 78. Lies quietly in bed - appetite good. Still will not speak. July 3/93. Restless 3 hours or so, but slept 8 hours, last night. Am. Pulse 80. Appetite Continues good. Bowels again constipated. Knee

" 4 was bandaged, but patient tore same off. Soon afterwards. July 4/93. Restless 4 hours, sleeping 4 hours, last night. Am. Pulse 76. T 98.1. Can use the knee considerably. Does not keep knee very quiet.

Nels. G. Gayer

	DAY.	NIGHT.	PULSE.
Aug 1			
2			
3			
4		7	104
5		5	106
5	9		
6	5		90
8			
8	10 M.		
9	7		80
9	10 M.		
10	7		72
	5		64
17	7		60
	5		66
12	7		68
	5		
13	7		66
14	7		60
	5		60
15	7		72
	5		64
16	7		62
	5		62

; last night, sleeping 7 hours. Am. Pulse 88. Appetite is very good. Bowels are
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few minutes. Appeared quite active. July 26/93. Was caught masturbating at 7 Pm.
t night, but cannot help it; will try to overcome habit. July 27/93. Was got up,
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Sep 5 Sep 5/93. Went out walking today. Sep 6/93. Is now going into another "spell". Very restless and
" 10 continually picking at something between his fingers. Sep 10/93. Is in "spell", and in bed. Acts about the
" 20 same as when in previous "spell". Bowels very costive. Sep 20/93. Is coming, gradually, out of "spell".
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and was today got up, dressed & put out in the hall (see attached record of pulses). —

(Carried to 348)

1893

This man was brought here by a deputy Sheriff and an assistant
was very meagre as patient would not talk at all during
Could be obtained. This is supposed to be his name; was obtained
found in the Country district Stark rated, lying sick
If he knows anything, will not tell. No particulars given as
occupation, of Consanguinity or heredity, no of attack or date
since confined or since coming under notice of Examin
Is disposed to filthy habits. Cause of disease is self
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June 25 June 26/93. Was brought here in bed
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that the Sheriff, bringing this man, said that he "played lame", dragging this limb at times, but that
he was all right, if not watched; also that he had occasionally done dance on the ward).
July 1 July 1/93. Last night was restless for 7 hours, sleeping but 2 hours. Am. Pulse 120. Tm 99.2. Pm. 96.
(Pulse & temperature show some rise since the bruising of knee). Appetite good. Behaves quiet
" 2 She does not talk any. July 2/93. Quiet & fairly restful, Sleeping 7 hours, last night. Am. Pulse 76.
" 3 Pm. Pulse 78. Lies quietly in bed - appetite good. Still will not speak. July 3/93. Restless 3 hours or so,
but slept 6 hours, last night. Am. Pulse 80. Appetite Continues good. Bowels again constipated. Knee
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last night. Am. Pulse 76. T @ 98.2. Can use the knee considerably. Does not keep knee very quiet.

1893 August

NO:	DA:	R.	PULS.
	17	7	60
		5	62
	18	7	72
		5	64
	19	7	72
		5	70
	20	7	76
	21	7	72
		5	68
	22	7	74
		5	64
	23	7	78
		5	70
	24	7	64
	25		
	28		
Sept	7		
	8		
	9		
	10		
	11	7	62
		5	64
	12	7	62

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is interested in reading. Talks quite sensibly.
Sept 5/93. Not out walking today. Sept 6/93. Is now going into another "spell". Very restless and
" 10 continually picking at something between his fingers. Sept 10/93. Is in "spell"; and in bed. Acts about the
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(carried to 348)

1893

This man was brought here by a deputy Sheriff and an assistant. ... was very meagre as patient would not talk at all during ... Could be obtained. This is supposed to be his name; was obtained ... found in the Country districts Stark naked, lying hid in ... If he knows anything, will not tell. No particulars given as to ... occupation, if consanguinity or heredity, no of attack or date of ... since confined or since coming under notice of Examiner ... is disposed to filthy habits. Cause of disease is self ... discoverable. Has been confined in Cell in County ... face is drawn, eyes dull &c; mind blank; ... privates, and practicing self-abuse: ... filthy & degraded; Manner, sullen.

June 25 June 26/93. Was brought here in bed & ... when unstrapped. Respirations C3 ... very dirty. Has some skin dise... swollen; limp noticed in ... " 27 and out of bed for from 2 ... Pulse 130. R 17. Seve... Seems confused ... Appetite is ver... " 28 June 28/93 ... Am Pulse ... undressed by for... " 29 Had a rational spell ... out of bed frequently, ... today but took a good ea... " 30 June 30/93. Was restless for 4 ho... Ate no breakfast & very little dinner; ... to be dressed & undressed by force. Talke... ...ight n... ...y badly. (Was noticed for the first time last night). Lies in bed. Right knee presents a bruised ... ...nused on each side. Patella is fractured. Bowels constipated since his admission, moved freely today. (Note. Attendant who tells that the Sheriff, bringing this man, said that he "played lame", dragging this limb at times, but that he was all right, if not watched; also that he had occasionally done same on the ward.).

July 1 July 1/93. Last night was restless for 7 hours, sleeping but 2 hours. Am. Pulse 120. T a 99.2. Pm. P 96. (Pulse & temperature show some rise, since the bruising of knee.) Appetite good. Behavior quiet. " 2 He does not talk any. July 2/93. Quiet & fairly restful, Sleeping 7 hours, last night. Am. Pulse 76. " 3 Pm. Pulse 78. Lies quietly in bed - appetite good. Still will not speak. July 3/93. Restless 3 hours or so, but slept 5 hours, last night. Am. Pulse 80. Appetite Continues good. Bowels again constipated. Knee " 4 was bandaged, but patient tore same off soon afterwards. July 4/93. Restless 4 hours, Sleeping 4 hours, last night. Am. Pulse 76. T @ 1 98.2. Can use the knee considerably. Does not keep knee very quiet.

DETAILED H...

1893

DATE	HOUR AM	HOUR PM	AM
Sept 13	7	5	70
" 14	7		66
" 15	7	5	72
" 16	7		68
" 17	7		66
" 18	7		68
" 19	7		68
" 20	7	5	64
" 21	7		76
" 22	7	5	64
" 23	7		62
" 24	7	5	64
" 25	7		70

...l last night, sleeping 7 hours. Am. Pulse 88. Appetite is very good. Bowels are ... Sept 6/93. Was restless for 6 hours, sleeping but 3 hours, last night. Am. Pulse 86. ...d of cathartics, moved freely today. Is quietly behaved. Got out of his bed ... ...ed the attendant his name; afterwards talked quite freely in a rational manner, ... Mayo saw knee, in Consultation). July 7/93. Sleeping 5 hours last night, ...o. Am. Pulse 100. Is quiet. Talks quite rationally, but not very much or ...moved - July 8/93. Restless for 6 hours, sleeping only 3 hours, last night. ...the "Sick-Ward"). Appetite continues good. Is somewhat restless, but says his ... 5 Pm. Pulse 70. July 9/93. Slept very poorly, only 2 hours, last night. ...ht. Knee put in plaster-cast today. Talks rationally. Is bright. Answers ...omptly, but is very vague in his recollection of things. Seems to think, ...t in a struggle in the ward. July 10/93. Slept poorly only short spells, but ...ie, last night. Am. Pulse 70. Pm. Pulse 60. Appetite is good, but Constipation only is going down. Patient is more at ease & is doing nicely. Has ...al condition. Thinks all a dream before his coming and for the first few ... July 11/93. Leg pained somewhat during last night. Bowels costive. Given laxative. ...o moved. Seems growing brighter mentally. Talks quite rationally, though " 14 not very freely. Is quiet. July 14/93. Appetite good. Knee is doing nicely. July 15/93. Old cast " 18 was taken off and new one put on, today. July 18/93. Has lain quietly in bed. Knee continues to improve. Patient requests to be allowed to sit up. July 20/93. Complains of constipation, today. — " 21/22 July 21/93. Sat up for about an hour or so, today. July 22/93. Bowels, by aid of laxatives, moved today. " 25/26 July 25/93. Was up for a few minutes. Appeared quite active. July 26/93. Was caught masturbating at 7 Pm. " 27 Says "he knows it is not right, but cannot help it; will try to overcome habit". July 27/93. Was got up, " 30 dressed & placed out on the hall, today. July 30/93. Complains of leg having been paining him the " 31 last 3 days; seems to have strained it. July 31/93. Sleeps well, at night. Appetite good; no Cough noticed. Pulse has ranged from 60 to 80, as per attached record. Temperature, normal. Has continued up daily, dressed & out on the hall. Is rather nervous; has a peculiar twisting of his fingers. Is quiet & well behaved. Talk was rational. Patient seemed quite bright.

Aug 15 Aug 15/93. During the past 2 weeks, patient has been in one of his "spells". Has been confined to bed, refused frequent meals; was stubborn; would not talk; at times, ugly, striking the attendants; his bowels have been very much constipated & he has had to be blistered for masturbating. He has suffered some pain from his injured knee. During the past few days, bowels, by aid of cathartics, have moved quite freely. " 21 Aug 21/93. Is now over his "spell". Was got up today & dressed. Appetite good; bowels regular; Conversation, seemingly, quite rational & free. " 25 Aug 25/93. Sits up & around daily. Knee seems much improved. Appetite very good. Is interested in reading. Talks quite sensibly.

Sep 5/6 Sep 5/93. Went out walking today. Sep 8/93. Is now going into another "spell". Very restless and " 10 continually picking at something between his fingers. Sep 10/93. Is in "spell", and in bed. Acts about the " 20 same as when in previous "spell". Bowels very costive. Sep 20/93. Is coming, gradually, out of "spell". " 25 Lies in bed fairly quietly, but will not talk. Sep 25/93. Has now, about recovered from his "spell", and was today got up, dressed & put out on the hall. (see attached record of pulses). —

(Carried to 328)

1893

This man was brought here by a deputy Sheriff and an assistant. ... was very meagre as patient would not talk at all during ... Could be obtained. This is supposed to be his name; was obtained ... found out in the Country district Stark naked, lying hid in ... If he knows anything, will not tell. No particulars given as to ... occupation, if Consanguinity or heredity, no of attack or date of ... since Confined or since Coming under notice of Examiners ... Is disposed to filthy habits. Cause of disease is self-abuse ... discoverable. Has been Confined in Cell in County J ... face is drawn, eyes dull &c; mind blank; will ... privates, and practicing self-abuse: would ... filthy & degraded; Manner sullen.

June 25 June 26/93. Was brought here in belt & ... when unstrapped. Has sutures C3 ... very dirty. Has some skin disease ...

" 27 ... swollen; lump noticed on collo ... out of bed for from 2 to ... Pulse 130. R 17. Very c ... Seems confused & af ... Appetite is very g

" 28 June 28/93. ... Am. Pulse 8 ... undressed by fr ...

" 29 Had a natural Spell ... out of bed frequently, & ... today but took a good sup ... Is quiet all d

" 30 June 30/93. Was restless for 4 ho ... so, out of bed ... Ate no breakfast & very little dinner, but took a ... to be dressed & undressed by force. Talks none. Regu ... time last night). Lies in bed. The knee presents a bruised ... fractured - Bowels constipated since his admission, moved freely today. Note. Attendant Yokes tells ... that the Sheriff, bringing this man, said that he "played lame", dragging this limb at times, but that ... was all right, if not watched; also that he had occasionally done dance in the ward.)

July 1 July 1/93. Last night was restless for 7 hours, sleeping but 2 hours. Am. Pulse 120. T @ 99.2. PM. Pg6. (Pulse & temperature show some rise since the bruising of knee). Appetite good. Behavior quiet.

" 2 He does not talk any. July 2/93. Quiet & fairly restful, Sleeping 7 hours, last night. Am. Pulse 76.

" 3 PM. Pulse 78. Lies quietly in bed - appetite good. Still will not speak. July 3/93. Restless 3 hours or so, but slept 5 hours, last night. Am. Pulse 80. Appetite Continues good. Bowels again constipated. Knee

" 4 was bandaged, but patient tore same off, soon afterwards. July 4/93. Restless 4 hours, sleeping 4 hours, last night. Am. Pulse 76. T @ 98.2. Can use the knee considerably. Does not keep knee very quiet.

July 5/93. Has rested last night, sleeping 7 hours. Am. Pulse 88. Appetite is very good. Bowels are

" 6 still constipated. July 6/93. Was restless for 5 hours, sleeping but 3 hours, last night. Am. Pulse 86. PM. Pulse 64. Bowels, by aid of cathartics, moved freely today. Is quietly behaved. Get out of his bed oc-casionally. Today, asked the attendant his name; afterwards talked quite freely in a rational manner,

" 7 for the first time. (Dr. C. Mayo saw knee, in Consultation). July 7/93. Sleeping 5 hours last night, being restless 4 hours or so. Am. Pulse 100. Is quiet. Talks quite rationally, but not very much or

" 8 very willingly. Bowels moved - July 8/93. Restless for 5 hours, sleeping only 3 hours, last night. Was today moved to C2 (the "Sick-Ward"). Appetite Continues good. Is somewhat restless, but says his

" 9 leg does not pain him. PM. Pulse 70. July 9/93. Slept very poorly, only 2 hours, last night. Am. Pulse 66. PM. Pulse 64. Knee put in plaster-cast today. Talks rationally. Is bright. Answers

" 10 questions asked him promptly, but is very vague in his recollection of things. Seems to think, however, that leg was hurt in a struggle in the ward. July 10/93. Slept poorly & by short spells, but was quiet most of the time, last night. Am. Pulse 70. PM. Pulse 60. Appetite is good, but Consti-pation persists. Swelling in leg is going down. Patient is more at ease & is doing nicely. Has regained a fairly rational condition. Thinks all a dream before his Coming and for the first few

" 11 days of his stay. July 11/93. Leg pained somewhat during last night. Bowels costive. Given laxative.

" 12 July 12/93. Bowels have moved. Seems growing brighter mentally. Talks quite rationally, though

" 14/ not very freely. Is quiet. July 14/93. Appetite good. Knee is doing nicely. July 15/93. Old cast

" 18 was taken off and new one put on, today. July 18/93. Has lain quietly in bed. Knee Continues to im-

" 20 prove. Patient requests to be allowed to sit up. July 20/93. Complains of constipation, today. —

" 21/22 July 21/93. Sat up, for about an hour or so, today. July 22/93. Bowels, by aid of laxatives, moved to day.

" 25/26 July 25/93. Was up for a few minutes. Appeared quite active. July 26/93. Was caught masturbating at 7 PM.

" 27 Says "he knows it is not right, but cannot help it; will try to overcome habit". July 27/93. Was got up,

" 30 dressed & placed out on the hall, today. July 30/93. Complains of leg having been paining him the

" 31 last 3 days; seems to have strained it. July 31/93. Sleeps well, at night. Appetite good; no Cough noticed. Pulse has ranged from 60 to 80, as per attached record. Temperature, normal. Has continued up daily, dressed & out on the hall. Is rather nervous; has a peculiar twisting of his fingers. Is quiet & well behaved. Talk was rational. Patient seemed quite bright.

Aug 15 Aug 15/93. During the past 2 weeks, patient has been in one of his "spells". Has been confined to bed, refused frequent meals; was stubborn; would not talk; at times, ugly, striking the attendants; his bowels have been very much constipated & he has had to be blistered for masturbating. He has suffered some pain from his injured knee. During the past few days, bowels, by aid of cathartics, have moved quite freely.

" 21 Aug 21/93. Is now over his "spell". Was got up today & dressed. Appetite good; bowels regular; Conver-

" 25 -sation, seemingly, quite rational & free. Aug 25/93. Is up & around daily. Knee seems much improved. Appetite very good. Is interested in reading. Talks quite sensibly.

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" 10 continually picking at something between his fingers. Sep 10/93. Is in "spell", and in bed. Acts about the

" 20 same as when in previous "spell". Bowels very active. Sep 20/93. Is coming, gradually, out of "spell".

" 25 Lies in bed fairly quietly, but will not talk. Sep 25/93. Has now about recovered from his "spell", and was today got up, dressed & put out on the hall. (See attached record of pulses). —

(Carried to 348)

Personal and Medical History of Henry Fitchen

Whole No. 3393.

Residence, Brownsville, Minn

Date Admission, 26th June 1893.

Admitted by D. Phelps Hour, 7 PM

How Sent, Thomas Ryan, Jo P, Houston County

Sex, male

Age, 44.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Stone-mason

Degree Education, Common School

Profession Religion, Lutheran

Habits, not definitely stated —

Nativity, Germany, Europe

Physicians Committing, W. W. Freeman and E. L. Rovers

Correspondents, No address given in papers —

Family Physician S. J. M. Riley Brownsville Minn

No. for Year, 305.

Insane Relatives, None

Cause Exciting, 12 years solitary life in Dakota Claim

Cause Predisposing, probably solitary life

Form, Mania - Acute

Accompanying Bodily Disorder, No severe Disease

Suicidal or Not, Not —

Date of this Attack, 23d June 1893

Duration, 2 or 3 days —

No. of Attack, Not 1st; has had them every month or two for 2 years

No. of Admissions, 1st

Age First Attack, About 42.

Time of Leaving, Sept 26 93

Time in Hospital, 3 mos

Result, Recd.

Crowd[illegible] List, April 1st, 1893, [illegible] committed.

EXAMINATION ON ADMISSION.

Exd by Dr Phelps, June 28/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Somewhat confused

Quick or Sluggish, Somewhat sluggish

MEMORY:

Past Events,

Recent Events, } Slightly impaired

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Incorrect

REASONING POWER:

Ordinary Subjects,

Own Mental State, } Quite poor

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Admits carrying a revolver sometimes; says people & neighbors annoy him & have been doing so for about 2 years, & he was sometimes afraid of his life. Says he wont marry. Could not get a wife to suit him when he was young & will never marry now. Talks of being called names by neighbors & persecuted by them & this is reason that he carries a revolver. Besides these delusive ideas & hallucinations there is a general sluggishness & dullness of comprehension. —

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Yes

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, } That neighbors are hunting him —

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Hears neighbors threatening him.

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Fairly coherent & yet very dull of comprehension — evidently

Voluble or Reticent, does not realize his condition & his situation here —

Personal and Medical History of Henry Fitchen

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 3/4 WEIGHT, 135 lbs. NUTRITION, about normal.

WOUNDS OR ABNORMALITIES,

~~TONGUE~~ Tremors, None. Coatings, Promptness Movement, fair

PUPILS, Equality, equal Size,

Response Light, ready Accommodation,

SIGHT, Fairly good

HEARING, Good

CO-ORDINATION, Arms, } Fairly good, altho' some sluggishness in all motions. usual tested made.

Legs, }

TREMORS, Hands, none special Tongue, None

Facial Muscles, General,

REFLEXES, Patellar, — 3 — Equal.

Other Reflexes,

ARTICULATION, ~~Hesitating~~, fair ~~Slurred~~,

FACIAL EXPRESSION, Fair —

SENSIBILITY,

HEART, ✓

LUNGS, ✓

EXAM. URINE,

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, Mother died about 17 years ago. Fell downstairs (accident). Died 2 hrs or so afterwards

Father or Pat. Relations, Living —

Brothers or Sisters, 2 brothers living — claims Heart & healthy —

Personal and Medical History of Henry Fitchen

1893

This man was brought here by Sheriff George N. Bleyer, with the following history. The cause of the disease is supposed to be the Solitary life led by him for 12 years on a Claim in Dakota. There is no consanguinity or heredity history. He has had attacks of this nature every month or two, for 2 years, from an hour to a whole day, at a time; but was never sent to Hospital. First symptoms of this present attack were manifested 23d inst. Says to the neighbors (Calling them bad names) that if they do not mind their business, he will take every drop of blood in their bodies". When working in his garden, he carries a revolver in his pocket & threatens to use it; shoots around the house at random, showing a disposition to injure others. Disease appears to be increasing; is variable; rational, except at intervals, about a month between. — Derangement is now manifested on no particular subject, except a passion to, at these times, abuse the neighbors. Is neither filthy nor destructive, nor suicidal. Has a great passion for playing the violin, for his own amusement & an apathy for marriage. He & his father used tobacco, probably to excess. Has not been subject to any severe disease or head injury. Shuts himself up in room and plays. Has not been under medical treatment. On personal Examination, he is found to hold the delusion that his neighbors are around his house, night and day, trying to injure him & particularly to induce him to get married, and he has a constitutional apathy against getting married; says this is the case. Is quiet in manner. (From the evidence these delusions have no foundation).

June 26 June 26/93. On admission, was quiet. Is in fair Physical condition. Has pus in Bl. Pulse & R 20 T(e) 99. Bodily condition clean; no injuries or peculiarities noted, except a bruise on back. June 27/93. Slept
" 27 well last night. Am. Pulse 78. R 20. T(e) 98.8. Is very quietly behaved; answers questions freely & correctly.
" 28 Appetite very good; bowels regular; no injuries or complaints noted. June 28/93. Am. P 78 R 19 T(e) 99.
" 29 Behavior very quiet; conduct good & an orderly patient, in all respects. June 29/93. Does not say much;
" 30 Answers questions Correctly. Am. P 78 R 18 T(e) 99.6. June 30/93 Am. Pulse 74 R 20 T(e) 98.8.
July 1/3 July 1/93. Am. Pulse 78 R 20 T(e) 99.2. July 2/93 Am. Pulse 78 R 20 T(e) 99.2 July 3/93 Am. P 78 R 19 T(e) 99.
Appetite continues very good. Bowels regular. Quietly behaved; habits clean; talks quite correctly.
July 4/5 July 4/93. Am. Pulse 80 R 20 T(e) 99.4 July 5/93. Am. Pulse 78 R 18 T(e) 99.6 July 6/93 Am. Pulse 70 R 18 T(e) 99.8.
" 7/8/9 July 7/93 Am " 78 " 18 " 99.4 July 8/93 Am " 82 " 16 " 100. July 9/93 Am " 80 " 18 " 99.8.
" 10 July 10/93 Am " 74 " 18 " 98. During these 14 days, there has been little or no change in either his physical or mental state. Has been very well conducted & behaved, in all respects; has done some work in the ward. Steadily quiet. Has had a good appetite; bowels have been regular and there have been no
" 31 special symptoms. ——— July 31/93. Condition remains about the same.
Aug 5/31 Aug 5/93. Has made a decided gain in flesh, since coming. Aug 31/93. Patient is in good physical health. Has a good appetite. Bowels regular. of cleanly habits. Mental condition does not appear to change.
Sep 11 Sep 11/93. Still continues in good health. Eats & sleeps well. No cough or bodily ailment noticed. He talks very little, but answers, intelligibly any questions put to him. (Attendants remarks, he does not
" 18 appear to be affected with any mental trouble or weak minded ness). Sep 18/93. No change to note.
" 26 Sep 26/93. Patient's brother visited him, at the Hospital, today, and took him home, on trial. He (patient) is, evidently, somewhat of a defective, but his brother thought he was enforced upon in being brought here.

(Crossed off the Records — was illegally Committed)

Personal and Medical History of Joseph Stees —

(Stick)

[illegible] 30/94. No material change. Works at barn, [illegible]rationally. Habits neat and clean.
[illegible] 1/94. Two convulsions reported, during night.
[illegible]/94. Had a convulsion during the day;
[illegible] unusual. Works outside, regularly —
[illegible] 15/94. Had a convulsion, while
[illegible] resisted the attendants and
[illegible] Had one convulsion during night.
[illegible]94. Four convulsions are reported.
[illegible] this morning. After them, patient
[illegible] rest, as usual, & his work at the
[illegible] to excited & abusive, swearing &c;
[illegible] recovered from the effects of his
[illegible] out the stables, for some time
[illegible] (patient) wandered over to the
[illegible] running at terrific speed,
[illegible] any attempt to move, and the
[illegible] struck by the Cow-catcher of the
[illegible] death instantly.
[illegible] in frontal bone, eye & upper
[illegible] jaw. Right leg was broken
[illegible] he struck him or when he
[illegible] left arm were, which his body
[illegible] rushed in, though scalp was
[illegible] received but minor bruises. —

[illegible] caused by telegram of patient's
[illegible] promptly, instructions were
[illegible] Catholic Cemetery

THE CORONER'S VERDICT.

It Exonerates the State Hospital and the Railroad Men of all Blame.

The Coroner's jury met in the city hall at five o'clock yesterday afternoon and after an hour's discussion agreed upon the following verdict in the Stees case:

On inquisition taken at Rochester, in the county of Olmsted on the 22nd and 23rd days of August, A. D., 1894, before F. R. Mosse, coroner of the said county of Olmsted upon view of the body of Jos. Stees, lying then dead, by the oaths of the jurors whose names are hereunto inscribed, who being sworn to inquire on behalf of the state of Minnesota when, how and by what means the said Joseph Stees came to his death, upon their oaths do say that the said Joseph Stees came to his death on the forenoon of the 22nd day of August, A. D. 1894, by being struck by the locomotive of train No. 3, on the Winona & St. Peter R. R., while he was sitting between the rails of the R. R. track on the bridge north of the Rochester state hospital.

The jurors further say that the said Jos. Stees was a patient at the Rochester state hospital, that his death was purely accidental and not the result of negligence on the part of the management of the Rochester state hospital or of the engineer or fireman on said train, No. 3.

In testimony whereof the said coroner and jurors have hereunto set their hand, the day and year aforesaid.

F. R. MOSSE, Coroner.
JOHN M. ROWLEY,
THOS. P. HALL,
JOS. A. BEAR,
B. CLAUSEN,
T. L. FISHBACK,
GEO. DE WITT,
Jurors.

...vance,
...UST. 23 1894.
...City and County
...subscribe for the
...besides the best
...Rochester, a rare
...t music.
...NESDAY.
...in progress for a
...ally at Winona, on
...week, at the Con-
...avention that will
...B. Tawney for
...t Senator Davis,
...other prominent
...will be present.
...l be given by the
...d and there is no
...ld not be a great
...T YET.
...t Out by the
...Yesterday's
...accident.
...Stees case began
...at the State hos-
...k. The jury was
...lishback, Jno. M.
...Geo. De Witt, T.
...r, Esq.
...he remains in the
...that the injury
...was a wound in
...which fractured
...e the brain. The
...n, presumably by
...found at the time
...e right leg below
...en in two places,
...the bone projecting.

The scene of the accident was next visited and it was seen that the dead man was carried, or thrown, at least thirty feet forward and to the left of the track. A large quantity of blood, coagulated and mixed with the dust, was seen in the road at the place where the remains were picked up. Some electric light wires, through which he was thrown, were stretched ...giving evidence of the

He wa... barn.

Geo. Linsin was the next witness. He was sworn and said that he had charge of the sewerage from the hospital. Yesterday morning he was working about the sewerage building when he heard the whistle blown sharply and knew that something was on the track. He looked out of the window and saw some one sitting on the railroad bridge at the east of the hospital crossing. Just then the whistle was blown again and he saw the train dash onto the bridge and strike the person sitting there, who was in a position with his back toward the south and his head leaning forward. As soon as the accident occurred he took word of it to the hospital. Asked as to whether the man made any movement at all before the train struck him, witness said that he did not, not even moving his head. The train was moving at a fast rate of speed and went some distance after striking the man before it could be stopped.

James Smart being called and sworn testified that he saw Stees yesterday morning at the barn, and that Stees had a fit there. Witness said that it was an "easy fit," and his imitation of the manner in which it affected the patient was interesting, as showing that he might have been in a fit when the train struck him.

Wm. Jessup, an attendant on the ward where patient Joseph Stees was kept, testified that he would sometimes have very light fits, during which he would fall on his hands and knees and seem dizzy and confused for a time. At other times he would froth at the mouth, after which he would be violent.

The nightwatch's report for Tuesday night showed that the patient had had four or five fits during the night, and when witness first saw him in the morning he seemed to be just coming out of a fit. He did think Stees ought to be allowed to go out yesterday morning and told him so, but the patient had a parole and in-

Personal and Medical History of Henry Fitchen

NAME Henry Fitchen

DATE, 189 3	Weight.	Pulse.	Gain.	Loss.
July 4th	—	—		
Augt 5th	148½	88	11½	
Sept 4th	148½	88	—	

1893

This man was brought here by Sheriff George N. Bleyen, with ... disease is supposed to be the Solitary life he has led by him for 12 years and ... -nity or heredity history - He has had attacks of this nature ever ... to a whole day, at a time; but was never sent to Hospital. First ... manifested 23 inst. Says to the neighbors (Calling them bad names ... He will take every drop of blood in their bodies". When working in ... Pocket & threatens to use it; shoots around the house at random ... Disease appears to be increasing, is variable; rational, except at ... Derangement is now manifested on no particular subject, except ... neighbors - Is neither filthy nor destructive, nor suicidal. Has ... for his own amusement & an apathy for marriage - He & he ... Has not been subject to any severe disease or head injury - ... Has not been under medical treatment. On personal examinat... his neighbors are around his house, night and day, trying to ... to get married, and he has a constitutional apathy against ... Is quiet in manner. (From the evidence these delusions have ...

June 26 June 26/93. On admission, was quiet. Is in fair physical condi...
" 27 T@ 99. Bodily condition clean; no injuries or peculiarities noted, ... well, last night. Ans. Pulse 76. R 20. T@ 98.8. Is very quietly beha...
" 28 Appetite very good; bowels regular; no injuries or complaints noted
" 29 Behavior very quiet; conduct good & an orderly patient, in all respects. June 29/93. Does not say much;
" 30 Answers questions correctly. Ans. P 78 R 18 T@ 99.6. June 30/93 Ans. Pulse 74 R 20 T@ 98.8.
July 1/93 July 1/93. Ans. Pulse 72 R 20 T@ 99.2. July 2/93. Ans. Pulse 72 R 20 T@ 99.2 July 3/93 Ans. P 78 R 19 T@ 99.
" 3 Appetite continues very good. Bowels regular. Quietly behaved; habits clean; talks quite correctly.
July 4/93 July 4/93. Ans. Pulse 80 R 20 T@ 99.4 July 5/93. Ans. Pulse 76 R 15 T@ 99.6 July 6/93 Ans. Pulse 70 R 15 T@ 99.8.
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(Crossed off the Records - was illegally Committed)

Personal and Medical History of Joseph Stees — (Stick)

Aug 23/94

Hour 3 P.M.

Y POST.

5 o'clock p. m.,
NDAY.
NARD,
ublisher.
One year, $4.00; six months, $1.00; one k, 10 cents; either by
vance, $5.00.
GUST. 23 1894.

City and County

subscribe for the
besides the best Rochester, a rare t music.

NESDAY.

in progress for a ally at Winona, on week, at the Con- nvention that will . B. Tawney for

t Senator Davis, other prominent will be present. ll be given by the d and there is no uld not be a great

CT YET.

t Out by the Yesterday's ccident.

Stees case began at the State hos- k. The jury was Fishback, Jno. M. Geo. De Witt, T. r, Esq.
he remains in the that the injury was a wound in , which fractured e the brain. The m, presumably by found at the time e right leg below en in two places,

THE CORONER'S VERDICT.

It Exonerates the State Hospital and the Railroad Men of all Blame.

The Coroner's jury met in the city hall at five o'clock yesterday afternoon and after an hour's discussion agreed upon the following verdict in the Stees case:

On inquisition taken at Rochester, in the county of Olmsted on the 22nd and 23rd days of August, A. D., 1894, before F. R. Mosse, coroner of the said county of Olmsted upon view of the body of Jos. Stees, lying then dead, by the oaths of the jurors whose names are hereunto inscribed, who being sworn to inquire on behalf of the state of Minnesota when, how and by what means the said Joseph Stees came to his death, upon their oaths do say that the said Joseph Stees came to his death on the forenoon of the 22nd day of August, A. D. 1894, by being struck by the locomotive of train No. 3, on the Winona & St. Peter R. R., while he was sitting between the rails of the R. R. track on the bridge north of the Rochester state hospital.

The jurors further say that the said Jos. Stees was a patient at the Rochester state hospital, that his death was purely accidental and not the result of negligence on the part of the management of the Rochester state hospital or of the engineer or fireman on said train, No. 3.

In testimony whereof the said coroner and jurors have hereunto set their hand, the day and year aforesaid.

F. R. MOSSE, Coroner.
JOHN M. ROWLEY,
THOS. P. HALL,
JOS. A. BEAR,
B. CLAUSEN,
T. L. FISHBACK,
GEO. DE WITT,
Jurors.

the bone projecting.

The scene of the accident was next visited and it was seen that the dead man was carried, or thrown, at least thirty feet forward and to the left of the track. A large quantity of blood, coagulated and mixed with the dust, was seen in the road at the place where the remains were picked up. Some electric light wires, through which he was thrown, were stretched

patient who was at all rational was always ready to ask for them. The greatest difficulty was experienced in denying them.

Rudolph Gilbertson was called and sworn. He testified that he had been employed at the hospital two and one-half years. That he knew the patient in question, Jos. Stees, and that he was a somewhat troublesome patient. He helped sometimes in the stable and at day work. Witness never knew him to attempt or speak of suicide. Saw him yesterday morning in the barn, when he seemed sleepy, and had a fit in the barn. Saw him about ten minutes before the accident happened. He was at that time sitting in the barn.

Geo. Linsin was the next witness. He was sworn and said that he had charge of the sewerage from the hospital. Yesterday morning he was working about the sewerage building when he heard the whistle blown sharply and knew that something was on the track. He looked out of the window and saw some one sitting on the railroad bridge at the east of the hospital crossing. Just then the whistle was blown again and he saw the train dash onto the bridge and strike the person sitting there, who was in a position with his back toward the south and his head leaning forward. As soon as the accident occurred he took word of it to the hospital. Asked as to whether the man made any movement at all before the train struck him, witness said that he did not, not even moving his head. The train was moving at a fast rate of speed and went some distance after striking the man before it could be stopped.

James Smart being called and sworn testified that he saw Stees yesterday morning at the barn, and that Stees had a fit there. Witness said that it was an "easy fit," and his imitation of the manner in which it affected the patient was interesting, as showing that he might have been in a fit when the train struck him.

Wm. Jessup, an attendant on the ward where patient Joseph Stees was kept, testified that he would sometimes have very light fits, during which he would fall on his hands and knees and seem dizzy and confused for a time. At other times he would froth at the mouth, after which he would be violent.

The nightwatch's report for Tuesday night showed that the patient had had four or five fits during the night, and when witness first saw him in the morning he seemed to be just coming out of a fit. He did think Stees ought to be allowed to go out yesterday morning and told him so, but the patient had a parole and in-

June 30/94. No material change. Works at barn, Talks rationally. Habits neat and clean.
1/94. Two convulsions reported, during night.
2/94. Had a convulsion during the day; unusual. Works at ride, regularly -
3/94. Had a convulsion, while
It resisted the attendants and
Had one convulsion during night.
4/94. Two convulsions are reported, this morning). After them, patient
out, as usual, & his work at the
be excited & abusive, swearing &c;
covered from the effects of this
at the stables, for some time,
(patient) wandered over & the
running at terrific speed,
any attempt to move, and, the
struck by the Cow-catcher of the
death instantly.
in frontal bone, eye & upper
him. Right leg was broken
he struck him or when he
arm were, which his body
ended in, though scalp was
served but minor bruises. —

sed by telegram of patient's
reply, Instructions were
Catholic Cemetery

Personal and Medical History of Henry Fitchen

1893

This man was brought here by Sheriff George N. Bleyrid, with
disease is supposed to be the Solitary life led by him for 12 years ma
-nity or heredity history - He has had attacks of this nature eve
to a whole day, at a time; but was never sent to Hospital. First
manifested 23d. inst. Says to the neighbors (Calling them bad names
& he will take every drop of blood in their bodies". When working in
Socket & threatens to use it; shoots around the house at random
Disease appears to be increasing, is variable; rational, except at
Derangement is now manifested on no particular subject, & exce
neighbors - Is neither filthy nor destructive, nor suicidal. Has
for his own amusement & an apathy for marriage - He & he
Has not been subject to any severe disease or head injury -
Has not been under medical treatment. On personal examinati
his neighbors are around his house, night and day, trying to
to get married, and he has a constitutional apathy against
Is quiet in manner. (From the evidence there delusions he

June 26 June 26/93. On admission, was quiet. Is in fair physical
" 27 T@ 99. Bodily condition clean; no injuries or peculiarities
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" 29 Behavior very quiet; conduct good & an orderly
" 30 Answers questions correctly. Am. P 78 R
July 1/3 July 1/93. Am. Pulse 77 R 20 T@ 99.2. July 2/93
Appetite continues very good. Bowels regular. Quietly
July 4th July 4/93. Am. Pulse 80 R 20 T@ 99.4 July 5/93. Am. Pulse 76
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(Crossed off the Records - was illegally committed)

NAME Henry Fitchen

DATE, 1893	Weight.	Pulse.	Gain.
July 4th to	—	—	
Augt 5th	146½		
Sept 11th	144		

THE RAILROAD SIDE.

Manager St. John Gives Testimony Before the Strike Commission.

CHICAGO, Aug. 24.—General Manager E. St. John of the Rock Island railroad was called before the strike commission to-day. Mr. St. John had prepared a history of the strike as it affected his road, and read it to the commissioners, a digest of which is as follows:

"On account of the troubles, which had existed for some time, the company blacklisted men. When a man is discharged from one of our divisions that he may not be employed, but no such statement is sent to other roads unless it is requested. When a man is discharged from one of our divisions we send a statement to our general superintendent, stating the reason for his discharge. This is generally understood to mean that the word is sent to other roads that the witness is not wanted. I do not know that this is the understanding. I do not know that it is not the understanding. I do not know that it is not the understanding. I do not know that it is not the understanding.

"Now in the matter of your contract with the Pullman company. I do not know that it is not the understanding. I do not know that it is not the understanding. I do not know that it is not the understanding.

"Can you show us a copy of your contract with the Pullman company?"

"I can show you the contract. I do not know that it is not the understanding. I do not know that it is not the understanding. I do not know that it is not the understanding.

"If you can show us the contract we will regard it as a private matter. I do not know that it is not the understanding. I do not know that it is not the understanding. I do not know that it is not the understanding.

"I can show you the contract

Personal and Medical History of Henry Fitchen

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NAME Henry Fitchen

DATE, 189 3	Weight.	Pulse.	Gain.	Loss.
July 4th	-	-		
Augt 5th	146½	68	11½	
Sept 4th	146½	88	—	

Hour 3 P.M.

1894

June 7/94. Had
as usual. Cart
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Joseph Steen

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Scalp was
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Cemetery

Aug 23/94

THE DAILY POST.

Issued Every Day at 5 o'clock p. m.,
EXCEPT SUNDAY.
J. A. LEONARD,
Editor and Publisher.

SUBSCRIPTION RATES:—One year, $4.00; six months, $2.00; three months, $1.00; one month, 35 cents; one week, 10 cents; either by mail or carrier.
One year, strictly in advance, $3.00.

ROCHESTER, AUGUST. 23 1894.

Official Paper of City and County

Now is the time to subscribe for the POST.

Subscribe and get, besides the best paper published in Rochester, a rare collection of excellent music.

NEXT WEDNESDAY.

Arrangements are in progress for a a great Republican rally at Winona, on Wednesday of next week, at the Congressional district convention that will renominate Hon. J. B. Tawney for Congress.

It is expected that Senator Davis, Gov. Nelson, and other prominent members of the party will be present.

Excursion rates will be given by the Northwestern railroad and there is no reason why there should not be a great turnout of the people.

NO VERDICT YET.

Evidence Brought Out by the Inquest on Yesterday's Railroad Accident.

The inquest in the Stees case began yesterday afternoon at the State hospital at three o'clock. The jury was comprised of T. H. Fishback, Jno. M. Rowley, B. Clausen, Geo. De Witt, T. P. Hall and J. A. Bear, Esq.

They first viewed the remains in the morgue, and found that the injury which caused death was a wound in the front of the head, which fractured the skull, laying bare the brain. The neck was also broken, presumably by contact with the ground at the time of striking, and the right leg below the knee was broken in two places, the bone projecting.

The scene of the accident was next visited and it was seen that the dead man was carried, or thrown, at least thirty feet forward and to the left of the track. A large quantity of blood, coagulated and mixed with the dust, was seen in the road at the place where the remains were picked up. Some electric light wires, through which he was thrown, were stretched and twisted, giving evidence of the force with which he was hurled after being struck, and blood was spattered over the stone abutments of the bridge.

Returning to the hospital, the jury went into session, the first witness called being Dr. Phelps, who, in the absence of Dr. Kilbourne, is in charge of the hospital. He read to the jury a history of the case since his reception into the hospital, in April, 1889, showing that he had always been of a more or less troublesome disposition until the present year, when his malady seemed to be of less frequent appearance, and he was permitted to exercise about the grounds without special supervision. He was twice allowed to leave under the care of friends and on one of these occasions was received back under a new commitment. He was one of the patients who was recommitted last spring, because of the invalidity of the insanity act of 1893. In the early stages of his treatment, he was, whenever ailing from the effects of an epileptic fit, somewhat ugly and his mania oftentimes assumed a homicidal nature. On being returned in July, 1893, after a few week's absence in Iowa, he had strange hallucinations, answering questions as to the cause of his being returned by saying that he was a rain-maker, and that he had been sent back to bring rain to this part of the state. Before being committed in the first place he was a compositor in the office of the Pioneer Press in St. Paul, and while suffering from fits had a number of times made desperate assaults on his fellow type-setters, with deadly weapons. The only time since his confinement in the hospital that he had shown evidences of any suicidal intentions whatever was once when he set fire to his mattress at the door of his room and then gave battle to the attendants when they entered to extinguish the fire. His violence while suffering from the effects of fits in St. Paul had caused him to be confined a number of times in jail.

In response to inquiries by Coroner Mosse in regard to the method in vogue in regard to parole granting, Dr. Phelps stated that Dr. Kilbourne made all such arrangements whenever he deemed it advisable to do so.

If a patient was rational enough to make the request for a parole he generally did so at the first opportunity, and if Dr. Kilbourne thought a parole should be granted, he allowed it with out any formal action, and no record was kept. In this special case the parole was continuous, the patient being confined only during the periods when he was suffering from the effects of fits. As a general thing the officers did not recommend paroles, as any patient who was at all rational was always ready to ask for them. The greatest difficulty was experienced in denying them.

Rudolph Gilbertson was called and sworn. He testified that he had been employed at the hospital two and one-half years. That he knew the patient in question, Jos. Stees, and that he was a somewhat troublesome patient. He helped sometimes in the stable and at day work. Witness never knew him to attempt or speak of suicide. Saw him yesterday morning in the barn, when he seemed sleepy, and had a fit in the barn. Saw him about ten minutes before the accident happened. He was at that time sitting in the barn.

Geo. Linsin was the next witness. He was sworn and said that he had charge of the sewerage from the hospital. Yesterday morning he was working about the sewerage building when he heard the whistle blown sharply and knew that something was on the track. He looked out of the window and saw some one sitting on the railroad bridge at the east of the hospital crossing. Just then the whistle was blown again and he saw the train dash onto the bridge and strike the person sitting there, who was in a position with his back toward the south and his head leaning forward. As soon as the accident occurred he took word of it to the hospital. Asked as to whether the man made any movement at all before the train struck him, witness said that he did not, not even moving his head. The train was moving at a fast rate of speed and went some distance after striking the man before it could be stopped.

James Smart being called and sworn testified that he saw Stees yesterday morning at the barn, and that Stees had a fit there. Witness said that it was an "easy fit," and his imitation of the manner in which it affected the patient was interesting, as showing that he might have been in a fit when the train struck him.

Wm. Jessup, an attendant on the ward where patient Joseph Stees was kept, testified that he would sometimes have very light fits, during which he would fall on his hands and knees and seem dizzy and confused for a time. At other times he would froth at the mouth, after which he would be violent.

The nightwatch's report for Tuesday night showed that the patient had had four or five fits during the night, and when witness first saw him in the morning he seemed to be just coming out of a fit. He did think Stees ought to be allowed to go out yesterday morning and told him so, but the patient had a parole and insisted on going out. He cautioned him to be careful when out as he had had fits during the night. He left the hall about seven o'clock.

The jury then adjourned to meet this morning at the city hall at ten o'clock. The first witness called this morning was Chas. Olson, head attendant on ward B 3 east, where the patient was kept. He testified that the attendants were in the habit of keeping Stees on the ward when he seemed specially subject to fits, otherwise he was allowed the freedom of the grounds. He did not think that, if it had been shown that he had four or five fits Tuesday night, he should have been allowed out yesterday. No one was responsible for him while he was off the ward, and there was some danger that he might fall in a fit from some high place or get under the horse's feet. It had never occurred to him, however, that he might get on the railroad track during one of his fits.

George Clement, being sworn, testified that he was the engineer on the train that struck Stees yesterday. He was keeping a lookout ahead on the track, and when he first distinguished the form of the man sitting on the bridge, he was probably one hundred yards from him. He blew the danger signal on the whistle several times, and when the man gave no signs of hearing he set the air brakes, but could not stop the train in time to prevent hitting him. When he first saw him the train was running at the rate of sixty miles per hour and had slackened speed to about twenty-five miles when Stees was struck. He was sitting between the rails in an upright position, not leaning forward as though ill.

It was not the custom to slacken speed in running through the hospital grounds, nor until inside the switch limits near the city. Asked as to whether he ever noticed any person on the track in that vicinity before, Mr. Clement answered that he had never run through the grounds any day in pleasant weather but that there was from one to twenty persons on the track.

W. L. Williams, the fireman, was called and his testimony was practically the same as that given by the preceding witness. He said that Stees paid no attention to the train and did not move until it was nearly on him, when he turned his head slightly to the left. Witness thought everything that could be done to prevent the accident had been tried.

His evidence was the last taken and the jury adjourned to five o'clock p. m., at which session a verdict will be decided upon.

Personal and Medical History of Henry Fitchen

NAME Henry Fitchen

DATE. 189 3	Weight.	Pulse.	Gain.	Loss.
July 4th	—	—		
Augt 5th	140½	88	11½	
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Aug 19/94. A during the was found barn, but this in about an Convulsions & while holding Railroad tra blowing its distance bey Engine, which
A l and lower in two plac struck the struck, in not bruised (Testimon
death & als received fr here, ev

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Daily Post.

AUGUST 22, 1894. PRICE TWO CENTS.

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Police Bren-y and other nmoned, and ly be called refuse to say ill testify.

ON.

End of the ad.

A small Do These freely dis-particularly own. It is attempts to world is at ings told in re about to it railroad last sign of declares, is ations have likewise dis-time, it is ities have let is pub-l Religious

Gun.

g. 23.—The f the pneu-y, the test mmies were age. After-projectiles, s nitro-glyc-fifteen-inch ater appar-e range was time fuses rfectly, ex-ted States s who wit-not merely several full f glycerine y.

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23. — Fort end of pe-number of fellow who el Shelvy, l by a man seized her hand and head with t. Mrs. A. tacked last ladies can he man to

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MAY LOSE HIS OFFICE

CHARGE AGAINST A PROMINENT COLORED MAN.

Removal of the Recorder of Deeds of the District of Columbia Recommended by the Civil Service Commission for Violating the Law.

Washington, Aug. 23.—The civil service commission has been investigating for some time back charges that J. R. Taylor, the recorder of deeds of the District of Columbia, has been soliciting campaign funds from the government employes, contrary to the civil service laws, and will, within the next two days submit a report to the president on the matter, which report, it is said, will find that Taylor has been connected with solicitation of campaign contributions, and will recommend his removal from office. The trouble in which Mr Taylor is involved is in letters bearing his signature as an officer of the negro Democratic league, asking department employes to call at his office or at the headquarters of the league on business of importance. The commission asked Taylor for a statement, and to-day he appeared, arguing in his own behalf, and his explanation of his connection with the affair. The complete report of the commission is quite voluminous, and probably will be ready for submission to the president and the attorney general the last of this week.

Taylor was appointed recorder of deeds by President Cleveland. He comes from Kansas City, and his confirmation was procured only after a stubborn fight in the senate.

In an interview to-day he claimed that the investigation was made because the negro Democratic league was a colored organization, and insisted that various state political organizations had been looking after voters from their states, assessing campaign contributions and doing what the negro league had done, but they were not molested.

ROYAL ARCH MASONS.

A Minnesotan Chosen General Grand Steward.

Topeka, Kan., Aug. 23.—About 300 prominent Masons from all the states in the Union, representing 2,000 chapters and a total membership of 150,000, are in Topeka attending the twenty-ninth triennial convention of the general chapter of the Royal Arch Masons of America. The following officers were elected for the ensuing three years: General grand master, John W. Coburn of New York; general deputy grand master, Bradford Nichol of Nashville, Tenn.; general grand principal conductor, William A. Love of Atlanta, Ga.; general grand treasurer, Charles H. Heaton of Montpelier, Vt.; general grand recorder, Henry W. Murdhurst of Fort Wayne, Ind.; general grand captain of the guard, William H. Mayo of St. Louis; general grand conductor of council, S. Bowen, Boston; general grand marshal, eGorge D. McBride of Galipolis, Ohio; general grand steward, Andrew P. Swanstrom, St. Paul, Minn.

Well Posted Anarchists.

New York, Aug. 23.—A dispatch from Berlin says: It is stated that among the belongings of fourteen anarchists who were arrested in this city on the 15th, were a number of documents which show conclusively that the Berlin plotters were in constant communication with their brethren in Paris, Barcelona, Chicago and London. Evidence was also found that financial aid had been received from the anarchists in the cities named by their companions in Berlin. Anonymous letters threatening Emperor William's life are frequently received at the imperial palace, and all possible precautions have been adopted to prevent the carrying out of the threats

Authorities Clash.

San Francisco, Aug. 23.—The singular international complications involving the liberty of Gen. Antonio Ezeta and his fellow refugees, which has been so prolific of opera bouff sensations, developed a new tangle of conflicting authority to-day Warrants were finally issued for the arrest of the refugees, but the local federal authorities got tangled up in government red tape and the warrants could not be served. United States Marshal Baldwin, armed with the authority of the federal court, set out to have the refugees brought within the jurisdiction of the law, but he ran up against Capt. Howison, commanding at Mare Island navy yard. Capt. Howison declared he had no authority to furnish transportation for the marshal, and he refused to place that official on board the Bennington. Without the assistance of the navy department the marshal could not reach the gunboat.

Social Sensation.

Cedar Rapids, Iowa, Aug. 23—A week ago A. E. Green and Miss Lillian Kuhn were arrested on the charge of adultery and were held to the grand jury. They have been living together as man and wife in this city for nearly four years, and were popular in social circles. Mrs. Green's unexpected arrival in this city from her home in Topeka, Kan., made a sensation and was the cause of landing both in jail. Lillian gave bonds, but Green was not so fortunate

Was He Shot in Revenge.

Lexington, Mass., Aug. 23.—Conrad Jual, a prominent contractor and engineer, was found unconscious near the water works here to-day, with a bullet wound in his head and a revolver by his side. It is thought Mr. Jual had trouble with one of his Italian workmen that he was shot in revenge. He died a few hours after he was found.

INCOME TAX.

Claim That No Provision Was Made to Collect It.

New York, Aug. 23.—A special from Washington says: In addition to the long list of errors found in the Gorman tariff bill the surprising discovery has been made by the treasury department officials that no appropriation has been made for putting into effect the income tax provisions.

The collectors of internal revenue can do nothing under these circumstances in the direction of preparing to collect the tax. The treasury officials claim to be blameless, for they forwarded to the appropriations committee more than a month ago an estimate for an initial appropriation of $500,000 to be used during the current fiscal year in carrying out the income tax provisions of the tariff bill, if it should become a law. The omissions cannot be rectified at this session of congress.

Washington, Aug 23.—Representative Sayers, chairman of the house committee on appropriations, brands as false and sensational the story printed today to the effect that the startling discovery had been made that the appropriation committee had negligently or by design failed to allow the sum necessary to collect the income tax.

"Every allowance for the collection of the tax has been made in accordance with the wishes of the treasury department," he said. "The commissioners of internal revenue conferred with me last week on the subject and I asked them to talk with Secretary Carlisle and then submit a resolution covering just what was wanted. This was sent to me Saturday. It called for an additional $9,000 for clerical help in the internal revenue department. I introduced the resolution, and Monday last it was passed. It was just as the treasury department authorities wanted it."

The legislative and engrossing clerks of the senate have been comparing a statement of errors in the new tariff bill made by various papers, and say that there are only two or three error that need give importers or officers of the treasury any concern. These are the paragraphs relating to free admission of alcohol in the arts; the diamond schedule, and perhaps the omission of a period in the paragraph relating to stamping foreign manufactures. Even in the case of diamonds, they believe the construction placed will be that intended by congress, and they will pay the duty imposed on precious stones. As to the other errors enumerated, it is claimed by these clerks that by no system of construction can the alloged mistakes in punctuation be made to either impose higher duties or allow the free admission of articles named. Members of the finance committee are of the same opinion.

AFTER MANY YEARS

Father and Son Meet at Aberdeen After a Long Absence.

Aberdeen, S. D., Aug. 23.—John R. Weaver of Clairmont, this county is receiving a visit from his father, Benjamin Weaver, whom he has not seen for twenty-seven years. Shortly after the war the elder Weaver, who was residing at Kiddville, Mich., accidentally shot and almost killed his wife while cleaning a rifle. The deplorable affair so preyed upon the mind of Weaver that he secretly left his home and penetrated into the wilds of Montana, where he was, a short time afterward, reported to have been killed by Indians. It develops, however, that Weaver passed through the vicissitudes of frontier life without losing his scalp, and gradually drifted back east, finally bringing up in Chicago, where he engaged in carpentering and contracting, and secured a competency. Recently a homesick feeling came upon him, and he determined to visit the scenes of his earlier life. He returned to Michigan, and from his old friends and neighbors learned the whereabouts of the members of his family, with the result that the father and his Dakota son are now renewing old associations so strangely interrupted.

A Sad Home Greeting.

Pittsburg, Aug. 23.—Thomas Harper of Esplenborough returned to-day from Mount Clemens, where he had been for his health. He found his home closed, and, after considerable trouble, broke in. He found the dead and decomposed body of his wife on the bed, and by her side slept their two children, aged two and four years. The woman died last Thursday from hemorrhages, and the bed was saturated with blood. The neighbors supposed that the family was away. The children are in a precarious condition from lack of food and breathing the contaminated atmosphere for so long.

Royal Arch Masons.

Topeka, Kan., Aug. 23.—Masons of high degree are arriving in large numbers to attend the triennial convocation of the General Grand Chapter of Royal Arch Masons of the United States, which opens to-morrow. The convocation was originally set for July, but was postponed at the last moment, and after some of the delegates had arrived on the ground. State Controller George L. McCahan of Maryland will preside over the gathering, owing to the death of Joseph P. Hornor, general grand high priest. The assembly will be the most important one, in its relation to Masonry, ever held in this country.

Frost and Grasshoppers.

Marquette, Mich., Aug. 23. — Early frosts have practically completed the havoc wrought by the grasshoppers in the agricultural districts of the upper peninsula of Michigan. Indian corn was about the only crop which the insect pests seemed disposed to leave, and now reports show that this crop escaped the grasshoppers only to be cut down by the frost. The yield will certainly be less than half of the average.

Personal and Medical History of Henry Fitchen

1893

This man was brought here by Sheriff
disease is supposed to be the Solitary life led
-nity or heredity history - He has had at
to a whole day, at a time; but was re
manifested 23 Inst. Says to the nea
He will take every drop of blood in the
pocket & threatens to use it; Shoots
Disease appears to be increasing; is re
Derangement is now manifested on
neighbors - Is neither filthy nor de
for his own amusement & an ape
Has not been subject to any severe
Has not been under medical treatmen
his neighbors are aroused this house
to get married, and he has a consti
So quiet in manner. (From the ho

June 26 June 26/93. On admission, was qui
" 27 T(c) 99. Bodily condition clean; no ug
well, last night. Am. Pulse 76. R 20.
" 28 Appetite very good; bowels regular;
" 29 Behavior very quiet; conduct good
" 30 Answers questions correctly. Am.
July 1/93 July 1/93. Am. Pulse 74 R 20 Te 9
Appetite continues very good. Bowels
July 4/93 July 4/93. Am. Pulse 80 R 20 Te 99.4
" 7/93 July 7/93 Am " 78 " 18 " 99.4
" 10 July 10/93 Am " 74 " 16 " 98.8
Physical or mental state. Has been
the ward. Steadily quiet. Has had
" 31 Special symptoms. ———
Aug 5/31 Aug 5/93. Has made a decided gain
Has a good appetite. Bowels regula
Sep 11 Sep 11/93. Still continues in good healt
talks very little, but answers, intell
" 18 appear to be affected with any men
" 26 Sep 26/93. Patient's brother visited
He (patient) is, evidently, somewhat of a defective, but his brother thought he was improved upon
in being brought here.

(Crossed off the Records - was illegally Committed)

1893

This man was brought here by Sheriff [illegible] disease is supposed to be the Solitary life led [illegible] -nity or heredity history - He has had at [illegible] to a whole day, at a time; but was re[illegible] manifested 23 Inst. Says to the nea[illegible] He will take every drop of blood in the[illegible] pocket & threatens to use it; Shoots [illegible] Disease appears to be increasing; is re[illegible] Derangement is now manifested on [illegible] neighbors - Is neither filthy nor de[illegible] for his own amusement & an ape[illegible] Has not been subject to any severe [illegible] Has not been under medical treatmen[illegible] his neighbors are aroused this house[illegible] to get married, and he has a consti[illegible] So quiet in manner. (From the ho[illegible]

June 26 June 26/93. On admission, was qui[illegible]
" 27 T(c) 99. Bodily condition clean; no ug[illegible]
well, last night. Am. Pulse 76. R 20.
" 28 Appetite very good; bowels regular;
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" 30 Answers questions correctly. Am.
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talks very little, but answers, intell
" 18 appear to be affected with any men
" 26 Sep 26/93. Patient's brother visited
He (patient) is, evidently, somewhat of a defective, but his brother thought he was improved upon
in being brought here.

(Crossed off the Records - was illegally Committed)

of the Pioneer Press in St. Paul, and while suffering from ills had a number of times made desperate assaults on his fellow type-setters, with deadly weapons. The only time since his confinement in the hospital that he had shown evidences of any suicidal intentions whatever was once when he set fire to his mattress at the door of his room and then gave battle to the attendants when they entered to extinguish the fire. His violence while suffering from the effects of fits in St. Paul had caused him to be confined a number of times in jail.

In response to inquiries by Coroner Mosse in regard to the method in vogue in regard to parole practice, Dr. Phelps stated that Dr. Kilbourne made all such arrangements whenever he deemed it advisable to do so.

If a patient was rational enough to make the request for a parole he generally did so at the first opportunity, and if Dr. Kilbourne thought a parole should be granted, he allowed it without any formal action, and no record was kept. In this special case the parole was continuous, the patient being confined only during theperiods when he was suffering from the effects of fits. As a general thing the officers did not recommend paroles, as any

vent hitting him. When he first saw him the train was running at the rate of sixty miles per hour and had slackened speed to about twenty-five miles between the rails in an upright position, not leaning forward as though ill.

It was not the custom to station speed in running through the hospital grounds, nor until inside the switch limits near the city. Asked as to whether he ever noticed any person on the track in that vicinity before, Mr. Clement answered that he had never run through the grounds any day in pleasant weather but that there was from one to twenty persons on the track.

W. J. Williams, the fireman, was called and his testimony was practically the same as that given by the preceding witness. He said that Stees paid no attention to the train and did not move until it was nearly on him, when he turned his head slightly to the left. Witness thought everything that could be done to prevent the accident had been tried.

His evidence was the last taken and the jury adjourned to five o'clock p. m., at which session a verdict will be decided upon.

Returning to the hospital, the jury went into session, the first witness called being Dr. Phelps, who, in the absence of Dr. Kilbourne, is in charge of the hospital. He read to the jury a history of the case since his reception into the hospital, in April, 1889, showing that he had always been of a more or less troublesome disposition until the present year, when his malady seemed to be of less frequent occurrence, about the grounds without paramance, and he was permitted to exercise about the grounds without special supervision. He was twice allowed to leave under the care of friends and on one of these occasions was received back under a new commitment. He was one of the patients who was recommitted last spring, because of the invalidity of the insanity act of 1892. In the early stages of his treatment, he was, whenever ailing from the effects of an epileptic, somewhat ugly and his mania often times assumed a homicidal nature, On being returned in July, 1892, after a few week's absence in Iowa, he had strange hallucinations, answering questions as to the cause of his being returned by saying that he was a rainmaker, and that he had been sent back to bring rain to this part of the state. Before being committed in the first place he was a compositor in the office of the Pioneer Press in St. Paul, and while suffering from ills had a number of times made desperate assaults on his fellow type-setters, with deadly

and twisted. Struck a match and set fire to the bedding in the room, and when the attendants entered to extinguish the flames he attacked them with a knife. He was then confined in a padded room, where he remained until his death. He was a man of violent temper, and had been in the habit of attacking his fellow patients and the attendants without provocation. He was also in the habit of tearing his clothing to pieces and destroying anything that he could get his hands on. He was a man of about 40 years of age, and had been in the asylum for about 10 years. He was a native of Ireland, and had been in the United States for about 20 years. He was a Roman Catholic, and had been baptized in the Church of St. Patrick, in this city. He was buried in the cemetery of the Holy Cross, in this city.

Personal and Medical History of Joseph Stees (Stick)

Hour 3 74

1894

June 7/94 Had 5 convulsions during the day. June 30/94. No material change. Works at barn, as usual. Participates in patients' entertainments. Talks rationally. Habits neat and clean.
July 1/94. Keeps in good flesh & physical condition. July 10/94. Two convulsions reported, during night.
" 22/23 July 22/94. Appetite is very poor, at present. July 23/94. Had a convulsion during the day; fell down & marked his face. July 31/94. About as usual. Works outside, regularly -
" 31 Aug 1/94. Abt 150 pds (weight fluctuates considerably). Aug 15/94. Had a convulsion, while
Aug 1/15 attending the dance (this evening) of the patients; fought & resisted the attendants, and
" 16 had to be carried, by force, up to the ward. Aug 15/94. Had one convulsion during night.
" 19 Aug 19/94. Another convulsion, during the night. Aug 21/94. Two convulsions are reported,
" 22 during the night. Aug 22/94. Had 2 convulsions, this morning. After them, patient was found to be quite stupid & dull; wanted to go out, as usual, & his work at the barn, but this was refused him; he then became quite excited & abusive, swearing &c; in about an hour's time, he seemed to have quite recovered from the effects of his Convulsions & was then allowed out. After being about the stables, for some time while Hostetter was out getting some repairs done, he (patient) wandered over to the Railroad track, when the Passenger train came, running at terrific speed; blowing its whistle, but patient did not make any attempt to move, and the distance being too short to stop the train, he was struck by the Cow-catcher of the Engine, which threw him about 30 feet, causing death instantly.

A linear bruise, about 1 inch wide, crushed in frontal bone, eye & upper and lower jaw; this evidently by a bar of Cow-catcher. Right leg was broken in two places. This may have been done when engine struck him or when he struck the ground, or when he struck the Fire-alarm wire, which his body struck, in passing. Occipital bone was also crushed in, though scalp was not bruised or but slightly cut. Rest of body showed but minor bruises. - (Testimony at inquest attached).

Friends & relatives were immediately advised by telegram of patient's death & also by letter, giving full particulars. Directly, instructions were received from a brother & Henry remains in Roman Catholic Cemetery here, which was done.

- Died -

Personal and Medical History of Theodore Ingebertson

Whole No. 3396.

Residence, none: wanders about County.

Date Admission, 29th June 1893.

Admitted by Dr Kilbourne Hour, 7 P.M.

How Sent, Herman Blackmer, Jof D. Freeborn Co

Sex, male

Age, 18 years.

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Laborer

Degree Education, Limited

Profession Religion, Lutheran

Habits, Is lacking in Cleanliness.

has no regular Physcn — Nativity, Illinois (parents in Norway).

Physicians Committing, G. W. Barck & J. M. Todd

(Aunt) Correspondents, Martha Nelson, Albert Lea, Minn.

attended in this sickness, yesterday, by Dr G W Barck albert lea, minn

No. for Year, 308.

Insane Relatives, none, so far as known: father was a drinker.

Cause Exciting, unknown

Cause Predisposing, - -

Form, Dementia — Chorea

Accompanying Bodily Disorder, Chorea

Suicidal or Not, not

Date of this Attack, about 3 years ago.

Duration, about 3 years; worse, past month

No. of Attack, 1st

No. of Admissions, 1

Age First Attack, about 15.

Time of Leaving, Feb. 9. 93

Time in Hospital, 3 mos 10 ds.

Result, Recovered

EXAMINATION ON ADMISSION.

Exd by Dr Phelps, July 1/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Slightly Confused

Quick or Sluggish, Sluggish & dull

MEMORY:

Past Events, probably fairly good

Recent Events, probably fairly good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull -

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent, & depressed

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, probably has none

Special Subjects,

Transitory or Not,

HALLUCINATIONS: none noted

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, not very much.

GENERAL DESCRIPTIVE REMARKS:

Conversation shows a feebleness of mental processes, without special perversion; is probably better now than at time of coming, but is still of a manner & dullness resembling feeble-mindedness — Says "has had this trouble with his nerves some 5 or 6 weeks". Choreic movements are quite general. An increase of this dullness & perversity of behavior probably instituted the attack, for which he is brought here. The Chorea is a complication & also an additional element producing mental confusion.

Personal and Medical History of Theodore Ingebertson

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6½ in WEIGHT, 113 pds NUTRITION, Seems thin.

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Can't control tongue — Seems unable to control, on account of Choreic Movements Coatings, Promptness Movement,

PUPILS, Equality, Equal Size, Much dilated

Response Light, Yes. Accommodation,

SIGHT, Fair

HEARING, Probably some slight impairment.

CO-ORDINATION, Arms, Legs, Fairly good, except for choreic movements.

TREMORS, Hands, Can't control choreic Tongue, Can't control choreic Movements

Facial Muscles, Movements — General,

REFLEXES, Patellar, about normal.

Other Reflexes,

ARTICULATION, ~~Hesitating,~~ fair, except for chorea ~~Slurred,~~

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Fairly Good

LUNGS, Fairly good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Records Kept 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 dead

Father or Pat. Relations, father dead

Brothers or Sisters, has none.

1893

This man was brought here by deputy-sheriff, T. L. Torgerson, attended by Ole Fossum, with the following history. Patient has no regular residence. Wanders about County, as a laborer. No history of consanguinity. As to insane relatives, none so far as known. This is the 1st attack; first symptoms were manifested about 3 years ago, after those who cared for him died. Since then he has been "queer" and refused to stay in any one place. About a month ago, was taken with chorea, and has been worse since that time. Disease appears to be increasing; does not materially vary. Derangement is now manifested by his refusal to stay in any place where he may be cared for. Is not disposed to injure others; there is a lack of cleanliness about him. Is not suicidal. For some time, has shown an abnormal taciturnity & unwillingness to stay with his friends, to be cared for. Father was a drinker. He has not been restrained or confined. Cause of disease is unknown. No treatment has been given. On personal Examination, pulse 80. T. normal. Complains of sleeplessness; choreaic movements are constant and pretty general. Said he wanted to go to the Hospital, to get well. Appearance & manner were those of incoherent taciturnity & an unwillingness to remain under restraint.

June 29 June 29/93. On admission, was put on B2. Pulse 76. T@98.6. Bodily condition quite clean; no injuries
" 30 noted; has choreic movements. June 30/93. Slept 4 hours last night; was quite restless when awake. Am P 78. T@98.8. Is very nervous today; walks about ward in a hurrying, jerky manner. Talks but little. Appetite good; bowels regular; no cough noticed. Complains some of tooth-ache. PM. Pulse 76. T@99. —

July 1 July 1/93. Was quite restless, when awake, last night, but slept 6 hours. Am. Pulse 80. T@98.8. Walks about hall, in manner above described; appetite still Good. Talks considerably. Still complains of tooth-ache.
" 2 PM. Pulse 78. T@98.8. July 2/93. Fairly restful, sleeping 7 hours last night. Answers questions
" 3 but not very distinctly. Am. Pulse 76. July 3/93. Slept 6 hours last night; quite restless when awake.
" 4 Am. Pulse 74. Is very nervous today; crying & wanting to go home. Appetite only fair. July 4/93. Slept well, 8 hours, last night. Seems unable to keep still for a moment. Pulse this Am 78. Appetite fair,
" 5 bowels regular. July 5/93. Quite restless, when awake, last night, but slept 6 hours. Am. Pulse 76.
" 6 Appetite good: very nervous & excited today. Appetite good. Weight today 112½ pounds. July 6/93. Am P 76. Is steadily the same; neither exalted nor very much depressed; movements choreic in a mild way.
" 7 Manner dull & indifferent. July 7/93. Seems more contented than a few days ago. Worksome in
" 9 ward. Appetite good. Tried to write a letter today but was too nervous. July 9/93. Is very nervous,
" 10 walking about most of the time; can scarcely sit still. July 10/93. Still does some work. Appetite
" 11 good. Nose appears to have some slight improvement. July 11/93. Improvement somewhat more marked;
" 13 Works in dining-room; talks freely; appetite good. July 13/93. Eats well; bowels usually regular;
" 14 Works well; Quite noticeable improvement in his case. July 14/93 During the first part of this the second week, patient was quite restless when awake at night but slept 6 hours in each; for the past 2 nights he has been more restful & has slept 7 hours each night. Keeps about daily, fairly tidy; is quiet & well behaved. Appetite has continued good & bowels fairly regular.
" 30 July 30/93. Patient's condition shows a decided improvement; he is now doing very well. Works daily in the dining-room. Appetite good; bowels normal. Sleeps most at night, he says, are good. Talks freely & sensibly; is become more active. Seems all right though he is still slightly nervous. Is, however steadily growing more steady. Is in good physical condition & gaining in flesh.

Aug 31 Aug 31/93. Has made a very marked gain in flesh in the past month Aug 30/93. Has

NAME Theodore Ingebertson

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
July 4th	112½	—	-	½
Aug 3d	130	—	17½	
Sept 8th	140	—	10	
Oct 3d	146	—	6	

te. Appetite good; bowels, as a rule, regular. Seems to have
nervous, twitching spells with which he was troubled at time
sensibly. Plays billiards. Works onward. Seems contented.
y. Pulse 78. T@99. Sept 5/93. Feels all right again, today.
n flesh, during past 5 weeks. Sept 30/93. Continues to improve.
ight are good. Quiet & well-behaved by day. Helps willingly
neral condition. Of good personal habits.
flesh. Works well & intelligently in the dining-room; also
ward-work. Is cheerful and contented. Health good.
mission, began to make improvement and this was
as clean tidy & of good personal habits. Worked well &
the condition he was in, on coming here; also the improve-
time of leaving was in very good physical condition, having
ight during the 3½ months of his stay here.
me, today, alone —

Case No. 1.—Boy, admitted June 29, '93, 18 years old, history defective, no heredity known; had "been queer." On admission, temperature normal, rather anaemic, has choreic movements of all parts of the body not extreme, no other physical symptoms. Is restless, sleeps poorly, and is annoyed by the chorea. Mentally a tendency toward mental feebleness, or dementia, of which he is conscious and on account of which is somewhat depressed. Sent home Oct. 1893, after a steady but gradual loss of the choreic motion, a steady gain in flesh, from 112 to 146, a gain in mental activity and strength, coincident with the receding of the chorea.

Ironton Public Library Nov-93

Theodore Ingebertson 23/313

1893

This man was brought here by deputy-sheriff, T. L. Jorgerson, following history. Patient has no regular residence. Wanders about - sanguinity. As to insane relatives, none so far as known. He manifested about 3 years ago [illegible] who cared for h[illegible] and refused to stay in any o[illegible] a month o[illegible] worse since that time. Disea[illegible] now manifested by his ref[illegible] injure others; there is [illegible] shows an abnormal [illegible] drinker. He has not been [illegible] given. On personal exami[illegible] movements are constant and [illegible] Appearance & manner were those of m[illegible]

June 29 June 29/93. On admission, was put on B[illegible] noted; has choreic movements. June 30/93. Slept 4 h[illegible]
" 30 T(e) 98·8. Is very nervous today; walks about ward in a hurry [illegible] good; bowels regular; no cough noticed. Complains some of
July 1 July 1/93. Was quite restless, when awake, last night, but slept 6 hours, in manner above described; appetite still good. Talks consider[illegible]
" 2 PM. Pulse 78. T(e) 98·8. July 2/93. Fairly restful, sleeping 7 hours last night. Answers questions
" 3 but not very distinctly. AM. Pulse 76. July 3/93. Slept 6 hours last night; quite restless when awake.
" 4 AM. Pulse 74. Is very nervous today; crying & wanting to go home. Appetite only fair. July 4/93. Slept well, 8 hours, last night. Seems unable to keep still for a moment. Pulse this AM 78. Appetite fair,
" 5 bowels regular. July 5/93. Quite restless, when awake, last night, but slept 6 hours. AM. Pulse 76.
" 6 Appetite good: very nervous excited today. Appetite good. Weight today 112½ pounds. July 6/93. AM P 76. Is steadily the same; neither exalted nor very much depressed; movements choreic in a mild way.
" 7 Manner dull & indifferent. July 7/93. Seems more contented than a few days ago. Works some in
" 9 ward. Appetite good. Tried to write a letter today but was too nervous. July 9/93. Is very nervous,
" 10 walking about most of the time; can scarcely sit still. July 10/93. Still does some work. Appetite
" 11 good. Now appears to have some slight improvement. July 11/93. Improvement somewhat more marked;
" 13 Works in dining-room; talks freely; appetite good. July 13/93. Eats well; bowels normally regular;
" 14 Works well; Quite noticeable improvement in his case. July 14/93 During the first part of this, the second week, Patient was quite restless when awake at night but slept 6 hours in each; for the past 2 nights he has been more restful & has slept 7 hours each night. Keeps about daily, fairly tidy; is quiet & well behaved. Appetite has continued good & bowels fairly regular.
" 30 July 30/93. Patient's condition shows a decided improvement; he is now doing very well. Works daily in the dining-room. Appetite good; bowels normal. Sleeps & eats at night, hours, are good. - Talks freely & sensibly; is become more active. Seems all right though he is still slightly nervous & however steadily growing more steady. Is in good physical condition & gaining in flesh.
Aug 30/31 Aug 31/93. Has made a very marked gain in flesh in the past month Aug 30/93. Has

1893

been improving quite rapidly of late. Appetite good; bowels, as a rule, regular. Seems to have almost quite recovered from the nervous, twitching spells with which he was troubled at time of coming here. Talks quite freely & sensibly. Plays billiards. Works onward. Seems contented.
Sept 4/5 Sept 4/93. Not feeling very well today. Pulse 78. T(e) 99. Sept 5/93. Feels all right again, today.
" 8/30 Sept 8/93. Has gained 10 pounds in flesh, during past 5 weeks. Sept 30/93. Continues to improve. Pleasant & cheerful. Rest & sleep at night are good. Quiet & well-behaved by day. Helps willingly with the work. Is in good physical condition. Of good personal habits.
Oct 3 Oct 3/93. Continues to gain in flesh. Works well & intelligently in the dining-room; also helps considerably with other ward-work. Is cheerful and contented. Health good.
" 9 Oct 9/93. Patient, from after admission, began to make improvement and this was quite steadily kept up. He was clean tidy & of good personal habits. Worked well & willingly & seemed to realize the condition he was in, in coming here; also the improvement he was making. At time of leaving was in very good physical condition, having gained 33½ pounds in weight during the 33 months of his stay here.

Was sent home, today, alone —

Discharged —

From 45 to 50,
From 50 to 60,
From 60 to 70,
From 70 to 80,
From 80 to 90,
From 90 to 100,
This will give an approximate average of almost 38 years of age upon admission, and includes general paretics, senile dementia, epileptics and all. It would The average for general paretics is about 41.

Personal and Medical History of John Julius Robertson

(a Warrant John Robertson [illegible])

Whole No. 3398.
Residence, 178 Union Block; 4th & Cedar Sts.
Date Admission, 1st July/1893. —
Admitted by D. Phelps Hour, 7 P.M.
How Sent, John B. Olivier, Jo P, Ramsey County.
Sex, male
Age, 28 years
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Painter (father, Carpenter).
Degree Education, Fair.
Profession Religion, Lutheran
Habits, not definitely stated.
Nativity, Denmark (parents also born there)
Physicians Committing, Arthur Sweeny & H B Cooke
Correspondents, none given in "papers" —

Family Physician
A. J. S. Markoe
St Paul

No. for Year, 310
Insane Relatives, none
Cause Exciting, unknown
Cause Predisposing, unknown
Form, Melancholia - acute
Accompanying Bodily Disorder, rheumatism; delirium
Suicidal or Not, Suicidal
Date of this Attack, about 5 weeks ago
Duration, about 5 weeks -
No. of Attack, 1st
No. of Admissions, 1
Age First Attack, 28 years.
Time of Leaving, Nov 2 93
Time in Hospital, 4 months
Result, Rec'd

Crossed off from Absentee List, April 1st, 1894, because insane, committed.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by Dr Ely July 7/93.

MENTAL ACTIVITY:
Clear or Confused, somewhat confused
Quick or Sluggish, active

MEMORY:
Past Events,
Recent Events, somewhat impaired
Special Subjects,

PERCEPTIVITY:
Alert or Dull, poor & dull
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, poor
Own Mental State, does not know why sent here.
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
seems restless & uneasy under examination. Says "some fellows up there (pointing toward) shot him last night in throat & chest;" "have some stuff they throw all over him." Seems a state of apparently mild, acute mania. —

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

DELUSIONS:
Systematized or Not, various; of being shot,
Special Subjects, poisoned &c
Transitory or Not,

HALLUCINATIONS: of sight; also of hearing & smell.
ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly free

Personal and Medical History of John Julius Robertson

July 19/93. Brother visiting today, gives his address as
Louis Robertson (Painter)
Union Block
Room 178. St Paul, Minn

MISSION. (CONTINUED.)

CTERISTICS.

ely 170 pds. NUTRITION, some fairly good.
Promptness Movement, fair
Size, about normal
Accommodation, Yes

CO-ORDINATION, Arms, fingers to nose, eyes shut, fairly good.
Legs, standing, eyes shut, sways some. —
TREMORS, Hands, none Tongue, some fine
Facial Muscles, none General,
REFLEXES, Patellar, unequal; right about 5; left normal.
Other Reflexes,
ARTICULATION, ~~Hesitating,~~ fair ~~Slurred.~~
FACIAL EXPRESSION, fairly good.
SENSIBILITY, normal
HEART, somewhat palpitating; murmur following first sound.
LUNGS, sounds good.
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, probably short ONSET GRADUAL OR SUDDEN,
*(these particulars from brother, who visited patient July 19/93)
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, mother died 3 years ago * mother died '91 — aged 41. Asthma
Father or Pat. Relations, Father living * Father lived last in Chicago: do not know whether living now.
Brothers or Sisters, one brother — thinks dead; one sister living; claims wealthy
* 5 years in America —

Incoherent and confused in those fits —

Personal and Medical History of John Julius Robertson

(In Warrant John Robertson (sic))

Whole No. 3398.

Residence, 178 Muncy Block; 4th & Cedar.

Date Admission, 1st July/1893.

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

How Sent, John B. Oliver, Jr. P., Ramsey

Sex, male

Age, 28 years

Civil Condition, single

Children,

Age Youngest Child,

Occupation, Painter (father, Carpenter).

Degree Education, Fair.

Profession Religion, Lutheran

Habits, not definitely stated.

Nativity, Denmark (parents also born there)

Family Physician Dr. J. E. Markoe St Paul

Physicians Committing, Arthur Sweeny & A B Ancker

Correspondents, None given in "Papers" -

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 28 years.

Time of Leaving, Nov 2 93

Time in Hospital, 4 mos. 1 d

Result, Rec'd.

Crossed off from Absentee List, April 1st, 1897, because this pt. committed.

EXAMINATION ON ADMISSION.

Exd by Dr. Eby July 7/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, somewhat confused

Quick or Sluggish, active

MEMORY:

Past Events,

Recent Events, somewhat impaired

Special Subjects,

PERCEPTIVITY:

Alert or Dull, slow & dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, slow

Own Mental State, does not know why sent here.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Seems restless & uneasy under examination. Says "Some fellows up there (pointing toward) shot him last night in throat & chest;" "Have some stuff they throw all over him." Seems a state of apparently mild, acute mania. -

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, somewhat

Depressed,

DELUSIONS:

Systematized or Not, various; of being shot,

Special Subjects, poisoned &c

Transitory or Not,

HALLUCINATIONS: of sight; also of hearing & smell.

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, fairly free

Personal and Medical History of John Julius Robertson

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, usually 170 lbs. NUTRITION, seems fairly good.

WOUNDS OR ABNORMALITIES, probably none -

TONGUE, Tremors, some fine Coatings, some Promptness Movement, fair

PUPILS, Equality, Equal Size, about normal

Response Light, Yes Accommodation, Yes

SIGHT, quite good

HEARING, normal

CO-ORDINATION, Arms, finger to nose, Eyes shut, fairly good.

Legs, standing, Eyes shut, sways some. -

TREMORS, Hands, some Tongue, some fine

Facial Muscles, none General,

REFLEXES, Patellar, unequal; right about 0; left normal.

Other Reflexes,

ARTICULATION, ~~Hesitating,~~ fair ~~Slurred,~~

FACIAL EXPRESSION, fairly good.

SENSIBILITY, normal

HEART, somewhat palpitating; murmur following first sound.

LUNGS, sounds good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Record kept RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, probably short ONSET GRADUAL OR SUDDEN,

*(these particulars from brother, who visited Patient July 19/93)

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

Mother or Mat. Relations, mother died 3 years ago *mother died '91 — aged 41. Asthma. Incoherent and confused in those points -

Father or Pat. Relations, Father living * Father lived last in Chicago: do not know whether living now.

Brothers or Sisters, one brother - thinks dead; one sister living; claims healthy

* 5 years in America -

1893

This man was brought here by Deputy-Sheriff Courteau, with the following history. This is the 1st attack; occurring abnt 5 weeks ago; had delusions of poisoning & threatened to kill his doctors. Disease appears to be increasing, but is variable & there are rational intervals. Derangement is now manifested by delusions of poisoning, conspiracy, sight & hearing; has shown disposition to injure others. Has also attempted suicide, by trying to jump out of window. No filthy or destructive habits. There is no history of consanguinity or heredity. History as to intemperate habits uncertain. Has had no severe disease or injury to head. Has been confined at G & G Hospital since June 24th - wrist-cuffs used. Causes of disease unknown; has had rheumatism a long time; has valvular disease. The treatment given has been rest & sedatives. On personal examination, tongue trembles, pupils almost equal; otherwise appearance good. Patient said that the Doctors & several others had formed a plot to kill him and he threatens to shoot the Doctors at sight. He was in bed, talking about & threatening his supposed enemies. Appearance & manner generally good. Patient converses with imaginary persons; he laughs & shouts.

July 1 July 1/93. On admission, is found to be in fair condition. Weight 153 lbs. Pulse 86. T(R) 99.6. Bodily
" 2 condition, quite clean. No injuries or peculiarities noted. July 2/93. Slept but 5 hours, last night. Was restless when awake. Am. Pulse 88. T(R) 99.4. Very restless today; running or hurrying about hall. Doesn't speak English plainly. Talks delusively. Appetite fair. Has a cough. "Thinks he is near
" 3 St Paul"; wants to go home. Pm. Pulse 86. T(R) 99.2. July 3/93. Was restless & out of bed for from
2 to 3 hours last night, but slept 8 hours. Am. Pulse 88. T(R) 99.4. Very restless again today &
" 4 bothersome - Appetite poor. Pm. Pulse 84. T(R) 99.2. July 4/93. Was restless all last night; very troublesome; getting out of bed; running over the beds & out into the hall; slept none. 7.30 Am. So violent; moved to C3. There were noticed bruise on forehead & scratches on neck. Pm. Has been boisterous & excited all day. Appetite good. Bowels have had no movement. Manifests illusions & delusions. Pulse 120. -
" 5 July 5/93. Was restless & noisy for 4 hours a.m., sleeping but 5 hours, last night. Am. Pulse 108. Appetite is
" 6 good but bowels are constipated. Has been excited & disordered all day. Pm. Pulse 100. July 6/93. Noisy for 3 hours, sleeping 6 hours, last night. Is today, boisterous & destructive; fastened himself in
" 7 the dormitory and tore the bedding. Pm. Pulse 100. July 7/93. Slept 6 hours last night; noisy for 3 hours a.m.; also destructive. Appetite still good. Constipation persists. Pulse 74. Is today again boisterous; running about the hall; destructive, tearing up bedding; noisy & aggravating to the others.
" 8 Was secluded for 2 hours. July 8/93. Slept but 2 hours; noisy for 7 hours during last night. Appetite poor. Pulse 80. Pm. Has been wild & excited all day; very noisy; talk incoherent; aggravated a fellow-
- 9 - patient and got his face marked. July 9/93. Was noisy & out of bed for 3 hours a.m. last night, but slept 6 hours. Ate no breakfast this morning but took a good dinner. Conduct & behavior
" 10 unchanged. Am. Pulse 98. Pm. Pulse 80. July 10/93. Slept 7 hours, restless for 2, last night. Appetite today, very good. Bowels, which for some time have been badly constipated, moved today quite freely, by aid of cathartics &c. Has been quiet part of the day; the rest of the time, noisy
" 11 & running about ward. Pulse Am 90. Pm. 96. July 11/93. Slept 7 hours last night; fairly quiet. Appetete is poor this morning. Pulse 80. T(R) 99.4. Bowels moved. Heart irregular; dilitation seems increased and there is a murmur following first sound. Pm Pulse 86. T(R) 99.2. -
" 12 July 12/93. Noisy for 4 hours last night; slept but 5 hours. Am " 80 " 99. - Appetite

1893
July 12 fair; bowels moved. Heart very irregular. As he lies in bed, (is sick, there, since yesterday morning) he must
Contd. feel the weakness from this cause. It has probably increased by reason of his activity, which has been con-
" 13 siderable, though not that of extreme mania. Lies quietly in bed; no other symptoms. Was noisy during Pm.
July 13/93. Slept but 5 hours last night; was noisy for 4 hours, a.m.s. Am. Pulse 84. T(R) 99.2. Appetite poor.
Bowels have moved. Has been out of bed several times today, "calling for help to put out fires" - Wants to get
" 14 up. Contends he is not sick. July 14/93. Was fairly restful, sleeping 7 hours last night. Was quiet.
Am. Pulse 76, (regular); Appetite still poor. Sits as ward this morning, but is looking pale & sickly. Is
" 15 quiet. Went back to bed at noon. Pm Has had some noisy "spells" - July 15/93. Was very noisy,
last night; frequently out of bed & slept but 3 hours - At one time, night nurse looked in his room,
and found patient with his pants on; these were taken off & patient put back to bed by force: he
then struck night-nurse a blow in face & scratched his hand. Appetite is good; bowels are becoming
quite regular. Am. Pulse 80. T(R) 99.8. Pm. Pulse 84; T(R) 100. Has been restless today & has had some
" 16 noisy "spells". Says "his ribs leak out when he tries to rise from bed". July 16/93. Quiet and
" 17 restful, sleeping 8 hours last night. July 17/93. Was restless all last night. Today, pulse seems
more steady, though there is a slightly feverish element about it. Last night, talked most rationally.
" 30 Today, wanders in speech, again. July 30/93. During the 3 nights, succeeding last note, patient
was restless, about 5 hours each night, and slept very poorly. Was restless & noisy during the day.
Appetite was generally good. Pulse about normal. Since the 22nd inst, he has rested & slept well,
each night - Has been quiet during the day, only one day being reported as restless & excited. -
" 31 Appetite has continued good; bowels regular; pulse normal. July 31/93. Appetite is poor, today.
There has been no movement of bowels. Pulse 66. Is still sick in bed. Manifests illusions &
delusions. At times, has "noisy spells" - Was visited by his brother July 15th. Has had some
trouble with his fellow-patients, and has occasionally received some kicks & bruises from them (Was
in seclusion a couple of hours on 5th inst). —

Aug 1/2 Aug 1/93. Wt 138 lbs. Pulse 62. Is sick in bed. Aug 2/93. Sleeps well, at night. Appetite is good. Has
" 3/4 noisy spells by day. Aug 3/93. Pulse is irregular. Sleeps some, during the day. Aug 4/93. Has been
" 5 restless & excited, today. Continues to sleep well. Pulse 65, intermittent. Aug 6/93. Has been sleeping
" 7 well, at night. Appetite has been good - Pulse 68 to 70, the past 2 days. Aug 7/93. Appetite is
" 8 poor. Restless during the day. Eyes red & inflamed. Wont talk. Aug 8/93. Pulse 68. Intermittent.
" 9/10/11 Aug 9/93. No change. Aug 10/93. Appetite poor. Bowels regular. Is quiet. Aug 11/93. Restless, today,
" 12/13 Aug 12/93. Appetite good. Bowels move. Quiet during the day. Aug 13/93. Appetite good. Pulse 66. Inter-
- mittent. Is quiet today. Has lain steadily in bed. Sits up on edge, at times. Quite quiet. Health is fair.
" 14 Aug 14/93. Has been restless during the day. "Hears voices calling him"; "Searching for imaginary
" 18 persons". Pulse 67. Intermittent. Aug 18/93. Has been quiet for past 3 days. Restless today. He
pushes out of room & answers imaginary calls. Sleeps well. Appetite good. Pulse 68. —
" 19 Aug 19/93. Up, dressed & out in the hall. Quietly behaved. Was taken out for a walk. Quiet. Does not talk.
" 21/31 Aug 21/93. Has continued up daily. Well-behaved. Was today, transferred to B3. Aug 31/93. Appetete
continues good. Bowels, as a rule, regular. Talks to himself, at times. Wakes sound. Health improving.
Sep 8/ Sep 8/93. Weight 152½ lbs. Has gained about 5½ pounds, since last weighing. Sep 15/93. Seems a
" 30 "spell"; talking to himself a good deal, today. Sep 30/93. Seems improving. Talks freely and

(Carried to 396)

Personal and Medical History of Emil J. Johnson.

Whole No. 3400.
Residence, Hastings, Minn.
Date Admission, 3rd July 1893
Admitted by Dr. Phelps Hour, 1.30 PM.
How Sent, Thos P. Moran, Jof P, Dakota County
Sex, male
Age, 28
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, clerk
Degree Education, Fair
Profession Religion, not a church member
Habits, Not intemperate
Nativity, Sweden (Parents also born there).
Physicians Committing, A. M. Adsit & A. A. Fitch
Correspondents, J. W. Oliver, Wm Hodgson Hastings. Minn

No. for Year, 312.
Insane Relatives, None
Cause Exciting, Epilepsy
Cause Predisposing, Previous attack
Form, Demented Epileptic
Accompanying Bodily Disorder, Epilepsy
Suicidal or Not, Not
Date of this Attack, about 6 months ago
Duration, about 6 months.
No. of Attack, probably 2nd
No. of Admissions, 2nd
Age First Attack, 27.
Time of Leaving, Aug 21 93
Time in Hospital, 1 mo. 18 days.
Result, Impr.

Crossed [illegible] Asylum Dec. 1st, 1893
Is illegally committed.

EXAMINATION ON ADMISSION.

Examined by Dr. Phelps, July 7/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Easily confused and
Quick or Sluggish, very sluggish
MEMORY:
Past Events,
Recent Events, Poor
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dulled much
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Poor.
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Great-Grandmother or Grandmother, he says, fell while in a fit, burnt into fire place; last time, died from effects. Patient's mental state is one of confusion & sluggish action rather than of any active perversion.

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, none noted.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, fairly free

Personal and Medical History of Emil J. Johnson

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6¼ (?) WEIGHT, 143 lbs. NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, Some malformation left side of chest.
TONGUE, Tremors, Some Coatings, (very much ruffled; probably places where it has been bitten) Promptness Movement, ✓
PUPILS, Equality, Equal Size, Considerably dilated
Response Light, somewhat sluggish Accommodation, Somewhat
SIGHT, probably good
HEARING, Seems good
CO-ORDINATION, Arms, } somewhat impaired. Finger to nose, Eyes shut, rather poor. Stands on foot
Legs, } fairly well. Standing with eyes shut, sways some.
TREMORS, Hands, Some Tongue, Some
Facial Muscles, General, Some —
REFLEXES, Patellar, equal; exaggerated; about 8. —
Other Reflexes,
ARTICULATION, Hesitating, Yes ~~Slurred,~~ difficult.
FACIAL EXPRESSION, Inclined to be dull
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, kept Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Previous attack ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother living } Must be confused to give further particulars
Father or Pat. Relations, Father dead
Brothers or Sisters,

Personal and Medical History of Emil J. Johnson.

NAME Emil J. Johnson

DATE, 1893	Weight.	Pulse.	Gain.	Loss.
July 14th	135	84	–	8
Augst 2	135	76	–	–

1893

Was brought here by J. H. Johnson (Brother), with the following s
Symptoms of it were first manifested about 6 months ago: bega
to be increasing, but it is variable; rational periods do not occur at regula
by a general demented condition; with no particular subject; is
Lineal, nor filthy nor destructive. There is no history of heredit
been addicted to intemperance or habitual use of narcotics. Suff
not been under treatment this time. On personal examinatio
size of two sides of body, atonic of digestive organs. He said
him". Was very talkative while being examined. Appearance & ma

July 3 July 3/93. Patient is in fair physical condition. Was puton
May 17/91 to Aug 29/91; at that time had attacks of what w
(See Vol 19. p. 201. No. 3024.) –). Pulse, on admission, 104. R 13.
" 4 is noticed as larger than right side. July 4/93. Says he slept
appears to be very confused & uneasy today; is vaguely gran
" 5 bowels irregular. Complains of sore eyes, today. July 5/93. At
day; wandering aimlessly & in a dull way about ward.
" 6 July 6/93. Am. Pulse 86. R 19. Acting stupidly today; wa
" 7 lost something. July 7/93. Says, when asked, that he always
R 16. Appears, today, to have more ambition than usual. Se
" 8 ales is somewhat better. July 8/93. Am. Pulse 78. R 17. Again stupid & wandering aimlessly ab
" 9 July 9/93. While out walking, was much inclined to wander away from the rest of the patients;
" 10 said "he did not care to stay here any longer" – Pulse 84. R 17. July 10/93. Has been quiet
" 12 all day. Pulse 76. R 19. Slept while in the hall today for about 3 hours or so. July 12/93. Has
" 14 had no fits since his return. July 14/93. Does not complain as he did at first coming; Seems
" 15 more contented now. Rests & sleeps well at night. July 15/93. Am. Pulse 94. R 16. Patient
has been quite uneasy all day, wandering about aimlessly & talking a good deal to himself.
" 16 July 16/93. Am. Pulse 74. R 18. Bowels still irregular. July 17/93. Inclined to keep by himself;
has been very quiet today. Has little or nothing to do with, or say to, his fellow patients; takes no
part in games &c. Pulse 62. R 17. Evidently has hallucinations & probably delusions. At
times, while on ward, has a way of going up to the wall & standing there for some time,
quite intently, with his ear to the wall. Says "he is telephoning" – Does this many time
a day, of late. Is quiet & apparently rests & sleeps well at night. Is clean and fairly
" 31 tidy in appearance. Does no work. July 31/93. Patient does not seem to improve very much. Will
sometimes go to the window & listen as if he heard some one talking. Still manifests delusions,
and hallucinations. Quiet & well behaved. Very reticent & has a very dull manner & air about him.
Has lost some in flesh, since coming here. No fits have been noted.

Augt Augt 4/93. Had a "spell" today, which lasted about 20 minutes; the first noticed during present stay.
" 16 Augt 16/93. Today, had another light attack; did not fall down, however.
" 21 Augt 21/93. Was today visited by his mother. Patient seemed slightly improved since his coming. The
above are the only 2 "spells" reported, but he still retains a very dull & stupid manner & there is
a general sluggishness in his movements. His mother was very anxious to take him home & he was,
this afternoon, permitted to leave with her. (Crossed off Records – was illegally Committed.)

Personal and Medical History of Joseph Stees.

From 328.

1893

Dec 1 Dec 1/93. Had 2 convulsions today. Appetite very good; bowels regular. Is fairly well behaved
at present, though noisy and at times disagreeable to get along with. Is not allowed out to work
" 7 – this has been the case for some months past. Habits are clean. Dec 7/93. One convulsion reported on
" 17/14 last night. Dec 17/93. One convulsion last night. Dec 21/93. Had 2 convulsions, today.
" 22/24 Dec 22/93. One convulsion reported last night. Dec 24/93. Has been very restless & bothersome, all
" 31 day. Is having one of his "Spells" again. Dec 31/93. No change to note in his conduct or behavior
1894 Seems very anxious to go out to work at the stables but this will not be allowed him –
Jan 2 Jan 2/94. Has gained considerably in flesh, since coming & is in good physical condition.
" 15 Jan 15/94. Two nocturnal and 5 by day, convulsions reported in past 2 weeks. Had one,
" 17 (quite severe), this evening, also. Jan 17/94. Had a fit, this evening, while at the dance. –
" 26/29 Jan 26/94. 2 Convulsions last night. Jan 27/94. One, today. Jan 30/94. One convulsion, last night
" 31 Jan 31/94. Conduct & behavior about as usual – Has not been reported as pugnacious
or ugly of late, though he is inclined to be easily irritated when he becomes very forgetful.
He is closely watched at this hall & has not yet been permitted to resume work outside –
Feb 3 Feb 3/94. Had a convulsion when going out walking today. It was quite a severe one & attendant
" 8/11 had quite a time in bringing him back to the ward. Feb 8/94. 1 Convulsion today. Feb 11/94 one
" 21 Convulsion today. Feb 21/94. Complained of ear-ache all last night; was not of bed, most
" 22 of the time; slept but 3 hours. Feb 22/94. Seems somewhat better behaved of late, yet is, at all
times, more or less inclined to be ugly & quarrelsome. Is in good physical condition.
" 23 Feb 23/94. This patient was committed here under the "Law of 1893", recently declared
unconstitutional. He was, today, Taken out and Returned, under new Committ-
" 28 -ment Papers" from Olmsted County. Feby 28/94. No material change to note. –
Mar 1/5 March 1/94. Wt. 157½ pds. Pulse 72. March 5/94. Had 3 convulsions during the day. Mar 6/94. Had
" 14/21 1 severe convulsion today. March 14/94. One severe convulsion during the day; March 21/94 A severe con-
-vulsion reported, during the night. Struck patient, Oscar Wedelstrom, causing his nose to bleed.
" 31 March 31/94. Appetite good, bowels regular. Talks rationally & at present seems in "good shape",
though still subject to these "spasms". Goes out during the day & works some outward. Rather
cranky and disagreeable towards the other patients. Is very easily provoked. Habits are clean.
April 2/5 April 2/94. Wt 159 pds. Pulse 96. April 5/94. Engaged in a fight with Mr. Peterson, who got his face
" 10/20 slightly bruised. April 10/94. One convulsion, during the night. April 30/94. The following convulsions
are reported, of late: (20th) 1 convulsion during day; (21st) 1 Convulsion during day; (25th) one convulsion
during day & 2 during night; (27th) 9, during day, and 1, during night; (28th) 1 during day; (29th) 1, during day.
Appetite poor, at present, & has been, for about a week: Mentally, is confused & dull; talks incoherently,
at present; has been allowed to go out alone, until within the last 3 days. Does no work; Habits clean.
May 1/11 May 1/94. Wt 151½ pds. Pulse 80. May 11/94. Has been somewhat quarrelsome the past 2 days,
" 16 striking other patients. Had a convulsion during the day. May 16/94. Had a convulsion
" 18 during the night; fell out of bed & cut his tongue slightly. May 18/94. Had 8 or 10 convul-
-sions, while outside, this morning, was brought in & kept on ward, balance of the day.
" 31 May 31/94. No special change to note; works outside at the barn. Talks rationally. Habits clean.
June 2 June 2/94. Wt 160 pds. (Has recovered his lost weight). Pulse about normal.

(carried to page 312)

Personal and Medical History of Emil J. Johnson.

1893

Was brought here by J. H. Johnson (Brother), with the following history. This is probably 2nd attack. Symptoms of it were first manifested about 6 months ago: began as a bilious attack. Diseases appears to be increasing, but it is variable; rational periods do not occur at regular intervals. Derangement is now shown by a general demented condition; with no particular subject; is not disposed to injure others; nor is he suicidal, nor filthy nor destructive. There is no history of heredity. Neither patient nor his parents have been addicted to intemperance or habitual use of narcotics. Supposed cause of disease is Epilepsy. Has not been under treatment this time. On personal examination there is found a difference in the size of two sides of body, atrophy of digestive organs. He said "that certain persons have influence over him". Was very talkative while being examined. Appearance & manner were fairly good; was rather excited.

July 3 — July 3/93. Patient is in fair physical condition. Was put on B3. (Note. He was here before, from May 17/91 to Aug 29/91; at that time had attacks of what was supposed to be "Jacksonian Epilepsy" — (Lee. Vol 19. p. 201. No. 3024.) —). Pulse on admission, 104. R 13. Bodily condition clean. Left side of chest is noticed as larger than right side. " 4 — July 4/93. Says he slept well, last night. Am. Pulse 100. R 15. — appears to be very confused & uneasy today; is usually grumbling about something: appetite poor; " 5 — bowels irregular. Complains of sore eyes, today. July 5/93. Am. Pulse 89. R 19. Restless & uneasy all day; wandering aimlessly & in a dull way about ward. "Asking to see his brother and sister." — " 6 — July 6/93. Am. Pulse 86. R 19. Acting stupidly today; wandering all around, as though he had " 7 — lost something. July 7/93. Says, when asked, that he always sleeps well at night. So quiet. Am. P 74. R 16. Appears today, to have more ambition than usual. Remains contented than at first; appetite " 8 — also is somewhat better. July 8/93. Am. Pulse 78. R 17. Again stupid & wandering aimlessly about. " 9 — July 9/93. While out walking, was much inclined to wander away from the rest of the patients; " 10 — said "he did not care to stay here any longer" — Pulse 84. R 17. July 10/93. Has been quiet " 12 — all day. Pulse 76. R 19. Slept while in the hall today for about 3 hours. 0.00. July 12/93. Has " 14 — had no fits since his return. July 14/93. Does not complain as he did on first coming; seems " 15 — more contented now. Rests & sleeps well at night. July 15/93. Am. Pulse 94. R 16. Patient has been quite uneasy all day, wandering about aimlessly, talking a good deal to himself. " 16/17 — July 16/93. Am. Pulsed 94. R 18. Bowels still irregular. July 17/93. Inclined to keep by himself; has been very quiet today. Has little or nothing to do with, or say to, his fellow-patients; takes no part in games &c. Pulse 62. R 17. Evidently has hallucinations & probably delusions. At times, while on ward, has a way of going up to the wall & standing there for some time, quite intently, with his ear to the wall. Says "he is telephoning" — Does this many times a day, of late. Is quiet & apparently rests & sleeps well at night. Is clean and fairly tidy in appearance. Does no work. " 31 — July 31/93. Patient does not seem to improve very much. Will sometimes go to the window & listen as if he heard sound and talking. Still manifests delusions, and hallucinations. Quiet & well behaved. Very reticent & has a very dull manner & air about him. Has lost some in flesh, since coming here. No fits have been noted.

Aug 1 — Aug 1/93. Had a "spell" today, which lasted about 20 minutes; the first noticed during present stay. " 16 — Aug 16/93. Today, had another light attack; did not fall down, however. " 21 — Aug 21/93. Was today visited by his mother. Patient seemed slightly improved since his coming. The above are the only 2 "spells" reported, but he still retains a very dull & stupid manner & there is a general sluggishness in his movements. His mother was very anxious to take him home & he was, this afternoon, permitted to leave with her.

(crossed off Records — was illegally Committed.)

Personal and Medical History of Joseph Stees.

" 2 — Appetite very good; bowels regular. Is fairly well behaved
" 31 — agreeable & get along with. Is not allowed out to walk
1894 — Lee. Habits are clean. Dec 7/93. Has convulsions reported in
Jan 2 — Jan 2. Dec 21/93. Had 2 convulsions, today.
" 15 — Jan 15/94. 24/93. Has been very restless & bothersome, all
" 17 — (quite severe), no change to note in his conduct or behavior
" 20/21 — Jan 20/94. 2 Con but this will not be allowed him —
" 31 — Jan 31/94. Conduc ence coming on is in good physical condition
or ugly of late, thoug sions reported in past 2 weeks. Has one,
He is closely watched a ad a fit, this evening, while at the dance. —
Feb 3 — Feb 3/94. Had a convulsion 1/94. One, today. Jan 30/94. One convulsion, last night
" 8/11 — had quite a time in bringing him is usual — Has not been reported as fougnacious
" 21 — Convulsion today. Feb 21/94. Complained of ear-ache all last night; was not of bed, most
" 22 — of the time; slept but 3 hours. Feb 23/94. Seems somewhat better behaved of late, yet is, at all
times, more or less inclined to be ugly & quarrelsome. Is in good physical condition.
" 23 — Feb 23/94. This patient was committed here under the "Law of 1893", recently declared
unconstitutional. He was, today, Taken out and Returned under "new Commitment Papers" from Olmsted County. Feby 28/94. No material change to note. —
" 28 — March 1/94. Wt. 157½ pds. Pulse 72. March 5/94. Had 3 convulsions during the day. Mar 6/94. Had
Mar 1/5/6 — 1 severe convulsion, today. March 14/94. One severe convulsion during the day; Mar 21/94. A severe con-
" 14/21 — vulsion reported, during the night. Struck patient, Oscar Wedelstow, causing his nose to bleed.
" 31 — March 31/94. Appetite good; bowels regular. Talks rationally & at present seems in "good shape",
though still subject to these "spasms". Goes out during the day & works some outward. Rather
cranky and disagreeable towards the other patients. Is very easily provoked. Habits are clean.
Apl 2/5 — April 2/94. Wt 159 pds. Pulse 96. April 5/94. Engaged in a fight with Mr Peterson, who got his face
" 10/30 — slightly bruised. April 10/94. One convulsion, during the night. April 30/94. The following convulsions
are reported, of late: (20th) 1 convulsion during day; (21st) 1 convulsion during day; (25th) one convulsion
during day & 2 during night; (27th) 9 during day and 1, during night; (28th) 1 during day; (29th) 1, during day.
Appetite poor, at present, & has been, for about a week: Mentally, is confused & dull; talks incoherently,
at present; has been allowed to go out alone, until within the last 3 days. Does no work; Habits clean.
May 1/11 — May 1/94. Wt 151½ pds. Pulse 80. May 11/94. Has been somewhat quarrelsome the past 2 days,
" 16 — striking other patients. Had a convulsion during the day. May 16/94. Had a convulsion
" 18 — during the night; fell out of bed & cut his tongue slightly. May 18/94. Had 8 or 10 convul-
sions, while outside, this morning; was brought in & kept on ward, balance of the day.
" 31 — May 31/94. No special change to note; works outside at the barn. Talks rationally. Habits clean.
June 2 — June 2/94. Wt 156 pds. (Has recovered his lost weight). Pulse about normal.

(carried to page 312)

Personal and Medical History of Joseph Stees

Whole No. 3401.
Residence, 308 Carroll St. St Paul, Minn
Date Admission, 3rd July 1893.
Admitted by Dr Kilbourne Hour, 7 PM
How Sent, John. B. Olivier, Jeff, Ramsey Co
Sex, male
Age, 24
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Type Setter (?)
Degree Education, limited
Profession Religion, Catholic
Habits, (?) probably not good
Nativity, Albany, Minnesota (parents in Germany).
Physicians Committing, H. J. Rudolf & Chas. Meade.
Correspondents, Kate Stees, 308 Carroll St St Paul.

Family Physician Chas. Meade 281 Farrington Ave St Paul

No. for Year, 313.
Insane Relatives, none
Cause Exciting, Epilepsy
Cause Predisposing, previous attack of same
Form, Dementia Epileptica
Accompanying Bodily Disorder, Epilepsy 14 years
Suicidal or Not, not ; homicidal (?)
Date of this Attack, 27th June 1893.
Duration, about 5 days
No. of Attack, many
No. of Admissions, 2
Age First Attack, 16 years
Time of Leaving, 22nd Augt 1894
Time in Hospital, this stay 1 year. 1 mo. 19 days
Result, Killed on R. R.
(See Report of Coroner's Inquest)—

Exd by Dr Eby, July 7/93 =

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear now
Quick or Sluggish,
MEMORY:
Past Events, ?
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Poor.
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
While being examined, had all the time, a cunning look. — Was very curt in all his replies to questions — showed a tendency to act ugly — says "he was sent back here because it would'nt rain here, became here and he brought the rain" —

EMOTIONAL STATE:
Normal, Calm,
Indifferent, yes
Exalted, inclined to be.
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, "that he is brought here as a "rain maker"
Transitory or Not,
HALLUCINATIONS: of hearing (?)
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent in form
Voluble or Reticent, "very short" —

Personal and Medical History of Joseph Stees

EXAMINATION ON ADMISSION. (CONTINUED.)
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6¼ WEIGHT, 136 lbs. NUTRITION, Quite fair.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, none Coatings, none Promptness Movement, fairly prompt
PUPILS, Equality, Equal Size, slightly dilated
Response Light, Yes Accommodation,
SIGHT, Good
HEARING, Good
CO-ORDINATION, Arms, Finger to nose, Eyes shut, good.
Legs, Standing, Eyes shut, sways slightly.

Case No.3401. Joseph Stees. Vol. 23.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

FACIAL EXPRESSION, somewhat dull & sarcastic.
SENSIBILITY, normal
HEART, Sounds accelerated —
LUNGS, good —
EXAM. URINE,

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

Record lost —

HISTORICAL.

LENGTH OF INVASION, previous attacks. ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, mother dead —
Father or Pat. Relations, father dead —
Brothers or Sisters, 1 sister living ; claims healthy ; 6 brothers living — claims all healthy.

Personal and Medical History of Joseph Stees

Whole No. 3401.
Residence, 308 Carroll St. St Paul, Minn
Date Admission, 3rd July 1893.
Admitted by D. Kilbourne Hour, 7 PM
How Sent, John. B. Olivier, Jeff. Lawsey Esq
Sex, male
Age, 24
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Type Setter (?)
Degree Education, limited
Profession Religion, Catholic
Habits, probably not good
Nativity, Albany, Minnesota (parents in prison)
Physicians Committing, A. J. Rudbett & Chas. Meade.
Correspondents, Kate Stees, 308 Carroll St St Paul.

Family Physician Chas. Meade 281 Farrington ave St Paul

No. for Year, 313.
Insane Relatives, none.
Cause Exciting, Epilepsy
Cause Predisposing, previous attack of same
Form, Dementia Epileptica
Accompanying Bodily Disorder, Epilepsy 14 years
Suicidal or Not, not ; homicidal (?)
Date of this Attack, 27th June 1893.
Duration, about 5 days
No. of Attack, many

(see Deputy commitment)

Exa by Dr. Eby, July 7/93 =

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, g
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, Poor.
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
While being examined, had all the time, a sneering look. — Was very curt in all his replies to questions — Showed a tendency to act ugly — Says "he was sent back here because it would'nt rain here; he came here and he brought the rain" —

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Yes
Exalted, inclined to be.
Depressed,

DELUSIONS:
Systematized or Not,
Special Subjects, "that he is brought here as a "rain-maker"
Transitory or Not,

HALLUCINATIONS: of hearing (?)

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent in form
Voluble or Reticent, "very short" —

Personal and Medical History of Joseph Stees

EXAMINATION ON ADMISSION. (CONTINUED.)
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6¼ WEIGHT, 136 lbs. NUTRITION, Quite fair.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, none Coatings, none Promptness Movement, fairly prompt
PUPILS, Equality, Equal Size, slightly dilated
Response Light, Yes Accommodation,
SIGHT, Good
HEARING, Good
CO-ORDINATION, Arms, Finger to nose, Eyes shut, good.
Legs, Standing, Eyes shut, sways slightly.
TREMORS, Hands, none noticed Tongue, none
Facial Muscles, General, none
REFLEXES, Patellar, unequal; right about normal; left about 0.
Other Reflexes,
ARTICULATION, ~~Hesitating.~~ Good ~~Slurred,~~
FACIAL EXPRESSION, somewhat dull & sarcastic.
SENSIBILITY, normal
HEART, Sounds accelerated —
LUNGS, good —
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

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

Record lost —
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Previous attacks. ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother dead —
Father or Pat. Relations, father dead —
Brothers or Sisters, 1 sister living; claims healthy; 6 brothers living — claim all healthy.

Personal and Medical History of Joseph Stees

1893

Was brought here by Deputy Sheriff Courteau, with following history. Has had many attacks. First symptoms of this one were manifested on June 27th ult. after a series of epileptic fits. Disease is increasing, but there are rational intervals. Derangement is now manifested by hallucinations, at times. Said a day or two ago, that his sister poisoned him. Called for his sister & brother as loudly as he could, while they were present. Has shown no disposition to injure others. Is not suicidal, nor filthy nor destructive. Has insane relatives. Has had epilepsy for 14 years; this is cause of present attack. On personal examination, patient is stupid looking; pupils contracted; saliva drips from mouth; hard to get him to answer questions; will not speak. Ordered his brother from the room - Yelled out that "how can I read" "how" "I have a home".

Note — Patient was here before from April 11/89 to March 7/93, when he was taken by his sister to Iowa. (See Vol 12. p. 53. No. 2033.). ——

July 3 — July 3/93. On admission, was in maniacal condition. Has put on C³. Had to be carried up to the ward; was weak & helpless (and probably drunk). Bodily condition seems somewhat emaciated.

" 4 — No injuries or peculiarities noticed. July 4/93. Was restless, noisy and out of bed for from 2 to 5 hours last night, sleeping but 4 hours. Am. Pulse 96 R 18 T 99. Is quiet today. Sick in bed. Talks but little; manifests hallucinations; appetite fair; (has considerable thirst). Bowels moved,

" 5 — but there is some constipation. No cough noticed. July 5/93. Was restless & out of bed for 1 hour, last night, but slept 8 hours. Am. Pulse 96. Is quietly behaved. Appetite fair. Bowels moved freely.

" 6 — Talks but little; seems confused & bewildered. July 6/93. Slept 8 hours & was quiet, last night. Am. Pulse 80. Appetite good. Bowels moved freely. Behavior was quiet nearly all day; had one spell,

" 7 — of short duration, of yelling and dancing. July 7/93. Slept 8 hours last night. Appetite very good. Bowels moved. Was examined in office today. Was very curt in all his replies; had a sneering look all the time; showed a disposition to act ugly. Had been quietly behaved all day on the hall, until about 6.30 Pm, when he became ugly & fought the attendants viciously. Was put in

" 8 — seclusion for 2 hours. Threatens to kill some one. Pulse this Am. 96. July 8/93. Am. Pulse 86. - Pm. Pulse 90. Appetite continues good. Was quietly behaved until supper-time when he began to throw dishes on the floor. July 9/93. Am. Pulse 76. Bowels moved. Has been quietly behaved all day.

" 9 — July 10/93. Appetite is very good; bowels regular; Quietly behaved all the day. Does not talk much.

" 10 — Am, pulse 75. July 11/93. Am. Pulse 84. Is quietly behaved. Complains of pain in his bowels.

" 11 — July 12/93. Am. Pulse 80. Engaged in a fight this morning; was quiet the rest of the day.

" 12 — July 13/93. Since last note on this subject, has been resting well at night, uniformly sleeping

" 13 — 8 hours, on each. Was today transferred from C³ to B³. July 14/93. Appetite good. Behavior quiet

" 14 — July 15/93. Was somewhat restless, sleeping only 6 hours last night. Refused taking of pulse.

" 15 — July 16/93. Complains that he cannot get enough to it. Is given a good deal to fault-finding.

" 16 — July 17/93. Appetite, rest & sleep at night are all good. Bowels are regular. Has greatly improved in his conduct & behavior. Is gaining in flesh. No fits have as yet been reported. ——

" 17 — July 18/93. Was quarrelsome today, & struck a fellow-patient.

" 18 — July 31/93. Rest and sleep at night have continued good for several nights past. By day, is also very much better behaved is not so ugly & quarrelsome. For the past 2 weeks or so has been employed outside, at the Stables, where he was while here before. Appetite is good & patient is gaining in flesh. Is still inclined to be somewhat curt in his replies. Holds somewhat still to the idea that he was

" 31

Personal and Medical History of Joseph Stees

NAME Joseph Stees

DATE. 1893	Weight.	Pulse.	Gain.	Loss.
July 3rd	136	—	—	—
Aug 1st	151½	72	15½	
Sept 2d	—	82	—	
Oct 2d	164	90	12½	
Nov 1st	153	Sick		11
Dec 4th	160½	78	7½	
18th				
Jany?	160	86		1½
Feby 1st	162	76	2	

ught here. Habits are fairly clean but he is inclined to be slovenly
ported, since coming here.
ns have been reported. one, on night of 3d inst; one on 6th in daytime.
10th inst. Aug 6/93. Appetite very good. Health also has much
marked gain in flesh, since coming. Complains that he cannot
ependent. Has been working at barn, for past few weeks. Habits
on and hurt his knee some, today. Aug 28/93. Had one convulsion
lsion today, while coming in; fell down stairway; marked his face some.
& since last note. Conduct & behavior by day, about as usual. Habits clean.
today, was kicked by a horse received a cut on his thigh. Wound dressed.
in weight & physical health has much improved of late. Sept 4/93. One
night. Sept 20/93. One convulsion last night; also wet his bed.
ht. Had several fits today, but does not know how many. Sept
3. One convulsion last night. Sept 23/93. Patient seems to be in a kind
remained in bed until this afternoon, when he got up & asked for his
hall. Was very noisy - Had to be secluded for 5 hours or so.
tless for 8 hours, last night; slept but 4 hours. Sept 30/93. No material change
ained in flesh, the past 2 months. Appetite good; bowels regular.
6; quite often strikes patients. Is of a threatening mean disposition.
t of his ugly & quarrelsome disposition, he has been kept in
from work for some days & during that time has been in seclusion 47 hours. Habits still clean.

" 15/ — Oct 15/93. Had 2 convulsions, last night. Oct 21/93. Has had several convulsions during the day;

" 22 — Had 2, while at dinner; fell down from a bed & cut his eye. Oct 27/93. One fit reported, last night.

" 25 — Has lately resumed working at the Stables. Oct 28/93. Today ordered kept in. Seemed unconscious
of what he was doing. Has been cranky &, this evening, would not go to bed. Later, was taken by
force & carried in & his bed; afterward got up & tried to prevent Attendants locking the door.
In about 5 minutes more, he had built a fire in the mattress & when attendants opened the
door, patient placed himself right about middle of room, striking right & left to prevent
attendants from extinguishing the flames. Struck Attendant (Egan) in the eye & Attendant
(Olsen) in the neck. Also struck a patient (John Mullen), when they clenched. Were separated.

" 30 — No marks noticed. Patient was taken to C³ & locked in a single-room. Oct 30/93. Patient
attacked Attendant (Delaney) this evening, when opening the door of his room; quite a struggle
ensued before patient was got under control. Oct 31/93. Appetite continues good &
bowels regular. Is cranky; ugly, dispositioned & abusive in his language, always; threatening
to kill the Attendants. Is today locked up in C³. (Number of hours secluded not in October).
Habits are still clean. —— " ——

Nov 4/5 — Nov 4/93. Had one convulsion during the day. Nov 5/93. Had one convulsion last night and

" 19/20 — 2 today. Nov 19/93. One convulsion, last night. Nov 20/93. One, this morning; 2 during the day.

" 30 — Nov 30/93. One convulsion today. Behavior somewhat better of late, though he is still very
quarrelsome & pugnacious at times; less so, however, than formerly. — Is kept on the hall now.

(carried to page 334)

Personal and Medical History of Joseph St

1893

Was brought here by Deputy Sheriff Courtau, with following his of this we were manifested on June 27th ulto. after a series are rational intervals. Derangement is now manifested & that his sister poisoned him. Called for his sister the Has shown no disposition to injure others. Is not sei Has had epilepsy for 14 years; this is cause of Stupid looking; pupils contracted; Saliva i will not speak. Ordered his brother from the

Note Patient was here before from April
(See Vol 12. p. 53. No. 2033.). ——

July 3 July 3/93. On admission, was in maniacal
" 4 ward; was weak & helpless (and probably drunk).
" 5 No injuries or peculiarities noticed. July 4/93. Was
" 6 hours last night, sleeping but 4 hours. Am. Pulse 96 R
" 7 Talks but little; manifests hallucinations; appetite fair; (ha
" 8 but there is some constipation. No cough noticed. July 5/93.
" 9 last night, but slept 8 hours. Am. Pulse 96. Is quietly behaved. Appetite fair. Bowels moved freely.
" 10 Talks but little; seems confused & bewildered. July 6/93. Slept 8 hours & was quiet, last night.
" 11 Am. Pulse 80. Appetite good. Bowels moved freely. Behavior was quiet nearly all day; had one spell,
" 12 of short duration, of yelling and dancing. July 7/93. Slept 8 hours last night. Appetite very good.
" 13 Bowels moved. Was examined in office today. Was very curt in all his replies; had a sneering
" 14 look all the time; showed a disposition to act ugly. Had been quietly behaved all day on the
" 15 hall, until about 6.30 Pm, when he became ugly & fought the attendants viciously. Was put in
" 16 seclusion for 2 hours. Threatens to kill some one. Pulse this Am. 96. July 8/93. Am. Pulse 86. —
" 17 Pm. Pulse 90. Appetite continues good. Was quietly behaved until supper-time when he began
" 18 to throw dishes on the floor. July 9/93. Am. Pulse 76. Bowels moved. Has been quietly behaved all day.
" 19 July 10/93. Appetite is very good; bowels regular; quietly behaved all the day. Does not talk much.
" 20 Am, pulse 75. July 11/93. Am. Pulse 84. Is quietly behaved. Complains of pain in his bowels.
" 21 July 12/93. Am. Pulse 80. Engaged in a fight this morning; was quiet the rest of the day.
" 22 July 13/93. Since last note on this subject, has been resting well at night, uniformly sleeping
" 23 8 hours, on each. Was today transferred from C3 to B3. July 14/93. Appetite good. Behavior quiet.
" 24 July 15/93. Was somewhat restless, sleeping only 6 hours last night. Refused taking of pulse.
" 25 July 16/93. Complains that he cannot get enough to it. Is given a good deal to fault-finding.
" 26 July 17/93. Appetite, rest & sleep at night are all good. Bowels are regular. Has greatly improved
" 27 in his conduct & behavior. Is gaining in flesh. No fits have as yet been reported. ——
" 28 July 18/93. Was quarrelsome today, & struck a fellow-patient.
" 31 July 31/93. Rest and sleep at night have continued good for several nights past. By day, is also very much better-behaved & is not so ugly & quarrelsome. For the past 2 weeks or so, has been employed outside, at the Stables, where he was while here before. Appetite is good & patient is gaining in flesh. Is still inclined to be somewhat curt in his replies. Holds somewhat aloof to the idea that he was

stairs;
a home".
to Iowa.

carried up to the
what emaciated.
of bed for from 2 to 5
at today. Sick in bed.
ble thirst). Bowels moved,
restless & out of bed for 1 hour,

Personal and Medical History of Joseph Stees

1893

doped & drugged" & then brought here. Habits are fairly clean but he is inclined to be slouchy in dress. No fits have been reported, since coming here.

Aug 12 Aug 12/93. The following convulsions have been reported. one, a night of 3d inst; one on 6th in daytime.
" 16 one, a night of 8th; 2, a night of 10th inst. Aug 16/93. Appetite very good. Health also has much improved & he has made a very marked gain in flesh, since coming. Complains that he can not get enough to eat. Is cranky & imprudent. Has been working at barn, for past few weeks. Habits are clean. Fell off from a wagon and hurt his knee some, today. Aug 28/93. Had one convulsion
" 28 last night: also one severe convulsion today, while coming in; fell down stairway; marked his face some.
" 31 Aug 31/93. No convulsions reported since last note. Conduct & behavior by day, about as usual. Habits clean.
Sep 1 Sept 1/93. While working in barn, today, was kicked by a horse, received a cut on his thigh. Wound dressed.
" 2/14 Sept 2/93. Is steadily increasing in weight & physical health has much improved of late. Sept 14/93. One
" 20 convulsion reported, during last night. Sept 20/93. One convulsion last night; also wet his bed.
" 21 Sept 21/93. One convulsion last night. Had several fits today, but does not know how many. He
" 22/23 is still working outside. Sept 22/93. One convulsion last night. Sept 23/93. Patient seems to be in a kind of stupor. Would not get up; remained in bed until this afternoon, when he got up & asked for his clothes. Began to run up & down the hall. Was very noisy. Had to be secluded for 5 hours or so.
" 25/30 Sept 26/93. Was quite noisy & restless for 5 hours, last night; slept but 4 hours. Sept 30/93. No material change.
Oct 2 Oct 2/93. Has gained 12½ pounds in flesh, the past 2 months. Appetite good; bowels regular. Is noisy, at times, when on hall; quite often strikes patients. Is often a mean disposition. Wants his own way. On account of his ugly & quarrelsome disposition, he has been kept in from work for some days & during that time has been in seclusion 47 hours. Habits still clean.
" 15/14 Oct 15/93. Had 2 convulsions, last night. Oct 21/93. Has had several convulsions during the day;
" 22 Had 2, while at dinner; fell down from a bed & cut his eye. Oct 22/93. One fit reported, last night.
" 25 Has lately resumed working at the Stables. Oct 25/93. Today ordered kept in. Seemed unconscious of what he was doing. Has been cranky &, this evening, would not go to bed. Later, was taken by force & carried in & his bed; afterwards got up & tried to prevent Attendants locking the door. In about 5 minutes more, he had built a fire in the mattress & when attendants opened the door, patient placed himself right about middle of room, striking right & left to prevent attendants from extinguishing the flames. Struck Attendant (Egan) in the eye & Attendant (Olsen) in the neck. Also struck a patient (John Mullen), when they clenched. Were separated;
" 30 no marks noticed. Patient was taken to C3 & locked in a single-room. Oct 30/93. Patient
attacked Attendant (Delaney) this evening, when opening the door of his room; quite a struggle
" 31 ensued before patient was got under control. Oct 31/93. Appetite continues good & bowels regular. Is cranky; ugly, dispositioned & abusive in his language, always; threatening to kill the Attendants. Is today locked up in C3. (Number of hours secluded 84 in October).
Habits are still clean. —— " ——
Nov 4/5 Nov 4/93. Had one convulsion during the day. Nov 5/93. Had one convulsion last night and
" 19/20 2 today. Nov 19/93. One convulsion last night. Nov 20/93. One, this morning; 2 during the day.
" 30 Nov 30/93. One convulsion today. Behavior somewhat better of late, though he is still very quarrelsome & pugnacious at times; less so, however, than formerly. — Is kept on the hall now

(carried to page 324)

Whole No. 3402.
Residence, 19 Ortman St. Mpls, Minn
Date Admission, 3rd July 1893.
Admitted by Dr Phelps Hour, 7 PM.
How Sent, J.H. Steele, Jof P, Hennepin County
Sex, Male
Age, 45
Civil Condition, married
Children, 4
Age Youngest Child, —babe—
Occupation, Book-Keeper.
Degree Education, Academic & has studied Medicine
Profession Religion, Presbyterian
Habits, not intemperate
Nativity, New York City (Parents, England).
Physicians Committing, James H. Dunn & C.L. Wells
Correspondents, Mrs Sarah Williamson
3349 3rd Ave South. ~~79 — 9th St So.~~ Mpls, Minn

Family Physician
C.L. Wells
1010 Nicollet Ave
Mpls
8/7/93 new address

No. for Year, 314.
Insane Relatives, None
Cause Exciting, Epilepsy
Cause Predisposing, Severe attacks
Form, Demented Epileptic
Accompanying Bodily Disorder, Epilepsy
Suicidal or Not, Not
Date of this Attack, Probably recent
Duration, probably short, this time.
No. of Attack, probably 2nd (since June 1892).
No. of Admissions, 1st
Age First Attack, about 44.
Time of Leaving, Mch. 6 '94
Time in Hospital, 9 mos 2 ds
Result, Imp.

Entered According to Act of Congress, in the year 1894, by the Secretary of State, at the Capitol, in the City of St. Paul, illegally committed

EXAMINATION ON ADMISSION.

Exd by Dr Phelps. July 7/93.

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, Good at present
Recent Events,
Special Subjects, Poor, as regards special times

PERCEPTIVITY:
Alert or Dull, Not very good.
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, somewhat impaired
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, Quite normal.
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not, None now noted
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Admits being told he had had a "seizure" while sitting in a chair in his office, but was not conscious of it. Says he has had "dizzy spells". Has idea that he was given some drug the night before but here seems very communicative with him; (frequently asks Dr about it during examination). Patient does not seem to have recollection of anything that happens after these "spells", but has a fairly good grasp of everything happening now.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 10½ WEIGHT, 144½ lbs. NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, ~~None~~ Coatings, Promptness Movement, ✓
PUPILS, Equality, Equal Size, abnormals
Response Light, quite good Accommodation,
SIGHT, Say not very good.
HEARING,
CO-ORDINATION, Arms, Reaches nose, Eyes shut, quite good.
Legs, Standing on foot, quite steady; Stands, Eyes shut, quite steadily.
TREMORS, Hands, none Tongue, none
Facial Muscles, General,
REFLEXES, Patellar, abnormal — 5. —
Other Reflexes,
ARTICULATION, ~~Hesitating~~, Quite good Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Yes Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, very Medium Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Regular 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 8 years old.
Father or Pat. Relations,
Brothers or Sisters, living; one of them had "spells" — claims she got over them — was about 22 years old — says, she's all right now, teaching school. —

1893

Was brought here by Deputy Sheriff Ipetson, with the following history. There is no history of consanguinity or heredity. This is not 1st attack; had one in June 1892, lasting about a month: was sent to St. Keets Hospital, Minneapolis (Electric); partial recovery; first symptoms of this attack was manifested at home, by a series of epileptic attacks, followed by maniacal outburst. Disease appears to be increasing, but it is variable and there are rational intervals. For many years an epileptic, subject to attack (frequent) of petit-mal, less frequently, Grand-mal, with maniacal outburst. Is neither disposed to injure others, nor suicidal, nor filthy, nor destructive, (except to destroy his clothing & beat window, in June '92.) - Manifested religious impressions, with fear that his soul was lost". Neither he nor his parents have been addicted to intemperance or habitual use of narcotics. Supposed Cause of disease is Epilepsy; no special relief obtained on regular treatment. On personal examination, is maniacal, laughing, throwing things about, & showing a disposition to be violent; incoherent; shouting, but answering no questions: confused; silly; kicked the Sheriff & the Doctors; threw his boots at them. Appearance & manner were those of great excitement. On Saturday night, went out for a walk, with his bale, met the Salvation Army; became excited; rolled in the mud, with his child, crying out "that he was lost", & was taken to jail by the police. —

July 3rd — July 3/93. On admission, was put on B3. — no injuries or peculiarities noted. Attacked an attendant and scratched his face because this attendant took patient's watch and knife, when searching him.

" 4 — July 4/93. Was restless for 3 hours, but slept 6 hours, last night. AM. Pulse 82. Tm 98.8. Appetite is good; bowels regular. No cough noticed. Plays checkers & reads a good deal of the time. PM. P76. Tm 99. -

" 5 — July 5/93. Restless 2 hours last night, sleeping 7 hours AM. Pulse 62. Tm 97.4. Seems to day quite quiet and to half-realize his condition. Is probably gradually improving. PM. Pulse 64. Tm 98.8.

" 6 — July 6/93. Slept fairly well last night. AM. Pulse 60. Tm 98. -

" 7 — July 7/93. Slept well last night. AM. Pulse 62. Tm 98.8. Converses freely about everything. Says he does not remember how he came down here. Is worrying a good deal about the baby as he had it along with him when he was arrested. Says he is subject to epileptic fits. Bowels irregular. He has to be given injections for his constipation. Was transfered to B2 today. (Particulars of examination made in office, today). July 8/93. AM. Pulse 64. Is quietly behaved. Talks quite freely. Appetite

" 9 — is good. July 9/93. AM. Pulse 62. Quite talkative today. Attended services in the Chapel.

" 10 — July 10/93. AM. Pulse 62. Went, this afternoon, to the "Bicycle Races" at the Fair grounds. Plays

" 12 — checkers &c. Appetite continues good. July 12/93. Has been resting & sleeping well at night, of late. Conduct & behavior has been good. Has been clean and tidy & of good personal habits. Was today moved to B1.

" 17 — Pulse is about normal. During this second week, ending July 17, patient has been quiet, tractable-like and natural. The "spell" seems to have been one due to Epilepsy, with a quite complete loss of memory for the time. No fits, however, having been reported since his coming here. —

" 25 — July 25/93. Denies, again, any knowledge of his coming. This is not strange; but he denies, also, knowing why he should be brought & thinks they must have given him chloroform or something.

" 31 — July 31/93. Appetite good & bowels regular. Is quiet & well-behaved. Apparently rests & sleeps well, at night. Talk is quite sensible. Goes out walking. Reads a good deal of the time, while in ward & writes occasional letters. No fits have, as yet, been reported. —

Aug 3/5 — Aug 3/93. Wt 154 lbs. (a gain of 4½ lbs since admission). Pulse 64. Aug 5/93. Has continued quiet & well-behaved. Cleaning & of good personal habits. Was, today, transferred to B1 East.

1893

Augn 27/31 — Aug 27/93. While out walking today, had a light "spell", but did not fall. Aug 31/93. Is quiet and well-behaved. Goes out walking regularly. Does not take part in any games. Plays some on organ. Reads; and writes occasional letters.

Sep 1/25 — Sep 1/93. Weight 157½ lbs. Pulse 75. Sep 25/93. Has some silly ways about him. While in ward plays organ all the time, if not told to stop. Is rather bothersome, also. Does not have anything much to do with or say to the other patients, nor take any part in games. Inclined to be somewhat contrary & stubborn. Reads a portion of the time, while in hall. Writes occasionally, home.

Oct 1/11 — Oct 1/93. Wt 160 pounds (still gaining some in weight). Pulse 80. Oct 11/93. Had a light "spell" today; for about 10 minutes continued turning around on his feet. Is mean & contrary for

" 15 — some time, after a "spell". Is apt to find fault & complain. Oct 15/93. No further "spell" reported. Conduct & behavior as above described. Was today moved to B3 the "Open Yard".—

" 16/18 — Oct 16/93. Had a spell this morning & was moved back to B1. — Oct 18/93. Had another light

" 31 — "spell" today: Complained of headache during the afternoon. Oct 31/93. Now of late, has had light "spells" very often during the day, when he keeps turning around in a circle for a short time. Appetite fair & physical health is good. For him. Is very hard to wake up in the mornings-

Nov 2/10 — Nov 2/93. Wt 160½ lbs. Pulse 76. Nov 10/93. Had a light spell while out walking; it lasted about 20 minutes. After having a "spell" patient is quite restless, walking aimlessly about,

" 30 — seemingly much confused; complaining; finding fault with other patients &c. Nov 30/93. About the same. Has three light "spells" when he afterwards acts as above described. Does not take part in any games; has little to do with his fellow patients. Reads some - very mean & disagreeable, at times.

Dec 2/31 — Dec 2/93. Wt 159 lbs. Pulse 65. Dec 31/93. Does not change in any noticeable manner. These "spells" continue. He is contrary & ugly, at times; hard to please; somewhat childish in manner, after these "spells". Is also quite forgetful for a while. Habits are clean & neat. —

1894

Jan 2/31 — Jan 2/94. Wt 163 lbs. Pulse 80. Jan 31/94. No material change from above report. —

Feb 2/5 — Feb 2/94. Wt 162½ " P. 61. — Feb 5/94. While out walking today, had a very bad "spell"

" 28 — and he had to be carried back to the Yard. "Spell" lasted about an hour. Feb 28/94. Does not change much; conduct & behavior about as above described. — These "light spells" continues -

Mar 3/6 — Mar 3/94. Wt 161 lbs. Pulse 80. March 6/94. Patient was committed here under the "Law of 1893" recently declared unconstitutional. —

Was today sent home, with some others from Hennepin County.

(Crossed off the Records; was illegally committed)

Personal and Medical History of Thomas Saeger

Whole No. 3403.

Residence, 1900 Portland Ave, Mpls.

Date Admission, 3rd July 1893.

Admitted by J Kilbourne Hour, 7 Pm.

How Sent, J.A. Steele, Jof P, Hennepin County

Sex, Male

Age, 49

Civil Condition, married

Children, none

Age Youngest Child, —

Occupation, —

Degree Education, Common School.

Profession Religion, Episcopal

Habits, not intemperate.

Nativity, Pennsylvania, U.S.

Physicians Committing, A.P. Williamson + J.R. Steele

Correspondents, Mrs Thomas Saeger
1900 Portland Ave, Mpls

Family Physician
A.P. Williamson
608 Nicollet ave
Mpls

No. for Year, 315.

Insane Relatives, None

Cause Exciting, Business worry + ill-health.

Cause Predisposing, not stated.

Form, Melancholia - Acute

Accompanying Bodily Disorder, Is in ill health

Suicidal or Not, Suicidal

Date of this Attack, about 8 weeks ago

Duration, about 8 weeks

No. of Attack, 1st

No. of Admissions, 1

Age First Attack, about 49.

Time of Leaving, July 31st 93

Time in Hospital, 28 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:

No special examination made - see Clinical notes

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 Thomas Saeger

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,

CO-ORDINATION, Arms,

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

LUNGS,

EXAM. URINE,

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 Thomas Saeger

1893

Was brought here by Adolph Peterson and Dr Williamson, with the following history. There is no history of consanguinity or heredity. This is 1st attack: symptoms manifested at home, about 8 weeks ago, by great mental depression. Insane appears to be increasing; no rational intervals. Derangement now is manifested by great mental depression, restlessness, resistance, worrying about being wicked, sleeplessness. Is not disposed to injure others. Attempted suicide by filling mouth full of cloth; propensity probably now active. Is not filthy or destructive. Neither he nor his parents addicted to intemperance or habitual use of narcotics. Has had no severe disease or injury to head. Has not been restrained or confined. Supposed cause of disease is business worry and ill health. Has been under treatment for these 8 weeks with but little permanent good effect. On personal examination, sits up in bed, rocking himself to and fro, talking constantly, saying "Peace, will God forgive me &c". - Was restless, resistive, talkative. Has a dull, worried expression; anxiety; wants to be forgiven for fancied sins. Has been worrying for weeks; appetite gradually failed; became restless & sleepless. Worries about trifles and fancied wrongs, which he has done.

July 3 July 3/93. On admission, was put in C[3]. Had to be carried up to the ward. PM. Temp 98. Was put to bed.

" 4 July 4/93. Was restless for 3 hours; sleeping but 1 hour last night. Seemed quite helpless. Wet his bed. AM. Ate no breakfast but took an eggnog. Will not stay in bed. Is very talkative. PM. Ate no dinner.

" 5 July 5/93. Restless out of bed from 3 to 5 hours; did not sleep any all night. Talking to himself all of the time. AM. Ate no breakfast. Is destructive. Tore up his night-shirt. Had to be held in bed all this afternoon. Refuses all nourishment offered him. 7/6/93 Seems rather depressed this morning. On the whole, more bright. Laid in bed quietly during the morning. Weight to-day, 100 pounds.

" 6 Was restless for 5 hours, out of bed most of the time & slept but 3 hours, last night. Wet his bed.

" 7 Was given hypnotic at 9 PM. AM. Will not eat anything. Out of bed all the time. July 7/93. Last night was very restless all night & out of bed part of the time; slept some. AM. Talks some to himself. Was fed, with tube, 1 pint of eggnog. PM. Drank 1 pint of eggnog. Seems to have difficulty in swallowing.

" 8 July 8/93. Did not sleep any all last night, but lay in bed quietly most of the time. PM. Has been fairly quiet all day. Took a little eggnog but vomited it up again. Has been sleeping some.

" 9 July 9/93. Was awake nearly all last night; slept but 1 hour (2 AM to 3 AM); Pulse, taken at regular intervals during the night, ranged from 108 to 118. Medicine given him every 2 hours. 6 AM. Seems to be some stronger this morning than last night. Says the wine helped him a great deal. AM. Has been very quiet all morning. Has taken about 1 pint of eggnog. Says he feels weak and wants rest". - Enema of soap suds ordered, as bowels did not move. Complains of pain in stomach.

" 10 July 10/93. Last night, slept very little (only 2 hours) & very lightly. Was given wine & milk several times during the night. Wet his bed twice. Took a reasonable amount of food this morning. Talks freely and feels quite strong. Was given dose of salts. PM. Salts not having operated, enema of soap-suds was ordered. Bowels moved during afternoon, 3 times; passages quite hard. July 11/93. Was very restless for 4 hours, last night, sleeping but 2 hours. Wet bed twice. Pulse ranged, during night, from 74 to 80. Milk & wine given frequently during the night. PM. Drank about 3 pints of milk during the day. Seems quite weak still. Is more strong, however, than 3 days ago. - Tongue has a whitish coat, and bright red underside. July 12/93. Slept only 2 hours, last night, but rested well while asleep. Pulse, during night, ranged from 86 to 92. Complains of a

Personal and Medical History of

Thos Saeger.

DETAILED HISTORY OF SICKNESS OF MR. Thos. Saeger
DIAGNOSIS.

DATE July 1893	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP AM	TEMP PM	
3	7	5						99[2]	Came on Ward.
4	7	5	106	104	26	36	99	98.4	Ate no breakfast took an eggnog for breakfast
									will not stay in bed. Very talkative. None dinner.
5	7	5	130	132					Weight 100 lbs. Ate no breakfast. Destructive
									tore up night shirt. Held in bed all afternoon.
									Refuses all nourishment offered him
6									Seems rather depressed this morning
									On the whole more bright
									Laid in bed quietly during the morning
7	7	5	108	110	28	30	98.8	99	Was restless for 5 hours out of bed most of the time
									& slept but 3 hours last night. Wet his bed
8	7	5	114	116					Was given hypnotic at 9 PM. Will not eat anything
									Out of bed all the time. Talks some to himself
9	7	5	112	108	22	38	98.6	98.8	Was fed with tube 1 pint eggnog. Drank one pint eggnog
									Very talkative. Has difficulty in swallowing
10	7	5	110	114	28	26	98.6	99.6	Fairly quiet was restless last night & took a little eggnog but
									vomited it up again. Has been sleeping some
11	7	5	106	98	24		98.8		Was awake nearly all last night; slept but 1 hour (2 AM to 3 AM)
									Pulse taken at regular intervals during the night ranged from
									108 to 118. Medicine given him every 2 hours. 6 AM. Seems
									to be some stronger this morning than last night. Says the
									wine helped him a great deal. Has been very quiet all
									morning. Has taken about 1 pint of eggnog. Says he feels
									weak and wants rest". Enema of soap suds ordered
									as bowels did not move. Complains of pain in stomach.
12	7	5	102	110	22	30	98.4	99.8	Drank about 3 pints of milk. Seems quite weak
									Tongue has a whitish coat and bright red underside
									Slept only 2 hours last night but rested well while asleep
13	7	5	102	104	22	30	99.2	99.2	Pulse during night ranged from 86 to 92. Complains of
									pain in stomach. Took a reasonable amount of food this
14	7	5	90	92	20	20	98.4	99.6	morning. Was given dose of salts. Enema of soap suds
									ordered. Bowels moved 3 times after 9 PM.
									Drank about 3 pints of milk. Seems quite weak
									Tongue has a whitish coat and bright red underside
15	7	5	80	74	20	20	98.6	99.6	Slept only 2 hours last night but rested well while asleep
									Pulse during night ranged from 74 to 80. Milk & wine
16	7	5	82	84	20				given frequently during the night. Has been strong & steadily
									improving for 3 days. Then seemed
17	7	5	74	78	20	20		98.6	Enema of soap suds & Bowels moved
									Sits up in bed some. Appetite good
18	7	5	80	72	22				
19	7	5	80	70					Sits up in bed some. Appetite good
20	7	5	78	68					Enema of Soap suds & Bowels moved freely
									Has been strong & steadily improving in
									strength for a week. Eats 3 meals a day. Then seemed
									to have a relapse. Bowels at any time inside
									from that of the Bromides

Discharged July 31st 93.

Personal and Medical History of Thomas Saeger

1893

Was brought from St. Adelbert Peterson and Dr. Williamson with the following history. There is no

July 3
" 4
" 5
" 6
" 7
" 8
" 9
" 10
" 11
" 12

but rested well while asleep. Pulse, during night, ranged from 86 to 92. Complains of a

Personal and Medical History of

DETAILED HISTORY OF SICKNESS OF MR. Thos Saeger.
DIAGNOSIS.

1893 DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
July 21	7	5	76	82					Appetite good. Struck home.
22	7	5	74	68					Bowels moved. Bath
23	7	5	74	76					Up and dressed. On ward 3 Hours this a.m.
24	7		76						" " " 6 " today.
25		5		66					Bowels moved. Up with Ward Master.
26	7	5	76	64					Appetite good. Up with Ward Master.
27									Went to the dr. about 2 hours
29									Out on grounds 7 about 2 hours this p.m.
30									Down again. Appetite fairly good.
31									Bowels regular. Dressed by attendant
									Out all day visiting with wife.
									Went home.

...normal. Appetite ...ver. He has been very anxious to go home, and his wife has been very urgent in her request to take him out. —

Has today permitted to leave with her. (See attached clinical record)—

Discharged July 31st 93.

1893

Was

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s bed.

no dinner.

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swallowing.

Has been

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hours.

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weak and

stomach.

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Talks

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93. Was

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nuts of

30. —

t night,

ent rested well while asleep. Pulse, during night, ranged from 86 to 92. Complains of a

Personal and Medical History of Thomas Saeger.

slight headache, and says "he feels queer all over". Am. Seems about the same. Takes a reasonable amount of nourishment. Has trouble with his bowels. July 13/93. Last night, slept but 2 hours, though he rested better & seems stronger than the night before. Bathed his face twice. He drank about a pint of milk during the night. When awake, he was quiet. Pulse, during night, ranged from 94 to 102. Am. Bowels are badly constipated. Given enema of soap-suds. Patient appears somewhat stronger this
" 14 morning. Pm. Drank 3 quarts of milk today. July 14/93. Rested & slept better (5 hours) than night before. Was very quiet. Drank some milk. Pulse, during night, was more nearly normal. 5 am. Still complains of bowels troubling him. At 8.30 am again given enema of soap-suds. At 9 Am, given another. Is taking milk freely. Patient is doing nicely. Takes a great deal of nourishment & is much stronger.
" 15 July 15/93. Was very quiet all last night, though he slept only 2 hours. Drank about a pint of milk. Pulse 92 to 88 during night. Pm. Has been quite restless, at times, today.
" 16 July 16/93. Restless for 4 hours, sleeping 4, last night. Was quiet when awake. Pulse, 80 to 76, during the night. Was again quite restless, at times, during today. —
" 17 July 17/93. Was restless for 5 hours, sleeping but 3, last night. Was quiet when awake. Pulse, during night, 72–74. Am. Bowels, through action of enema, have moved.
" 18 Patient sits up in bed. Appetite fairly good. Is doing nicely. July 18/93. Did not sleep very well (only 2 hours) last night, being restless 6 hours or so. Was quiet when awake.
" 19 Pulse about normal. July 19/93. Slept & rested well, for 8 hours, last night. Drank 2 pints of milk during the night. Am. Appetite good. Sits up in bed some, today. —
" 20 July 20/93. Slept 8 hours last night, restless part. Am. Enema given; & bowels moved freely. Pm. Patient has been slowly & steadily gaining in strength ever since 3d day. There seemed no organic trouble at any time, aside from that of the brain.
" 21 July 21/93. Slept only 3 hours, last night, being restless 5 hours or so. Drank a pint of milk.
" 22 Am. Appetite good. Sits up some daily now. July 22/93. Restless for 4 hours, sleeping 4,
" 23 last night. Am. Bowels moved. July 23/93. Slept & rested better (6 hours) last night.
" 24 July 24/93. Last night, patient rested & slept very well. Am. Was up & dressed & out
" 25 in the ward for 3 hours. July 26/93. Has rested well the past 2 nights. Yesterday, was up, dressed & out in the ward for about 6 hours; & today, the greater part of day. Appetite good.
" 28 July 28/93. Has slept 5 to 6 hours, in each of past 2 nights. Was out, in the grounds, for about
" 29 ½ hour yesterday. Pm. July 29/93 Rested & slept well (6 hours) last night. Continues to do nicely. Appetite fairly good & bowels regular. Has been visited, daily, by his wife for the
" 30 past week or so. July 30/93. Has been out all day visiting, with his wife.
" 31 July 31/93. Patient has continued to rest & sleep well at night (8 hours in each). Has grown much stronger. Pulse has for some days been about normal. Appetite has been good & bowels regular. He has been very anxious to go home, and his wife has been very urgent in her requests to take him out. —

Was today permitted to leave with her. (See attached clinical record) —

Discharged July 31st 93.

Personal and Medical History of Israel B. Spencer.

Whole No. 3407.
Residence, Faribault, Minn.
Date Admission, 7th July 1893.
Admitted by Dr Phelps Hour, 4.30 PM
How Sent, R. A. Mott, Jof P. Rice County
Sex, Male.
Age, about 60.
Civil Condition, married
Children, 2
Age Youngest Child, —
Occupation, Farmer & Trader.
Degree Education, Academical
Profession Religion, not a church member
Habits, not intemperate
Nativity, New York State (Parents also born there)
Physicians Committing, Roscoe R. Jackson & F. M. Rose
Correspondents, (none seen in papers) —

Family Physician R. R. Jackson

No. for Year, 319
Insane Relatives, not stated.
Cause Exciting, Overwork & anxiety
Cause Predisposing, — — —
Form, Melancholia Chronic
Accompanying Bodily Disorder, no severe disease.
Suicidal or Not, suicidal — hypochondriac.
Date of this Attack, about 2 years ago
Duration, about 2 years.
No. of Attack, 1st
No. of Admissions, 1
Age First Attack, about 58
Time of Leaving, Oct Nov. 14 - 93
Time in Hospital, 3 mo 7 d.
Result, Rec.

Crossed from Counties Lists April 1st, 1894 because legally committed.

Crossed from Counties Lists April 1st, 1894 because legally committed.

EXAMINATION ON ADMISSION.

Exd by Dr Phelps July 14 93

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, slightly confused.
Quick or Sluggish, fairly quick

MEMORY:
Past Events, apparently good.
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, fair
Own Mental State, perverted
Special Subjects, quite perverted

GENERAL DESCRIPTIVE REMARKS:
Admits that he did a very rash wicked thing (see history that accompanies patient). —

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, readily agitated

DELUSIONS:
Systematized or Not, none, but strong delusive
Special Subjects, trains of thought —
Transitory or Not,

HALLUCINATIONS: none noted
ILLUSIONS:

CONVERSATION: fairly coherent; of quite
Coherent or Incoherent, good rational form, but
Voluble or Reticent, showing depression: showing also that he has morbid & deluded idea with regard to his property, looking himself at the verge of ruin & being utterly unsusceptible to reasoning upon this subject. — Incidentally also his judgment is rather weak about his own condition, upon many matters of business & complaints generally, without any definite delusion, is yet very much deluded —

Personal and Medical History of Israel B. Spencer.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 5 in WEIGHT, 135½ lbs (3 years ago average 150-160 lbs) NUTRITION, fair
WOUNDS OR ABNORMALITIES, none
TONGUE, Tremors, some Coatings, none Promptness Movement, quite prompt
PUPILS, Equality, equal Size, about normal
Response Light, ready. Accommodation,
SIGHT, fairly good for his age; wears glasses.
HEARING, Good
CO-ORDINATION, Arms, slightly impaired; arms tremble some; legs, considerably. Finger to nose, Eyes
Legs, shut, much tremor noticed: standing on foot some tremor; standing, Eyes shut, sways slightly
TREMORS, Hands, some, quite marked at times. Tongue, slight
Facial Muscles, General,
REFLEXES, Patellar, Equal — 3 to 4 —
Other Reflexes,
ARTICULATION, ~~Hesitating~~, Good ~~Slurred~~,
FACIAL EXPRESSION, Good.
SENSIBILITY,
HEART, Sounds good
LUNGS, Sounds good.
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, yes Constipated, Irregular,
APPETITE, Good, yes Medium, Poor,
SLEEP, Good, Records kept 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

Was brought here by Deputy-Sheriff Stewart, with the following history. This is 1st attack; Symptoms manifested abut 2 years ago; gradually became insanely jealous; suspected Everybody of conspiracy against him etc. Disease appears to be increasing; is not variable; no rational intervals. Derangement now shown by thinking he is bankrupt; all going to the Poor-House; everybody against him etc. Is not disposed to injure others. Has attempted suicide; took 2ij of morphine Yesterday. Is not filthy or destructive. No history of heredity given. Worked overland & invested in a speculation, that failed & ruined him. Neither he nor parents were addicted to intemperance or habitual use of narcotics. Has had no severe disease or injury to head. Has not been restrained or confined. Cause of the disease is overwork & anxiety. Has not been under treatment. On personal examination, is found to be haggard, nervous, very irritable & excitable; Easily breaks down. Said "Bankrupt, conspiracy etc"; accused his family of accomplishing his ruin. Appearance & manner, those of an insane person. Walks the house nightly; groans constantly; pleading with and abusing family.

July 7 July 7/93. On admission, is in slightly impaired physical condition. Wasp. in Bl. Pulse 105. T(R) 99.8.

" 8 July 8/93. Slept but 4 hours, last night, being restless 4 hours & out of bed. Am. Pulse 102. T(R) 99.2. Is nervous & restless today; walks about hall most of the time; breathes very quickly & loudly, in a gasping way. Talks freely, coherently; no delusions noted. Appetite medium; no cough noticed. Bowels are regular. Is very neat & tidy in appearance. Pm. Pulse 100. T(R) 98.8. —

" 9 July 9/93. Rested & slept well, 8 hours, last night. Am. Pulse 98. T(R) 98.8. Is very restless; walking the hall constantly. Appetite only medium. Is on medicine, (taken every 2 hours). Pm Pulse 96. T(R) 99.2.

" 10 July 10/93. Slept but 3 hours last night; restless & groaning when awake. Am. Pulse 78. Is very

" 11 nervous & excited today. July 11/93. Slept but 2 hours last night; was very restless when awake. Very restless & disturbed today; walking the hall & moaning. Appetite only medium. Makes a

" 12 queer sniffling noise with his nose, as if crying, when not talking. July 12/93. Last night, slept but 3 hours; was extremely restless & getting out of bed. Am. Pulse 74. Talks quite well.

" 13 Is very restless. July 13/93. Was very restless when awake, last night; sleeping but 3 hours. Groaning and moaning a great part of the time; very restless, walking the hall most of the time

" 14 when inside. July 14/93. Conduct & behavior about as usual. Appetite only medium. Was examined in office today. Was very much depressed & easily agitated; showed morbid & deluded ideas with

" 15 regard to his property &c (See particulars on preceding pages.). July 15/93. Was quiet & slept 8 hours, last night.

" 16 Pm. Has been quite restless during the day. Appetite is good. July 16/93. Slept 8 hours last night. Pm

" 17 Has been restless & disturbed; moaning all day. Appetite medium. July 17/93. Slept but 5 hours last night; was restless and noisy when awake. Is restless & nervous today. Appetite fair. —

" 18 July 18/93. Slept 7 hours last night; was slightly noisy once. Today, appetite is fair. Is restless, and

" 19 walking about hall in a hurrying manner. July 19/93. Last night, slept but 3 hours; was very restless & noisy when awake. Appetite good. Does not seem so restless today. Plays checkers. Groans

" 20 at times. July 20/93. Was restless two hours or so, last night, but slept 5 hours. Appetite good.

" 21 July 21/93. Was, several times, restless & noisy, but slept 7 hours, last night. Keeps up his walking about hall & moaning. Plays checkers & appears interested in the game. Appetite fairly good; bowels generally regular. Patient makes strong pleas to go home, on the ground that he is

" 22 being injured by being here. July 22/93. Slept but 3 hours last night; very restless when awake.

1893

July 22 (contd.) July 22/93. Pulse, taken each morning during the past 9 days has been about normal. Patient still continues restless & much disturbed. Talks fairly freely with his fellow patients Plays Checkers. Goes out walking. Is very discontented at being kept there. Is neat & tidy in personal appearance and of good personal habits. July 23/93. Slept 7 hours last night;

" 23 very restless when awake. July 25/93. Has slept but 3 hours on each of past 3 nights; was very

" 25 restless & noisy while awake. July 29/93. Rested somewhat better last night, sleeping 6 hours. —

" 29 Complained of being sick this afternoon & went to bed after supper. July 30/93. Slept but 5 hours, last

" 30 night; quite restless & noisy when awake. July 31/93. Appetite only medium. Bowels, as a rule,

" 31 regular. Is nervous & restless; discontented here & deeming himself injured by staying here. Plays checkers, occasionally; also cards; but in a nervous, abstracted way. Behavior is steadily the same; restless; depressed, all the time.

Aug 1/3 Aug 1/93. Slept but 4 hours last night; was quite restless when awake. Aug 3/93 Weight 137 lbs.

" 28 (a slight gain). Aug 28/93. On the nights of the 8th 9th 11th 14th 22d 23d 24th & 28th inst, patient's rest & sleep have been much broken; sleep has been only from 3 to 4 and once 5 hours, each night. He has been restless when awake & occasionally noisy. Today, has been troubled with a lame back; lying on his bed nearly all day; Appetite only medium. Bowels normal. Is very nervous. Writes a few letters. Reads some but seems so restless that he cannot continue reading long at a time. Neat, clean, tidy & of good personal habits. Manner fairly pleasant & agreeable.

Sept 1 Sep 1/93. Was visited by daughter, today. Was quite agitated & complaining. —

" 8 Sept 8/93. Weight 142 pounds. (A gain of 5 pounds in the past 5 weeks or so).

" 25 Sep 26/93. Was today, permitted to remain on No 3 (the Open Ward) in the day time. Seemed

" 30 to greatly appreciate this privilege. Still sleeps on Bl. Sep 30/93. Is not so nervous as he has been, for some time past. Seems more contented. Anxious to go, but in a more rational spirit.

Oct 14 Oct 14/93. Patient is very much improved, during the past month; more reasonable & quiet in every way. Has been more calm; reads a good deal; plays game of ove. Physical health also seemed much improved.

His wife came down & took him home today, on trial.

(Crossed off the records — was illegally committed)

Personal and Medical History of John Gallagher. #1

Whole No. 3408

Residence, Minneapolis, Minn.

Date Admission, 10th July 1893.

Admitted by D-Kilbourne Hour, 7 P.M.

How Sent, John H. Steele, Jof P, Hennepin County

Sex, male

Age, about 51 years

Civil Condition, married

Children, 6 or 7.

Age Youngest Child, —

Occupation, Laborer

Degree Education, Limited

Profession Religion, Not a church member

Habits, unable to say as to these.

Nativity, Canada (Parents, Ireland) —

Physicians Committing, Hank Burton & H. L. Aldrich

Correspondents, No relative or friend known (in person) —

No. for Year, 320.

Insane Relatives, not known

Cause Exciting, Can't say —

Cause Predisposing, not stated

Form, Mania-Chronic

Accompanying Bodily Disorder, No Serious disease

Suicidal or Not, Think, not

Date of this Attack, Recently

Duration, probably short

No. of Attack, 1st (?) (possibly one, 5 or 6 yrs ago.)

No. of Admissions, 1

Age First Attack, about 51 (?)

Time of Leaving, Feb. 9' 94

Time in Hospital, 6 m. 29 d.

Result, Imp.

Crossed off from Minnesota Hist. Assn. list, 1933, because illegibly committed

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by D. Phelps, July 11/93

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish, fairly quick

MEMORY:

Past Events, Good seemingly.

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, somewhat perverted.

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Says he has had diarrhoea the past 2 years, Continuously. It has stopped now —

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Patient appeared fairly intelligent, but showed a quite general perversion of mental power.

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of John Gallagher #1

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 11½ WEIGHT, 170 lbs. NUTRITION, Very good

WOUNDS OR ABNORMALITIES, Claims has had both arms broken; no abnormalities noted.

TONGUE, Tremors, ... Coatings, / Promptness Movement, /

PUPILS, Equality, Equal Size, Normal

Response Light, ready Accommodation,

SIGHT, Good for distance; probably farsighted.

HEARING, Good

CO-ORDINATION, Arms, Finger to nose, eyes shut, some inaccuracy at first.

Legs, Standing on foot, fair.

TREMORS, Hands, None special Tongue, None special

Facial Muscles, None special. General,

REFLEXES, Patellar, Equal — S. by. —

Other Reflexes,

ARTICULATION, ~~Hesitating~~, fair ~~Slurred~~,

FACIAL EXPRESSION, fair —

SENSIBILITY,

HEART, Sounds good

LUNGS, Sounds good

EXAM. URINE,

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 John Gallagher. #1

1893

Was brought here by Deputy Sheriff Adolph Peterson, with the following history. There is no history of consanguinity; ante-heredity, unknown. There is a question about this being 1st attack; he possibly had one 5 or 6 years ago. Date of this attack is recent. Thinks he owns property which does not belong to him. Disease appears to be increasing. As to rational intervals, cannot say. Derangement is now manifested by delusions of Grandeur. Think he is not disposed to injure others, or suicidal, or filthy or destructive. Cannot say if intemperate or not. Has had no severe disease or injury to head. Has not been restrained or confined. Can't tell cause of disease. Patient has not been under treatment. — " —

On personal examination, is restless, & full of delusions of grandeur; claims town horses & land belonging to others - Is talkative; nervous. There is some evidence that he was arrested for threats, some years ago.

July 10 July 10/93. On admission, was put on B3rd. Pulse 64. R 20. T(o) 98. Bodily condition clean. No injuries or peculiarities visible. July 11/93. Appeared to sleep well, last night. Am. Pulse 62 R 18 T(o) 99.2. - Is very quietly-behaved. Talks very little. Appears to have a fair knowledge of things in general. Appetite fair; "asks for some broiled steak". Bowels regular. No cough noticed. Complains of slight headache.
" 12 July 12/93. Sleep was good, last night. Appetite good; bowels costive; has slight headache. Habits clean.
" 13 quiet and well-behaved. Has not much to say. July 13/93. Am. Pulse 76 R 20 T(o) 98.8. About as usual.
" 14 Helps some with ward-work. July 14/93. Am. Pulse 76 R 19 T(o) 99.2. Appetite fair; bowels constipated
" 15 Feels well. Conduct & behavior as usual. Cleans personal habits. July 15/93. Am. Pulse 74 R 20 T(o) 99. -
Appetite good; bowels regular; makes no complaints. Well-behaved. Still helps with work on ward.
" 16 July 16/93. Am. Pulse 80 R 22 T(o) 98.6. Feels well. Is rather reticent. Quiet & well-behaved.
" 17/18 July 17/93. Am. Pulse 70 R 20 T(o) 99.4. Continues about the same. July 18/93. Am. Pulse 74. R 20.
" 19/20 T(o) 97. Is a good & willing worker. July 19/93. Am. Pulse 76. R 20 T(o) 98. July 20/93. Am. " 74 " 20
" 96.7 Appetite good. Bowels regular. Talks very little. Continues quiet & well behaved. Works well.
" 24 Habits clean. July 24/93. Since last note, Conduct & behavior have continued good. Patient appears to have rested & slept well at night, ever since admission. Enjoys good physical health. Is of a quiet, reserved disposition. Habits are cleanly and he is a very tractable & easily managed patient. His talk is, for the most part, rational, with occasional lapses into irrelevant subjects. He
" 31 appears to be mildly deluded. July 31/93. No material change since last note.
Aug 5/6 Aug 5/93. Wt 173 pounds (a slight gain). Pulse 78. Aug 12/93. Appetite good; bowels regular.
" 31 Well-behaved; quiet & peaceable. Works on ward. Aug 31/93. No special change to note.
Sep 1/30 Sept 1/93. Wt 179½ pounds. Pulse 98. Sep 30/93. Is still quiet & well-behaved. Clean in habits.
Talks absurdly. Shows some delusions. — "
Oct 3/31 Oct 3/93. Wt 179¼ pound. Pulse 96. Oct 31/93. Appetite good. Bowels normal. No cough noticed.
Well-behaved & peaceable. Habits clean; helps with the ward-work.
Nov 1/30 Nov 1/93. Wt 180 pds. Pulse 80. Nov 30/93. Apparently sleeps well, at night. Appetite is good.
bowels regular. No cough has been noticed. He is in good physical health. Is very quiet, and well-behaved, but obstinate in his opinions. Is under the delusion that he has met all the patients, separately, before his admission here & he knows their history & all about them. He says "that each patient is here under an assumed name". Talks quietly and deliberately.
Habits are clean, and tidy. ——
Dec 1/31 Dec 1/93. Wt 183 pds. Pulse 80. Dec 31/93. No change to note, during past month. -

Personal and Medical History of John Gallagher #1

1894

Jan 1/3 Jan 1/94. Is steadily increasing in flesh. Wt today 185 pds. Pulse 98. Jan 3/94. Patient has had an eruption on the exposed parts of his body. His head, face, hands & wrists showed blotches, which are accompanied by somewhat of sickness, and a desire to lie down. He was formerly accustomed to work on the ward, but now, is disinclined to do anything. - " —
" 10 Jan 10/94. Blotches are now gradually disappearing & he is, apparently, returning to
" 31 his normal condition. Jan 31/94. Appetite good; bowels seem free; No cough observed.
Appears to be in fairly good health & is gradually returning to work on the ward. Behavior is good - Talks freely, but in the most absurd manner & his mind appears to be failing.
Patient is cleanly in his personal habits.
Feb 1/9 Feb 1/94. Wt 178 pounds (a loss of 7 pounds, in past month). Pulse 78. Feb 9/94. Is
inclined to be irascible, unless he gets his own way. Sometimes refused to bathe or to have his clothes changed & it was only after considerable persuasion & some little force, that he was induced to have his hair cut. Had no complaints to make; received no injuries. Talked freely, but was subject to strange illusions. He still imagines he knew every one
I met home to day. (Had been committed under law, recently declared illegal).

(Crossed off the Records — was illegally committed.).

Whole No. 3410.
Residence, St. Paul, Minn.
Date Admission, 12th July 1893.
Admitted by Dr Kilbourne Hour, 7 PM.
How Sent, John. B. Olivier. Jo P. Ramsey County.
Sex, male
Age, 35
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, Molder
Degree Education, Common School
Profession Religion, Catholic
Habits, Moderate Drinker
Nativity, Luxemburg (Parents also born there).
Physicians Committing, A. J. C. Gilette & Eugene Riggs
Correspondents, Mrs John Wecker. 533 Forest St. St. Paul, Minn

No. for Year, 322.
Insane Relatives, nothing known of Parentage
Cause Exciting, unknown
Cause Predisposing, unknown
Form, Manic Chronic
Accompanying Bodily Disorder, Nothing definite known.
Suicidal or Not, not
Date of this Attack, 5 Years since
Duration, 5 Years —
No. of Attack, 1st (progressive).
No. of Admissions, 1
Age First Attack, about 30.
Time of Leaving, Oct- 6th '93
Time in Hospital, 2 mo 24 ds.
Result, Recovered

EXAMINATION ON ADMISSION.

Exd by Dr Shelps July 14/93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear now
Quick or Sluggish, fairly quick

MEMORY:
Past Events,
Recent Events, Fair
Special Subjects,

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Correct as to present Events

REASONING POWER:
Ordinary Subjects, good
Own Mental State, fair
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Claims he has pains in left side of head, in back & in joints of legs. Denies being any fortune-teller or having anything to do with one. Has "hearing voices" troubled him somewhat that he was unable to work. Feels powerless in hands at times. Says when he gets excited has a shivering in middle of body. Has also had "zigzag shells". Tells the story of being in the house some 4 or 5 years ago. Recovering suddenly did not [illegible] & weak - having power in his limbs. This recovery [illegible] of present trouble.

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

DELUSIONS:
Systematized or Not, } none now, except half-belief
Special Subjects, } in his hallucinations.
Transitory or Not,

HALLUCINATIONS: Yes. "voices" - last week of woman praying - has heard them for some time - always on left side -
~~ILLUSIONS~~:

CONVERSATION: Talks quite intelligently. Gives an account of a one-sided trouble, probably cerebral; tells of hallucinations & hints obscurely that he thinks somebody against him. Contrary to reports at examination, he, aside from this, talks quite clearly & it would seem that his trouble varies from time to time & is caused by this cerebral defect which might be syphilitic or tumor or a vascular lesion.
Coherent or Incoherent,
Voluble or Reticent,

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7 in WEIGHT, 160 pds. NUTRITION, quite good.
WOUNDS OR ABNORMALITIES, probably none. —
~~TONGUE~~, ~~Tremors~~, tongue, deviates to right Coatings, Promptness Movement, quite prompt.
PUPILS, Equality, Equal Size,
Response Light, yes Accommodation,
SIGHT, Good
HEARING, Good
CO-ORDINATION, Arms, finger to nose, Eyes shut, fairly accurate
Legs, standing upon foot, somewhat unsteady; standing, Eyes shut, fairly good.
TREMORS, Hands, fairly steady Tongue, some
Facial Muscles, some — General,
REFLEXES, Patellar, equal — & — Dr Pt's Scale
Other Reflexes,
ARTICULATION, ~~Hesitating~~, foreign accent ~~Slurred~~,
FACIAL EXPRESSION, about normal -
SENSIBILITY,
HEART, Sounds good
LUNGS, Sounds good.
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Record kept 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 at 55 - claims from Dropsy.
Father or Pat. Relations, Father living — claims healthy. —
Brothers or Sisters,

Personal and Medical History of John Wecker

1893

Was brought here by Sheriff's officer, P.C. Haas, with the following history. "No history of Consanguinity. Nothing known of his Parentage. This is 1st attack; it has been progressive. First symptoms manifested 5 years since; thought he was bewitched by a fortune-teller. Disease appears to be increasing; there are rational intervals at times. Derangement manifested, at first, on religious subjects. He now has hallucinations of hearing; "sometimes it is a man's voice; at others, a woman's voice". Thinks they are persecuting him, and trying to do him injury. Think he is not disposed to injure others. Is not suicidal, nor filthy nor destructive. Is a moderate drinker. As to his having had any severe disease or head-injury, nothing definite known. Has not been restrained or confined. Supposed cause of disease is unknown. Has treated by Dr Kerr for past 3 months; the condition has resisted all treatment thus far. On personal examination, the patient was incoherent; could learn nothing definite from him aside from his believing that some one was persecuting him, and his hearing voices. Manner was mild, but he was rambling in conversation and had bizarre beliefs.

July 12 July 12/93. On admission, was put on B[2]. Pulse 74. R — T(o) 98.6. Bodily condition quite clean. No injuries or peculiarities noted. July 13/93. Was quiet & slept 8 hours, last night. — Am. Pulse 76. T(o) 98.8. Pm Pulse 72. T(o) 99. Walks quietly about ward. Talks but little. Has not been noticed by attendant as talking of delusions. Appetite good. Bowels generally regular.
" 14 No coughs noticed. July 14/93. Slept 7 hours last night; restless for a short time. Am. Pulse 70. T(o) 98.6. Pm. Pulse 74. T(o) 98.4. Walks about ward. Does no work; makes no complaints.
" 15 July 15/93. Rested & slept well (8 hours) last night. AM. Pulse 70. Works on ward & seems contented. Appears to realize his condition. Was examined in office yesterday. Talked quite intelligently & gave an account of a one-sided trouble (probably cerebral) - See Remarks" on preceding pages. — —
" 16/17 July 16/93. Slept 7 hours last night; Was quiet when awake. Am. Pulse 72. July 17/93. Works some; goes out walking with his ward. Appetite good. July 18/93. Talks quite freely. Seems coherent
- 18 and sensible. July 20/93. Works in dining-room. Goes out walking regularly. Appetite con-
" 20 - tinues good. Bowels constipated at times. July 21/93. Am. Says "he has a little headache.
" 21 Has had many headaches, but none, lately, till today. July 22/93. Is constipated. -
" 22 July 26/93. Pulse has continued normal. Rest and sleep at night have been good (uniformly
" 26 8 hours each night). Patient has complained somewhat of slight headaches & constipation. Has worked willingly in the ward. Appetite has been uniformly good. Conversation has been quite free at times. He has had a quiet, reserved air; is intelligent in appearance,
" 31 and not speaking of any of his hallucinations. July 31/93. Appetite has remained good; is somewhat troubled with constipation, still. Complains also of headaches. Talks freely. Does some work on the ward. In other respects, says "he feels all right". Sleep & rest at night apparently good.
Aug 3/30 Aug 3/93. Wt 161 pounds. Keeps about the same flesh. Aug 29/93. Was visited by his wife, today.
" 30 Aug 30/93. Apparently rests & sleeps well, at night. Appetite good, bowels constipated, at times. Talks quite rationally. Seems to be making good improvement. A good & willing worker.
Sep 8/30 Sep 8/93. Weight today, 168 pounds. (A gain of 7 pounds in past 5 weeks). Sep 30/93. Appetite Continues good. Is always quiet & well-behaved. Talks quite freely. A good worker on the ward. Patient continues to improve.
Oct 6 Oct 6/93. Has been quite clear, mentally, of late, & has not complained of headaches &c, as at first admission. Went home today, on trial. — Discharged —

From 308. Personal and Medical History of Nels G. Gayer

1893

Sep 30 Sep 30/93. Was up, out of bed, last night. Appetite continues good; bowels regular. Is very quiet. Says nothing, only when spoken to. —
Oct 4/6 Oct 4/93. Has gained 8 pounds in weight, the past month. Oct 6/93. Says his leg does not feel very strong
" 16 and is stiff. Patient is very quiet. Oct 16/93. Lately, very restless, continually walking around.
" 17/23 Works some in the ward. Oct 17/93. Appears to be going into "spells". Oct 23/93. Has been "in spell" past few days; in bed; refusing some meals; again eating, but will not talk. Bowels are constipated.
" 25 Oct 25/93. Still in bed. Appetite good. Is fairly quiet; talks at times. (Bowels constipated; has
" 27 given salts). Appears to be coming out of spell & wants to get up. Oct 27/93. Bath & dressed.
" 29 Has got over the "spell". Oct 29/93. Still complains of leg feeling stiff. Pains him, at times.
" 31 Oct 31/93. Sleeps well, at night. Appetite good; bowels have become regular. Leg bothers him some, at times. Talks rationally. Works some in ward. —
Nov 1 Nov 1/93. Wt 156 pds. (A slight gain during the past month). Complains of being lonesome and he
" 5 would like very much "to get out". Nov 5/93. Is very restless, continually walking about.
" 6/10 Nov 6/93. Went out walking, today. Nov 10/93. Helps run with the work on the ward. —
" 30 Nov 30/93. Bath & about daily - seems improving - Habits are clean. —
Dec 4/5 Dec 4/93. Wt. 168 pds. (A gain of 12 pounds in weight, during the past month). Dec 5/93. Ap-
- petite good; bowels regular. Says he feels fairly strong". Has not had a "spell" for some time.
Talks fairly rationally - Has a habit of continually picking up rubbish from the floor &
" 31 and rubbing it between his fingers. Works willingly in the ward. — Dec 31/93. Not much change.
1894
Jan 2/7 Jan 2/94. Wt 167½ pds. Jan 7/94. Seems to be doing fairly well. Leg is fairly strong, now.
" 16/23 Jan 8/94. Says "his leg is quite strong"; "better than for some time". Jan 31/94. About as usual.
Feb 1/3 Feb 2/94. Wt 170½ pds. — Feb 28/94 - No change to note in patient's condition.
Mar 1/6 Mar 1/94. Wt 174 pds. Mar 6/94. Patient went home today, with several others from Hennepin County. (He had been committed here under the "law of 1893" which had recently been declared unconstitutional). —

(Crossed off the record; was illegally committed —)

Personal and Medical History of Michael Brennen

Whole No. 3411. No. for Year, 323.

Residence, States Prison, Stillwater Minn (from here to La.)

Date Admission, 13th July 1893.

Admitted by D. Phelps Hour, 4.30 Pm.

How Sent, Rudolph Lehmicke, Jof P. Washington Co.

Sex, male

Age, 40 years

Civil Condition, widower

Children, one

Age Youngest Child, — Girl — age 7 years.

Occupation, Laborer

Degree Education, None

Profession Religion, Catholic — Irish —

Habits, probably not good

Nativity, Covington, Kentucky (Father, Ireland; Mother, Bermuda)

Physicians Committing E. B. Freligh & D. F. Merrill.

7/14/93 Correspondents, Twice addressed — No name given in Epris —

Brother — John A. Brennen, 67 North Claborne St. New Orleans. La

Insane Relatives, Father died in Insane Asylum

Cause Exciting, not known

Cause Predisposing, previous attack

Form, Mania — Acute

Accompanying Bodily Disorder, Venereal trouble

Suicidal or Not, Not

Date of this Attack, May 1893.

Duration, about 2 months —

No. of Attack, 2nd (In Feb '93 sent to St. Peter for 2 mos) here

No. of Admissions, 1

Age First Attack, about 40

Time of Leaving, Aug 1st 93.

Time in Hospital, 18 ds.

Result, Imp.

Crossed from insane asylum July 3rd 1893 Thereafter illegally committed.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exam'd by Dr Eby, July 14 93.

MENTAL ACTIVITY:

Clear or Confused, fairly Clear

Quick or Sluggish, quite quick

MEMORY:

Past Events, good

Recent Events, Seems good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, quite alert

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, fairly Good

Own Mental State, says "his in bad shape"

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, of having his food poisoned by certain Pers.

Transitory or Not,

HALLUCINATIONS: Hears "voices" —

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, quite free.

GENERAL DESCRIPTIVE REMARKS:

Thinks reason for trying to poison him was because patient put, or caused to be put, a piece in newspaper relative to Deputy-Warden Lemon. He says he was at St Peter Hospital last Spring for 2 months, or so. Thinks himself "in pretty bad shape." —

Personal and Medical History of Michael Brennen

A MURDEROUS PLOT FOILED.

CONVICT BRENNAN SOUGHT TO KILL PRISON MANAGERS.

An Interesting and Sensational Story Published for the First Time—How Warden Wolfer of Stillwater Foiled Murderer Michael Brennan in His Attempt to Kill Members of the Minnesota Board of Prison Managers—Brennan's Escape From Rochester.

A sensational story of a plan to assassinate members of the state prison board of Minnesota came to light yesterday when Warden Henry Wolfer, of the Stillwater penitentiary told to a group of delegates to the national prison convention the history of the Michael Brennan case. The facts of Brennan's incarceration, his taking to Rochester insane asylum, his escape and recapture, have been printed, but his desperate plan to kill members of the state prison board is here given for the first time.

"Nearly every one in this section of the country has heard of the Michael Brennan case," said Warden Wolfer. "About six years ago Brennan murdered Dick Moore at Duluth and was tried there and sentenced to be hanged. It was one of those cases in which the plea of insanity, so often set up unjustly and as a last resort, was argued in vain in his behalf. However, some time after a doubt of his sanity arose and he was sentenced for life in the penitentiary. Moore and Brennan had wandered up to this part of the world from New Orleans and Brennan had an idea that Moore wanted to poison him and so he killed him with a knife.

"When I came to the prison Brennan was constantly complaining of the danger he was placed in because his fellow prisoners wanted to put poison in his food. He could not be reasoned out of that idea. It was his daily theme, his continued dread. It dawned upon me that the man was insane, and this idea grew into greater proportions every day. Brennan was working in the blacksmith shop, and there he fashioned a peculiar knife with a blade some six or seven inches long, having a crossbar handle which he could carry without being noticed as the blade was thrust up his sleeve. He got his id as fixed upon one of the prisoners finally as the man who was determined to poison him, and one day as the men were passing through the corridors to their cells he made a dash at the jugular vein of the suspected man with this murderous knife, but the intended victim dodged and caught the blade upon his cheek.

"Brennan was locked after more carefully afterwards. Later on I thought his mental condition should be inquired into, and I asked for a commission to examine him. After an examination he was pronounced insane. I brought him to Rochester to be there confined, and while on the way I asked him if he would like to be at liberty. He said he would not only like to be at liberty, but was planning continually some means of escape, and when he was once away from confinement he would return to New Orleans. I knew his cunning and knew his desperate nature, and I warned the superintendent of the asylum where I placed him to keep a careful watch over him, for if he did not he might do him an injury in an attempt to get away.

"To make it short, that man escaped in September last, and no one knew how or in what direction he had gone. I recollected what he told me of going to New Orleans if he ever got a chance. I had his photograph, and from it got fifty copies and sent them with the instructions for his capture to various points in Louisiana, Texas and Arkansas. Six weeks after his escape I captured him as he came into New Orleans as the follower of a circus.

Brennan's Record.

"When in the South I did what I could to learn his history. I found that when he was a boy his father had killed his wife—the mother of this Brennan—chopped her head off at Baton Rouge, and I was told that suspected poisoning was at the bottom of that case as well.

"Brennan is in prison at Stillwater, cared for as an insane person. After he was brought back, however, he became calm and was placed at work. The commissioners were to meet in a few days, and as the officers of the prison have blanks for the use of the prisoners should they wish to state any grievance, Brennan filled out one of these blanks and stated in a strange way that he wanted to see the members of the board at once; that he couldn't wait till they met in regular session. I inquired from those who had been working with him if they had seen Brennan doing anything unusual, and they said they had seen him at work in a corner, but at what they could not tell. He was examined and a sharp-pointed knife was found in his possession, which he had made from a case knife, and with which it was learned he intended to take the life of one or more of the members had he been admitted to their presence for the ostensible purpose of stating his wrongs. Since that time he has been given especial attention."

Brothers or Sisters, 6 brothers, all living; claims healthy. Says, never had any sisters.

Daily Pioneer Press of St. Paul. June 19 1894. (Issue of Conviction of Prison Officials —

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 127½ lbs (Say 142 lbs 2 mos ago) NUTRITION, fairly good, Somewhat thin.

...LITIES, Tips of 1st 2 fingers, left hand, cut off by lathing machine. —

Coatings, very slight. Promptness Movement, Fairly prompt

...al Size, about normal

...Yes Accommodation, Yes

...Good

...fingers to nose, Eyes shut, Some inaccuracy.

...standing, Eyes shut, fairly Good. —

Tongue, Pomed

General, nine noted.

...l, about seven (7) —

Quite good Slurred,

...nal.

...good

...ds good.

	Clean,	Careless,
Kept —	Constipated,	Irregular,
	Medium,	Poor,
	Poor,	Irregular,
	RESP.,	TEMP.,

HISTORICAL.

...evous attack ONSET GRADUAL OR SUDDEN,

..."Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),

... died of yellow fever. —

... died of yellow fever. —

Personal and Medical History of Michael Brennen

Whole No. 3411. No. for Year, 323.

Residence, States Prison, Stillwater, Minn. (from New Orleans, La.)

Date Admission, 13th July 1893.

Admitted by D. Phelps Hour, 4.30. P.M.

How Sent, Rudolph Lehmicke, Jof P. Washington Co.

Sex, male

Age, 40 years

Civil Condition, widower

Children, one

Age Youngest Child, — Girl — age 7 years.

Occupation, Laborer

Degree Education, None

Profession Religion, Catholic — Irish —

Habits, probably not good

Nativity, Covington, Kentucky (Father, Ireland; Mother, Bermuda)

Physicians Committing, E.C. Leigh & D.F. Merrill.

7/14/93 Correspondents, Two names given in Depot —

Brother — John A. Brennen, 67 North Claiborne St. New Orleans, La

Insane Relatives, Father died in Insane Asylum

Cause Exciting, not known

Cause Predisposing, previous attack

Form, Mania — Acute

Accompanying Bodily Disorder, Venereal trouble

Suicidal or Not, Not

Date of this Attack, May 1893.

Duration, about 2 months —

No. of Attack, 2nd (In Feb '93 sent to St. Peter for 2 mos) Here

No. of Admissions, 1

Age First Attack, about 40

Time of Leaving, Aug. 1st 93.

Time in Hospital, 18 ds.

Result, Imp.

Entered from Hamline (on April 1st, 1893) illegally committed.

Exd by D. Eby, July 14 93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, fairly Clear

Quick or Sluggish, quite quick

MEMORY:

Past Events, good

Recent Events, Seems good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, quite alert.

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, fairly Good

Own Mental State, says "his in bad shape"

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, of having his food poisoned by certain ppl etc.

Transitory or Not,

HALLUCINATIONS: Hear "voices" —

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, quite free.

GENERAL DESCRIPTIVE REMARKS:

Thinks reason for trying to poison him was because patient put, or caused to be put, a piece in newspaper relative to Deputy-Warden Lemon. He says he was at St. Peter Hospital last Spring for 2 months, or so. Thinks himself "in pretty bad shape." —

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 in WEIGHT, 127½ lbs (Say 142 lbs 2 mos ago) NUTRITION, fairly good; Grows lean thin.

WOUNDS OR ABNORMALITIES, Tips of 1st 2 fingers, left hand, cut off by lathing machine. —

TONGUE, Tremors, None Coatings, very slight. Promptness Movement, fairly prompt

PUPILS, Equality, Equal Size, about normal

Response Light, Yes Accommodation, Yes

SIGHT, Good

HEARING, Good

CO-ORDINATION, Arms, Fingers to nose, Eyes shut, Some inaccuracy.

Legs, Standing, Eyes shut, fairly Good. —

TREMORS, Hands, Slight Tongue, None

Facial Muscles, General, None noted.

REFLEXES, Patellar, equal, about Seven (7) —

Other Reflexes,

ARTICULATION, Hesitating, Quite good Slurred, —

FACIAL EXPRESSION,

SENSIBILITY, Normal.

HEART, Sounds Good

LUNGS, Sounds good.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Previous attack ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Mother died of yellow fever. —

Father or Pat. Relations, Father died of yellow fever. —

Brothers or Sisters, 6 brothers, all living; claims healthy. Says, never had any sisters.

New York, June 18.—There was considerable excitement in the Dolittle Ring at Madison Square Garden this afternoon by the exhibitions of the Debutante Skaters, for the three added Horses. One of them was Lulu Lily, who was not of course in her best race. The owner of Lulu Lily made the ring with his friends hooded the rims with hosiery, knocking the price down from 10 to 1 at the opening to 8 to 2 at the close. They went to the post, and the latter a long delay at start Lulu Lily quickly took the lead, winning easily.

In the Long Island light-weight handicap at Morris Island the latter towers were in front all the way to the finish, Lulu Lily winning by a length from Tierra, and the latter coming very fast at the end, but not enough to overhaul the leader.

Light Weight Handicap Without Trouble.

Personal and Medical History of Michael Brennen.

1893

Comes here from State Prison at Stillwater, Minn, in custody of Henry Wolfer, Warden, with the following history. Father died in Asylum for Insane. Was sent to St. Peter Hospital, 12th February 1893; there 2 months; this is the 2nd attack; first symptoms of it manifested May '93 by hallucinations, & the belief that some one wanted to poison his food. Disease appears to be stationery; it is variable; he seems to be rational in all subjects except that as hallucination of being poisoned. Derangement is now shown in nothing more than that he refuses, at times, to take food, for he knows they are trying to poison him. Is disposed to injure others. Is not filthy or destructive; for several he has had a very violent temper, at times; used threatening & abusive language. Has not been addicted to intemperance. Has never been sick, but has had venereal trouble. Locked up in his cell, for about a month. Supposed Cause of disease is not known. On personal examination, can find nothing out of the way except on the one subject – food – which he refuses to take for fear of being poisoned. Talks rationally. Was perfectly quiet & answered questions promptly. Patient is dangerous & belligerent.

July 13 July 13/93. The patient is in fair apparent physical condition. Has put on C3 – Pulse 88, regular. R 16 T(e) 99.2. Bodily condition clean; clothing also clean: hair neatly trimmed & face shaven. Has lost the 1st two finger tips of left hand, (cut off, he says, by lathing machine). There are some scabs & small sores on surface of scrotum. July 11/93. Was restless for 3 hours, but slept 6 hours, last night. Am Pulse 88. R 18 T(e) 98.4. Pm Pulse 85 T(e) 98.2. Is quietly behaved. Eats out on the hall as he has the reputation of "using his knife on his companions". Appetite is very good; states he has had no movement of the bowels for 3 days. Has delusions in regard to his physical condition. Says "his digestive organs have been cut out". No cough observed. July 15/93. Slept but 3 hours, restless 5 hours last night. Am. Pulse 80. T(e) 98.2. Pm Pulse 82. R 18. T(e) 98.6. Appetite very good. Bowels have moved freely. Is quietly behaved. Reads papers & plays games. Talks is rational at times, but patient shows delusions. July 16/93. Slept 6 hours last night; was quiet during night. A.M. Pulse 88. T(e) 98.2. R 17. Pm. Pulse 84. T(e) 98.8. Appetite, conduct & behavior continue good. Reads considerably. Has not much to say except when questioned. Complains of the food being "too hard" for him. Wants "soft food". (See record of his examination on 14th inst: he then manifested both delusions & hallucinations). July 17/93. Slept 6 hours last night; was quiet when awake. Am Pulse 86. Appetite good; bowels fairly regular. Goes out walking with his ward. July 18/93. Last night, slept but 3 hours, restless for 6 hours. Am. Pulse 80. Does not talk much. Made an attempt to escape today. July 19/93. Slept well (8 hours) last night. Am. Pulse 86. Appetite good, bowels regular. Behavior quiet. Wants to get away. Has but little to say. July 20/93. Last night, was quiet & slept 7 hours. Am Pulse 78. Continues about the same. Is obedient; works a little at the ward. Goes walking. July 22/93. Had a piece of iron, about 6 inches long, secreted under his mattress today. Talks very little except with the troublesome patients. July 23/93. Has been very restless all day. Is shy & cunning. Talks considerable with troublesome patients but avoids being heard by others. Says he is taking medicine Every day. Found a spoon in his pocket today. July 24/93. Ate nothing during last 24 hours. Is restless & uneasy. Talks very little. Says "he has been drugged for 2 years & is afraid to eat. July 25/93. During the last 4 nights, has been quiet & restful & has slept 7 hours on each. Ate nothing all of today. Bowels have moved. Is still restless & disturbed.

Personal and Medical History of Michael Brennen

1893

July 25 Had a piece of iron concealed in the heater. Is very reticent. Pulse about normal.
Central "25 July 26/93. Broke a fast of about 50 hours, this morning & now has an excellent appetite. Bowels regular. Does not go out walking & has stopped working on the ward. –
" 27 Still has delusions in regard to his physical condition, food &c. July 27/93. Seems despondent today; has but little to say only when spoken to. Does not wish to go out doors.
" 28 July 28/93. Has rested well the past 3 nights, sleeping 8 hours on each. Has been quiet & well behaved; very reticent of late. Still manifests delusions. July 31/93. Continues to eat and sleep well at night. Pulse has continued normal. Appetite very good and bowels regular. Is in good physical health. Clean & neat in appearance. Of good personal habits. Is not violent or noisy while in the hall. Is very restless. Walks the floor a great deal of the time. Is cunning & ever watching the attendants. Has also found in possession of a saw & knife & at different times had pieces of iron hid in his room. Made the above fast partly because he was not allowed to eat in the dining-room – Patient has not been in seclusion. Has received no visits.
" 31
Aug 1 Aug 1/93. Weight 130½ pounds. (Has gained 3 pounds, since admission). Pulse 84. While out on the grounds today, Patient made his escape from the Attendants. A diligent search was made for him, but without avail.
" 4 Aug 4/93. A full description of patient has been made out, printed in about 50 card and mailed to the different Sheriffs & Chief of Police in the Country in the hope that, in this way, he may be traced up & returned to this Hospital.

(Crossed off the Records – was illegally committed)

Personal and Medical History of Bendik S. Yunesdal

Whole No. 3444

Residence, Minneapolis, Minn.

Date Admission, July 14th 1893

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

How Sent, Jno H. Steele, Jail P, Hennepin County

Sex, 38 Years

Age, Male

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Carpenter

Degree Education, None

Family Physician J. G. Skaro Nyes, Minn

Profession Religion, Norwegian Lutheran

Habits, Not intemperate —

Nativity, Norway (parents also born there).

Physicians Committing, Chas E. Rogers & E. S. Hart

Correspondents, Rev. O. P. Vaugsnes Nyes, Minn.

No. for Year, 326.

Insane Relatives, none so far as can be learned.

Cause Exciting, not known

Cause Predisposing, ——

Form, Manic Chronic

Accompanying Bodily Disorder, none noted

Suicidal or Not, not

Date of this Attack, found 2 years ago

Duration, some 2 years.

No. of Attack, 1st

No. of Admissions, 1

Age First Attack, about 36.

Time of Leaving, may 8/96.

Time in Hospital, 2 years: 9 mo & 24 ds

Result, Died: Marasmus

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Exd by D. Phelps, July 24/93.

MENTAL ACTIVITY:

Clear or Confused, somewhat Confused

Quick or Sluggish, quick

MEMORY:

Past Events, probably a little impaired

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, moderately alert.

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, rather poor.

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Normal

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, Systematized

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Yes.

ILLUSIONS:

CONVERSATION: patient describes hallucinations

Coherent or Incoherent, Says "Something working

Voluble or Reticent, in him like machinery" -

"for past 5 years" - "It can talk"; "calls it the Devil"

GENERAL DESCRIPTIVE REMARKS:

Describes certain "Sensations"; at one time something striking his head & at another time, something around his neck & thoroughly believes that this influence is about him all the time. Conversation is quite incoherent, although able to give a fair account of his life outside of this.

Personal and Medical History of Bendik S. Yunesdal.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8 in WEIGHT, 166 lbs. NUTRITION, Quite Good.

WOUNDS OR ABNORMALITIES, No wounds. Hollow over sternum; small lump on back (Ex. stopped 4 ds by)

TONGUE, Tremors, some Coatings, none Promptness Movement, fairly prompt

Size, normal

Accommodation,

Re Bendik S. Yunesdal

Petition of Ole Hovelson that Reverend O. P Vaugsness be appointed Guardian. to be heard on 12th Febry 1894 - Petition served on said B.S. Yunesdal by Dr. A.J.K. also admission made of service on Dr. A.J.K. + affidavit made before H. S. Knapp Jany 29/94

Steady, Eye Shut, Sway None.

Tongue, None

General, — aglog —

Stirred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART

Case No. 3414. B.S. Yunesdal. Vol. 23.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal, kept	Constipated,	Irregular,
APPETITE, Good, Record	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, Mother dead — Don't know cause —

Father or Pat. Relations, Father dead — Don't know cause —

Brothers or Sisters, Says none of family ever "out of head" —

Personal and Medical History

Whole No. 3444

Residence, Minneapolis, Minn.

Date Admission, July 14th 1893

Admitted by D. Phelps Hour 7 PM.

How Sent, Jno. A. Steele, Jof P. Hennepin County

Sex, 38 years

Age, Male

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Carpenter

Degree Education, None.

Profession Religion, Norwegian Lutheran

Habits, Not intemperate —

Nativity, Norway (Parents also born there).

Physicians Committing, Chas. E. Rogers & E. S. Hart

Correspondents, Rev. O. P. Vaughnes Nipes, Minn.

Family Physician E. S. Hart Nipes, Minn

Cau

Cause

Form,

Accompanyin

Suicidal or Not,

Date of this Attack

Duration, Some

No. of Attack, 1st

No. of Admissions, 1

Age First Attack, about

Time of Leaving, May 0

Time in Hospital, 2 years 1 mo & 24 ds

Result, Died: Marasmus

EXAMINATION ON ADMISSION.

Exd by D. Phelps, July 25th 93.

MENTAL CHARACTERI

MENTAL ACTIVITY:

Clear or Confused, Somewhat Confuse

Quick or Sluggish, quick

MEMORY:

Past Events, probably a little impaired.

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Moderately alert.

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, rather poor.

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Describes certain "Sensations"; at one time something striking his head & at another time, something around his neck & thoroughly believes that this influence is about him all the time. Conversation is quite incoherent, although able to give a fair account of his life outside of this.

Depressed,

DELUSIONS:

Systematized or Not, Systematized

Special Subjects,

Transitory or Not,

HALLUCINATIONS: See.

ILLUSIONS:

CONVERSATION: Patient describes hallucination

Coherent or Incoherent, Says "Something working in him like machinery" - "for past 5 years" - "It can talk"; "calls it the devil"

Voluble or Reticent,

Personal and Medical History of Berdik S. Gunesdal.

EXAMINATION ON ADMISSION. (Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8 in. WEIGHT, 166 lbs. NUTRITION, Quite Good.

WOUNDS OR ABNORMALITIES, No wounds. Hollow over Sternum; Small lump on back (Ex. Phelps & Dr).

~~TONGUE~~, Tremors, None Coatings, None Promptness Movement, Fairly prompt

PUPILS, Equality, Equal Size, normal

Response Light, Yes Accommodation,

SIGHT, Good

HEARING, Good

CO-ORDINATION, Arms, Finger to nose, Eyes shut, Good.

Legs, Standing on foot, quite good. Standing, Eyes Shut, Sway some.

TREMORS, Hands, None Tongue, None

Facial Muscles, ~~General~~, — a flegs —

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, ~~Hesitating~~, Fairly Good ~~Slurred~~,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, 1st Sound like "Snapping of String" —

LUNGS, Sounds good —

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal, Kept	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good, Reads	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 dead — Don't know cause —

Father or Pat. Relations, Father dead — don't know cause —

Brothers or Sisters, Says none of family ever "out of head" —

1893

Was brought here by Deputy Sheriff Adolph Peterson, and Rev. Gjertsen, with following history, nothing can be learned as to history of cause, antecedity or heredity. This is 1st attack; has never been in Hospital. First symptoms were manifested some 2 years ago; disease appears to be increasing. Is variable; as soon as subject is mentioned he becomes more or less rambling in his talk & explanations. Derangement is now manifested by the belief that parties are trying to get hold of his property. Is neither disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of intemperance in parents or patient, nor of any severe disease or injury to head. Has not been restrained or Confined. Supposed cause of the disease is not known. Has not been under treatment, neither Consulted a Dr.

On personal examination, shows a disposition to talk Continuously, in a rambling manner, when questioned. Says that he owns land and that people are trying to get it from him, without paying for it - appearance was healthy-looking - Gets excited when talking about his property -

July 14 July 14/93. On admission, was quiet. Put out 13⁷. Pulse 78. T(e) refused. Bodily condition is
" 15 quite clean. Has a small bunch on back. July 15/93. Slept 7 hours last night & was quiet.
Am. Pulse 74. Pm. Pulse 74. T(e) both times, refused. Is stubborn. Sits quietly, apart from the
others, most of the time. Ate no food today. Says "he does not have to stay here"; tried to elope today.
" 16 July 16/93. Rested well (7 hours) last night. Am. Pulse 78. Is quiet & indifferent. Ate nothing today.
" 17 July 17/93. Slept 8 hours last night. Was very stubborn today; wanted to go home. Refused to return
from the corner-grove today, with the rest & had to be carried back to the ward. Am Pulse 76. Again
" 18 refused all food today (the 3rd day). July 18/93. Rested & slept well last night. Am. Pulse 80.
" 19 Ate very well today. There seems a slight improvement in him over previous days. July 19/93. Cautious
& suspicious. Appetite good. Talks to his fellow-patients; reads some; seems to take an interest in
" 20 things going on around him. July 20/93. Reads; talks quite freely; is very anxious to go home.
" 21 July 21/93. "Thinks he is down here on account of a scheme"; "Is all right." Appetite quite good.
Is quiet & well-behaved. Goes out walking, but keeps by himself most of the time, apart from others.
" 23 July 23/93. Reads some. Walks. Speaks when addressed. Appetite is changeable.
" 24 July 24/93. Very quiet & reticent. Will not work: Says "when he works, it will not be in here."
" 25/28 July 25/93. Inclined to be stubborn. Works some. appetite changeable. July 28/93. Continues
about as described, during the past week or so. Very quiet. Obstinate at times. Still refuses
& declines to do any work. For the past 10 nights, has rested & slept uniformly well, 8 hours each night.
Pulse has, from the first, been about normal. Appetite has been changeable but he does not
now refuse food as he did during the first week of his stay here. Talks but very little & then
generally about going home. Reads some & goes out walking with his ward, quite regularly.
" 31 July 31/93. Appetite fair. Bowels generally regular. Sits in a settee, most of the time, while in the
hall. There, as also while outside on the grounds, keeps apart from the others, only occasionally speaking
to them when near. Wants to leave here & occasionally tries to walk away. Does no work. Is quiet, but
a peculiar, uncertain man. Denies any reasons for staying here. Infact, teases to go home.
Aug 3/31 Aug 3/93. Weight 162½ lbs. Aug 31/93. Appetite good. Bowels, generally regular. Bodily
Condition seems good. Talks but little. Reads some. Does no work.
Sep 8/30 Sep 8/93. Wt 174 lbs (A gain of 11½ lbs in past 5 weeks). Sep 30/93. Seems to be getting along
well. Talks quite freely now. Quiet & well-behaved. Keeps by himself, a good deal.

1893

Oct 3/10 Oct 3/93. Wt 175 pounds. Pulse 76. Oct 20/93. Has continued quiet & well-behaved. Clean,
" 30 tidy & of good personal habits. Was today transfered to B¹. — Oct 30/93. Has become quite
troublesome, at times, of late. Has spells, wanting the Attendant to let him out of the ward.
Says he has business in St Paul & must see after it. Is easily excited & sometimes gets ugly;
Does not do any work. Appetite is poor.
Nov 7/30 Nov 2/93. Wt 173 lbs. Pulse 79. Nov 30/93. Apparently rests & sleeps well, at night. Appetite
still poor; bowels regular. Acts very strangely at times; laughing very hard to himself; rubbing his face
with his hands &c. Does not care to talk. Is mean and stubborn. Will not help with work.
Dec 7/31 Dec 2/93. Wt 172½ lbs. Pulse 85. Dec 31/93. No change since last report.
Jan 7/31 Jan 2/94. Wt 174½ " " 86. Jan 31/93. Appetite is improving. Sound. When spoken to, will
never give a civil answer. Still has "foolish spells" of laughing to himself &c. Is easily excited;
quite contrary & hard to make to understand. Seems to have no ambition. Does no work.
Feb 7/21 Feb 7/94. Wt 175½ lbs. Pulse 90. Feb 21/94. Is a quiet patient but contrary and ugly, at times.
Tries to escape while out walking. Otherwise, about as described in Jan 31st note. Shows some
delusions. Now, has the idea that people in Minneapolis are trying to take his property from him.
Feb 14 Feb 14/94. This patient was committed here under the "Law of 1893" recently declared uncon-
-stitutional. He was today Taken out and Returned under a new Warrant from Olmsted Co.
" 28 Feby 28/94. No material change to report from what is stated in last general note, above.
Mar 3/31 March 3/94. Wt 174½ lbs. Pulse 86. March 31/94. Keeps about the same: has spells of laughing
to himself. Is mean & ugly, at times; not willing to do anything he is asked: hard to reason with.
Still holds to the delusions above mentioned. Appetite good; bowels regular. Physical Condition Good.
Apl 7/30 April 2/94 Wt 174 lbs. Pulse 55. April 30/94. No material change. Still has "ugly & obstinate spells"
May 3 Wt 178 lbs, p. 92. May 31st Mean disposition, disagreeable & contrary. Good appetite. —
June 2 Transferred to B 3. has been acting ugly & contrary for past 2 weeks - would neither bathe
" 30 or be shaven. 25th Appetite good. Bowels regular, behavior quiet - hardly ever speaks to any-
one, habits clean - is inclined to be stubborn & contrary, not inclined to work. —
July 2/31 Wt 174 lbs p. 78. July 31st - No change. Still quite frequently shows his mean disposition
Aug 1/31 Aug 1/94. Wt 171 lbs. Pulse 70. Aug 31/94. Conduct & behavior do not change any. He is quite often
contrary & stubborn. Habits filthy, spitting on floor & walls. Hardly ever speaks to anyone. Does no work.
Sep 3/10 Sep 3/94. Wt 170 lbs. Pulse 78. Sep 10/94. No change. Was, to day, transfered to the Annex.
" 30 Sep 30/94. There is nothing special to report since patient came on this ward. His conduct &
behavior are about as usual: mental condition about the same. Oct 31/94 No change to note.
Oct 31 to Nov 30 Dec 31 1894 Jany 31 to Apl 30 — During these 3 months, patient has been quiet, sits in one place, most of the time, and
seldom speaks. Does no work. Habits clean; dress neat. Physical health is good.
May 1 to July 31 — During this quarter, patient has been about the same, in every way. He has been quiet, & indolent, at times, stubborn — Seldom speaks: does no work. Habits clean: health seems good.
During these 3 months, no noticeable change, in any way. He has been stupid and stubborn; never speaking: Does no work. Habits clean: Health is good. —

— Carried to 396 —

Personal and Medical History of E. P. Kimball

Whole No. 3417.
Residence, Hatthaw, Mower County, Minn.
Date Admission, 15th July 1893
Admitted by D. Kilbourne Hour, 11.30. P.M.
How Sent, S.S. Washburn, Jof P, Mower County
Sex, Male.
Age, 33 years
Civil Condition, married
Children, —
Age Youngest Child, —
Occupation, Telegraph Operator
Degree Education, quite fair
Profession Religion, Universalist
Habits, Not intemperate
Nativity, Middleton (Mass); Mother (Mass.) Father (New Hampshire)
Physicians Committing, C. H. Johnson & A. W. Allen.
Correspondents, F. W. Kimball, brother, Austin, Minn.

No. for Year, 329.
Insane Relatives, None
Cause Exciting, Family trouble & loss of money
Cause Predisposing, probably attack of brain fever when 2 yrs old.
Form, Paranoia
Accompanying Bodily Disorder, — - —
Suicidal or Not, not
Date of this Attack, about 6 weeks ago
Duration, about 6 weeks.
No. of Attack, 1st
No. of Admissions, 1
Age First Attack, 33 years
Time of Leaving, Dec. 27. '93
Time in Hospital, 7 mo. 12 da.
Result, Rec.

Discharged from Hospital when not committed

Family Physician
D. Rawson, Dodge Centre, Minn.

EXAMINATION ON ADMISSION.

Exd by D. Phelps July 21/93 -

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, very little Confusion.
Quick or Sluggish, fairly quick.

MEMORY:
Past Events, } apparently good.
Recent Events, }
Special Subjects, }

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, fair
Own Mental State,
Special Subjects, poor

GENERAL DESCRIPTIVE REMARKS:
Has some drink habits, but says not to excess. Seems to want to produce electricity from ordinary air by help of Chemistry. Aside from these subjects he gives a tolerably fair account of his life without any very unusual statements of any kind.

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

DELUSIONS:
Systematized or Not, } Systematized, Concerning
Special Subjects, } mota Rocks & Chemics
Transitory or Not, }

HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: very voluble; describes his
Coherent or Incoherent, } motor project in sentences
Voluble or Reticent, } which are not rational or
Correct enough to have defined meaning -

Personal and Medical History of E. P. Kimball

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, average about 135 pds NUTRITION, seems quite good.
WOUNDS OR ABNORMALITIES, some slight Scars on hands & legs.
TONGUE, Tremors, — Coatings, reddish — (Creases in it) Promptness Movement, Quite prompt
PUPILS, Equality, Equal Size, Normal
Response Light, yes Accommodation,
SIGHT, Good
HEARING, Good
CO-ORDINATION, Arms, } Shows slight trembling, but no distinct incoordination. Finger to nose, yes
Legs, } Shut, some inaccuracy; standing erect, somewhat unsteady. —
TREMORS, Hands, some Tongue, ✓
Facial Muscles, General,
REFLEXES, Patellar, Equal — & brisk —
Other Reflexes,
ARTICULATION, ~~Hesitating,~~ Good ~~Slurred,~~
FACIAL EXPRESSION, Good —
SENSIBILITY,
HEART, Sounds good.
LUNGS, Sounds good.
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Regular except 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

Was brought here by J. W. Kimball (brother) with the following history. No history of heredity, or consanguinity. This is the 1st attack; symptoms manifested about 6 weeks ago, in constructing a motor. Disease seems to be increasing; not variable; no rational intervals. Derangement now shown in this same subject of the electric motor construction. Has shown a disposition to injure others. Is neither suicidal, nor filthy nor destructive; no peculiarities &c previously shown. Is not intemperate. When a child, about 2 years old, he had a severe attack of brain fever. Has not been restrained or confined nor under medical treatment. Supposed cause of the disease is family trouble & loss of money. On personal examination, find electricity to be his main hobby; the only thing he wants to talk about.

July 15 July 15/93. Was as admission, but on B[d]. Pulse 80. T(a) 99.2. Bodily condition clean. No injuries or
" 16 peculiarities noted. July 16/93. Slept but 2 hours last night; was very restless when awake. —
Am. Pulse 78. T(a) 99. Pm. Pulse 74. T(a) 99.2. This morning was very excited; praying. Reads
the papers some. Talks freely; no delusions noted. Appetite medium; bowels constipated.
" 17 No complaints; no injuries; no cough noticed. July 17/93. Was quite noisy & out of bed for 2 hrs,
restless for 6 hours, sleeping but 2 hours, last night. Am. Pulse 76. T(a) 98.6. Is very quietly-behaved;
talks freely; walks about ward quietly. Appetite medium. Pm. Pulse 78. T(a) 98.8. —
" 18 July 18/93. Slept 7 hours last night; slightly noisy for an hour or so. Am. Pulse 74. Walks quietly
" 19 about ward. Seems slightly nervous. Appetite quite good. July 19/93. Slept about 7 hours last night;
was very quiet while awake. Am. Pulse 72. Is nervous & excitable - appetite fairly good. Talks the
" 20 greater part of the time & rather disconnectedly. Bowels are constipated. July 20/93. Slept & rested
well (8 hours), last night. Appetite good. Does some work on the ward. Bowels still constipated.
" 21 July 21/93. Walks about hall. Talks with his fellow-patients most of the time. Appetite fairly good.
" 22 Constipation persists. July 22/93. No delusions noticed. Seems rather excited at times - appetite medium
" 23 July 23/93. Was given laxative. Works on ward quite willingly, when asked. Talks freely. —
" 25 July 25/93. Becomes somewhat excited, & gives the patients a "lecture", occasionally. July 26/93. His
" 29 bowels are, now, generally free. July 29/93. For the past 9 nights, patient has been resting and
sleeping well (8 hours) each night. Pulse is normal. Has been well-behaved & quiet, though he
occasionally gets excited, & talks loudly at times; appetite has, as a rule, been good & bowels have now
become more regular. Works quite well on the ward. Talks quite freely with his fellow-patients.
Though he does not often now speak of his delusions (concerning motor & other schemes)
yet it is thought he still holds them, to a certain extent, at least. Head down & goes out
" 31 walking, quite regularly, with the rest. July 31/93. Sleep good. Appetite fair. Is troubled with con-
-stipation, at times; Works well & willingly on the hall. Free & quite pleasant in conversation. Is now
always quiet, cheerful, composed & self-contained.

Aug 3/93 Aug 3/93. Pt 106½ Pd. Aug 17/93. Commenced working in kitchen today. Aug 15/93. Quit working
" 18 in the kitchen. Does not seem to have been of much service there. Aug 18/93. Complains, today, of
" 21 neuralgic pains in face & toothache. Aug 21/93. Has continued quiet & well-behaved. Was today,
" 31 moved to B. East. Aug 31/93. Is quite a hand to talk. Does some reading. Fond of company,
but does not take part in games. Inclined to be idle & inactive. Does no work.

Sep 1/93 Sep 1/93. Pt 106½ Pd. Pulse 76. Sep 19/93. Quite apt to find fault. Hard to suit. Has some
" 30 silly ways, & will talk on one subject for a great length of time. Sep 30/93. Rather of a bragging

Kimball
Apr 26-93

[illegible]

ual kinds of Short-hand, &c &c".
trouble with another patient (J. Dickenson) &
ved some things and have been orderly patient.
ittle to his mother
ome, write often
her, you are a good
y youthe measurements of the smartest men
nches in length. eration, are appended.
coat and vest should
close, but I want my Appears improving
r old pants in the very quiet.
clothes to some
nent with you and Willing worker in ward.
ing for Eddy? Write neat, clean & of good habits.
an, that I am sick has gained a good
get from her, if I
Eddy.
me, near Austin.

and baked beans
to eat and drink out
— was illegally (committed)
rnished, so I can be

1893

Was brought here by J. W. Kimball (brother) with the foll
- quiring. This is the 1st attack; symptoms manifested c
Disease seems to be increasing; not variable; no rational intervals
of the electric mota Construction. Has shown a disposition to
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he has a severe attack of brain fever. Has not been restra
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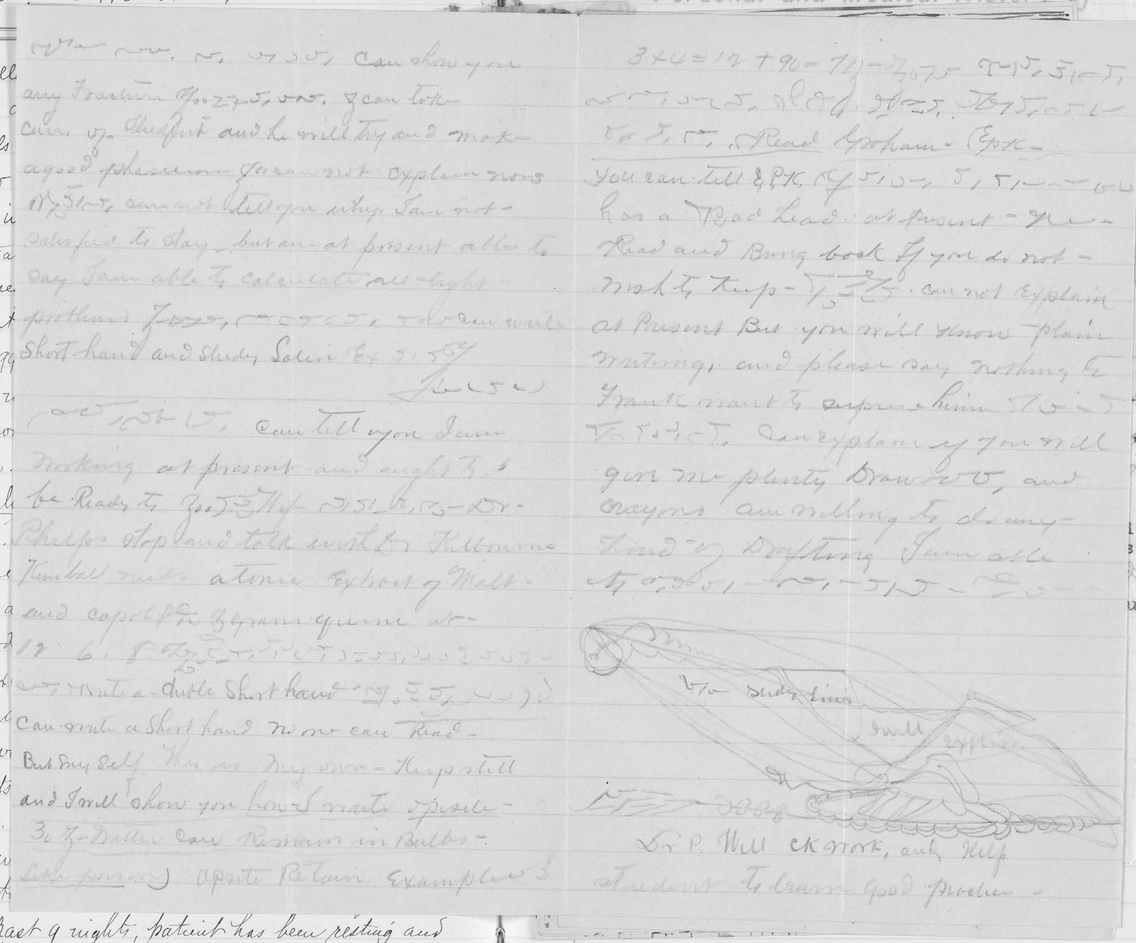
July 15 July 15/93. Was as admission, but on B[d]. Pulse 8. T(e) 99
" 16 peculiarities noted. July 16/93. Slept but 2 hours last n
Am. Pulse 78. T(e) 99. Pm. Pulse 96. T(e) 99.2. This mo
the papers some. Talks freely; no delusions noted.
" 17 no complaints; no injuries; no cough noticed. July
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talks freely; walks about ward quietly. Appetite no
" 18 July 18/93. Slept 7 hours last night; slightly noisy for a
" 19 about ward. Seems slightly nervous. Appetite quite good
was very quiet while awake. Am. Pulse 72. Is nervous &
" 20 greater part of the time & rather disconnectedly. Bowels
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become nine regular. Works quite well on the ward. Talks quite freely with his fellow-patients.
Though he does not so often now speak of his delusions (concerning mota & other schemes)
yet it is thought he still holds them, to a certain extent, at least. Reads some & goes out
" 31 walking, quite regularly, with the rest. July 31/93. Sleep good. Appetite fair. Is troubled with con-
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...me, near Austin.
...l and baked beans
...s to eat and drink out
...urnished, so I can be

...have disorderly patient.
...of the smartest men
...eration, are appended.
...93. Appears improving
...Is very quiet.
...cold. Shelling walks mi ward-
...eat, clean & of good habits.
...mother; has gained a good
...was illegally committed)



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occasionally gets excited, & talks loudly at times; Appetite has, as a rule, been good & bowels have now
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" 30 silly ways, & will talk on one subject for a great length of time. Sep 30/93. Rather of a bagging

Ed Kimball Sept-25-93 file in History

Rochester Minn 9-25 93
Dr P. Kelly.

Compound Fracture of Jaw some years ago & has much trouble. Can you give me good treatment. 3/9-0-2 3 0 0 3 C C O T. If can cure & restore good health and also work of patient: If so, what Wood meal in B. & 3 but can you tell me what are the approximate time can you present acute for Sept and Oct. the diaphoresis & Nervous System For Mr. Mc. Dont get mad. I am a Student and can explain all. Dont try to make me sick or crazy for I E T ... at Delano

...eal kind of Short hand &c &c".
...trouble with another patient (J Dickenson) &
...eed some things and
...ittle to his mother
...come, write often
...her, you are a good
...e youthe measurements
...ches in length.
...coat and vest should
...close, but I want my
...f old pants in the
... clothes to some
...ment with you and
...ing for Eddy? Write
...an, that I am sick
...u get from her, if I

...much
Eddy.
...ome, near Austria.

...l and baked beans
...s to eat and drink out
...d — was illegally (connected)
...urnished, so I can be

...laved & orderly patient.
...the Quartest men
...eration, are appended.
Appears improving
...very quiet.
...telling untruthfulness -
...neat, clean & of good habits.
...; has gained a good

1893

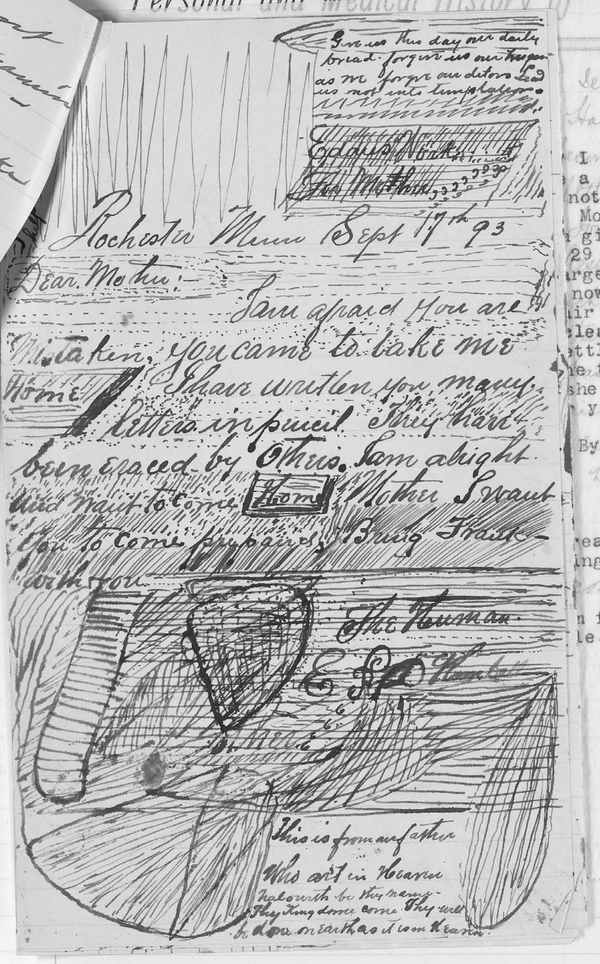
Was brought here by J.H. Kimball (brother) with th
-guinity. This is the 1st attack; symptoms main
Disease seems to be increasing, not variable; no ratio
of the electric mota Construction. Has shown a
nor destructive; no peculiarities &c previously
he has a severe attack of brain fever.
Supposed cause of the disease is family
to be his main hobby; the only thing

July 15 July 15/93. Was as admission, but
" 16 peculiarities noted. July 16/93
Am. Pulse 78. T(o) 99. Pm.
the papers some. Talks fr
" 17 no complaints; no injur
prefers to 6 hours, sleeping thr
talks freely; walks about ward
" 18 July 18/93. Slept 7 hours lasting
" 19 about ward. Seems slightly nervo
was very quiet while awake. Am.
" 20 greater part of the time & rather disconnec
well (8 hours), last night. Appetite good. Does some
" 21 July 21/93. Walks about hall. Talks with his fellow-patients mo
" 22 Constipation persists. July 22/93. No delusions noticed. Seems rather
" 23 July 23/93. Was given laxative. Works on ward quite willingly, when asked. Talks freely.
" 25/26 July 25/93. Becomes somewhat excited, & gives the patients a "lecture", occasionally. July 26/93. His
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occasionally gets excited, & talks loudly at times; Appetite has, as a rule, been good & bowels have now
become quite regular. Works quite well on the ward. Talks quite freely with his fellow-patients.
Though he does not so often now speak of his delusions (concerning motor & other schemes)
yet it is thought he still holds them, to a certain extent, at least. Reads some & goes out
" 31 walking, quite regularly, with the rest. July 31/93. Sleep good. Appetite fair. Is troubled with con-
-stipation, at times; Works well & willingly on the hall. Nice & quite pleasant in conversation. Is now
always quiet, cheerful, composed & self-contained.

Aug 3/93 Aug 3/93. Wt 106½ lbs. Aug 11/93. Commenced working in kitchen, today. Aug 15/93. Quit working
" 18 in the kitchen. Does not seem to have been of much service there. Aug 18/93. Complains, today, of
" 21 neuralgic pains in face & toothache. Aug 21/93. Has continued quiet & well-behaved: Works busily,
" 31 moved to W. East. Aug 31/93. Is quite a hand to talk. Does some reading. Fond of company,
but does not take part in games. Inclined to be idle & inactive. Does no work.

Sep 1/93 Sep 1/93. Wt 106½ lbs. Pulse 76. Sep 11/93. Quite apt to find fault. Hard to suit. Has some
" 30 silly ways, & will talk on one subject for a great length of time. Sep 30/93. Rather of a lagging

Several kinds of Shat-hand, &c &c".
Had trouble with another patient (7 Dickenson) &
I need some things and
a little to his mother
not come, write often
Mother, you are a good
give youthe measurements
29 inches in length.
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Bye,
Eddy.
read and baked beans
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n furnished, so I can be
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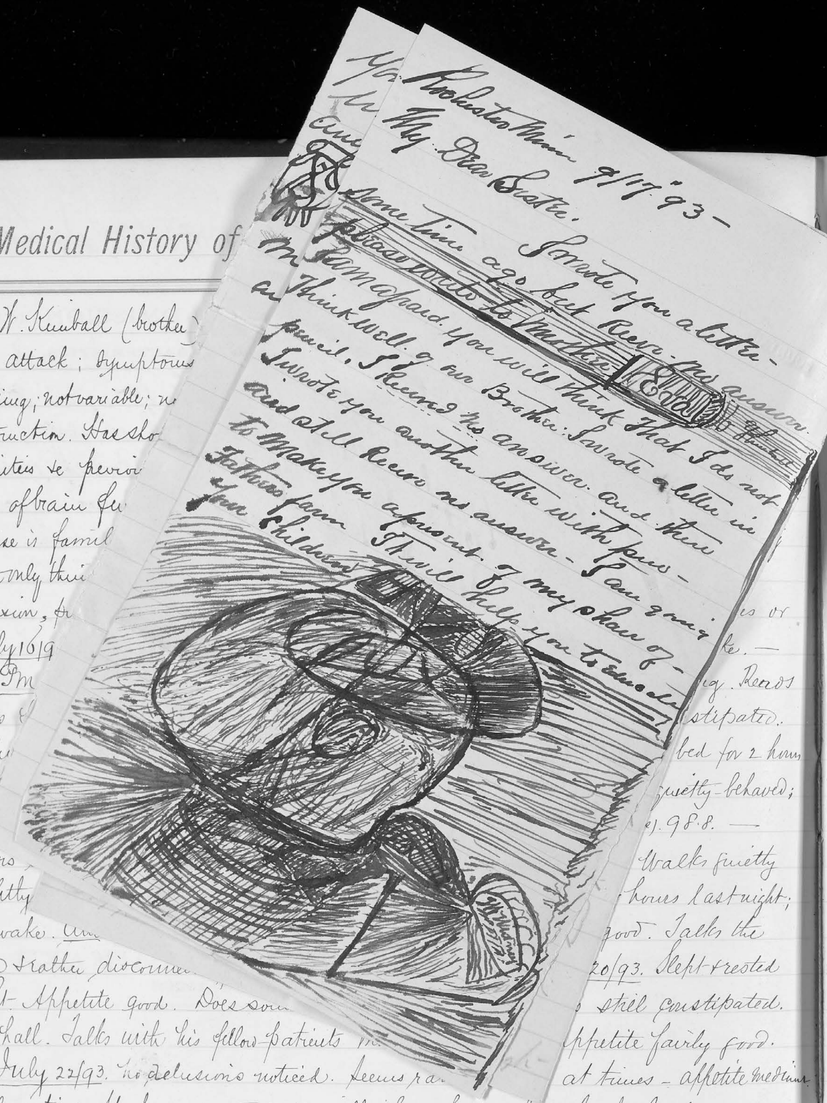
1893

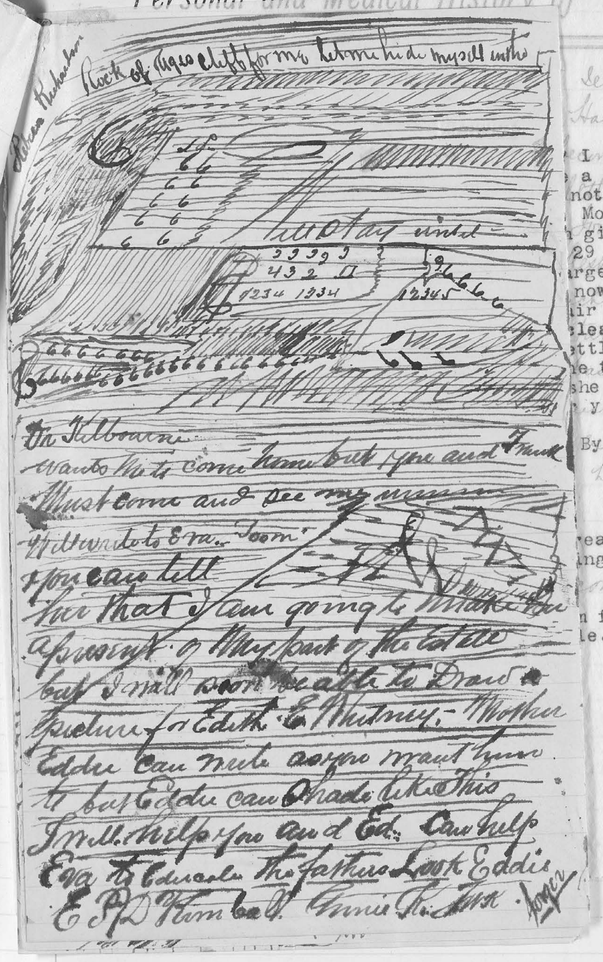
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a little to his mother
not come, write often
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give you the measurements
29 inches in length.
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you get from her, if I

Bye,
Eddy.

ead and baked beans
ings to eat and drink out
n furnished, so I can be
le.

behaved & orderly patient.
of the smartest men
neration, are appended.
Appears improving
Is very quiet.
Willing worker on ward -
eat, clean & of good habits.
; has gained a good

(committed)

1893

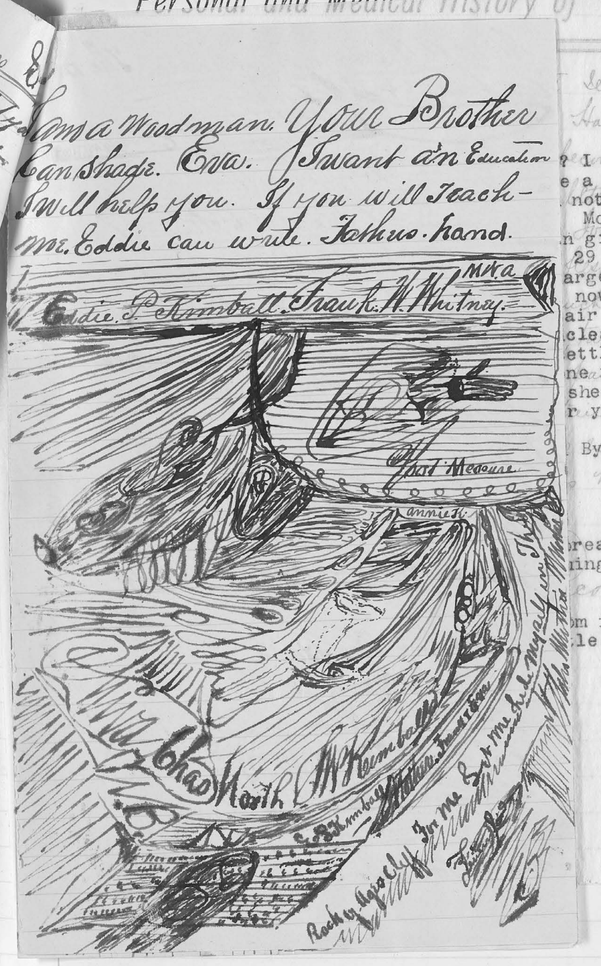
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of the quartest men
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Appears improving
Is very quiet.
Chilling water in ward.
neat, clean & of good habits.
; has gained a good
home, near Austin
much
was illegally committed)

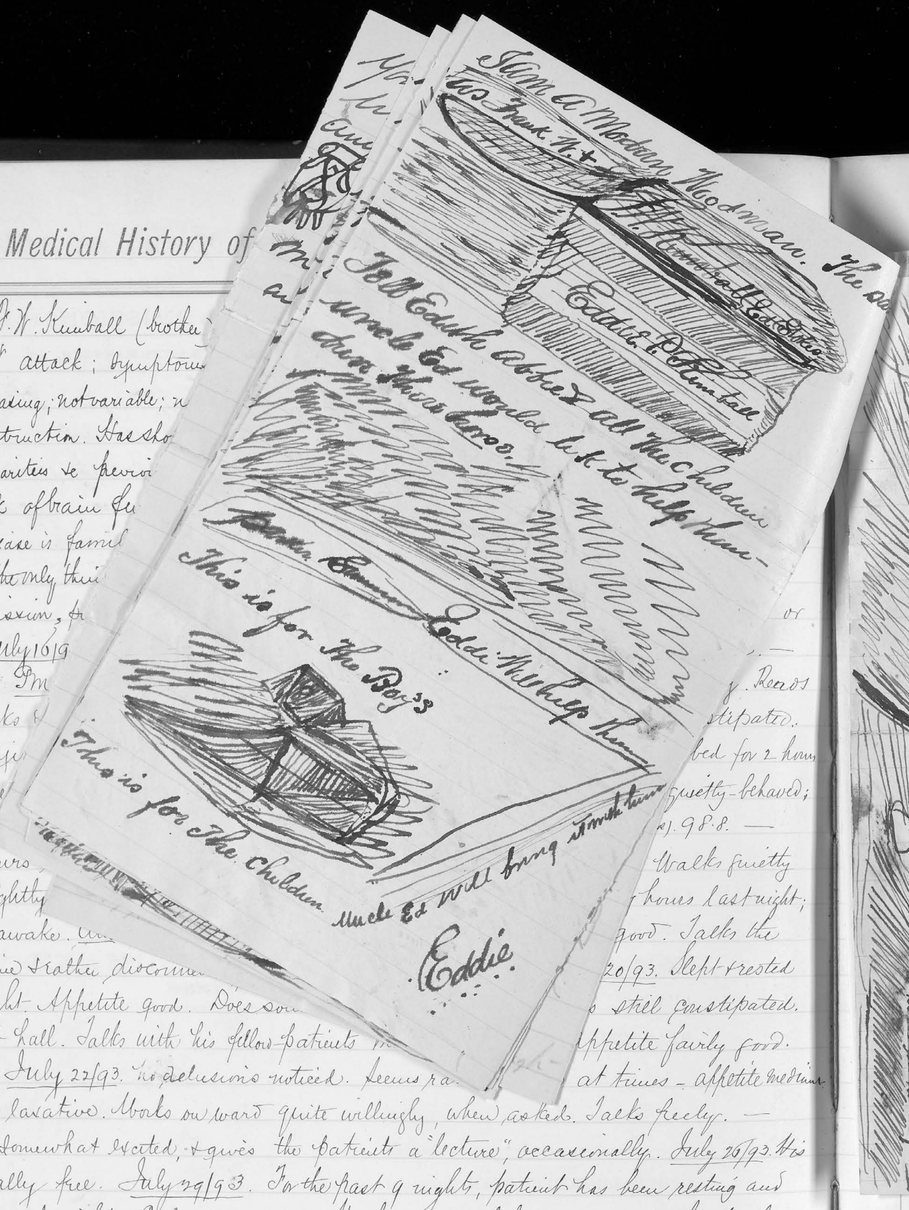
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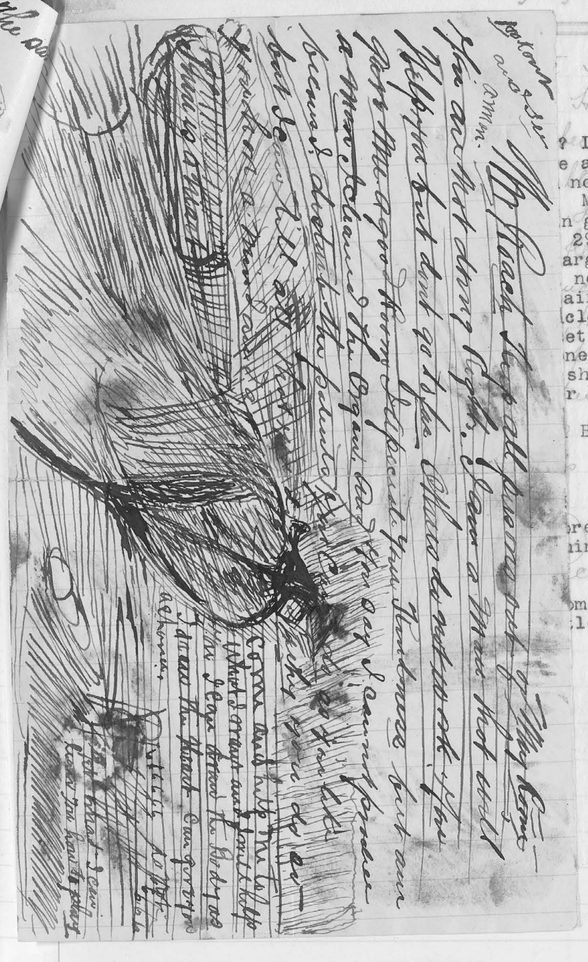
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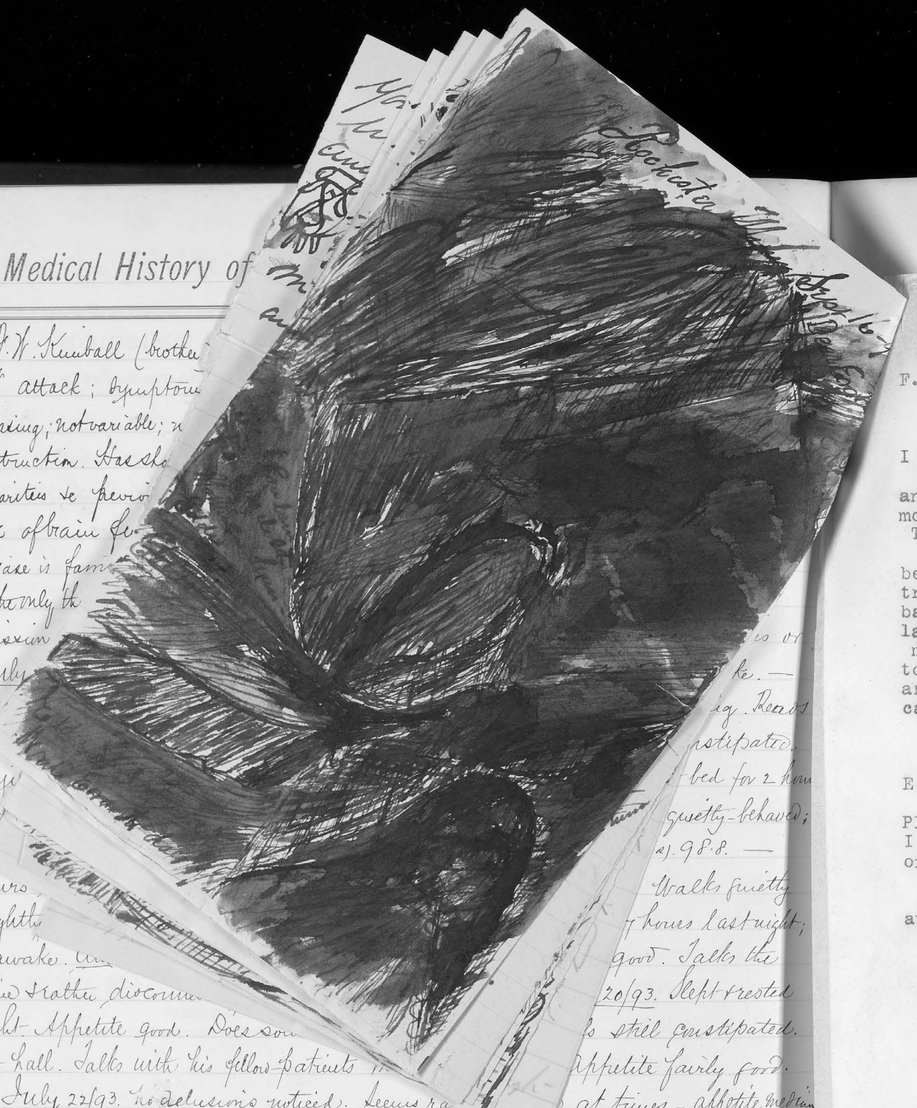
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F.W.Kimball, Esq., Austin, Minnesota.

My Dear brother Frank:-

Can you come and see me? I need some things and I am in need of a treatment. Ed will write a little to his mother Would like to see you all, but if you can not come, write often and send me some papers so that I can read. Mother, you are a good mother, send me a good suit of clothes. Can give youthe measurements The pants will measure in waist 32 inches, 29 inches in length. Store-keeper or tailor can tell you how large coat and vest should be, as I am a common sized man. Ed, will now close, but I want my trunk sent and you can find keys and that pair of old pants in the back kitchen, and you can send all the unclean clothes to some laundry, and when I come home will make a settlement with you and mother, and will say, will you mother do one thing for Eddy? Write to Eddy's wife and tell her to do the best she can, that I am sick and at present in Hospital. Send anybletter you get from her, if I can receive them; if not, keep them.

Good Bye,

Eddy.

E.P.Kimball,)

Please send me eatabl s from home such as bread and baked beans I also want my own bed clothes, and also things to eat and drink out of.

E.P.Kimball.

If I am to stop long, will have a room furnished, so I can be at home and do some drafting, after a little.

1893

"Was brought here by D.F. Re[illegible]
- quinity. This is the 1st [illegible]
Disease seems to be increasing [illegible]
of [illegible]
[illegible] electric mota Construction [illegible]
destructive: no preambitor [illegible]
had a severe attack of [illegible]
supposed cause of his disease [illegible]
to be his main hobby.

July 15 July 15/93. Was av[illegible] or
" 16 peculiarities noted. [illegible] —
Am. Pulse 78. T(o) 99 [illegible] g. Reads
the papers some. Ta[illegible] stipated.
" 17 no complaints; no [illegible] bed for 2 hours
restless for 6 hours, sl[illegible] quietly-behaved;
talks freely; walks [illegible] (a). 988. —
" 18 July 18/93. Slept 7 hours [illegible] f. Walks quietly
" 19 about ward. Seems slight[illegible] 7 hours last night;
was very quiet while awake. [illegible] good. Talks the
" 20 greater part of the time & rather disconnec[illegible] 20/93. Slept & rested
well, (8 hours), last night. Appetite good. Does some[illegible] ls still constipated.
" 21 July 21/93. Walks about hall. Talks with his fellow-patients [illegible] Appetite fairly good.
" 22 Constipation persists. July 22/93. No delusions noticed. Seems ra[illegible] at times - appetite medium
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but does not take part in games. Inclined to be idle & inactive. Does no work.

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" 30 silly ways, & will talk in an [illegible] subject for a great length of time. Sep 30/93. Rather of a bragging

93
and boastful nature. Says he can write several kinds of Short-hand, &c &c".
Oct 4 Oct 4/93. Wt 108½ lbs. Pulse 90. Oct 13/93. Had trouble with another patient (7 Dickensons) &
" 30 13 got his head hurt a little. Oct 30/93. Has become quite a well-behaved & orderly patient.
Works in the dining-room. Writes many letters. Thinks he is one of the smartest men
in the world. Has changed since coming. Some of letters, showing degeneration, are appended.
Nov 2 (Nov 2/93. Wt 113½ lbs (showing some gain in flesh). Pulse 70. Nov 30/93. Appears improving
30 some. Does not talk about going home, so much as before. Is contented. Is very quiet.
Appetite good. Bowels regular. Is at present, taking medicine for a cold. Chilling water on ward.
Dec Dec 1/93. Wt 120 lbs (a gain of 6½ lbs in past month). Pulse 76. Is neat, clean & of good habits.
" 27 Dec 27/93. He has been a well-behaved patient for the past 2 months; has gained a good
deal in flesh and has otherwise, improved very much.
Was, today, returned to his home, near Austin.

(Crossed off the Records — was illegally Committed)

Personal and Medical History of Martin V. Postle

Whole No. 3420.
Residence, Bloomfield Minn.
Date Admission, 19th July 1893.
Admitted by D. Phelps Hour, 3:10 PM.
How Sent, E. V. Farrington Sup't. Fillmore Co.
Sex, Male
Age, 45 Years
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Laborer
Degree Education, Common School
Profession Religion, Roman Catholic
Habits, temperate. —
Nativity, Wisconsin (Father, N.Y. mother, Vermont)
Physicians Committing, J. H. Phillips & G. A. Love
Correspondents, (name & address given in "Papers") —
Family Physician & Specialist, Etna. Minn.

No. for Year, 332.
Insane Relatives, None
Cause Exciting, Injury to head
Cause Predisposing, previous attacks.
Form, Paranoia
Accompanying Bodily Disorder, Head injury when a boy
Suicidal or Not, Not
Date of this Attack, about 3 months ago.
Duration, about 3 months.
No. of Attack, Continuous for 20 years.
No. of Admissions, 1
Age First Attack, about 25
Time of Leaving,
Time in Hospital,
Result,

Mrs A Postle P.M. Etna Minn

EXAMINATION ON ADMISSION.

Ex'd by D. Phelps, July 21/93.

MENTAL CHARACTERISTICS.

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

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

PERCEPTIVITY:
Alert or Dull, Quite quick
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, Seems fairly good
Own Mental State, (See notes below) *
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, Quiet & self-possessed.
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not, None detected.
Special Subjects,
Transitory or Not,

HALLUCINATIONS: None detected.
ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Accurate
Voluble or Reticent, Prompt

GENERAL DESCRIPTIVE REMARKS:

Denies having denied himself, or having seen ill treated person. Says, was working in woods & while there (cutting wood &c) lived in a stone cellar, near place of work. Says: God commanded him to do certain things; but not to live in a cave &c. Denies masturbation, at anytime. * Concerning patient's mental condition it is to be marked as quite peculiar & is evidently that of Paranoia. As justification of diagnosis of paranoia, we have apparently bright intellectual state, a fair reasoning power, so much so that, in a ½ hour's conversation no positive delusions could be noted, & he even explained away all the charges against him in a quite plausible manner. We have by the history known, a slow invasion of about 20 years, a radical increase of morbid perverted ideas & not withstanding actual delusions to the effect that God commanded him to do acts, which were, to ordinary people, unreasonable & unseemly —

Personal and Medical History of Martin V. Postle

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, Says WEIGHT, 132 (Summer) & 145 (Winter) NUTRITION, Somewhat below normal.
WOUNDS OR ABNORMALITIES, had broken leg 3 or 4 years ago, just above right knee.
TONGUE, Tremors, None — V Shaped — Coatings, Promptness Movement, Fairly prompt.
PUPILS, Equality, Equal Size, about normal
Response Light, quite ready. — Accommodation,
SIGHT, Quite Good —
HEARING, Good
CO-ORDINATION, Arms, Finger to nose, Eyes Shut, Quite accurate
Legs, Standing on foot, quite good; Standing, Eyes Shut, Steady. —
TREMORS, Hands, Tongue, none noted
Facial Muscles, none noted General,
REFLEXES, Patellar, Equal — about normal. —
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Fairly Good —
SENSIBILITY,
HEART, Sounds good —
LUNGS, Sounds good —
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, yes Records kept 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, Mother living; quite healthy, he claims.
Father or Pat. Relations, Father died at 62 — rheumatism of heart.
Brothers or Sisters, 2 brothers living — claims healthy; 2 not very healthy: one brother (the oldest) had a stroke of paralysis — now laid up but it is out of his head: at times. —

Personal and Medical History of Martin V. Postle

1893

Was brought here by Deputy J. E. Ford, with the following history. No history of consanguinity or heredity. Has had attacks for 20 years; scarcely ever free from them. First symptoms of this attack were manifested abnt 3 months ago; undressed & goes naked whenever there are any women or girls around. Disease appears to be increasing: no rational intervals; is abnt the same always, now. Derangement is now shown by his exposing his person on every occasion when women are near. Has delusions. Says his actions are because "God Commands Him". Goes & lives in the woods or in a cave for weeks at a time. Is disposed to injure others. Is not suicidal. Inclined to filthy & destructive habits. Patient had his head injured, when a boy. This the supposed cause of the disease. Has not been restrained or confined or under medical treatment. On personal examination, there is nothing in his appearance to indicate insanity except his general nervousness & manner of talking. He justifies his indecent exposure of person on the ground that it was beneficial to the girls, as it satisfied their curiosity. Appearance & manner were excited & nervous.

July 19 — July 19/93. Patient is in fair condition. Was, on admission, put on B3. Examined (stripped) by Dr. Sly - several scars found on right leg, where it was broken, just above knee; some protuberance on head, where he says he was kicked by a horse; several scars on back. No bruises of recent date. Bones all sound. — " —

" 20 — July 20/93. Slept & rested well last night. Is very well-behaved today. Talks very little. Seems quite intelligent. Appetite good; bowels regular; no cough or injuries noted. no complaints.

" 21 — July 21/93. Sleeps & rest, last night also, was good. Appetite good; bowels regular. Quiet & well-behaved

" 22 — Talks a little - Willing to work. Personal habits good. July 22/93. Sleeps well; talks fairly freely; works.

" 23 — July 23/93. Is in quite good physical health. Appetite Good; bowels regular. Rather taciturn but he responds readily to any questions asked him. Was examined, in office, yesterday. Conversation was very free. Manifested an apparently bright intellectual state; explained away all the charges against him in a quite plausible manner. No positive delusions could be noted. Says he is contented to remain

" 25 — here, now that he has been sent here. July 25/93. Continues quiet & well behaved. Works well & willingly.

" 27 — more free in Conversation. Talks rationally. July 27/93. Makes no complaints - Talks little, but to

" 28 — the point - Habits cleanly. July 28/93. In good health & spirits. Seems contented, & cheerful.

" 31 — Still works very willingly. July 31/93. There is no change in Patients condition, since last note.

Augs — Augs/93. Sleeps & rest at night, the night nurse reports, have been uniformly good, ever since admission. Patient has been uniformly quiet & well behaved, of good personal habits and lately has been quite free in conversation. Is anxious & willing to work & does considerable on his ward. Appetite has been good & bowels regular. He is in good physical

" 5 — health & spirits. Seems contented & cheerful. Aug 5/93. Wt 141 pounds, (has gained 9 pounds).

" 30 — Pulse 80. Aug 30/93. Patient apparently rests & sleeps well, at night. Has a fairly good appetite. Bowels are regular; no cough noticed. Is very well-behaved; talks but little. Is daily working in the kitchen. Personal habits are clean & neat.

Sep 14/15 — Sep 14/93. Wt 143 (again, a slight gain). Pulse 75. Sep 15/93. Continues to sleep well, at night. Appetite continues good. Has no cough or other bodily ailment. Talks little but to the point. Has some peculiar delusions regarding his hair and his position in bed; props himself up in an almost sitting posture. Quiet & well behaved & very cleanly in his habits. Continues daily, to work in Kitchen.

" 30 — Sep 30/93. No change to note in either his mental or physical condition.

Personal and Medical History of Martin V. Postle

1893

Oct 3 — Oct 3/93. Wt 145½ pounds. Pulse 70. Is in good physical condition. Habits clean.

" 9 — Oct 9/93. Has today moved to the Annex; (to make room for some old patient on this ward).

" 20 — Oct 20/93. A quiet well-behaved patient; talks very little, but, seemingly, quite rationally. He last day or two has complained of a cold. Given medicine for it. Still works very

" 31 — faithfully & intelligently in the main kitchen. Seems quite contented here. Oct 31/93. He lives along quietly & seemingly contentedly here. Works well. Otherwise, about the same.

Nov 30 — Nov 30/93. There is no change to note in either his mental or physical condition at this date. Is clean, tidy and works daily in the main kitchen. — " —

Dec 3 — Dec 3/93. This evening, after his supper in the kitchen, patient was missed. He was shortly afterward found up the ventilating shaft under the B3 West ward. Said he went up there to fix some

" 31 — holes about the steam radiators &c. He came down willingly. Was taken back to the Annex, and kept in from further work. Dec 31/93. Has been kept in from kitchen work but has helped

Jan 17/94 — some with work in the ward. Is clean & tidy in habit. Does not, otherwise change any. -

Jan 17/94. Has been anxious to get to work again in the main kitchen & was permitted to do so.

" 31 — Jan 31/94. Keeps about as usual. Works daily in the main kitchen. Habits are clean -

Feb 28 — Feb 28/94. No material change - A good & willing worker in kitchen - Health good. —

Mar 2 — March 2/94. This patient was committed here under the "Law of 1893" recently declared unconstitutional. He was, today, Taken out and Returned under "new warrant" from Oneida County -

" 31 — March 31/94. Patient lives along quietly & contentedly here. Works daily in the main kitchen -

Apl 2 — April 2/94. Keeps in good flesh & physical condition. April 30/94. No change to note. -

30 May 29 — Patient - is quiet & generally well-behaved, works in main kitchen, has queer ideas as to his hair & style of wearing it; habits clean, dress neat; speech quite rational,

June — health apparently good. June 29. Former note good up to date. —

July 2 — As change. July 31/94. About as usual. Works in Annex kitchen. Seems in good health -

31 — During these 3 months, patient has continued about as above described. Works in Annex kitchen. Has some

Aug 31 — delusions - and queer ideas about style of wearing his hair. Habit clean. Dress neat. Health is quite good -

Sept 30 — During this period, no special change. He is quiet, works in Annex kitchen; talks quite rationally;

Oct 31 — has queer ideas about his physical condition & ways of wearing his hair. Habit clean. Physical condition good

Nov 30 — During these 3 months, patient's condition has been about as above described. Works in kitchen. Health seems good

Dec 31 — During this period, patient has continued quiet and well-behaved. Has worked in the

1894 — Annex Kitchen. He acts rather peculiarly, at times. Habit clean. Health seems good.

Jany 31 to Apl 30 — During these 3 months, there has been nothing special to note. He has been quiet & well behaved.

May 1 — Seldom speaks. Shows some delusions. Habits clean. health good. Works in Annex kitchen.

June — July 31

Aug 1 — Nov 4/94. Wt 149 pds. Pulse 82. No Dec & to Jany 31/96. no change for the quarter. Quiet. well-behaved.

Sept — works in Annex kitchen. keeps away from others, as much as possible. has peculiarities of dress & toilet

Oct 31 — Habits clean. health good.

Nov 4 — Feb 1/96. Wt 149 pds. Pulse 86. Feb, march & to Apl 30/96. Well-behaved.

Dec — Works in Annex Kitchen. Talks some & quite rationally. Still holds his peculiar ideas as to dress &

Jan 31/96 — wearing his hair. Habits clean; health good. (Dr. C notes. Patient is quite a typical paranoiac).

Febr — Summary Nurses Notes by Dr. Shelp. A quiet, demented case. Can answer questions. Full of queer actions.

Mar — Is usually neat in appearance. No bodily stigmata noted. Wt 154 to 158 lbs

to — See Page 370 Transfer Book A.

Apl 30/96

May 1/96

to

Aug 1/97

Personal and Medical History of Morris R. DePuy

Whole No. 3426

Residence, Minneapolis

Date Admission, 22nd July 1893

Admitted by D. Phelps Hour,

How Sent, John A. Steele Jof P.

Sex, male

Age, 16 Years

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, not given

Degree Education, fair

Profession Religion, not a church me

Habits, not good

Nativity, Illinois (father, Ohio; Mother

Physicians Committing, D. P. O'Brien

Correspondents, Wm. L. E. Fulton (

3703 Nic

for Year, 338.

ane Relatives, father, grandfather, aunt & 2 uncles

use Exciting, heredity, aggravated by habits &c

use Predisposing, Hereditary

rm, Paranoiac Insanity

ecompanying Bodily Disorder, Extreme Nervousness

icidal or Not, not

ite of this Attack, probably recent

uration, probably short

f Attack, 1st real attack

Admissions, 1

First Attack, 16 years

of Leaving, Feb 20 '94

in Hospital, 6 mos 29d

Rec,

DID NOT CHANGE HIM.

Pioneer Press April 9/1961

A Young Man Confesses to a Serious Crime.

A telegram from Columbus, Ohio, says M. R. Dupuy, arrested in that city at the instances of the police authorities of Minneapolis, has confessed to having robbed and burned the offices of Fletcher Bros. at the City elevator in Minneapolis in 1899.

Dupuy is well known to the Minneapolis police. He has served a term in the St. Cloud reformatory. After that he lived with his mother in this city and was a regular visitor at the Y. M. C. A. rooms and showed other evidence of a disposition to improve. He secured a position as stenographer with Fletcher Bros. This was in the fall of 1899. He was employed in the firm's office on Third avenue north. Dupuy had not been employed long when money was missed from the drawer. It afterward developed that Dupuy made it a point to be in the office at noon, when only an office boy was on duty. He would send this boy on an errand and then rob the drawer. Just prior to the night of Nov. 6 $50 was missed. It was then decided to change the place of putting the cash. On the night of Nov 6, so it is alleged, young Dupuy returned to the office, and, not finding any money, became exasperated and set fire to the office, which was destroyed. Dupuy left the city the next day. The prisoner is but twenty-two years of age.

June 95

An Outing.

Supervisor Sherman went to Wadena Monday night after Depew, the patient who robbed Stewart Chase's desk at the hospital before running away. Depew, who is more of a jail bird than a lunatic, took young McFadden's wheel and went to Erhard, then circling around to Wadena. He was heard of at Erhard, pursued and brought back. He said that he went for a little outing and expected to be captured.

DEPEW CAPTURED.

Morris Depew, a young man, a patient at the hospital, disappeared Friday afternoon. He has been a sort of a trusty, working in the Steward's store room. Friday night Steward Chase's desk was broken and some postage stamps taken. Depew has failed to show up and it is thought that he secreted himself in the building, robbed the desk and skippid on Wm. McFadden's wheel. Depew is from Minneapolis. The loss is not large but an effort is being made to catch him.

Crossed off from [illegible] April 1st 1894 because illegally committed

EXAM[illegible]DMISSION.

[illegible]ics.

Exd by D. Phelps, Aug 4 93.

MENTAL ACTIVITY:

Clear or Confused, not very

Quick or Sluggish, seemingly a little sluggish

MEMORY:

Past Events,

Recent Events, Denies any very marked losses

Special Subjects, of memory

PERCEPTIVITY:

Alert or Dull, only moderately good

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, appears well informed

Own Mental State, but rather slow

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Describes himself as having had a good many headaches during past 2 years - Does not recall that they left him from school. Thinks his memory has not been so good, nor his behavior so good during that time. Does not however, describe defined lapses of memory. Does not think he is "very badly off" but does seem to think he is not quite right. Seems to have no definite delusions. Appears to be a case of adolescent insanity, having a strong hereditary tendency which develops as a slow progressive impairment of mind tending toward dementia in form. —

[illegible]ONAL STATE:

[illegible]nal, Calm,

Indifferent, rather; & dulled to a slight degree

Exalted,

Depressed,

DELUSIONS: none noted

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: none noted

ILLUSIONS:

CONVERSATION: Speaks in a rather low

Coherent or Incoherent, under tone

Voluble or Reticent,

Personal and Medical Hist[illegible] of M[illegible] R. DePuy

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quite prompt

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[illegible]nidedness.

D. M. Clough, Lieut. Governor

Ed. H. Folsom, Secretary

State of Minnesota

Senate Chamber.

Twenty eighth session

JOHN DAY SMITH, MINNEAPOLIS, MINN. THIRTY-FOURTH DISTRICT.

[illegible]Minneapolis, Minn July 28th, 1893

Dr. A. F. Kilbourne,

Supt. Second Minnesota Hospital for Insane,

Rochester, Minn.

Dear Sir:-

There was sent from this county to your hospital last week a boy by the name of Morris R. DePuy. He had taken a bicycle from in front of one of our business blocks and ridden home to his lunch in the middle of the day and was on his way back to the building and, as I understand, within a square of the same when he was arrested and bound over to the Grand Jury without a preliminary hearing charged with grand larceny in the second degree. I have been acquainted with the family for some time and know something about the history and condition of the boy. His bail was fixed at $200 and the probabilities are that he never will be indicted but he was compelled to give bonds in the sum of $200. I would thank you, when this boy is ready for discharge from your institution, to notify me that I may be able to protect the bondsmen in the case.

Very respectfully,

John Day Smith

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 living; was in Asylum & may be there now

Brothers or Sisters,

Personal and Medi… Morris R. De Puy.

Whole No. 3426

Residence, Minneapolis, Minn

Date Admission, 22nd July 1893.

Admitted by D. Shelby Hour, 7 PM

How Sent, John A. Steele Jef'n, Hennepin County

Sex, male

Age, 16 years

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, not given

Degree Education, fair

Profession Religion, not a church me…

Habits, not good

Nativity, Illinois (father, Ohio; Mother…

Physicians Committing, R. P. O'Brien …

Correspondents, Mrs L. E. Felton (Sist…
3703 Nic…

No. for Year, 338.

Insane Relatives, father, grandfather, aunt & 2 uncles

Cause Exciting, Heredity, aggravated by habits &c

Cause Predisposing, Heredity

Form, Periodical Insanity

Accompanying Bodily Disorder, Extreme Nervousness

Suicidal or Not, not

Date of this Attack, probably recent

Duration, probably short

…f Attack, 1st real attack

… Admissions, 1

…First Attack, 16 years

…of Leaving, Feb 20 '94

…in Hospital, 6 ms 29 d

Rec.

Crossed off from Hennepin Co. Jail Jan 1st 1894 because illegible

EXAM… DMISSION.

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Clear or Confused, not very

Quick or Sluggish, seemingly a little sluggish

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Special Subjects, } of memory

PERCEPTIVITY:

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Correct or Illusive,

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Ordinary Subjects, } appears well informed

Own Mental State, } but rather slow.

Special Subjects, }

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ILLUSIONS:

CONVERSATION: Speaks in a rather low

Coherent or Incoherent, } under tone

Voluble or Reticent, }

GENERAL DESCRIPTIVE REMARKS:

Describes himself as having had a good many headaches during past 2 years - does not recall that they left him from school. Thinks his memory has not been so good, nor his behavior so good during that time. Does not however, describe defined lapses of memory. Does not think he was "very badly off" but does seem to think he was not quite right: seems to have no definite delusions. Appears to be a case of adolescent insanity, having a strong hereditary tendency which develops as a slow progressive impairment of mind, tending toward dementia in form. —

New mixed melto…
and many amazing bargains awai…
novelty silks just in. Lovely desi…
worth 1.00 to 1.50 at 69c, 79c an…
Printed Calicoes at 5c.—Is there…
Great silk collec…
At 1.00—Rough-face cheviots in all…
colors. New browns just in. Good weight…
and finish. 48-inch.
Both 54-inch.
tailor-made gowns and skirts.
ed meltons made in new tan and …

An Outing.

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Personal and Medical History of M… D… De Puy

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D. M. Clough, Lieut. Governor — Ed. H. Folsom, Secretary

State of Minnesota

Senate Chamber.

Twenty eighth session

JOHN DAY SMITH, MINNEAPOLIS, MINN. THIRTY-FOURTH DISTRICT.

MINNEAPOLIS, Minn July 28th, 1893

Dr. A. F. Kilbourne,

Supt. Second Minnesota Hospital for Insane,

Rochester, Minn.

Dear Sir:-

There was sent from this county to your hospital last week a boy by the name of Morris R. DePuy. He had taken a bicycle from in front of one of our business blocks and ridden home to his lunch in the middle of the day and was on his way back to the building and, as I understand, within a square of the same when he was arrested and bound over to the Grand Jury without a preliminary hearing charged with grand larceny in the second degree. I have been acquainted with the family for some time and know something about the history and condition of the boy. His bail was fixed at $200 and the probabilities are that he never will be indicted but he was compelled to give bonds in the sum of $200. I would thank you, when this boy is ready for discharge from your institution, to notify me that I may be able to protect the bondsmen in the case.

Very respectfully,

John Day Smith

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 living; was in Asylum & may be there now.

Brothers or Sisters,

Personal and Medical History of Morris R. DePuy

Whole No. 3426 for Year, 338.

Residence, Minneapolis — Insane Relatives, father, grandfather, aunt & 2 uncles

Date Admission, 22nd July 1893 — Cause Exciting, heredity, aggravated by habits &c

Admitted by D. Phelps Hour, — Cause Predisposing, Heredity

How Sent, John A. Steele Jof C. — Form, Paranoiac Insanity

Sex, male — Accompanying Bodily Disorder, Extreme Nervousness

Age, 16 Years — Suicidal or Not, not

Civil Condition, single — Duration of this Attack, probably recent

Children, — Duration, probably short

Age Youngest Child, — Which Attack, 1st real attack

Occupation, not given — No. Admissions, 1

Degree Education, fair — Age First Attack, 16 years

Profession Religion, not a church member — Time of Leaving, Feb 25 '94

Habits, not good — Time in Hospital, 6 mos 29d

Nativity, Illinois (father, Ohio; Mother, Pennsylvania) — Result, Rec,

Physicians Committing, R. P. O'Brien & D. W. Horning

Correspondents, Wm L. E. Tilton (Tilton).
3703 Nicollet Ave.

Crossed off from Hennepin Co. Asylum 1st, 1894 Discharged Recovered

EXAMINATION ON ADMISSION.

Exd by D. Phelps, Aug 4 93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
- Clear or Confused, not very clear
- Quick or Sluggish, seemingly a little sluggish

MEMORY:
- Past Events,
- Recent Events, } Denies any very marked loss of memory
- Special Subjects,

PERCEPTIVITY:
- Alert or Dull, only moderately good
- Correct or Illusive,

REASONING POWER:
- Ordinary Subjects, } appears well informed but rather slow.
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HALLUCINATIONS: none noted

ILLUSIONS:

CONVERSATION: Speaks in a rather low under tone
- Coherent or Incoherent,
- Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Describes himself as having had a good many headaches during past 2 years - Observed that they kept him from school. Think his memory has not been so good, his behavior not good during that time. Does not however, describe defined lapses of memory. Does not think he was "very badly off" but does seem to think he was not quite right. Seems to have no definite delusions. Appears to be a case of adolescent insanity, having a strong hereditary tendency which develops as a slow progressive impairment of mind, tending toward dementia, in form.—

Personal and Medical History of Morris R. DePuy

D. M. Clough, Lieut. Governor — Ed. W. Folsom, Secretary

State of Minnesota

Senate Chamber

Twenty eighth session

JOHN DAY SMITH, MINNEAPOLIS, MINN. THIRTY-FOURTH DISTRICT.

St. Paul, Minn. MINNEAPOLIS, Minn. July 28th, 1893

Dr. A. F. Kilbourne,

Supt. Second Minnesota Hospital for Insane,

Rochester, Minn.

Dear Sir:-

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Personal and Medical History of M... D... De Puy

Exam'd by Dr. Gr...

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EDWIN C. GARRIGUES, CLERK.

...STEELE, JUDGE.

OFFICE OF PROBATE COURT HENNEPIN COUNTY

Mr. R. De Puy

Minneapolis, Minn. July 22nd, 1893

A. F. Kilbourne,
Supt., Rochester State Hospital,
Rovhester, Minn.,

Dear Sir:-

This boy is held for hearing before the Grand Jury of ...ennepin County, for a criminal offense. He has been admitted to bail by the District Court in said County, and at the time of this committment was at large. It will be therefore necessary for you to safely keep and care for him, until he so far recovers his reason as to be capable of understanding and making an intelligent defense, and when he so recovers you will notify the Sheriff of ...ennepin County, who will take charge of him.

Yours respectfully,

John H. Steele

Judge of Probate.

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 living; was in Asylum & may be there now.

Brothers or Sisters,

Person

Whole No. 34

Residence,

Date Admissio

Admitted by

How Sent,

Sex,

Age,

Civil C

Child

Ag

O

Special Su

PERCEPTIVITY:

Alert or Dull, only moderately

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, } appear well informed
Own Mental State, } but rather slow.
Special Subjects,

CONVERSA

Coherent or Incoherent,

Voluble or Reticent, } in a rather low
modulation

GENERAL DESCRIPTIVE REMARKS:

Describes himself as having had a good many headaches during past 2 years - Says now that they left him from school. Think his memory has not been so good, nor his behavior so good during that time. Does not, however, describe defined lapses of memory. Does not think he was "very badly off" but does seem to think he was not quite right. Seems to have no definite delusions. Appears to be a case of adolescent insanity, having a strong hereditary tendency which develops as a slow progressive impairment of mind, tending toward dementia in form. —

Personal and Medical History of Morris R. De Puy

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8 in. WEIGHT, 130½ lbs. NUTRITION, Fairly good.

WOUNDS OR ABNORMALITIES, Probably none.

TONGUE, Tremors, none special noted Coatings, normal Promptness Movement, quite prompt

PUPILS, Equality, Equal Size, somewhat dilated

Response Light, Yes Accommodation,

SIGHT, Evidently normal

HEARING, normal

CO-ORDINATION, Arms, } Fairly good. Finger to nose eyes shut, slight inaccuracy. Standing on
Legs, } foot, fairly good. Standing, Eyes shut, fairly good.

TREMORS, Hands, none noted Tongue, none special noted

Facial Muscles, General, none noted

REFLEXES, Patellar, Equal; about 7 -

Other Reflexes,

ARTICULATION, ~~Hesitating~~, Fair ~~Slurred~~,

FACIAL EXPRESSION, rather dull; depressed; slightly suggestive of feebleminedness.

SENSIBILITY,

HEART, 1st Sound accentuated - "Snapping"; otherwise about normal.

LUNGS, Sounds are good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, RESP., TEMP.,

Records kept

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 living; was in Asylum + may be there now.

Brothers or Sisters,

1893 Was brought here by a Sheriff's officer with the following history. There is no history of consanguinity but a strong one of heredity; father has been confined in Asylum, also grandfather, aunt & 2 uncles. This is the first real attack; is probably recent; symptoms shown by violent outbursts of anger & threats & actually striking mother; has moody & melancholy. The disease appears to be increasing but it is variable; natural periods occur, not at regular intervals, but are liable to occur at any time. Derangement is now shown on no subject in particular, but at times becomes moody; again at times, violent, uses the most threatening & abusive language. After the outburst, can remember nothing that he said or did. Injured his mother by striking her & threatened further chastisement. Is not suicidal. Has the habit of self-abuse. His memory is defective. Neither parents nor patient ever addicted to intemperance. Has extreme nervousness, about him. Has not been restrained or confined. Supposed cause of disease is heredity, aggravated by habits &c. Has not been under medical treatment. On personal examination face is found wanting in expression; a dull, heavy look in eyes; while examined, takes no interest at all in what is going on. Answers questions shortly; complained of headaches, frequent & hard; says he cannot remember at times what occurred for some time before; says memory is poor; and getting worse; says "sometimes he thinks the Devil has possession of him". Patient has a pale flaxen, expressionless appearance depressed; listless and indifferent to all proceedings; then, again, is nervous & irritable. Complains of trouble with head, most of the time. Commits deeds, such as taking of articles of value & cannot remember it.

July 22/93. On admission, was put on B^3. No injuries or peculiarities noted, when seen at bath.

July 23/93. Slept 7 hours last night, being restless for 2 hours or so. Am. Pulse 80. T(e) 98.8. PM. P 78. T(e) 98.8. Is well-behaved; quiet; converses freely; says "he has not been well for the last 2 years"; appetite good; bowels seem regular; no cough noticed.

July 24/93. Slept well, 8 hours, last night. Am. Pulse 78. T(e) 98.8. Says "he was arrested for stealing a bicycle"; "don't know why he was sent here"; "has been in Hennepin County Jail for a week". Talks very intelligently; appetite very good; PM. P 74. T(e) 99.6.

July 25/93. Last night, rested & slept well. Am. Pulse 76. T(e) 98.9. Appetite very good and bowels regular. Occupies most of his time in reading. Goes out walking regularly, with the rest.

July 26/93. Again passed a quiet and restful night, last night. Am. Pulse 80. T(e) 98.6. Appetite good; bowels normal

July 27/93. Am. Pulse 70. T(e) 99.1. PM. Pulse 76. T(e) 99.8. Is of a boisterous & noisy disposition, and thinks himself very "independent".

July 28/93. Am. Pulse 76. T(e) 98.7. PM. Pulse 76. T(e) 99.4. —

July 29/93. Am. Pulse 70. T(e) 98.2. Patient does not seem to have any control over his urinary organs, during night, as he wets his bed. Complains of pain across his bowels. Says was sick last night.

July 30/31 July 30/93. Am. Pulse 84. T(e) 98.8. PM. Pulse 56. T(e) 99.4. July 31/93. Am. Pulse 65. T(e) 99.2. — Patient has continued to rest and sleep well at night. Appetite has been uniformly good, and bowels regular. Has read some & written occasional letters. Has been quiet, and, as a rule, quite well behaved, though he has a rather independent air about him. Converses quite freely. Is neat and tidy in dress and with the above exception, personal habits have been good. Moved to A' today.

Aug 4 Aug 4/93. Was brought down to office for examination, today. Told of his having had a good many headaches, the past 2 years; so severe, that they kept him from school; did not think he was "very badly off", but did seem to think he was not quite right. Seemed to have no defined delusions, and no

1893
Aug (cont'd) hallucinations were noted. He appeared rather indifferent and dulled to a slight degree. —

" 5 Aug 5/93. This ward being required for the female patients, (who have been moved from the "A" West section, now being reconstructed). Patient was with some others, transferred to B' today. — (see attached letters on page 366, referring to patient). Weight (2nd Asst) 134½ pds. Pulse 65. —

" 30 Aug 30/93. His manner & actions are silly. He does not care to work. Inclined to get into trouble with other patients, once in a while, on account of his ways.

Sept/26 Sept 1/93. Wt 126 pounds. Pulse 78. Physical health seems good. Sept 26/93. Has no "spells" now. Is inclined, however, to be mischievous. Is fond of playing cards & games. Has become somewhat dirty in habits, wetting the bed about every night.

Oct/17/31 Oct 14/93. Wt 130½ pds. (Some gain). Pulse 76. Oct 17/93. Visited by his uncle, today. Oct 17/93. Commenced this morning, to work in the main kitchen. Oct 31/93. Is quiet and well-behaved. Works daily & well in the kitchen. Says "it is the best job he has yet struck around here". Still wets his bed nightly. Is difficult to awaken in the mornings. —

Nov/13 Nov 2/93. Wt 136½ pds. (slight gain). Pulse 82. Nov 13/93. Has been working, for some time, in the kitchen, but has not been there, at work, since 9th inst. Nov 25/93. Has resumed working in the kitchen. Nov 30/93. No very noticeable change in patient's condition, at this date.

Dec/31 Dec 1/93. Wt 135 pds. Dec 7/93. Complains, today, of headache. Is 103° Pulse 110. — Dec 31/93. Appetite good; bowels regular. Has been, daily, working in the kitchen. Became indifferent about his work there, and was kept in, on the ward, since 28th inst. In other respects, patient continues about as usual.

Jan/31 Jan 2/94. Wt 131 pds. Pulse 74. Jan 31/94. Appetite fair; bowels regular. Has no "spells". Is fond of games. Not inclined to help any with the work. Still wets his bed, almost every night. Is clean & tidy about his dress.

Febr/20 Feb 2/94. Wt today, 131 pds. Pulse 97. Feb 20/94. Patient has not been working in the kitchen, for some time. Has remained on the ward & has been inclined to idleness. Reads some; plays games. Free in conversation — Had been committed under the new law, and was sent home today, alone. —

(Crossed off the records — was illegally committed here)

Personal and Medical History of Andrew Olson #2

Whole No. 3427
Residence, Milton, Dodge Co. Minn (supposable)
Date Admission, 25th July 1893.
Admitted by Dr. Phelps Hour, 7 P.M.
How Sent, John. B. Oliver, Jo. P. Ramsey County
Sex, male
Age, 53 -
Civil Condition, married
Children, Eight
Age Youngest Child, —
Occupation, Laborer
Degree Education, Limited
Profession Religion, Lutheran
Habits, has had some drink - habits
Nativity, Patient in Norway (also Parents) -
Physicians Committing, A. B. Ancker & Arthur Sweeny
Correspondents, Andrew Olson (brother) } Milton
Ed Ingalls } Minn
James Lord }

No. for Year, 339.
Insane Relatives, None
Cause Exciting, congenital defect, together with injury
Cause Predisposing, not given
Form, Melancholia Acute
Accompanying Bodily Disorder, head asymmetrical
Suicidal or Not, Not
Date of this Attack, Last fall
Duration, about 10 months
No. of Attack, 1st
No. of Admissions, 1
Age First Attack, about 52.
Time of Leaving, Mar. 25. 1894
Time in Hospital, 8 mo.
Result, Died. Uraemia.

EXAMINATION ON ADMISSION.

Exd by Dr. Ely, Aug 2/93.

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, Good
Recent Events, Not so good
Special Subjects,

PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, fairly Correct

REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Poor
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Says, last fall he was struck over the head by a man. There are some scars on head. Claims he suffers greatly from rheumatism in back & in neck & shoulder these pains for some time. During examination became quite emotional & cries at times. Is very quick to be spoken to about his wife & family - Believe his delusions them.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Yes; cries at times.

DELUSIONS:
Systematized ~~or Not,~~ } this wife & family being
Special Subjects, } boxed up & burnt alive.
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent in form
Voluble or Reticent, quite free

Personal and Medical History of Andrew Olson #2

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ WEIGHT, 146½ lbs. NUTRITION, Fairly good
WOUNDS OR ABNORMALITIES, some scars on head; some contracture of right hand; rheumatism in back & neck
TONGUE, Tremors, some Coatings, very slight Promptness Movement, Prompt
PUPILS, Equality, Equal Size, Normal
Response Light, yes Accommodation, Yes
SIGHT, Impaired
HEARING, somewhat impaired.
CO-ORDINATION, Arms, Finger to nose, Eyes shut; with left hand slight deviation; can't do it with right.
Legs, Standing Eyes shut, slight Swaying.
TREMORS, Hands, None Tongue, None

Case No. 3427. Andrew Olson #2 Vol. 23.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

HEART, 2nd Sound impaired
LUNGS, Good
EXAM. URINE,

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

Records lost

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"), } Can't give any information on these points -
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters, 4 brothers - 5 sisters.

Personal and Medical History of Andrew Olson #2

Whole No. 3427

Residence, Milton, Dodge Co. Minn (Supposable)

Date Admission, 25th July 1893.

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

How Sent, John. B. Oliver, Jo. Co. Ramsey County

Sex, male

Age, 53 -

Civil Condition, married

Children, Eight

Age Youngest Child, —

Occupation, Laborer

Degree Education, Limited

Profession Religion, Lutheran

Habits, has had some drink - habi

Nativity, Patient in Norway (also Pa

Physicians Committing, A. B. Aucker & Arthur

Correspondents, Andrew Olson (brother) Milton
Ed Ingalls
James Lord Minn

No. for Year, 339.

Insane Relatives, None

Cause Exciting, Congenital defect, together with injury

Cause Predisposing, not given

Form, Melancholia Acute

Accompanying Bodily Disorder, head asymmetrical

Suicidal or Not, Not

Date of this Attack, Last fall

Duration, about 10 months

No. of Attack, 1st

No. of Admissions, 1

EXAMINATION ON ADMISSION.

Exd by Dr. Ely, Aug 3 93.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear at present

Quick or Sluggish, Quick

MEMORY:

Past Events, Good

Recent Events, not so good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, fairly alert

Correct or Illusive, fairly Correct

REASONING POWER:

Ordinary Subjects, Good

Own Mental State, Poor

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Large, last fall he was struck over the head by a man. There are some scars on head. Claims he suffers greatly from rheumatism in back & in neck & shoulder these pains for some time. During examination became quite emotional, crying at times. Every time he is asked about his wife & family - becomes delusional then.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Yes; cries at times.

DELUSIONS:

Systematized or Not,

Special Subjects, this wife & family being burned up & burnt alive.

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent in form

Voluble or Reticent, quite free

Personal and Medical History of Andrew Olson #2

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ WEIGHT, 146½ pds. NUTRITION, Fairly good

WOUNDS OR ABNORMALITIES, some scars on head; some contracture of right hand; rheumatism in back

TONGUE, Tremors, some Coatings, very slight Promptness Movement, prompt

PUPILS, Equality, Equal Size, Normal

Response Light, yes Accommodation, Yes

SIGHT, Impaired

HEARING, somewhat impaired.

CO-ORDINATION, Arms, Inquito nose, Eyes shut; with left hand slight deviation; can't do it with right.

Legs, Standing Eyes shut, slight swaying.

TREMORS, Hands, None Tongue, None

Facial Muscles, none noted General,

REFLEXES, Patellar, Equal — 3 on ↑. Dr Pt Scale —

Other Reflexes,

ARTICULATION, ~~Hesitating,~~ fair ~~Slurred,~~

FACIAL EXPRESSION, Fair

SENSIBILITY,

HEART, 2nd Sound impaired

LUNGS, Good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Records kept Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"), Can't give any information on these points

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters, 4 brothers - 5 sisters.

Personal and Medical History of Andrew Olson #2

1893

He brought here by Deputy-Sheriff Courteau with the following history. This is 1st attack. Has been in City & County Hospital St. Paul; no results from treatment. First symptoms of this attack were manifested last fall; was struck on the head by a club; since then, has developed delusions of persecution. Disease appears to be stationary. He is rational part of the time, but when the subject of his delusions is mentioned he becomes agitated & melancholy, reiterating his woes and expressing fear of his own safety. Derangement is now shown by the belief that he is being persecuted by some persons who nailed his wife in a box & put her alive into the fire; that they did the same to his children & that they will kill him if they get a chance. He desires protection from them & to be places where he will be safe from them. Becomes much excited when telling his story & cries a great deal. Is neither disposed to injure others, nor suicidal, nor filthy nor destructive. No insane relatives. Has drunk somewhat in the past, but says he has not of late. There are scars of many wounds on scalp; depression at right side of head, above the ear. Was clubbed severely last fall. Head is asymmetrical. Has not been restrained or confined. Suffused cause of disease is congenital defect together with injury. Treatment given has been rest & bromides. Patient has behaved well since in Hospital. On personal examination, there are found contractures of the fingers & thumb on both hands, and spasm of flexors of the foot. Rigidity & pain in muscles of neck. Head is wanting in symmetry. Said that he was in danger from the persons who killed his wife & children & desires protection. Cried & gesticulated & became much excited at the mention of his troubles. Appearance & manner, melancholy & lachrymose. Is very talkative, his conversation lacking coherency & sequence. Rambles in his talk & emphasizes unimportant details.

July 25 July 25/93. On admission, patient is in fair physical condition. Has put on B². Pulse 86. T(a) 99.6. Bodily
" 26 condition clean. July 26/93. Was out of bed a couple of times, last night, but slept 8 hours. Am. Pulse 86. T(a) 99.4.
Is quiet. Sits in a seat most of the time, by himself. Talks quite freely when spoken to. Appetite poor;
" 27 no cough or injuries noted; no complaints. Pm. Pulse 88. T(a) 99.6. July 27/93. Slept well (8 hours) last night.
Am. Pulse 70. T(a) 98.8. Walks about hall quietly; appetite medium; talks in very low tones. Pm. P 68 T(a) 98.6.
" 28 July 28/93. Again passed a good night. Talks coherently & sensibly. Reads a little. Pulse this Am. 70. Very quiet.
" 29 July 29/93. Am. Pulse 64. Appetite only fair; given extra diet. Is quiet & well-behaved. Complains none.
" 30/31 July 30/93. Sleeps well each night; appetite good; bowels regular. July 31/93. No change to note. Does some work on the ward. Answers when addressed.

Aug 1 Aug 1/93. Very quiet & well-behaved. Appetite good. Works. Talks quite freely when spoken to. —
" 2/3 Aug 2/93. Seems a trifle brighter; takes more notice of what is going on about him. Aug 3/93. Works willingly;
reads some. Does not complain any. Weight, today, 151½ pounds. (A gain of 2 pounds in 9 days.) —
" 5 Aug 5/93. Goes out walking regularly; works well on ward; reads some; appetite good; complains of
pain across shoulders & in neck. Was examined in office, today. Was emotionally depressed; crying at
times especially when the question was put to him regarding his wife & family. (He holds to the delusion that
they have been boxed up & burned alive); claims he received a blow over the head last fall, from a man;
there are some scars on his head. Says he has suffered for a long time from rheumatic pains
in shoulders & back. Seemed to be quite worse today. Liniment was given him to relieve these pains.
" 8 Aug 8/93. Patient has continued quiet and restful at night, sleeping regularly, 8 hours each.
Has been uniformly quiet & well-behaved; fairly tidy & attending to his own personal wants. His

Personal and Medical History of Andrew Olson #2

1893

Aug 8th (Cont'd) pulse has, all along, been subnormal. Appetite has continued good & bowels regular. Talks
" 18/31 quite sensibly & freely. Reads some. Works well & willingly. Goes out walking with his ward. —
Aug 18/93. In a "spell". Says "that some beast is killing all his friends". Aug 31/93. Appetite is
Sep 8 only medium. Talks quite freely but still manifests delusions. Still complains of pains in neck &
" 27 Sep 8/93. Wt today, 158 pounds. Is still gaining slowly in flesh. In other respects, about the same.
Sep 27/93. Complains, quite steadily, of these pains in back of neck & head. Appetite good. Sleeps
well. Does some work on the ward. Has, always, a depressed, feeble-minded manner. From various history, it is learned that he has been considered defective, for years.

Oct 3/13 Oct 3/93. Weight 157 pounds. Pulse 70. Oct 13/93. Complains, at times, of pain in neck &
" 31 head. Is still deluded. Oct 31/93. Appetite good. Has some cough, at times. Lies about
on the seats during the day. Complains still of pains in back of neck. Shows delusions.
Nov 1/93 Nov 1/93. Wt 162 pds. Pulse 70. Nov 8/93. Lies on seat, the greater part of the time; walks out,
" 30 occasionally. Works some. Still shows delusions. Nov 30/93. No noticeable change. —
Dec 3/17 Dec 3/93. Wt 166 pds. Pulse 88. Dec 12/93. Has been sleeping poorly as a few of the past 10 nights
" 31 he rises from 4 to 5 hours & sleeping only from 2 to 4 hours, in each of these nights. Dec 31/93. Com-
1894 plains of pains in back of head & in shoulders. Conduct & behavior about as above described. —
Jan 2 Jan 2/94. Wt 168 pounds. Pulse 92. Jan 16/94. Had some trouble with him today on account
" 16 of his wanting to lie on the benches, all the time. Jan 18/94. Was today transferred to D. East.
" 24 Jan 28/94. Has been quiet & well behaved. Does not like the change; wants to go back to B².
Feb 12 Feb 12/94. Is a quiet & inoffensive patient. Restless. Walks the floor a good deal. Seldom
speaks, unless spoken to. Complains, quite often, of pains in back of neck. Is rather untidy
in dress and is also dirty in habits. Does no work. Health, apparently good. — .. —
" 23 Feb 23/94. This patient had been committed here under the "Law of 1893" recently
declared unconstitutional. He was, today, Taken out and Returned under new
" 28 Committment papers from Olmsted County. Feby 28/94. Above notes hold good. —
Mar 31 March 31/94. Patient, for some time, has been very restless, walking the floor, most of the time. —
Says "it is nobody's business what he came here for"; "he don't want anybody to care for him, as
he is in a way to take care of himself." He does not talk much, unless spoken to, by the nurses.
Does no work. Health is apparently good. Rather untidy in dress; somewhat dirty in habits.
April 30 April 30/94. No apparent change. Still somewhat restless & inclined to be abusive. —
May 29 Patient is always cross & ill-tempered, has delusions, talks incoherently, does no work, habits
clean, dress rather untidy. General health apparently good.

June 29 July 28/31 Apparently no change, July 28" No change. July 31/94. No change. —
Aug 31 Sept 30 Oct 31 During these three months, there is no special change to report. He is stubborn, ill tempered & cross;
seldom speaks unless angered & then incoherently. Habits clean. He does no work. Health apparently good.
Nov 30 Dec 31 1894 During this period, he has been quiet, but stubborn & will fight upon least provocation. He
imagines that nurses imposed upon him, his family, before he came here. Health good. No work.
Jany 31 to Apl 30 During this quarter, no change noticeable, except that he seems to be losing flesh. He is still
quiet & stubborn, at times, & easily excited. Does no work. Health apparently good.

(Carried to Transfer Book A page 200)

Personal and Medical History of Edward Regan
alias Pte Zimmer

Whole No. 3430.
Residence, Winona, Minn. (?)
Date Admission, 29th July 1893
Admitted by Dr Phelps Hour, 7 PM
How Sent, Dr. A. Allen Court Cow. Winona Co
Sex, male
Age, "don't know"
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, limited
Profession Religion, Lutheran
Habits, not known.
Nativity, Canada, (Parents born in Germany)
Physicians Committing, H.S. Hall & J.S. Tracy
Correspondents, (no name given in papers)
(Brother) Fred Zimmer - Delhi, Ontario - Canada -

No. for Year, 342.
Insane Relatives, one brother some sister in Asylum
Cause Exciting, heredity probably -
Cause Predisposing, heredity probably -
Form, Melancholia, Acute
Accompanying Bodily Disorder, probably head injury
Suicidal or Not, not attempted, but threatened.
Date of this Attack, July 22nd 1893
Duration, about a week.
No. of Attack, probably 2nd (had 1 nine years ago)
No. of Admissions, 1 (here).
Age First Attack, not given
Time of Leaving, Nov. 10 '93
Time in Hospital, 3 mo 12 d
Result, Imp.

Crown Prince Memorial Library
1st Floor
1st. 1834 - 1865 - Illegally Committed

Exd by Dr Eby, Aug 3/93.

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, Not good
Recent Events, Somewhat better
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,

REASONING POWER:
Ordinary Subjects,
Own Mental State, says "was sent here to get his head fixed up"
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Says his brain rolls from one side of head to the other - "he can't control it"; "it pains him a good deal, at times". — Declines to tell why he changed his name. Denies any knowledge of deputing himself, as stated in "History papers". Also denies fear of persecution &c).

EMOTIONAL STATE:
Normal, Calm, Yes
Indifferent, Inclined to be.
Exalted,
Depressed,
DELUSIONS: Denies any
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None noted
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, Fairly free

Personal and Medical History of Edward Regan
alias William Zimmer

EXAMINATION ON ADMISSION. (CONTINUED.)
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8¼ WEIGHT, 152 lbs. NUTRITION, Seems quite fair
WOUNDS OR ABNORMALITIES, Small scar on right wrist. No abnormalities noted. No bruises
TONGUE, Tremors, Slight Coatings, Slight Promptness Movement, Prompt
PUPILS, Equality, Equal Size, Normal
Response Light, Yes Accommodation, Yes
SIGHT, Good
HEARING, normal
CO-ORDINATION, Arms, Finger to nose, Eyes Shut, Fairly Good.
Legs, Standing, Eyes shut, Some swaying.
TREMORS, Hands, Slight Tongue, Slight
Facial Muscles, General,
REFLEXES, Patellar, Equal. Not Dr Jos Scale
Other Reflexes,
ARTICULATION, ~~Hesitating,~~ Fair ~~Slurred,~~
FACIAL EXPRESSION, Good
SENSIBILITY,
HEART, Sounds - Good
LUNGS, Sounds are good
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Records lost Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Probably some time ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"), Can't give any history on this point to-day.
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters, 2 brothers living + 5 sisters

Personal and Medical History of Edward Regan
alias William Zimmer

1893 Was brought here by a Sheriff's officer, with the following history of case. This is probably the second attack; had one, nine years ago; duration 6 months; was confined at Oshkosh, Wis. First symptoms of this attack were manifested July 22d by his stripping off his clothes, and running naked; claiming people were after him to kill him. Disease appears to be increasing. There are rational periods at irregular periods. Derangement is now shown by his being afraid that he is to be harmed or killed. Has shown no disposition to injure others. He has threatened suicide. No filthy or destructive habits. He has one brother and one sister in the Insane Asylum. Patient was struck by a stick on the head 12 years ago & knocked unconscious. He has been in Jail since the 24th of July. Cause is probably hereditary. Has had treatment by sedatives. On personal examination, he said nothing in particular; answered questions reluctantly; sat quietly with his hands folded over his head most of the time; appearance & manner dejected.

July 29/93 30 July 29/93. Patient, on admission, was put on B3. July 30/93. Was restless for 5 hours, out of bed, and slept but 4 hours last night. Am. Pulse 101. T(r) 99.2. Appetite good. Fairly quiet & well-behaved today. Says "his head is sore & wants to go & have it examined". No cough noticed. Pm. Pulse 99. —

" 31 July 31/93. Slept only about 2 hours, last night; slightly noisy for 5 hours or so & frequently was out of bed. Wanted to keep his clothes on as "some one was coming after him", he said. Am. P118. Pm. P98. T(r) 98.8.

Aug 1 Aug 1/93. Was restless for 3 hours, last night, sleeping 5 hours; getting out of bed. Am. Pulse 76. T(r) 99.6. Is restless today. Appetite not very good; complains of feeling sick. Says "he has been in institutions, like this, twice before; 6 months in Oshkosh & 3 months in an Hospital in Illinois, but does not remember the place. Aug 2/93. Restless for 4 hours, sleeping but 5 hours, last night.

" 3 Am. Pulse 90. T(r) 99.8. Pm. Pulse 64. T(r) 99.2. Aug 3/93. Slept only 4 hours, last night: restless for 5 hours or so & often up from his bed. Am. Pulse 79. T(r) 99.8. Complains, today, of a severe pain in his head. Does not enter into conversation with anyone, unless first addressed. Is very quiet and well-behaved; lying down on a bench all morning. Appetite is fairly good; bowels normal. Pm. P87. T(r) 99.4.

" 4/5 Aug 4/93. Slept 7 hours last night; slightly restless for 2 hours or so. Am. Pulse 84. Aug 5/93. Slept well, last night & was quiet. Am. Pulse 76. T(r) 99.4. Pm. Pulse 77. T(r) 99.6. Was examined today. Denied all knowledge of committing himself, as charged in "Committment Papers"; also delusions. His

" 6 conversation was coherent & fairly free. Declined to give reasons for changing his name. Aug 6/93. Am.

" 7 Pulse 78 & T(r) 99.6 Pm. Pulse 78 T(r) 98.4. Aug 7/93. Am. Pulse 68 T(r) 99.6. Complains of headache.

" 8 Aug 8/93. Am. Pulse 71. T(r) 99.6. Has been sleeping well the past few nights & has been quiet. Occa-

" 9 -sionally getting out of bed. Aug 9/93. Slept but 5 hours, last night; was restless & getting out of bed for 4 hours or so. Am. Pulse 90 T(r) 99.6; Pm. Pulse 84 T(r) 99.6.; Complains of severe headache.

" 10/11 Aug 10/93. Am. Pulse 89 T(r) 99.4. Aug 11/93. Is sleeping fairly well at night. Am. Pulse 87,

" 12 T(r) 99.2. Appetite good. Is very quiet on the hall. Aug 12/93. Slept but 5 hours last night; was

" 13 very restless when awake. Aug 13/93. Last night, slept better (7 hours) and was quiet. — —

" 22 Aug 22/93. Record of Temperature has been continued up to date. It is now nearly normal (see attached record) Has, at times, complained of his head paining him. Says "he is sick"; wants to lie down quite often in the day-time. Habits are clean. Usually sleeping apparently well at nights, during past week, was, on the night of the 18th inst, restless for 7 hours, sitting up in bed most of the time.

" 26 Aug 26/93. Has been sleeping only 3 to 4 hours, on each of past 3 nights. Restless; laid awake

Personal and Medical History of Edward Regan

NAME Edward Regan alias Wm Zimmer

DATE. 1893	Weight.	Pulse.	Gain.	Loss.
Augt 1st	148½	76	—	—
Sept 2nd	166	74	17½	—
Oct 2d	167	94	1	—

NOTES IN THE CASE OF Edward Reagon

	NOTES BY NURSE.	NOTES BY PHYSICIAN.
	Appetite good	
	Appetite good.	
	Has Temp. record entered on previous sheet	

go to bed
4 hours. —
has been
cruelty, is
days. His
but, not
neat and

Sworn by Justice.

Pulse 84. T(r) 99. Oct 11/93. T(r) 99. Oct 18/93. Pulse 100.
today, of chills and cramps in stomach. Oct 22/93. Pulse 82.
Oct 24/93. Remained in bed all day. Appetite very poor.
". Pulse 88. T(r) 100.6. Oct 26/93. Pulse 106 T(r) 100. Up on ward, today.
93. Pulse 96. T(r) 100.2. Oct 29/93. Pulse 88. T(r) 99.2. Was today,
ghs some at times. Complains of pains in head and chest.
not appear very strong. Am. Pulse 86. Pm. Pulse 88. —
. Pulse 94.

Goes out walking daily, having been given a limited parole.
seems to be improving. Nov 2/93. Says "he had cold sweats during night"
given laxative. Nov 3/93. Complains of bowels bothering him. —
re than usual, this morning, and raising phlegm. Was given a bath.
ll persisting, was given dose of salts. Nov 6/93. Goes out walking, every day.
very bad pains in bowels. Nov 8/93 Is very cross today.
is bother him both night and day. Appears to be in very poor condition.
ile out on the grounds, today. Search made but without results.
veral days, has complained of a gathering pain in rectum. Has had
, before. (See Nurse's attached record of Pulses).

1	7	5	10	72	
—	—	—	—	—	
3	7	5	20	74	
6	7	5	26	104	
8	7	5	22	110	
7	7	5	20	72	
7	7	5	21	76	
10	7	—	170	—	
—	—	—	—	—	

(Crossed off the records; was illegally committed here)

Personal and Medical History of Edward Regan
alias William Zimmer

1893

Was brought here by a Sheriff's officer with the following histo
Record attack; had one, nine years ago; duration 6 months;
First symptoms of this attack were manifested July 22d b
running naked; claiming people were after him to Kill h
There are rational periods at irregular periods. Derang
afraid that he is to be harmed or killed. Has shown
threatened suicide. no filthy or destructive habits. A
Asylum. Patient was struck by a kid in the head
been in Jail since the 24th of July. Cause is pro
On personal examination, he said nothing in
quietly with his hands folded over his h

July 29/30 July 29/93. Patient, on admission, was put on bed
and slept but 4 hours last night. Am. Pulse 101. T@ 99
today. Says his head is sore & wants to go & have it examine

" 31 July 31/93. Slept only about 2 hours, last night; slightly noisy for
wanted to keep his clothes on as "some one was coming after him". Pm. P 98. T@ 98.8

Aug 1 Aug 1/93. Was restless for 3 hours, last night, sleeping 5 hours; getting
T@ 99.6. Is restless today. Appetite not very good; complains of feeling sick. Says he has been in
institutions, like this, twice before; 6 months in Oshkosh & 3 months in an Hospital in Illinois,

" 2 but does not remember the place. Aug 2/93. Restless for 4 hours, sleeping but 5 hours, last night.

" 3 Am. Pulse 90. T@ 99.8. Pm. Pulse 64. T@ 99.2. Aug 3/93. Slept only 4 hours, last night: restless for
5 hours or so & often up from his bed. Am. Pulse 79. T@ 99.8. Complains, today, of a severe pain in
his head. Does not enter into conversation with anyone, unless first addressed. Is very quiet and well-
behaved; lying down on a bench all morning. Appetite is fairly good; bowels normal. Pm. P 67. T 99.4

" 4/5 Aug 4/93. Slept 7 hours last night; slightly restless for 2 hours or so. Am. Pulse 84. Aug 5/93. Slept
well, last night & was quiet. Am. Pulse 76. T@ 99.4. Pm. Pulse 77. T@ 99.6. Was examined today.
Denied all knowledge of drowning himself, as charged in "Committment papers"; also delusions. His

" 6 conversation was coherent & fairly free. Declined to give reasons for changing his name. Aug 6/93. Am

" 7 Pulse 76 T@ 99.5 Pm. Pulse 78 T@ 99.4. Aug 7/93. Am. Pulse 68 T@ 99.6. Complains of headache.

" 8 Aug 8/93. Am. Pulse 71. T@ 99.6. Has been sleeping well the past few nights & has been quiet. Occa-

" 9 sionally getting out of bed. Aug 9/93. Slept but 5 hours, last night; was restless & getting out of
bed for 4 hours or so. Am. Pulse 90 T@ 99.6; Pm. Pulse 84 T@ 99.6.; Complains of severe headache.

" 10/11 Aug 10/93. Am. Pulse 89 T@ 99.4. Aug 11/93. Is sleeping fairly well at night. Am. Pulse 87,

" 12 T@ 99.2. Appetite good. Is very quiet on the hall. Aug 12/93. Slept but 5 hours last night; was

" 13 very restless when awake. Aug 13/93. Last night, slept better (7 hours) and was quiet. — —

" 22 Aug 22/93. Record of Temperatures has been continued up to date. It is now nearly normal (see attached record)
Has, at times, complained of his head paining him. Says "he is sick"; wants to lie down quite often
in the day-time. Habits are clean. Usually sleeping apparently well at nights, During past week,
was, on the night of the 15th inst, restless for 7 hours, sitting up in bed most of the time.

" 26 Aug 26/93. Has been sleeping only 3 to 4 hours, on each of past 3 nights. Restless; laid awake

Personal and Medical History of E

go to bed
4 hours. —
Has been
ently, is
days. His
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neat and

Given hypodermic

Nov 2 93
94. 90

CLINICAL NOTES IN THE CASE OF Edward Reagon

NO:	DATE.	PULSE.	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN
	Aug 14 8 a.m.	72	99.6		Appetite good	
	" 15 8 "	70	99.2			
	" 16 8 "	78	98			
	" 17 8 "	72	99.4			
	" 18 8 "	72	98.6			
	" 19 8 "	70	98.6			
	" 20 8 "	76	98.8		Appetite good.	
	" 21 8 "	72	98.6		The temp. record ordered discontinued as it was normal	
	" 22 8 "	70	98.6			

Nov 10/93. Pulse 84. T@ 99. Oct 11/93. T@ 99. Oct 19/93. Pulse 104.

ETAILED HISTO

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM
Nov 1	7	5	70	72
2	7	5	70	74
3	7	5	70	76
4	7	5	70	72
5	7	5	70	72
6	7	5	76	104
7	7	5	72	110
8	7	5	70	72
9	7	5	71	76
10	7	—	150	

Oct 23/93. Complains today, of chills and cramps in stomach. Oct 22/93. Pulse 82.
90. T@ 102.6. Oct 24/93. Remained in bed all day. Appetite very poor.
ly in the night". Pulse 88. T@ 100.6. Oct 26/93. Pulse 106 T@ 100. Up in ward, today.
100. Oct 28/93. Pulse 96. T@ 100.4. Oct 29/93. Pulse 88. T@ 99.2. Up to ward today,
10. am. Coughs some at times. Complains of pains in head and chest.
walking. Does not appear very strong. Am. Pulse 86. Pm. Pulse 88.
ose 92. Pm. Pulse 94.
nerally good. Goes out walking daily, having been given a limited parole.
seems to be improving. Nov 2/93. Says he had cold sweats during night
given laxative. Nov 3/93. Complains of bowels bothering him. —
more than usual, this morning, and raising phlegm. Was given a bath.
all persisting, was given dose of salts. Nov 6/93. Goes out walking, every day.
very bad pains in bowels. Nov 8/93. Is very cross, today.
is bother him both night and day. Appears to be in very poor condition.
while out on the grounds, today. Search made but without results.
veral days, has complained of a gathering pain in rectum. Has had
, before. (See Nurse's attached record of Pulses).

(Crossed off the record; was illegally committed here)

Personal and Medical History of Edward Reagan
alias Hillsam Timms

1893 Was brought here by a Sheriff's officer, with the following histo
record attack; had one, nine years ago - duration 6 months;
First symptoms of this attack were manifested July 22d b
running naked; claiming people were after him to kill h
There are rational periods at irregular periods. Derang
afraid that he is to be harmed or killed. Has shown
threatened suicide. no filthy or destructive habits. He
hasheesh. Patient was struck by a stick at the head
been in Jail since the 24th of July. Cause is pro
On personal examination, he said nothing in
quietly with his hands folded over his he
July 29 / 30 July 29/93. Patient, on admission, was pros
and slept but 4 hours last night. Am. Pulse 101. T(
to day. Says "his head is sore & wants to go & have it examin
" 31 July 31/93. Slept only about 2 hours, last night; slightly noisy pa
Wanted to keep his clothes on as "some one was coming after him"
Aug 1 Augt 1/93. Was restless for 3 hours, last night, sleeping 5 hours; gl
T(1) 99.6. Is restless today. Appetite not very good; complains of
institutions, like this, twice before; 6 months in Oshkosh & 3 m
" 2 but does not remember the place. Augt 2/93. Restless for 4 h
" 3 Am. Pulse 90. T(1) 99.8. Pm. Pulse 64. T(1) 99.2. Aug 3/93. Is
5 hours or so & often up from his bed. Am. Pulse 79. T(1) 99
his head. Does not enter into conversation with anyone, pa
-behaved; lying down on a bench all morning. Appetite
" 4/5 Augt 4/93. Slept 7 hours last night; slightly restless for 2 hours or so.
well, last night & was quiet. Am. Pulse 76. T(1) 99.4. Pm. Pulse 77. T(1)
Denied all knowledge of how drug himself, as charged in "Committment Papers"; a
" 6 conversation was coherent & fairly free. Declined to give reasons for changing his name. Aug 6/93. Am
" 7 Pulse 78 & T(1) 98.4 Pm. Pulse 78 T(1) 98.4. Augt 7/93. Am. Pulse 68 T(1) 99.6. Complains of headache.
" 8 Aug 8/93. Am. Pulse 71. T(1) 99.6. Has been sleeping well the past few nights & has been quiet. Occa-
" 9 -sionally getting out of bed. Augg 9/93. Slept but 5 hours, last night; was restless & getting out of
bed for 4 hours or so. Am. Pulse 90 T(1) 99.6; Pm. Pulse 84 T(1) 99.6.; Complains of severe headache.
" 10/11 Augt 10/93. Am. Pulse 89 T(1) 99.4. Aug 11/93. Is sleeping fairly well at night. Am. Pulse 87,
" 12 T(1) 99.2. Appetite good. Is very quiet on the hall. Aug 12/93. Slept but 5 hours last night; was
" 13 very restless when awake. Aug 13/93. Last night, slept better (7 hours) and was quiet.
" 22 Aug 22/93. Record of Temperature has been continued up to date. It is now nearly normal (see attached record)
Has, at times, complained of his head paining him. Says "he is sick"; wants to lie down quite often
in the day-time. Habits are clean. Usually sleeping apparently well at nights, during past week,
was, on the night of the 15th inst. restless for 7 hours, sitting up in bed most of the time.
" 26 Augt 26/93. Has been sleeping only 3 to 4 hours, on each of past 3 nights. Restless; laid awake

Personal and Medical History of Edward R...

CLINICAL NOTES IN THE CASE OF Edward Reagon

NO:	DATE.	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN
aug	14. 8 a.m.	72	99.6		appetite good	
"	15. 8 "	70	99.2			
"	16. 8 "	70	99.2			
	17. 8 "	78	99			
	18. 8 "	72	99.4			
	19. 8 "	70	98.6			
	20. 8 "	76	98.4		appetite good.	
	21. 8 "	72	98.8			
	22. 8 "	70	98.6			

This temp. record ordered discontinued as of more interest

Oct 21/93 Pulse 134. T(1) 103. Complains today, of chills and cramps in stomach. Oct 22/93. Pulse 82.
T(1) 103. Oct 23/93. Pulse 90. T(1) 102.6. Oct 24/93. Remained in bed all day. Appetite very poor.
" 25 Says "he coughs some, mostly in the night". Pulse 88. T(1) 100.6. Oct 26/93. Pulse 106 T(1) 100. Up in ward today.
" 27/28 Oct 27/93. Pulse 77. T(1) 100. Oct 28/93. Pulse 96. T(1) 100.2. Oct 29/93. Pulse 88. T(1) 99.2. Was today,
transferred to C2. at 10. am. Coughs some at times. Complains of pains in head and chest.
" 30 Oct 30/93. Went out walking. Does not appear very strong. AM. Pulse 86. PM. Pulse 88.-
" 31 Oct 31/93. AM. Pulse 92. PM. Pulse 94
Nov 1 Nov. 1/93. Appetite fairly good. Goes out walking daily, having been given a limited parole.
" 2 Coughs but little. Seems to be improving. Nov 2/93. Says "he had cold sweats during night"
" 3 Bowels costive. Was given laxative. Nov 3/93. Complains of bowels bothering him.
" 4 Nov 4/93. Coughing more than usual, this morning, and raising phlegm. Was given a bath.
" 5/6 Nov 5/93. Constipation still persisting, was given dose of salts. Nov 6/93. Goes out walking, every day.
" 7/8 Nov 7/93. At times, has very bad pains in bowels. Nov 8/93 Is very cross today.
" 9 Nov 9/93. Says "these pains bother him both night and day. Appears to be in very poor condition.
" 10 Nov 10/93. Eloped, while out on the grounds, today. Search made but without results.

Patient, for several days, has complained of a gathering pain in rectum. Has had abscess burst there, before. (See Nurse's attached record of Pulses).

(Crossed off the records; was illegally committed here)

1893 Has bro
record
First
remin
There
again
threatened suicide. no
asylum. Patient was struck by a car
been in Jail twice the 26th of July. Cause is probably rem
On personal examination, he said nothing in particular
quietly with his hands folded over his head most of t
July 29/93. Patient, on admission, was put on B3. July
and slept but 4 hours last night. Am. Pulse 101. T@ 992.
today. Says "his head is sore & wants to go & have it exami
July 31/93. Slept only about 2 hours, last night; slightly r
Wanted to keep his clothes on as "some one was coming
Aug 1 Augt 1/93. Was restless for 3 hours, last night, Slept
T@ 99.6. Is restless today. Appetite not very good; former
institutions, like this, twice before; 6 months in Oshkosh & 3 more
" 2 but does not remember the place. Augt 2/93. Restless for 4 hours,
" 3 Am. Pulse 90. T@ 99.8. Pm. Pulse 64. T@ 99.2. Aug 3/93. Slept on
5 hours & so often up from his bed. Am. Pulse 79. T@ 99.8. Co
his head. Does not enter into conversation with anyone, unless fir
-behaved; lying down on a bench all morning. Appetite is fai
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Denied all knowledge of how drug himself, as charged in "Commit
" 6 Conversation was coherent & fairly free. Declined to give reasons for changing his name. Am
" 7 Pulse 78 & T@ 99.8 Pm. Pulse 78 T@ 98.4. Augt 7/93. Am. Pulse 68 T@ 99.6. Complains of headache.
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bed for 4 hours was. Am. Pulse 90 T@ 99.6; Pm. Pulse 84 T@ 99.6.; Complains of severe headache.
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" 12 T@ 99.2. Appetite good. Is very quiet on the hall. Aug 12/93. Slept but 5 hours last night; was
" 13 very restless when awake. Aug 13/93. Last night, slept better (7 hours) and was quiet. — — —
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in the day-time. Habits are clean. Usually sleeping apparently well at nights, during past week
was, on the night of the 15th inst, restless for 7 hours, sitting up in bed most of the time.
" 26 Augt 26/93. Has been sleeping only 3 to 4 hours, each of past 3 nights. Restless; laid awake

Personal and Medical History of Edward Regan
alias William Zimmer

1893 and seemed to be afraid. Always complaining of head paining him & wants to go to bed
Aug 27 during the day-time. Augt 27/93. Was restless for 5 hours, last night, sleeping but 4 hours. —
Sep 27/28 Sep 2/93. Has made a very decided gain in flesh, in the past month. Sep 28/93. Has been
" 29 sick and in bed all day. Sep 29/93. Is up on ward today; feeling some better. Apparently, is
now resting & sleeping better, at night. Appetite good, until within the past few days. His
bowels have been constipated somewhat. Has been working lately out at the barn, but, not
feeling well, quit work there. Is a very quiet & well-behaved patient. Habits are neat and
clean. Talks seems quite rational. Patient is in good physical health.

Oct 4/5 Oct 4/93. Has been sleeping poorly. Given hypnotic, last night. Oct 5/93. Slept 6 hours, last night. Given hypnotic.
" 6/7/8 Pulse 102. T@ 102. Oct 6/93. T@ 101. Oct 7/93. Pulse 90. T@ 101. Oct 8/93. Temperature (R) 99.8. — . — —
" 9/10/11 Oct 9/93. Pulse 90. T@ 99. Oct 10/93. Pulse 84. T@ 99. Oct 11/93. T@ 99. Oct 12/93. Pulse 104.
" 13/14 Oct 13/93. Pulse 124. T@ 103. Complains today, of chills and cramps in stomach. Oct 22/93. Pulse 82.
" 23/24 T@ 103. Oct 23/93. Pulse 90. T@ 102.6. Oct 24/93. Remained in bed all day. Appetite very poor.
" 26 Says "he coughs some, mostly in the night". Pulse 88. T@ 100.6. Oct 26/93. Pulse 106 T@ 100. Up on ward, today.
" 27/28/29 Oct 27/93. Pulse 77. T@ 100. Oct 28/93. Pulse 96. T@ 100.2. Oct 29/93. Pulse 88. T@ 99.2. Was today,
transferred to C2. at 10. am. Coughs some at times. Complains of pains in head and chest.
" 30 Oct 30/93. Went out walking. Does not appear very strong. AM. Pulse 86. PM. Pulse 88. -
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Nov 1 Nov. 1/93. Appetite fairly good. Goes out walking daily, having been given a limited parole.
" 2 Coughs but little. Seems to be improving. Nov 2/93. Says "he had cold sweats during night"
" 3 Bowels costive. Was given laxative. Nov 3/93. Complains of bowels bothering him. —
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" 9 Nov 9/93. Says "these pains bother him both night and day. Appears to be in very poor condition.
" 10 Nov 10/93. Eloped, while out on the grounds, today. Search made but without results.

Patient, for several days, has complained of a gathering pain in rectum. Has had abscess burst there, before. (See nurse's attached record of Pulses).

(Crossed off the records; was illegally committed here)

Personal and Medical History of William Brown
alias Powell Hiett

Whole No. 3431.
Residence, unknown
Date Admission, 1st August 1893.
Admitted by Dr. Phillips Hour, 4 PM.
How Sent, R. R. Mail Jof P. Rice County
Sex, Male
Age, "Dont Know" (35)
Civil Condition, married
Children, Two
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common
Profession Religion, not known
Habits, not known.
Nativity, "Dont know" (LeSueur Co. Minn)
Physicians Committing, J. Ian Seely & C. H. Wagner
Correspondents, no name given in papers
Amanda Reider (Sister) Little Bros. South Dakota

No. for Year, 1.
Insane Relatives, Cant find out anything
Cause Exciting, unknown
Cause Predisposing, unknown
Form, Acute Mania
Accompanying Bodily Disorder, none stated
Suicidal or Not, not known
Date of this Attack, not stated; perhaps recent
Duration, probably short
No. of Attack, unknown
No. of Admissions, 1
Age First Attack, unknown
Time of Leaving, 21st Sept 1895
Time in Hospital, 2 years - 1 mo. 20 d.
Result, Disch. Sept 21/95 —

Exd by Dr. Eby, Aug 5/93.

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, not good
Recent Events, not good
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, thinks he's all right & perfectly sane
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Tells a long story of horses, wagon, blankets &c having been stolen from him by Sheriff of Waseca County. Claims he was in St Peter Hospital after leaving there, changed his name to "Wm Brown". Dwells at great length on the persecutions he has been subject to by people stealing things from him.

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

DELUSIONS:
Systematized or Not, Systematized "of persecution"
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent in answer to questions
Voluble or Reticent, otherwise incoherent.
voluble. —

Personal and Medical History of William Brown

EXAMINATION ON ADMISSION. (CONTINUED.)

Mrs. Mary Ann Hiett
Collamer
Steele Co. Dak
11/11/94

Mary Ann Hiett

Case No. 3431. William Brown
alias Powell Hyatt. Vol. 23.
The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

Mother V Wm Brown
23/377

Dr C. H. Wagner
Clear-pine Wisconsin
Quarter of Section 6 T 20 range 18
Powell Hiett
Wm Brown

PULSE, Irregular,
TEMP.,
CRANI

TORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis" or "Inebriety"),
Mother or Mat. Relations, Mother living; Claims healthy
Father or Pat. Relations, Father living; cant say as to health
Brothers or Sisters, 4 brothers living; cant tell anything about them
2 sisters " "

Personal and Medical History of William Brown
alias Powell Hiett

Whole No. 3431.

No. for Year, 1.

Residence, unknown

Date Admission, 1st August 1893.

Admitted by Dr. Phelps Hour, 4 P.M.

How Sent, R. R. Mail Jof P. Rice County

Sex, Male

Age, "dont Know" (35)

Civil Condition, married

Children, Two

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common

Profession Religion, not known

Habits, not known

Nativity, "Dont know" (LeSueur Co. Minn)

Physicians Committing, J. San Seely & C. N. Wagner

Correspondents, no name given in Papers
he says 8/4/93
Amanda Kinder (sister) Little Bend. South Dakota

Time of Leaving,

Time in Hospital, 2 years – 1 mon.

Result, Dispd. Sept 25/95 –

Exd by Dr. Ely, Aug 5/93.

EXAMINATION ON ADMISSION.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, active

MEMORY:

Past Events, not good

Recent Events, not good

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, somewhat illusive

REASONING POWER:

Ordinary Subjects, fair

Own Mental State, thinks he is all right & perfectly sane

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Tells a long story of hares, wagon, blankets &c having been stolen from him by Sheriff of Waseca County. Claims he was in St. Peter Hospital after leaving there, changed his name to "Wm Brown". Dwells at great length on the persecutions he has been subject to by people stealing things from him.

exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, Systematized "of persecution"

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent in answer to questions

Voluble or Reticent, otherwise incoherent.
voluble.

Personal and Medical History of William Brown

EXAMINATION ON ADMISSION. (CONTINUED.)

Wm Brown
alias
Powell Hiett

Mary Ann Hiett
Little Bend
Sully Co
S. D.

Mother living
23/377

Wm Brown
alias
Powell Hiett
Has been in Hospital 6 or 7 years
and discharged
Powell Hiett
Not Insane

PULSE, Irregular,

CRANL TEMP.,

TORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, mother living; claims healthy

Father or Pat. Relations, Father living; cant say as to health

Brothers or Sisters, 4 brothers living; cant tell anything about them
2 sisters " "

377

Personal and Medical History of William Brown
alias Powell Hiett

Whole No. 3431.

No. for Year, 1.

Residence, unknown

Date Admission, 1st August 1893.

Admitted by Dr. Shetler Hour, 4 PM.

How Sent, R. R. Mott Jof P. Rice County

Sex, male

Age, "dont Know" (35)

Civil Condition, married

Children, Two

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common

Profession Religion, not known

Habits, not known.

Nativity, "Dont know" (LeSueur Co. Minn)

Physicians Committing, J. Sam Seely & C. N. Wagner

Correspondents, no name given in Papers
he says 8/4/93
Amanda Binder (sister) Little Brule South Dakota

Time of Leaving, —

Time in Hospital, 2 years — 1 mon.

Result, Disch. Sept 28/93 — —

Exd by Dr. Ely, Aug 5/93.

EXAMINATION ON ADMISSION.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, active

MEMORY:

Past Events, not good

Recent Events, not good

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, somewhat illusive

REASONING POWER:

Ordinary Subjects, Fair

Own Mental State, Knows he is all right & perfectly sane

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Tells a long story of horses, wagon, blankets &c & says he has been stolen from him by Sheriff of Waseca County. Claims he was in St. Peter Hospital & after leaving there, changed his name to "Wm Brown". Dwells at great length on the persecutions he has been subject to by people stealing things from him.

Exalted,

Depressed, somewhat

DELUSIONS:

Systematized or Not, Systematized "of persecution"

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent in answer to questions

Voluble or Reticent, otherwise incoherent.
voluble. —

of William

ADMISSION.

Mott

Powell Mott

Hiett

A. J. Abbott
Bradford, Minn
(Correspondent)

M. Larkey
Owatonna
Minn (?)

PULSE, [illegible] 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 living; claims healthy

Father or Pat. Relations, Father living; can't say as to health

Brothers or Sisters, 4 brothers living; can't tell anything about them
2 sisters " "

Whole No. 34
Residence,
Date Admissi
Admitted
How Se
Sex,
A
Nat
Physicians
Correspondents,
Amanda Ruider (sister) Little Du

Exd by Dr Ely, Aug 5/93.

EX

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

MEMORY:
Past Events, not good
Recent Events, not good
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, thinks he is all right & perfectly sane
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
tells a long story of hares, wagon, blankets &c having been stolen from him by Sheriff of Waseca County. Claims he was in St Peters Hospital after leaving there, changed his name to "Wm Brown". Dwells at great length on the persecutions he has been subject to by people stealing things from him.

atized or Not, Systematized "of persecution"
ial Subjects,
ransitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent in answer to questions
Voluble or Reticent, otherwise incoherent
Voluble.

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 8/3/93 122 lbs. NUTRITION, Seems good
WOUNDS OR ABNORMALITIES, Some scars on left leg, also on right: abnormalities, probably none.
TONGUE, Tremors, Some Coatings, Slight Promptness Movement, fairly prompt
PUPILS, Equality, Equal Size, about normal
Response Light, Yes Accommodation, Yes
SIGHT, Good
HEARING, Good
CO-ORDINATION, Arms, Finger to nose, Eyes shut, Slight inaccuracy -
Legs, Standing, Eyes shut, some swaying.
TREMORS, Hands, Some Tongue, Some
Facial Muscles, General,
REFLEXES, Patellar, absent
Other Reflexes,
ARTICULATION, ~~Hesitating~~, Fair, though it shows ~~Slurred~~, some indistinctness.
FACIAL EXPRESSION, Fair
SENSIBILITY, Normal
HEART, Sounds normal
LUNGS, Sounds are normal
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good, Records kept	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 living; claims healthy
Father or Pat. Relations, Father living; can't say as to health
Brothers or Sisters, 4 brothers living; can't tell anything about them
2 sisters

Personal and Medical History of William Brown

1893

Was brought here by Sheriff Stewart with the following history which is very meagre, & to history of consanguinity, attacks, if previously sent to hospital, when first symptoms of this attack were shown, state of the disease, as to rational intervals (if any), suicidal propensities, habits, history of heredity, if subject to any severe diseases &c, if restrained or confinement has been employed, or medical treatment given, nothing appears to be known, nor information can be obtained from patient on any of these points. Supposed cause of the disease is unknown. Found him yesterday wandering about, not knowing where he wanted to go; know nothing but what he tells us. Manners. Derangement is now manifested by his being suspicious of every one. Has no purpose in view. Thinks everyone wants to rob him, wont take advice. On personal Examination patient was found to be in mental distress & to have fears of violence from his fellow-men. Appearance & manner of one lost & forsaken. Impossible to get from him a Connected history of himself or his family.

Aug 1st Aug 1/93. The patient was brought here in handcuffs. He is in fair physical condition. Was put on B^{2}—
" 2 Pulse 80. T◎ refused. Bodily condition is dirty; no injuries or peculiarities noted. Aug 2/93. Slept but one hour last night; was slightly restless when awake. Am. Pulse 80. Temperature again refused. Appetite medium; bowels constipated. No cough noticed. Is very restless & excited today. Had to be held by attendants, nearly all the day. Talks about his horses, clothing and some gold, buried at
" 3 some place. Is incoherent in speech. PM. Pulse 78. T◎ refused. Aug 3/93. Was restless & uneasy, sleeping but 3 hours last night. Appetite medium. Pulse, this Am, 76. Today, is stubborn & restless. Keeps talking about same things all the time. Is in mild form, acute melancholia. PM. Pulse 70.—
" 4 Weight today, 122 pounds. Aug 4/93. Slept but 2 hours last night; very restless when awake.—
Am. Pulse 80. Is excited again today; bothering other patients; wants to search their pockets for tobacco. Very troublesome in hall. Hangs on to people & worries about his property; can't satisfy his mind.
" 5 Aug 5/93. Again restless & disturbed last night. Sleeping only 4 hours or so. Am. Pulse 84. Appetite only medium. Constipated. Given laxative. Is very troublesome on ward. Patient was examined today, in office. "Thinks himself all-right & perfectly sane". Showed delusions, systematized, of persecution. Told a long story of having horses & stolen from him. Claims he was in St. Peter Hospital
" 6 & changed his name to "Wm Brown" after leaving there. Conversation was voluble. Aug 6/93. Am. Pr.
" 7 Still continues to be very bothersome, but not so restless, yesterday & today. Aug 7/93. Rested & slept very poorly the past 2 nights (only about 3 hours on each). Was very restless when awake. Am. Pulse 80.
" 8 Aug 8/93. Rested & slept fairly well, 7 hours, last night. Appetite medium. Conduct & behavior on hall donot change in any respect. Enquires about his property &c of all strangers. Am. Pulse 84.—
" 9 Aug 9/93. Slept 6 hours, last night; restless while awake. Appetite medium. Bowels and nine regular.—
" 10 Still troublesome by day & bothering other patients as above described. Aug 10/93. Slept 6 hours, last
" 11 night; was quiet when awake. Nervous & restless today. Aug 11/93. Very restless today; troublesome; is afraid. Says "man that brought him and the head attendant here are relations & are against them."
" 16 Aug 16/93. Since last note on this subject, patient has rested & slept very poorly, only 2 to 3 hours at night; only once 4 hours. Has invariably been restless, when awake. By day, also, has been restless, excited & troublesome, wanting to search other patients for tobacco &c & in other ways bothering them; following people about. Has fears. Thinks somebody wants to kill him. Talks often about getting out of here. Harps upon the old subject of being persecuted & having his property stolen from him.

Personal and Medical History of Wm Brown

1893

Aug 16 by the Sheriff of Waseca County & others". Appetite has been only medium. Bowels, now, are, as a rule, regular & pulse has become about normal. Aug 17/93. Very quiet, from about noon.
" 17
" 24 Aug 23/93. Has been very restless, while awake, during past few nights, sleeping only about 2 hours on each. Also very restless, by day, continually bothering the other patients. Occasionally gets into a quarrel.
" 25 Aug 25/93. More quiet; slept 8 hours, last night. Aug 28/93. Very nervous & excited today; worse than
" 28 for past few days. Appetite ravenous. Bowels constipated, at times.
Sep 8 Sep 8/93. Wt 129½ pds (a gain of 7½ pds, in past month). Was, today, transferred from B^{2} to B^{3}.
" 26 Sep 26/93. Still keeps up his bothersome ways. Was struck by another patient (John J. McGrath) over the eye, causing a black-eye. Is always searching pockets for tobacco. Very restless. Never sits still, unless held.
" 28 Sep 28/93. Appetite good; bowels regular. Very bothersome. Always getting into trouble with other patients.
Oct 2/3 Oct 2/93. Wt 133½ pds (a further gain). Pulse 84. Oct 3/93. Received a black eye from patient (J. Frasier).
" 15/31 Oct 15/93. Struck eye blacked today by a fellow patient (E. Southerland). Oct 31/93. Appetite is changeable; now fairly good. Bowels regular. Very restless; never sitting still; always bothering other patient for tobacco; always asking to go home. Slovenly in dress. Habits filthy.
Nov 1/4 Nov 1/93. Wt 134 pds. Pulse 88. Nov 2/93. Struck by another patient (E. Richardson) in the ear today,
" 28 causing it to bleed. Nov 28/93. Struck by this same patient in the face today; same slightly bruised.
" 30 Nov 30/93. Appetite good; bowels regular. Conduct & behavior by day donot change, in any respect.—
Dec 4/7 Dec 4/93. Wt 136 pds. Pulse 96. Dec 7/93. Struck by patient F. Abbott on forehead, raising a lump.
(Patients bothersome, aggravating ways are the cause of his getting into trouble with the others).
" 31 Dec 31/93. Patients condition does not change any. Conduct & behavior, also, about the same.
Lately, has become very abusive in his language, especially to strangers, when visiting the ward.

1894
Jan 1/10 Jan 1/94. Wt 139 pds. Pulse 114. Jan 10/94. Appears to be improving some, of late. Cleaner in habits.
" 31 Jan 31/94. Apparently, rests & sleeps well, at night. Appetite good; bowels regular. No delusions noted, of late. Talks foolishly. Habits are clean but he is still untidy about his clothing. Does no work. Is in good physical condition. Says "father was at one time, in St Peter Hospital.
Feb 1/3 Feb 1/94. Wt 139½ pds. Pulse 65. Feb 3/94. Struck, during night, by patient (Ole Swanson),
" 22 in the eye, causing same to become black. Feb 15/94. No material change to note.—
" 28 Feb 28/94. Patient was committed here under the "Law of 1893" recently declared unconstitutional.
He was, today, Taken out and Returned under "new Warrant" from Olmsted County.
Mar 1/31 March 1/94. Wt 139 pds. Pulse 96. March 21/94. Was struck by patient (Jerry Sullivan) receiving
" 31 bonce cuts on face & a black eye. March 31/94. Restless, walking up & down hall, a good deal of the time either whistling or singing and, at times, talking to the pictures on the wall. Actions and talk are somewhat imbecile; uses very abusive language towards everybody, especially toward the officers. Habits clean though he is untidy about his clothing. Was vaccinated on the 28th inst.—
Apl 2/7/30 April 2/94. Wt 138 pds. Pulse 94. April 17/94. Was again vaccinated, today. April 30/94. Patient does not improve any mentally. Is restless; continually bothering the other patients. Foolish in actions. Frequently gets into trouble with the other patients by his teasing habits. Physical condition seems good.
May 1st Wt 140 pds. 80. 2nd Was struck by H. Hoff on the nose, knocking him against the wall raising a bunch on the back part of head & causing his nose to bleed. 8th was struck by Soren Johnson & slightly cutting his lip. 31st Was struck by Soren Johnson to day sheriff and walking, causing a black eye.

(p. 76 Transfer Book)

Personal and Medical History of Eric Dahlstrom

Whole No. 3433.
Residence, Minneapolis. Minn.
Date Admission, 1st August 1893.
Admitted by Dr. Phelps Hour, 7 P.M.
How Sent, J. H. Steele, Jo. Co. Hennepin Co.
Sex, Male
Age, not given (about 28)
Civil Condition, Single
Children,
Age Youngest Child, —
Occupation, not given (Laborer)
Degree Education, Fair: Can read & write
Profession Religion, not a Church member
Habits, not intemperate
Nativity, Sweden (Parents also born there).
Physicians Committing, Thos. F. Quinby & H. W. Keeton
Correspondents, 244 S. Cedar Ave (name not known)
Miss S. Olson
Boarding house Keeper

No. for Year, 3.
Insane Relatives, not known
Cause Exciting, unknown (probably masturbation) —
Cause Predisposing, unknown
Form, Acute Mania
Accompanying Bodily Disorder, great nervousness.
Suicidal or Not, not
Date of this Attack, July 29th 1893
Duration, 3 days or so.
No. of Attack, 1st, so far as known.
No. of Admissions, 1
Age First Attack, not given
Time of Leaving, June 29. 1897
Time in Hospital, 3 yrs. 10 mos 28 dys
Result, Transferred to Fergus Falls.

JK Pm

Exd by Dr Eby, Aug 11/93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear, at present.
Quick or Sluggish, Fairly quick

MEMORY:
Past Events, Fair
Recent Events, Seems fair
Special Subjects,

PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, fairly good
Own Mental State, Says "there was no reason for sending him there" —
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Says "he was sent here, because he had sore in head".
"has the idea he thinks too much" =
Denies the charges against him of deranging himself —

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, was; is now normal now.

DELUSIONS:
Systematized or Not, None noted
Special Subjects,
Transitory or Not,

HALLUCINATIONS: none detected

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, Free in answering questions

Personal and Medical History of Eric Dahlstrom

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6½ WEIGHT, 8/11/93 149 lbs – 8/3/93 140½ lbs – NUTRITION, Quite good
WOUNDS OR ABNORMALITIES, probably none
TONGUE, Tremors, quite steady tho' deadened sense of touch Coatings, slight Promptness Movement, prompt
PUPILS, Equality, Equal Size, somewhat dilated
Response Light, Yes Accommodation, Yes
SIGHT, Good
HEARING, Fairly good
CO-ORDINATION, Arms, fingers to nose, Eyes shut, some slight inaccuracy.
Legs, Standing, Eyes shut, slight swaying.
TREMORS, Hands, some Tongue, none

Case No. 3433. Eric Dahlstrom. Vol. 23.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

SENSIBILITY, normal
HEART, Sounds normal
LUNGS, Sounds as normal
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Records kept	Clean,	Careless,
BOWELS, Normal,		Constipated,	Irregular,
APPETITE, Good,		Medium,	Poor,
SLEEP, Good,		Poor,	Irregular,
PULSE,		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, mother died, about 18 years ago, in Childbirth —
Father or Pat. Relations, father living; claims healthy.
Brothers or Sisters, 2 brothers in Minnesota; all healthy; 3 sisters living; claims all healthy; says no relatives ever been sick in hospital.

Personal and Medical History of Eric Dahlstrom

Whole No. 3433.
Residence, Minneapolis. Minn.
Date Admission, 1st August 1893.
Admitted by Dr. Phelps Hour, 7 P.M.
How Sent, Ind. Stella Jo. Co. Hennepin Co.
Sex, Male
Age, not given (about 28)
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, not given (Laborer)
Degree Education, Fair; can read &
Profession Religion, not a Church Mem
Habits, not intemperate
Nativity, Sweden (Parents also bor
Physicians Committing, Thos. F. Quinby &
Correspondents, 245 Cedar Ave (name per known)
Miss. Olson Boarding house keeper

No. for Year, 3.
Insane Relatives, not known
Cause Exciting, unknown (probably masturbation)
Cause Predisposing, unknown
Form, Acute Mania
Accompanying Bodily Disorder, greater nervousness.
Suicidal or Not, not
Date of this Attack, July 29th 1893
Duration, 3 days or so.
No. of Attack, 1st, so far as known.
No. of Admissions, 1
[illegible] not given

Exd by Dr. Eby, Aug 11/93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear, at present.
Quick or Sluggish, fairly quick

MEMORY:
Past Events, Fair
Recent Events, seems fair
Special Subjects,

PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, fairly good
Own Mental State, says "there was no reason for sending him here" —
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Says "he was sent here because he had sore in head".
"Has the idea he thinks too much" =
Denies the charges against him of deranging himself —

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, was; is now normal now.

DELUSIONS:
Systematized or Not, None noted
Special Subjects,
Transitory or Not,

HALLUCINATIONS: none detected

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, free in answering questions

Personal and Medical History of Eric Dahlstrom

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6½ WEIGHT, 8/11/93 149 lbs – 8/3/93 140½ lbs – NUTRITION, Quite good
WOUNDS OR ABNORMALITIES, probably none
TONGUE, Tremors, Quite steady tho' decided slight Coatings, slight Promptness Movement, prompt
PUPILS, Equality, Equal Size, somewhat dilated
Response Light, Yes Accommodation, Yes
SIGHT, Good
HEARING, Fairly Good
CO-ORDINATION, Arms, finger to nose, Eyes shut, some slight inaccuracy.
Legs, Standing, Eyes shut, slight swaying.
TREMORS, Hands, None Tongue, none
Facial Muscles, none special noted General,
REFLEXES, Patellar, unequal. Right about normal – left about 7 –
Other Reflexes,
ARTICULATION, ~~Hesitating~~, fair; foreign accent ~~Slurred~~,
FACIAL EXPRESSION, Dull + indifferent, though it brightens up, at times
SENSIBILITY, normal
HEART, Sounds normal
LUNGS, Sounds as normal
EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,	Careless,
BOWELS, Normal,		Constipated,	Irregular,
APPETITE, Good,		Medium,	Poor,
SLEEP, Good,	Records kept	Poor,	Irregular,
PULSE,		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, Mother died, about 18 years ago, in Childbirth –
Father or Pat. Relations, Father living; claims healthy.
Brothers or Sisters, 2 brothers in Wisconsin; all healthy; 3 sisters living; claims all healthy; says no relatives ever been sick in hospital.

1893 Was brought here in due form by Sheriff's Officer with the following history. As to history of consanguinity, nothing known: nor as to heredity. As far as can be ascertained this is 1st attack; first symptoms manifested July 29th 1893, by melancholy & reticence. Disease appears to be increasing; there are no rational intervals. Derangement now shown, on no particular subject; but he will not talk. Is not suicidal nor filthy, but has destructive habits (of clothing). Has had no severe disease or head-injury so far as known. Has been confined in County Jail for about a day past. Supposed cause of disease not known; probably, masturbation. Has been under sedative treatment. On personal examination, patient was found in a state of nudity; is very incoherent & garrulous. Said that he has masturbated since boyhood, & that "something, that feels like H—", is constantly coming out of his neck. Tossed about on his cot & scratched leg & body vigorously - nothing else of importance. Patient was restless & nervous, though sleepy. Here is the corroborative testimony of two acquaintances & Sergeant of Police Force, Allen.

Aug 1 Aug 1/93. On admission, was put on B3. Pulse 68. T(e) 98. Bodily condition dirty; no injuries or peculiarities noted. Aug 2/93. Was very restless & noisy last night, sleeping but 3 hours. Am. Pulse 64. T(e) 99.5. Is restless today; stubborn; laughing to himself; speaks only a few words, chiefly in reply to questions. Appetite only medium. Pm. Pulse 62. T(e) 99.8. Aug 3 Aug 3/93. Slept only 3 hours last night; was very restless. Given hypnotic. Am " 64 " 99.- Soiled his bed, last night. Today, is restless & occasionally noisy. Pm. Pulse 68. T(e) 98.8. Aug 4/93. Slept but 3 hours last night; was very restless while awake. - " 5 Am. Pulse 62. Appetite medium; Conduct & behavior, by day, as usual. Pm. Pulse 64. Aug 5/93. Was very noisy while awake, last night; slept but 2 hours. Appetite does not improve. Is very restless & stubborn. " 6 Pulse 62. Was blistered for masturbating, today. Aug 6/93. Slept very poorly, only 2 hours, last night; rest much broken & disturbed. Talks but little; makes no complaints. Appetite medium. Pulse 68. — " 7 Aug 7/93. Slept quite well (7 hours) last night, & was quiet. Am. Pulse 64. Is also very quietly behaved " 8 today. Walks about ward some. Appetite fairly good. Aug 8/93. There is a decided change in behavior; also in expression of face; seems somewhat brighter; appetite good. Does some work on the ward. " 10 Pulse 66. Aug 10/93. Has rested & slept 7 hours in each of past 3 nights & has been quiet, when awake. Is better behaved now; walks about ward quietly; works some; talks with some of his fellow-patients. " 11 Appetite good & bowels regular. Pulse about normal. Aug 11/93. Again rested & slept well, last night. " 12 Does out working regularly. Wrote a letter today. Talks freely; appetite good. Aug 13/93. Slept only 2 hours, " 16 last night; very restless when awake. Aug 16/93. Sleep & rest at night for the past 5 nights, have been very poor; patient only sleeping from 2 to 3 or 4 hours each night. Pulse has been a trifle below normal. Appetite has continued good & bowels fairly regular. Is quiet & well behaved during day. Neat & tidy & of good personal habits. Quite free in conversation. Does a little work. Goes walking. " 21 Aug 21/93. Has been restless while awake, occasionally noisy during past 4 nights and has " 31 slept only from 2 to 4 hours, in each. Was today transferred to B1 East. Aug 31/93. Is very quiet and well-behaved. Keeps by himself all the time; sits on a bench while in the hall, apart from others. Speaks only when addressed, answering fairly promptly. Takes no part in games. Reads some. Works a little. Sep 1/93 Sep 1/93. Has gained some in flesh since admission. Sep 28/93. Has made quite an improvement since last report. More active & lively; takes part in games & associates more with his fellows. Pleasant, agreeable & a good worker on the ward. Physical health good. Habits clean.

1893 Sep 30 Sep 30/93. Still continues to improve. Always quiet & well-behaved.

Oct 4 Oct 4/93. Has made a gain of 9 pounds in flesh, in past month. Physical health good.

30 Oct 30/93. Recently has had a sort of "Spell", about twice each week; while in this "Spell" he does not seem to realize anything & wont work; will sit by himself & sometimes cry; eats & sleeps well at night. Appetite good. Clean & tidy in personal habits.

Nov 2/93 Nov 2/93. Iff 137½ pos. Pulse 81. Nov 3/93. Commenced, today, to work outside, about the stables.

" ed by his outside work. Nov 30/93. Says "he sleeps well at night;

" outside & appears to be getting along nicely. Is a willing worker,

" f. Has had no "Spells" since going out to work. Habits clean,

" , the past month. Dec 31/93. No change from Nov 30th General note.

Dec thout apparent cause, as he does not complain of feeling ill-

Jan lar. Still works outside; seems improving. Habits good.

" 3 w his working, as he says he is feeling well & does not

Feb " 7 well-behaved patient at all times. Has only "Spells" noticeable

" hile at the hall, and is very quiet, somewhat depressed &

te, is somewhat poor, but bowels are regular. Still works outside.

chapped hands, but these are getting better now. —

mitted here under the "Law of 1893" recently declared

day. Taken out and Returned under "New Warrant"

Feb 28/94. No material change to note, at this date. —

Mar 3 (losing in flesh for some months: no apparent cause and

" 30 feeling). Pulse 64. March 31/94. Note of Feby 27th 28th held good.

" 3 in flesh). Pulse 86. April 28/94. Today, patient had a "spell"

Apl " 3 nervous & easily excited. Still works outside, about the barn.

" 3 l behaved: somewhat stupid at times. Has "Spells",

" upish", and laughing to himself. Habits as clearly.

May is at times stupified & dumpish. Has a spell, will stand in one

place for hours at a time, if not told to sit down, talks & laughs to himself. appetite good. bowels

June reg. June 1st Wt 142½ lbs. p. 74. 30th is feeling some better, has silly ways yet; takes part in games.

July 30 good appetite, bowels reg. July 9th Wt. 152 lbs. p. 70. 30th good appetite, bowels regular, is very cross

Aug 2/27 & contrary at times, works some on ward. Aug 3/94. Wt 150 pds. Pulse 81. Aug 27/94. Patient

Eats very little. Stands around, most of the time, in everyone's way. Says very little. Habits clean.

" 31 Is very stubborn today. While at walking has to be urged & pushed along or he will stay behind. Became somewhat

troublesome & inclined to be pugnacious at the ward, today, & was transferred to B1. Aug 31/94. Is quiet &

dumpish. Seldom speaks. Has no ambition. Laughs to himself & makes signs with his hand, at times.

Sept 3 30 Sep 3/94. Iff 153 pds. Pulse 80. — Sep 30/94. No change since last report. Health seems good.

Oct 2/31 Oct 3/94. Iff 152 " " 76. Oct 31/94. About the same. No improvement noticed. Does no work.

Nov 2/30 Nov 7/94. Iff 153½ " " 65. Nov 23/94. His brother came to see him. Nov 30/94. About the same.

appears dumpish & sleepy; not inclined to speak. Laughs to himself at times. Does no work.

Dec 3/ Dec 7/94. Wt 155⅓ pds. P. 84. Dec 31/94. No change to note. Is always dull & stupid.

1895 Jany 3/95 Jany 3/94. Wt 150½ " " 68. Jany 30/95. Still behaved. Very stupid & simple. Will not talk.

Carried To Transfer Book A pag. 160

1893 Was brought here in due form by Sheriff's Officer with the following history. As to history of consanguinity, nothing known: nor as to heredity. As far as can be ascertained this is 1st attack; first symptoms manifested July 29th 1893, by melancholy & reticence. Disease appears to be increasing; there are no rational intervals. Derangement now known, on no particular subject; but he will not talk. Is not suicidal nor filthy, but has destructive habits (of clothing). Has had no severe disease or head-injury so far as known. Has been confined in County Jail for about a day past. Supposed cause of disease not known; probably masturbation. Has been under sedative treatment. On personal examination, [illegible] is very incoherent & garrulous. Said that he had mastur[illegible] that feels like H—", is constantly coming out of his ne[illegible] ted leg & body vigorously - nothing else of importance. There is the corroborative testimony of two acquaint[illegible] Aug 1 Aug 1/93. On admission, was put on B3. Pulse 68. T([illegible] recti- .. 2 -arities noted. Aug 2/93. Was very restless & noisy last n[illegible] T(e) 99.5. It restless today; stubborn; laughing to himself; speaks only a[illegible] etite Aug 3 only medium. PM. Pulse 62. T(e) 99.8. Aug 3/93. Slept[illegible] zs. Given hypnotic. AM - 64 - 99.- Soiled his bed, l[illegible] ly .. 4 noisy. PM. Pulse 68. T(e) 98.8. Aug 4/93. Slept but 3 ho[illegible] te.- .. 5 AM. Pulse 62. Appetite medium; Conduct & behavior, [illegible] was very noisy while awake, last night; slept but 2 hours. Appe[illegible] thom. .. 6 Pulse 62. Was blistered for masturbating, today. Aug 6/93 [illegible] rest much broken & disturbed. Talks but little; makes no comp[illegible] — .. 7 Aug 7/93. Slept quite well (7 hours) last night, & was [illegible] behaved .. 8 today. Walks about ward some. Appetite fairly good. A[illegible] ever; also in expression of face; seems somewhat brighter; ap[illegible] ward. .. 10 Pulse 66. Aug 10/93. Has rested & slept 7 hours each [illegible] awake, Is better behaved now; walks about ward quietly; works so[illegible] ents. .. 11 Appetite good & bowels regular. Pulse about normal. A[illegible] ight. .. 12 Goes out walking regularly. Wrote a letter today. Talks freely; appetite good. Aug 12/93. Slept only 2 hours, .. 16 last night; very restless when awake. Aug 16/93. Sleep & rest at night for the past 5 nights, have been very poor; patient only sleeping from 2 to 3 or 4 hours each night. Pulse has been a trifle below normal. Appetite has continued good & bowels fairly regular. Is quiet & well behaved during day. Neat & tidy & of good personal habits. Quite free in conversation. Does a little work. Goes walking. .. 21 Aug 21/93. Has been restless while awake, occasionally noisy during past 4 nights and has .. 31 slept only from 2 to 4 hours, nights each. Was today transferred to B3 East. Aug 31/93. Is very quiet and well-behaved. Keeps by himself all the time; sits on a bench while at the hall, apart from others. Speaks only when addressed, answering fairly promptly. Takes no part in games. Reads none. Works a little. Sep 1/25 Sep 1/93. Has gained some in flesh since admission. Sep 25/93. Has made quite an improvement since last report. More active & lively; takes part in games & associates more with his fellows. Pleasant, agreeable & good worker on the ward. Physical health good. Habits clean.

1893
Sep 30 Sep 30/93. Still continues to improve. Always quiet & well-behaved.
Oct 4 Oct 4/93. Has made a gain of 9 pounds in flesh, in past month. Physical health good.
30 Oct 30/93. Recently has had a bit of "spell", about twice each week; while in this "spell" he does not seem to realize anything & wont work; will sit by himself & sometimes cry; Eats & sleeps well at night. Appetite good. Clean & tidy in personal habits.
Nov 2/93 Nov 2/93. Wt 134 pds. Pulse 81. Nov 3/93. Commenced, today, to work outside, about the stables.
" 15/20 Nov 15/93. Seems to be much improved by his outside work. Nov 30/93. Says "he sleeps well at night; also feels well". Is still working outside & appears to be getting along nicely. Is a willing worker, always wanting to be doing something. Has had no "spells" since going out to work. Habits clean.
Dec 2/ Jan 31 Dec 2/93. Has lost slightly in weight, the past month. Dec 31/93. No change from Nov 30th general note.
Jan 2 Jan 2/94. Has again lost in flesh, without apparent cause, as he does not complain of feeling ill.
" 31 Jan 31/94. Appetite good; bowels regular. Still works outside; seems improving. Habits good.
Feb 1 Feb 1/94. Loss of flesh is probably due to his working, as he says he is feeling well & does not
" 21 complain any. Feb 22/94. Is a well-behaved patient at all times. The only "spells" noticeable are those when he sits by himself, while at the hall, and is very quiet, somewhat depressed & disinclined to talk. Appetite, of late, is somewhat poor, but bowels are regular. Still works outside. Has lately been complaining of sore, chapped hands, but these are getting better now. —
" 24 Feb 24/94. This patient was committed here under the "Law of 1893" recently declared unconstitutional. He was today Taken out and Returned under "New Warrant" from Olmsted County. — Feb 28/94. No material change to note, at this date. —
Mch 3 March 3/94. Wt 135 pds. Has been losing in flesh for three months. No apparent cause and
" 31 he does not complain of any ill-feeling. Pulse 64. March 31/94. Note of Feby 22nd holds good.
Apl 2/ 18 April 2/94. Wt 133 pds (still losing in flesh). Pulse 86. April 18/94. Today, patient had a "spell" of laughing & talking to himself. Is nervous & easily excited. Still works outside, about the barn.
" 30 April 30/94. Always quiet & well behaved: somewhat stupid at times. Has "spells", about twice a week, of being "dumpish", and laughing to himself. Habits are cleanly.
May 1st Wt 134¼ pds. 18th transferred to A-1, is at times stupid & dumpish. Has a spell, will stand on one place for hours at a time, if not told to sit down, talks & laughs to himself. Appetite good, bowels reg. June 1st Wt 142½ pds. 30th is feeling some better, has silly ways yet; takes part in games.
July 9th good appetite, bowels regular, is very cross & contrary at times, works some on road. July 9th Wt 152 pds. 30th good appetite, bowels regular, is very cross & contrary at times, works some on road.
Aug 2/27 Aug 2/94. Wt 160 pds. Pulse 61. Aug 27/94. Patient Eats very little. Stands around, most of the time, in everyone's way. Says very little. Habits clean. Is very stubborn today. While out walking has to be urged or pushed along or he will stay behind. Became somewhat troublesome & inclined to be pugnacious at the ward today, & was transferred to B1. Aug 31/94. Is quiet & dumpish. Seldom speaks. Has no ambition. Laughs to himself & makes signs with his hand, at times.
Sep 1/30 Sep 1/94. Wt 153 pds. Pulse 80. — Sep 30/94. No change since last report. Health seems good.
Oct 2/31 Oct 2/94. Wt 152 " " 76. Oct 31/94. About the same. No improvement noticed. Does not work.
Nov 2/30 Nov 1/94. Wt 153½ " " 65. Nov 23/94. His brother came to see him. Nov 30/94. About the same, appears dumpish & sleepy; not inclined to speak. Laughs to himself at times. Does no work.
Dec 3/ 1894 Dec 3/94. Wt 155½ pds. P. 84. Dec 31/94. No change to note. Is always dull & stupid.
Jany 3/94 Jany 3/94. Wt 150½ " " 66. Jany 31/95. Still behaved. Very stupid & simple. Will not talk.

Carried to Remarks Book A page 166

Personal and Medical History of Joseph C. Hilliard

Whole No. 3436

Residence, Northfield, Minn

Date Admission, 5th August 1893.

Admitted by Dr. Phelps Hour, 4 PM

How Sent, R. R. Mott. Jof P. Rice County

Sex, Male

Age, about 43.

Civil Condition, Single

Children, none

Age Youngest Child, —

Occupation, Ranchman

Degree Education, Common School

Profession Religion, not a church member

Habits,

Nativity, Loraine Co., Ohio (father in Ky; mother, Conn.)

Physicians Committing, William Greaves & E. E. Brubaker

Correspondents, No name given in "Papers"

No. for Year, 6

Insane Relatives, none (father drank to excess)

Cause Exciting, Typhoid fever some 3 years ago

Cause Predisposing, may have had previous attacks

Form, Chronic Mania

Accompanying Bodily Disorder, none noted

Suicidal or Not, not

Date of this Attack, probably recent

Duration, probably short

No. of Attack, unknown (may have had others)

No. of Admissions, 1

Age First Attack, unknown

Time of Leaving, Feb. 13' 94

Time in Hospital, 6m 8 ds

Result, Imp.

Crossed from "Chronic Mel. Mania" 1st, 1894, because illegally committed

Exd by Dr. Phelps, Aug 23/93.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Slightly Confused

Quick or Sluggish, Quite quick

MEMORY:

Past Events, } Fair

Recent Events, }

Special Subjects, }

PERCEPTIVITY:

Alert or Dull, Quick

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, } somewhat impaired

Own Mental State, }

Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:

By Conversation, sincerity strict holds firmly, his ideas of religion, but has lost the incoherence & slightly maniacal appearance which he had upon admission. Has a condition which would be better described as paranoiac, in that he has a few firmly fixed ideas got at by reasoning rather than by arbitrary assumption —

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, slightly

Depressed,

DELUSIONS:

Systematized or Not, systematized

Special Subjects, Religion

Transitory or Not,

HALLUCINATIONS: None noted

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent in form

Voluble or Reticent, very free

Personal and Medical History of Joseph C. Hilliard

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 8 3/4 WEIGHT, 136 lbs. NUTRITION, Seems quite good.

WOUNDS OR ABNORMALITIES, —

TONGUE, Tremors, none special Coatings, healthy Promptness Movement, prompt

PUPILS, Equality, about equal Size, quite small

Response Light, ready Accommodation, —

SIGHT, Fairly good

HEARING, Some slight impairment

CO-ORDINATION, Arms, } Quite good, by usual tests

Legs, }

TREMORS, Hands, none special Tongue, none special

Facial Muscles, General, —

REFLEXES, Patellar, slightly sluggish — 3 or 4 —

Other Reflexes,

ARTICULATION, ~~Hesitating,~~ Good ~~Slurred,~~

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds normal

LUNGS, Lower front part of right lung seems very inactive; breath sounds, cannot be heard for upward of nearly 1/3 of its length.

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Yes 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, Mother living; claims healthy. } No history of paralysis or epilepsy.

Father or Pat. Relations, Father died of Consumption — }

Brothers or Sisters,

1893

Was brought here by Deputy Sheriff P. F. Benniman with the following history. There is no history of consanguinity nor heredity. Think he may have had previous attacks. This one is probably recent; symptoms shown by religious hallucinations. Disease appears to be increasing. No rational intervals; hallucination is constant. Derangement is now manifested by declaring himself to have a special commission from Jesus Christ to preach; says he has the marks of Christ on his body. Is neither disposed to injure others, nor suicidal, nor filthy nor destructive. His father drank & used tobacco excessively. Patient was very sick with typhoid fever in Wyoming some 3 years ago; this sickness is supposed cause of this disease. Has not now been under medical treatment. On personal examination, the following are noted; Starts, at once, on his hobby of a divine Commission. Claims his brother will be the next president of U.S., and another citizen of Northfield, Vice-President; says this has been revealed to him. He talked continually about his Divine Commission, and lectures on Public Square. Appearance & manner were wild.

Aug 5 Aug 5/93. On admission, is found to be in fair physical condition. Was put on B². Pulse 90. R 18. —
" 6 Bodily condition clean. Has a black spot on his left side & a scar on left leg. Aug 6/93. Apparently slept well, last night. Am. Pulse 82. R 16. Appetite good. Bowels regular. Is quite restless today, walking the hall most of the time, while inside; laughing to himself. Said "he was sent here to teach the Truth".
" 7 Aug 7/93. Again passed a quiet & restful night. Am. Pulse 83. R 16. Is still restless, but not so much
" 8 so as yesterday. Talks about religion & the churches. Has made several "speeches" today. Aug 8/93. Apparently slept well. Is quiet & well-behaved today. Did not say much, but what he did say was about the Bible & religion. Works some at ward. Is willing & agreeable. Neat, clean & of good personal habits.
" 9 Aug 9/93. Am. Pulse 81. R 18. Spent most of the day reading; not inclined to say much. Works some.
" 10 Aug 10/93. Has been restless & uneasy most of the day. Walked the floor a great deal. Talked some about the Doctors &c. Still holds to his delusions in regard to his "Mission" here. Pulse 71. R 18.
" 11 Aug 11/93. Was, all day, quiet & well behaved. Quite free in conversation; this generally, however, drifts into the reason for his being sent here. Seems quite happy & contented. Whistles a great
" 12 deal of the time & occasionally sings. Pulse 82. R 16. Aug 12/93. Appears to be improving, now, each day. Less given to "talking spells". Quiet & well-behaved. Does considerable work at ward.
" 13 Yet he has a somewhat restless manner; this also, when outside, on the grounds. Aug 13/93. Very quiet, reading a good deal of the day. Very willing & neat worker at the ward. Very anxious to be
" 14 outside as much as possible. Pulse 95. R 14. Aug 14/93. Asking many questions about the
" 15 Hospital, and as to the probabilities of his going home soon. Pulse 80. R 16. Aug 15/93. Is getting along
" 17 nicely. Cheerful & pleasant. Pulse 76. R 17. Aug 17/93. A little restless, this afternoon. Seems overanxious
" 18 to go home. Aug 18/93. For some days has seemed quite composed. Takes an interest in various games.
" 19 Aug 19/93. Patient has, apparently, rested & slept well, at night, ever since admission. Though restless and somewhat nervous during the first week of his stay, yet he has now quieted down. Has never been noisy. Has always been well-behaved. Clean & tidy & of good personal habits. Ever ready to do any work requested of him. Though he has not so often mentioned his delusions, of late, yet he evidently holds them, to some extent. Is free & pleasant in conversation & is in good physical health.
" 26/31 Aug 26/93. Is always a quiet & well-behaved patient. Aug 31/93. Rest & sleep at night are apparently good. Appetite also good & bowels normal. Is inclined to be sociable; plays

1893

Aug 31 / Sept 1/30 games. Talk is somewhat rambling, but he does not usually speak of his delusions. Talks, quite often, about "wisdom and knowledge". Seems to worry at times.

Sept 1/30 Sept 1/93. Wt 136 pds. Pulse 72. Is in quite fair physical condition. Sept 20/93. Is, at times, very restless; easily excited. Reads the Bible a great deal. Denies thinking he is Christ.
" 30 Sept 30/93. Restlessly active. Walks the hall a good deal of the time. Is changeable. At times, is very quiet. Well-behaved. Clean & tidy & of good personal habits.

Oct 1/4 Oct 1/93. Wt 137½ pds. Pulse 88. Still continues quiet & well behaved. — Habits clean.
" 20 Oct 20/93. Says "he will escape, the first opportunity he gets". Transferred, this day, to B².
" 21/31 Oct 31/93. Complained of being sick at bed-time, last night. Oct 31/93. Still inclined to be restless; walks the hall considerably. Quite free & pleasant in conversation. Reads, plays games & takes part in other amusements. Still seems to worry, occasionally.

Nov 1/30 Nov 1/93. Wt 137½ pds. Pulse 82. Nov 10/93. Well-behaved. Plays games &c. Reads some.
" 15 Goes out walking with the rest of his ward. Physical condition quite good. Nov 15/93. Was
" 30 visited by brother, today. Nov 30/93. Apparently rests & sleeps well, at night. Appetite is good. Bowels seem regular. Walks leisurely about the hall. Reads some. Talks freely. Gets somewhat heated when arguing on religious matters. Is somewhat deluded. No special complaints. Does not work. Plays billiards &c.

Dec 1/4 Dec 1/93. Wt 143 pds. Pulse 86. Dec 11/93. Receives revelations from God and shows
" 11/24 passages in Bible that refer to him. (D & K) Dec 24/93. Somewhat restless & excited,
" 31 today; Walking the hall. Is "cranky". Dec 31/93. Restless; walks the floor a good deal of the time. Reads his Bible most of the time. Still shows delusions. Is in good health.

1894

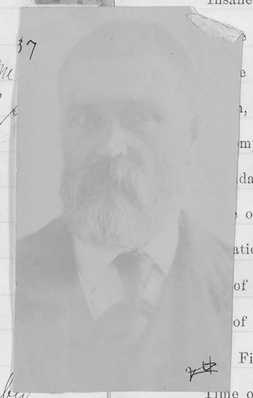
Jan 7/31 Jan 2/94. Wt 143 pds. Pulse 76. Jan 31/94. About as described in general notes of the past 2 months. Personal habits are good.

Feb 1/13 Feb 1/94. Wt 141½ pds. Feb 13/94. Has continued about as described in notes above, for past few months. Has been very anxious to go home and was today allowed to go out to a brother at Northfield, Minn.

(= Crossed off the Records — was illegally committed =)

Personal and Medical History of Ole Anderson #3





Whole No. 3437.

Residence, Merton, Minn

Date Admission, 8th August 1893.

Admitted by D. Phelps Hour, 4 PM

How Sent, M. B. Chadwick Jr. Pl.

Sex, Male

Age, 63.

Civil Condition, married

Children, five

Age Youngest Child,

Occupation, Farmer

Degree Education, not educated

Profession Religion, not a church member

Habits, not intemperate

Nativity, Sweden (parents also born there).

Physicians Committing, D. H. Roberts & Theo L. Hatch

Correspondents, (Son) Eddy Anderson 8/10/93

Merton, Steele Co. Minn.

Family Physician, Theo L. Hatch, Owatonna Minn.

No. for Year, 7

Insane Relatives, Daughter (Mary Anderson).

Exciting, Congestion of the brain (?)

Predisposing, not stated

Senile Dementia

Accompanying Bodily Disorder, none noted

Suicidal or Not, Not

Date of this Attack, 3 weeks ago

Duration, 3 weeks

Number of Attack, 1st

Number of Admissions, 1

Age at First Attack, 63.

Time of Leaving,

Time in Hospital,

Result,

Exd by D. Ely, Aug 11/93

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events,
Recent Events,
Special Subjects, } Seems quite fo

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,
Own Mental State,
Special Subjects, } Impaired

GENERAL DESCRIPTIVE REMARKS:

There is a continual tremor of whole body, when standing up; also, all his motions are tremulous. - Denies wanting to get in cats - "Saw a mouse and wanted to get only me cat to catch it" appears to have hallucinations of sight. When going out of office, was quite weak & tottering -

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Yes

DELUSIONS:

Systematized or Not, Various (see history)

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Seeing rats, mice &c

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent

Voluble or Reticent, Voluble (when started).

Personal and Medical History of Ole Anderson #3

M Ole Anderson

Copy of Order for Hearing Petition of .....

.....for appointment of

a ~~n~~ guardian for

Ole Anderson insane; served and

service admitted June 18' 1900

(Papers ~~filed with commitment papers~~.)

Paper returned - no copy sent.

ADMISSION. (CONTINUED.)

CHARACTERISTICS.

NUTRITION, fairly good, but is weak

Promptness Movement, slight

Size, slightly dilated

Accommodation,

HEARING, very much impaired

CO-ORDINATION, Arms, } Is too weak & tremulous to make any of the usual tests today.
Legs, }

TREMORS, Hands, Marked at times Tongue, Yes

Facial Muscles, None General, Yes; very marked at times.

REFLEXES, Patellar, Unequal - right about +; left about 0.

Case No. 3437. Ole Anderson #3. File No. 9.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

LUNGS, Sounds are good

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,

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

Records kept

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, Has a daughter in Hospital for Insane

Personal and Medical History of Ole



Whole No. 3437.

Residence, Merton, Minn

Date Admission, 8th August 1893.

Admitted by Dr. Phelps. Hour, 4 P.M.

How Sent, M. B. Chadwick Jo. P.

Sex, male

Age, 63.

Civil Condition, married

Children, five

Age Youngest Child, —

Occupation, Farmer

Degree Education, not educated

Profession Religion, not a church member

Habits, not intemperate

Nativity, Sweden (Parents also born there).

Physicians Committing, D. H. Roberts & Theo. L.

Correspondents, (Son) Eddy Anderson 8/10/93

Family Physician, Theo. L. Hatch, Owatonna Minn. — Merton, M.

Exd by D. Eby, Aug 11/93

EXAMINA

ME

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, }
Recent Events, } Seems quite fo
Special Subjects, }

PERCEPTIVITY:

Alert or Dull, Dull

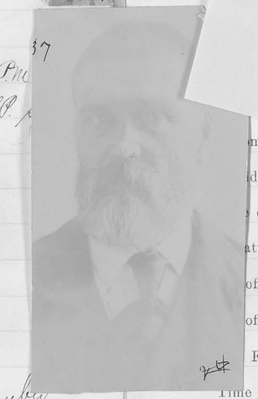
Correct or Illusive,

REASONING POWER:

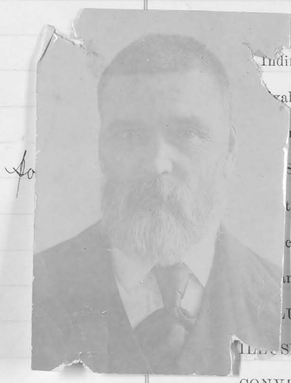
Ordinary Subjects, }
Own Mental State, } Impaired
Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:

There is a continual tremor of whole body, when standing up; also, all his motions are tremulous. — Denies wanting to get 15 cats — "Saw a mouse and wanted to get only one cat to catch it" appears to have hallucinations of sight. When going out of office, was quite weak & tottering —



...mpanying Dis...
...dal or Not, Not
... of this Attack, 3 weeks ago
...ation, 3 weeks
...of Attack, 1st
...of Admissions, 1
First Attack, 63.
Time of Leaving,
Time in Hospital,
Result



EMOTIONAL STATE:

...nal, Calm,
Indifferent,
...xalted,
...ressed, Yes

...SIONS:

...tematized or Not, Various (see history)
...cial Subjects,
...nsitory or Not,
...UCINATIONS: of seeing rats, mice &c
...SIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent

Voluble or Reticent, Voluble (when started).

Personal and Medical History of Ole Anderson #3

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7 in. WEIGHT, 158½ lbs. NUTRITION, fairly good, but is weak

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Yes Coatings, slight Promptness Movement,

PUPILS, Equality, equal Size, slightly dilated

Response Light, Accommodation,

SIGHT, somewhat impaired

HEARING, very much impaired

CO-ORDINATION, Arms, } is too weak & tremulous to make any of the usual tests today.
Legs, }

TREMORS, Hands, marked at times Tongue, Yes

Facial Muscles, some General, Yes; very marked at times.

REFLEXES, Patellar, unequal — right about +; left about 6.

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, somewhat dulled

SENSIBILITY,

HEART, Sounds palpitating at present.

LUNGS, Sounds are good

EXAM. URINE,

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, Has a daughter in Hospital for Insane

Personal and Medical History of Ole Anderson #3

1893

Was brought here by Deputy Sheriff Bancard, attended by Ed. Anderson, with the following history. Not known as to consanguinity. His daughter, Mary Anderson, was confined at Rochester and St. Peter for 9 years; this is 1st attack, first symptoms appearing 3 weeks ago; he was taken with congestion of the brain, which lasted a week, when he commenced to recover; developed insanity talked incoherently & attempted to run away. Disease appears to be stationery: no rational intervals. Derangement is now shown by his talking incoherently all the time; yesterday, wished to go away and borrow 15 cats. Is disposed to injure others; has had repeated trouble with those about him; not religious. Attempted to injure his daughter with a chair. He is not suicidal, nor filthy nor destructive not addicted to intemperance. Has had no head injury. Has been restrained & confined some during the past 2 weeks. Cause of disease is probably congestion of the brain(?). Has been under sedative treatment. On personal examination, the following points noted; Eyes congested, patient catarrhal, tongue is coated; he wanders about aimlessly; sometimes actively insane; at others more passive. Patient said he was going to find a satchel", and, in doing so, looked into the pigeon holes of a desk; also said "he was going to borrow 15 cats", and "was going down cellar to find the Lord." Appearance and manner were those of dementia or a condition bordering upon it. Showed continual restlessness.

Aug 8 Aug 8/93. The patient, on admission, is in fair physical condition. Has pustules 13th. Is quiet.

" 9 Aug 9/93. Slept apparently well, last night. Am. Pulse 74. R 24. Appetite fair; bowels regular; no cough noticed. Is quiet and gentle; easily led; well-behaved. Has crying spells. Given to incoherent

" 10 mutterings to himself. Complains of rheumatism in his arms. Aug 10/93. Slept well, last night. Am. Pulse 72. R 22. There is a slight diminution in the pulse & temperature. Appetite good.

" 11 He has no cough. Bowels are regular. Aug 11/93. Am. Pulse 72. R 22. No change in his condition

" 12 since previous notes. Aug 12/93. Continues to rest & sleep well, at night. Appetite quite fair. Am. Pulse 72. R 22. Bowels normal. Inability to use the limbs still continues, though not apparently getting

" 13 worse. Talks but little. Is pleasant. Thinks he is going home shortly. Aug 13/93. Patient continues in good physical health; sleeps soundly; eats well; bowels regular. The hesitation in walking has improved, and he shows, with evident pleasure, how he can lift his legs & get around much more

" 14 alertly than when he was admitted. Pulse 74. R 24. Aug 14/93. Continues about the same. Pulse 80.

" 15 Aug 15/93. Continues in excellent health; appears to be thoroughly satisfied with himself and his

" 16 surroundings. Is pleasant & cheerful. Pulse 78. Aug 16/93. Is cheerful & lively today. Eats and sleeps well. Bowels regular. No cough noticed. Is willing and anxious to help his fellow-patients.

" 17 His mind seems of a childish sort. Pulse 69. Aug 17/93. Is still improving. In good bodily health.

" 18 Seems childish & weak-minded. Pulse 70. Aug 18/93. Am. Pulse 76. Aug 19/93. Am. Pulse 74. -

" 19/20 Aug 20/93. No alteration in condition of patient, either mentally or physically. Pulse 70. Continues quiet.

" 22 Aug 22/93. During the last 8 days, he has been walking freely & has complete control of his limbs.

" 24 For the first few days, he had a frightened look. Is quiet & well behaved. - Aug 24/93. Was visited

" 31 by his son, today. Aug 31/93. Still continues in good bodily health & mentally, he appears to have somewhat improved. Has now, no crying spells" & seems contented with his condition & surroundings, in a very weak-minded way. — —

Sep 4 Sep 4/93. Wt 165 pds. (Has gained 6½ pds in weight, since admission). Pulse 82. Sep 7/93. General

" 7/30 health good. Is well behaved. Mind very weak & demented. Sep 30/93. Nothing new to report.

Personal and Medical History of Ole Anderson #3

1893

Oct 3/10 Oct 3/93. Wt 162½ pds. Pulse 74. Oct 10/93. Continues well-behaved. Talks childishly. Habits cleanly.

" 13 Oct 13/93. Patient, under some misunderstanding, struck another patient (Cross) on the face, and Cross retaliated by hitting Anderson on left side of nose, scratching it slightly, in two places. —

" 31 Oct 31/93. Still quiet & well-behaved. Mind seems to be gradually getting weaker & weaker.

Nov 7/30 Nov 2/93. Wt 168 pds. Pulse 74. Nov 30/93. Appetite fairly good; bowels regular. Still very feeble. — Is well-behaved. Talks but little & in a childish manner. Has "crying spells". Is weak-minded. Habits clean.

Dec 2 Dec 2/93. Wt 171½ pds. Pulse 70. Dec 31/93. No noticeable change in patient's condition. — — —

1894 Jan 1/31 Jan 1/94. Wt 175½ pds. (A gain of 13 pounds in past 3 months). Pulse 80. Jan 31/94. Patient's locomotion is much impaired; otherwise, his physical condition appears to be improving. He continues well-behaved. Harmless. Does not complain. Talks but little. Mental power seems quite gone.

Feb 7/28 Feb 1/94. Wt 173 pds. Pulse 80. Feb 28/94. Patient's behavior is quiet and tame. Recently, however, he has, on two occasions, at bed time, attacked attendant (Hansen), struck him and tore his clothes; soon, however, quieted down after each paroxysm & assumed his usual behavior. Talks in his feeble, treble voice. Is quite weak-minded. — Habits are clean.

Mar 1/ March 1/94. Wt 170 pds. Pulse 86. Patient continues about as above described. —

" 2 Mar 2/94. This patient was committed here under the "Law of 1893", recently declared unconstitutional. He was, today, Taken out and Returned under "new Warrant" from Olmsted County. — March 30/94. Patient was sick & vomiting, this forenoon; was

" 30 ordered by Physician to be put to bed. (Note by Dr. Phelps. Rather sudden in form & seemingly without physical cause — probably cerebral). He is weak & shambling in his walk; general health seems rather poor. Is quiet & inoffensive; makes no complaints. Talks in a manner not to be understood; is feeble minded and childish in his manner. Appetite fairly good; bowels regular. Habits cleanly.

Apl 1/ April 1/94. Patient still sick & in bed. Wt 158 pds (in under clothing). Pulse 68. April 7/94. Patient

" 5 was so far recovered as to be able to get out of bed & sit in the ward. April 15/94. Visited by Son, today.

" 30 April 30/94. Appears to have grown weaker, the past few weeks. He lies in floor of bedroom, a great part of the day & wishes to get close up to heater, at all times, as if he were cold. Continues quietly-behaved. Makes no complaints. Talks & acts in a childish manner. Is cleanly in his habits.

May 1st weight 169 lb. p. 68. 31st patient's appetite good, bowels free, no cough, appears to be in good bodily

June health. Patient is very weak mentally & childish, talks very little, is very timid, gets away by

" 30 himself & sits on the floor in his bed room, is cleanly in his habits. June 1st wt 170 lb. p. 88.

30th No change noticable during the mo. Is cleanly in habits. July 2nd wt 171 lb. p. 66. 30th

July 30 condition unchanged since report of 31st of May last. Is very weak minded & childish.

Aug 1/31 Aug 1/94. Wt 173 pds. Pulse 68. Aug 31/94. Keeps about the same. Is suffering from Senile Dementia

Sep 1/10 Sep 1/94. Wt 174 " " 78. Sep 10/94. No change. Patient, today, transferred to Annex.

Oct 1/ Oct 1/94. Examined today by Dr Ely. Pupils equal; do not respond to light. He has arcus senilis. Cornea. P. 70, full; tone attenuated. Heart Sounds clear; lungs good. To auscultation, percussion &c. Nutrition good. Reflexes equal & N. G. Co ordination slightly impaired. Patient quite demented.

" 30 Delaughs & cries "by spells". Oct 30/94. No change noticable in general condition —

Nov 30 } During this period, no special change. Is quiet. Does no work. Talks childishly, scarcely

Dec 31, 1894 } above a whisper. Limits about going up & down stairs. Health good. (Visited by Son in December).

(To Number Book A Page 162)

Personal and Medical History of Edward Joseph Atherton

Whole No. 3438.
Residence, 97 West 7th St. St. Paul.
Date Admission, 8th August 1893.
Admitted by Dr. Hicks. Hour, 7 P.M.
How Sent, John. B. Olivier Jr. & Ramsey Co.
Sex, Male
Age, 24
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Telegraph-Operator
Degree Education, Common-School
Profession Religion, not a church member
Habits, Probably not very good.
Nativity, Cincinnati Ohio. (Mother, Ireland)
Physicians Committing, Geo. J. Hauley & D. C. Jones
Correspondents, J. C. Davie - "Big 4" R.R. office Cincinnati. Ohio

No. for Year, 8.
Insane Relatives, None
Cause Exciting, unknown (probably masturbation)
Cause Predisposing, not given
Form, Acute Mania
Accompanying Bodily Disorder, General debility. + Pott's Disease
Suicidal or Not, not
Date of this Attack, Aug. 5th 1893
Duration, abt 3 days
No. of Attack, 1st
No. of Admissions, 1
Age First Attack, 24
Time of Leaving, Aug. 11th '93
Time in Hospital, 2 ds.
Result, Improved

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:

Patient was here 2 days previous weakness much during stated before examined

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 Edward Joseph Atherton

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 2 in. WEIGHT, 113½ pds. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
CO-ORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

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 Edward Joseph Atherton

1893 Was brought here by deputy Sheriff Hawes, with the following history. This is the 1st attack; first symptoms shown Aug 5th; wandered about, and wanted Police to take care of him. Disease seems to be decreasing; is variable. There is now a general enfeebled condition of mental process. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. There are no insane relatives. Neither he nor his parents ever addicted to intemperance. Is subject to Pott's disease of the spine. He has not been restrained or confined. Cause of disease unknown; probably masturbation. Was not been under medical treatment. On personal examination, when first seen was incoherent, crying; thought he was about to die; had an officer take charge of him; could not continue talking on any subject one minute. Better now. There was observed a weakened condition of mental faculties, as indicated by rambling conversation. When interrogated on any subject, he drifts to another, before having fully answered the original question. Appearance & manner those of an insane person. Patients nutrition is poor; subject to masturbation; general debility probably owing to neglect of the ordinary rules of health.

Aug 8th Aug 8/93. On admission, is in only fair physical condition. Was put on B². Pulse 78. T(R) 100. His bodily condition, seen at bath, was quite clean. Is deformed.

" 9 Aug 9/93. Slept but 3 hours last night; was very restless, while awake. Am Pulse 76. T(R) 99.6. Is quietly behaved, in the hall. Appeared to be quite well in the forenoon; but, in afternoon, said he felt as though he was going to have another spell". Talks fairly freely. Manifests no delusions. Appetite only medium; no cough noticed. Bm. Pulse 80. T(R) 100.

" 10 Aug 10/93. Slept 5 hours last night; restless when awake. Am. Pulse 74. T(R) 99.8. Is undecided whether to get up or remain in bed; finally, decided to stay in bed. Ate no breakfast. Soiled his bed. Drinks a great deal of hot water, when he can get it. Was in seclusion 3 hours. Says "one of his kidneys is loose & floating around; some-body poisoned him & he wants to drink hot water so he can vomit it up". Was, today, visited by his sister.

" 11 Aug 11/93. Was allowed to go with sister, today. Had not been examined. Was quite clean on the morning of 10th, but confused in night and on this morning.

— Discharged —

From 320 Personal and Medical History of John Julius Roberson.

1893 Cont'd

Feb 30

Oct's

Patient

daily.
. No spells
owed.
ted by his
ther)
tubborn; has
ealth good.
te at this date.
ntention to starve
to eat anything.
ed by tube.
ebruary (Wed. 6th),
ed, after a bath.
: says "he
s to eat, & has to
to die" —
could not be
to be fed by tube —
somewhat awake.
warm-waters,
habit clean —
es fairly well.
changes, aside from
& emaciated.
fed regularly.
ning finite
losing in flesh.
ar to be fed —
): refuses to eat.
all fed by tube.

(Carried to Transfer Book "A" 259)

CASE RECORD.

Patient's Name B. S. Yancedal Name Disease ..... Name Physician Hoke

Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Nov. 28 am		56			Received bath.
" " pm		56		Fed with tube	
" 29 am		60			
" " 10 am					Stomach was washed out with warm water
" " pm		60		" " "	
" 30 am					
" " pm				" " "	Condition is about the same as when last mentioned.

Recorded by ..... Nurse.

Recorded by ..... W. St.

Personal and Medical History of Edward Joseph Atherton

1893 | Was brought here by [illegible] ... this is the 1st attack; ... Disease seems ... process. Patient ... are no insane ... this disease of the ... sturbation. Has ... incoherent, ... lacking in any ... al faculties, ... to another, ... of an insane person ... neglect of the

Aug ... T(R) 100. His ...

... 99.6. Is quietly ... said he felt as ... delusions.

... P.M. Is under ... new breakfast. ... duration 3 hours. ... drink hot water

... the clear as the

From 320 Personal and Medical History of John Julius Roberton.

1893 Cont'd
Sept 30 | and quite sensibley. Continues quiet & well-behaved. Seeks with hall-wood
Oct 3/93 | Oct 3/93 ... daily.
30 | this ...

CASE RECORD.

Patient's Name J. S. Yunrodal. Name Disease ... Name Physician H.H.V.

1893 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Nov. 15-am		64			Patient is never restless.
" " pm.		60		Fed with tube.	Sleeps could not be better
" 16-am		64			
" " pm		68		" " "	
" 17-am		56			
" " p.m.		60		" " "	
" 18 am		56			
" " pm.		62		" " "	
" 19-am		56			
" " pm.		62		" " "	Patients condition does not seem to change. Still refuses to eat, and will speak only when spoken to.
" 20-am		68			
" " pm		60		" " "	
" 21 am		60			Has given bath.
" " pm		56		" " "	
" 22 am		64			
" " pm.		56		" " "	
" 23 am		60			
" " pm		64		" " "	
" 24-am		68			
" " pm.		64		" " "	
" 25 am		64			Patient is losing flesh, and appears somewhat weaker.
" " pm		56		" " "	
" 26 am		56		Gave salts.	
" " pm		52		Fed with tube.	Bowels moved freely at 11 30 pm and 4 30 am.
" 27-am		60			
" " pm		64			

Recorded by ... Nurse.

(Carried to Transfer Book "A" 259)

1893 Was brought to

quite sensible. Continues quiet & well-behaved. Feeds with hall-

daily.

to Epsom's

Epsom's

has

food.

last date.

& stirrup

anything.

tube.

(and) Beef,

a bath.

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has to

e" -

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water.

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25 -

Beat.

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1.6. Is quietly

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7.8. Is unde -

ew breakfast.

clusion 3 hours

& drink hot water

te clear in the

passing urine.

3/353/3414.

CASE RECORD.

Patient's Name Yunusdal, B. S. Name Disease ..... Name Physician Hasty.

1893 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Nov. 1- am	98	56	16	Fed with tube	Bowels moved slightly.
" " - p.m	98.6	60	18	1 qt. egg nog.	
" 2- am	98.4	78	xx		Patient lies steadily in
" " p.m.	99	80	xx	" " "	bed. Refuses to eat. Habits
" 3- am	98.6	68	19		are clean. Sleeps well.
" " p.m.	98.2	72	18	" " "	
" 4- am	98.4	72	18		
" " p.m	98.8	64	16	" " "	
" 5- am	98.6	72	17		
" " pm.		76		" " "	
" 6 am		68			
" " pm		72		" " "	
" 7- am		70			Patient sleeps well.
" " pm		60		" " "	Has given bath
" 8- am		64			
" " pm		68		" " "	Patient still refuses to
					eat. Says he wishes to
					die.
" 9- am		56			
" " - pm		64		" " "	Weight, (undressed) 122.
" 10- am		56			
" " pm		68		" " "	
" 11 am		64			
" " pm		66		" " "	
" 12 am		56			
" " pm		56		" " "	
" 13- am					
" " pm				" " "	
" 14 am					Has given bath.
" " pm				" " "	

Recorded by Infirmary Nurse.

(Carried to Transfer Book "A" 259)

from 320 Personal and Medical History of John Julius Robertson.

and quite sensible. Continues quiet & well-behaved. Keeps with hall-work.
Oct 3/93 Wt 161 lbs (a further gain). Pulse 74. Oct 30/93. Has continued up & around, daily.
[illegible] well behaved. Clean [illegible] & personal habits. Has conversation. Recalls
[illegible] home.
[illegible] visited by his
[illegible] other)
[illegible] born; has
[illegible] food.
[illegible] this date.
[illegible] & starve
[illegible] anything.
[illegible] tube.
[illegible] (read, Dry,
[illegible] bath.
[illegible] eat, & has to
[illegible] to die" —
[illegible] could not be
[illegible] fed by tube —
[illegible] with A. Wakefield
[illegible] warm-water
[illegible] to clean —
[illegible] daily well.
[illegible] urge), aside from
[illegible] emaciated.
[illegible] regularly.
[illegible] or fruits
[illegible] in flesh.
[illegible] to be fed —
[illegible] refuses to eat.
[illegible] fed by tube

[illegible] 99.6. Is quietly
[illegible] and he feet as
[illegible] delusions.

[illegible] 98. Is unde-
[illegible] ern breakfast.
[illegible] delusion 3 hours
[illegible] & drink hot water

[illegible] te clean as the

CASE RECORD.

Name B. S. Yunsdal

CASE RECORD.

Patient's Name Yunsdal. B.S. Name Physician N.A.W.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Oct 27 7 pm.					Fed by tube. 1 qt. Egg nog.	Patient received on ward from B 3 Appears quite emaciated Put to bed.
" 28 pm.	97.8	64	17	Has given bath.	Fed. by tube.	Bowels moved.
" 28 am	98.4	76	21			Slept 5 - R. 2.
" pm.	99	72	20			Patients positively
" 29 am	98.6	74	22			refuses to eat.
" pm.	99	68	20			Says he wishes
" 30 am	98.4	66	18			to die.
" pm.	98.7	60	16	Has given bath.		Slept all night.
" 31 am	98.	64	16			
" pm.	98.6	72	17			

Recorded by

[illegible] spite what I [illegible] pacing wearily.

(Carried to Transfer Book "A" 259)

Personal and Medical History of Edward Joseph Atherton.

1893

the 1st attack;
Disease seems
s. Patient
insane
ase of the
tion. Has
ercent,
in any
elties,
nother,
since person
t of the

Aug

o. His
Is quietly
feet as
sions.

8. Do unde-
ew breakfast.
lusion 3 hours.
drink hot water

clear in the

From 320 Personal and Medical History of John Julius Robertson.

1893

Sept 30 (cont'd) and quite sensibly. Continues quiet & well-behaved. Keeps with hall-workers.

Oct 3/30 Oct 3/93 Wt 161 lbs (a further gain). Pulse 74. Oct 30/93. Has continued up & around, daily. [illegible] well behaved. Clear skin & eyes & personal habits. Free from expectoration. No spells

hours.

ited by his

ittles)

tubborn; has
ealth food.
to at this date.
tention & starve
at anything.
ed by tube.
nary Ward, Sept,
afty a bath.
Says "he
& eat, & has to
to die" —
could not be
fed by tube —
with a Waiter.
arm water,
to clean —
daily well.
ugh, aside from
maciated.
regularly.
a suite —
in flesh.
to be fed —
refuses to eat.
fed by tube.

Dec

Jan

Feb

Oct

Nov

CASE RECORD.

Patient's Name B. S. Yumsdal. Name Disease ..... Name Physician A.H.H.

1896. Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Jan. 27 am		64			
" " pm		60		Fed with tube	Slept 7-R.1.
" 28 am		60			
" " pm		68		" " "	" 7-R.1. Bowels moved 10[30] pm.
" 29 am		56			
" " pm		54		" " "	" 7-R.1.
" 30 am		64			Bath.
" " pm		60		" " "	Slept 7-R.1.
" 31 am		72			
" " pm		68		" " "	" 7-R.1.

Recorded by .....

(Carried to Transfer Book "A" 259)

1893

...ton.

From 320 Personal and Medical History of John Julius Roberton.

1893

Oct 30 (cont'd) and quite sensibly. Continues quiet & well-behaved. Helps with hall-work.

Oct 31/93 Wt 161 lbs (a further gain). Pulse 74. Oct 30/93. Has continued up & around, daily. ...quiet & well behaved. Clean tidy, fat and [illegible] & lively in conversation. Re-Spells ... shows.

...cited by his

...ittee)

...stubborn; has ...health good. ...te at this date. ...dietitian & stores ...eat anything. ...ed by tube. ...mary Ward, Essex, ...afty a bath. ...says "he ...to eat, & has to ...to lie" — ...could not be ...fed by tube — ...ewhat weaker. ...arm-waters ...to clean — ...fairly well. ...ings), aside from ...maciated. ...regularly. ...& seats — ...in flesh. ...to be fed — ...refuses to eat. ...fed by tube.

(Carried to Transfer Book "A" 259)

quietly
feet as
sions.

8. Is unde-
no breakfast.
luncon 3 hours.
drink hot water

clean in the

CASE RECORD.

Patient's Name B. J. Roberton. Name Disease ... Name Physician H.H.K.

1896. Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Jan. 13-pm		68		Fed with tube.	Slept 4 - R. 4. Out of bed frequently during night
" 13-am		60			
" " pm		64		" " "	Slept 5 - R. 3.
" 14-am		60			
" " pm.		72		" " "	" 5 - R. 3.
" 15-am		60			
" " pm		64		" " "	" 6 - R. 2
" 16-pm		60		" " "	" 6 - R. 2
" 17-am		58			
" " - pm.		60		" " "	" 7 - R. 1.
" 18-am		60			Patient gradually losing flesh. Still refuses to eat.
" " pm.		64		" " "	Slept 7 - R. 1.
" 19-am		64			
" " - pm		72		" " "	" 7 - R. 1
" 20-am		60			
" " - pm		64		" " "	" 7 - R. 1
" 21-am		60			
" " - pm.		56		" " "	" 7 - R. 1.
" 22-am		68			
" " - pm.		68		" " "	" 6 - R. 2.
" 23-am		56			
" " - pm		60		" " "	" 7 - R. 1
" 24 am		60			
" " - pm		68		" " "	" 6 - R. 2
" 25-am		58			
" " - pm.		60		" " "	" 6 - R. 2
" 26-am		96			Condition does not seem to change much. Is steadily losing flesh.
" " - pm		64		" " "	Slept 7 - R. 1. pm

Recorded by ...

N. S.

1893

from 320 Personal and Medical History of John Julius Roberton.

1893

and quite sensibly. Continues quiet & well-behaved. Keeps with hall-work.

Oct 3/93 Wt 161 lbs (a further gain). Pulse 74. Oct 30/93. Has continued up & around, daily. quiet & well behaved. Clean in dress & bed and personal habits. No special

showed.

visited by his

CASE RECORD.

353/3414.

Patient's Name B. S. Thursdal Name Disease Name Physician H.H.N.

1896 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Jan. 1- am		60			Patient lies steadily in bed
" " pm		64		Fed with tube	and refuses to eat. Never
					speaks unless spoken to.
					Habits clean. Bowels seldom
					move without aid of a
					physic.
" "					Slept 5 - R. 3.
" 2- am		72			
" " - pm		74		" " "	" 6 - R. 2
" 3- am		60			Bath.
" " - pm		54		" " "	Slept 7 - R. 1
" 4- am		60			Bowels moved slightly.
" " - pm		58		" " "	Slept 7 - R. 1.
" 5- am		68			Patient is becoming quite
" " - pm		60		" " "	emaciated. Says he wishes
					to die.
" "					Slept 7 - R. 1.
" 6- am		60			
" " - pm		64		" " "	" 7 - R. 1.
" 7- am		72			
" " - pm.		78		" " "	" 3 - R. 5.
" 8- am		66			
" " - pm		68		" " "	" 6 - R. 2.
" 9- am		62			
" " - pm		60		" " "	" 6 - R. 2.
" 10- am		60			
" " - pm.		64		" " "	" 6 - R. 2.
" 11- am		56			
" " - pm		100		" " "	" 6 - R. 2
" 12- am		64			Stomach washed out with warm water
" "				Sour salts	Bowels moved 100 pm.

Recorded by Infirmary

(Carried to Transfer Book "A" 259)

Is pretty feet as visions.

8. Do undertake breakfast. Exercise 3 hours. Drink hot water

clear as the

Dec

Feb

stubborn; has health good. te at this date. attention & starve eat anything. fed by tube. rmary ward, Boy, ; ofty - a bath. . Says "he to eat, & has to to die" - could not be fed by tube - newhat weaker. arm - water, t clean - fairly well. ings), aside from maciated. regularly. e & nuts is in flesh. to be fed - refuses to eat. fed by tube

spine weak & pains weary.

Personal an

1893

From 320 Personal and Medical History of John Julius Roberson.

1893 Oct

and quite sensible. Continues quiet + well-behaved. Keeps with hall-work.

30/3/93 Wt 161 lbs (a further gain). Pulse 74. Oct 30/93. Has continued up + around daily.

quiet + well behaved. Clean tidy + of good Personal habits. Sees in conversation. Co-Spells

+ about.

visited by his

mitted)

stubborn; has

health food.

te at this date.

attention & starve

to eat anything.

Fed by tube.

February 22nd, 1894,

d, apty - a bath.

: says "he

to eat, & has to

to die" -

could not be

be fed by tube -

new hat & waker.

warm - waters,

ht, clean -

fairly well.

ings), aside from

emaciated.

regularly.

ing quite -

ing in flesh.

to be fed.

refuses to eat.

fed by tube.

(Carried to Transfer Book "A" 259)

CASE RECORD.

Patient's Name B. J. Yarnsdal. Name Disease ..... Name Physician A.H.H.

Date. 1893.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Dec 28-am		64			Refuses to eat.
" " pm		68		Fed with tube.	Slept 6 - R. v.
" 29 am		64			
" " pm		60		" " "	" 6 - R. v.
" 30 am		60		"	
" " pm		68		" " "	" 6 - R. v.
" 31 am		64			Patient quite weak and emaciated.
" " pm		68		" " "	Slept 6 - R. v.

Recorded by ..... Nurse

Personal and

1893

from 320 Personal and Medical History of John Julius Roberton.

1893 Oct 30 and quite sensible. Continues quiet & well-behaved. Keeps with hall-work.
Oct 31/93 Wt 161 lbs (a further gain). Pulse 74. Oct 30/93. Has continued up & around, daily.
quiet & well behaved. Clean in bed & personal habits. In conversation. No spells
go home.
visited by his
).

CASE RECORD.

Patient's Name D. J. Yuncedal Name Disease Name Physician H.H.V.

1893 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Dec. 14-am		68			
" " -pm		96		Fed with tube	Slept 3- R. 5.
" 15 am		54			
" " pm		68		" " "	" 5- R. 3.
" 16 am		60			No particular change noticed.
" " pm		96		" " "	Slept 3- R. 5.
" 17 am		96			
" " pm		64		" " "	" 6- R. 4.
" 18 am		64			
" " pm		64		" " "	" 7- R. 1.
" 19 am		60			Bath.
" " pm		68		" " "	Slept 8 hrs.
" 20-am		58			Condition remains unchanged, aside from fact that he is gradually losing flesh.
" " pm		64		" " "	Slept 6- R. 4.
" 21- am		60			
" " - pm		64		" " "	" 4- R. 4.
" 22 am		68			
" " pm		64		" " "	" 7- R. 1.
" 23 am		68			
" " pm		64		" " "	" 5- R. 3.
" 24 am		60			
" " pm		56		" " "	" 7- R. 1
" 25 am		64			
" " pm		60		" " "	" 7- R. 1.
" 26 am		60			Bath.
" " pm		68		" " "	" 6- R. 4.
" 27 am		68			
" " pm		64		" " "	" 6- R. 4.

Recorded by Nurse.

stubborn; has
health good.
ote at this date.
attention & starve
to eat anything.
fed by tube.
ebruary 22nd, 1894,
ed, aft- a bath.
says "he
to eat, & has to
to die" —
could not be
be fed by tube —
newhat weaker.
warm- waters
ht clean —
fairly well.
ings, aside from
emaciated.
fed regularly.
ing suste-
ing in flesh.
to be fed —
refuses to eat.
will fed by tube

(Carried to Transfer Book "A" 259)

Personal ... Hon.

1893

Is quietly
feet as
ssions.

8. Is unde-
no breakfast
lusion 3 hours
drink hot water

clear in the

from 320 Personal and Medical History of John Julius Roberton.

1893
Oct 30 and quite sensibly. Continues quiet & well-behaved. Sleeps with hall-work.
Oct 31 Oct 31/93 Wt 161 lbs (a further gain). Pulse 74 Resp ...

...around, daily.
...ersation. Re Ifkell's
...s to go home.
...y visited by his
...good.

...mitted)

...y Stubborn; has
...t. Health good.
...note at this date.
...attention & starve
...ed to eat anything.
...Fed by tube.
...firmary Ward, 6th ...,
...ed, after a bath.
...: says "he
...to eat, & has to
...to die" -
...could not be
...be fed by tube -
...new hat Water -
...warm - water,
...to clean -
...daily well.
...changes, aside from
...emaciated.
...is fed regularly.
...He is becoming quite
...steadily losing in flesh.
...Infirmary fare food & has to be fed -
...Lies quietly in bed: refuses to eat.
...Feb 24/96. Still fed by tube.

(Carried to Transfer Book "A" 259)

3/3553/3414. CASE RECORD.

Patient's Name B. S. Yuncedal. Name Disease ... Name Physician ...

1893 Date.	Temp	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Dec. 1. am		56			Refuses to eat. Lies steadily in bed. Habits clean.
" " pm		60		Fed with tube	
" 2 am		64			Slept 7- R. 1.
" " pm		60		" " "	
" 3 am		60		Gave Salts ℥ss.	Washed out stomach with water.
" " 11 am					
" " pm				Fed with tube	Slept 7- R. 1. Bowels moved.
" 4 am		56		" " "	" 7- R. 1.
" " pm		60		" " "	Bath
" 5 am		64		" " "	" 5- R. 3.
" " pm				" " "	
" 6 am		60		" " "	" 5- R. 3.
" " pm		56		" " "	
" 7- am		64		" " "	" 5- R. 3. Bowels moved.
" " pm		58		" " "	
" 8 am		60		" " "	" 7- R. 1.
" " pm		56		" " "	
" 9 am		64		" " "	" 7- R. 1.
" " pm				" " "	
" 10 am		64		" " "	" 5- R. 3.
" " pm		56		" " "	Weight (undressed) 105½
" 11 am		58		" " "	" 7- R. 1.
" " pm		68		" " "	Bath.
" 12 am		60		" " "	Still refuses to eat. Is slowly losing flesh steadily.
" " pm		64		" " "	Slept 5- R. 3
" 13 am		60		" " "	" 7- R. 1.
" " pm		56		" " "	

Dec
" 11
" 3
1896
Jan
" 16
" 31
Febr
" 24

Recommended by ... Is quite weak & failing steadily.

Remains failing gradually.

Personal and Medical History of Edward Joseph Atherton

1893

From 320 Personal and Medical History of John Julius Robertson.

1893

Sept 30 (Contd) and quite sensibly. Continues quiet & well-behaved. Keeps with hall-work.

Oct 3/30 Oct 3/93 Wt 161 lbs (a further gain). Pulse 74. Oct 30/93. Has continued up & around, daily. Still quiet & well behaved. Clean, tidy & of good personal habits. Free in conversation. No Specific have been reported for some time. Makes no complaints. Works at ward. Anxious to go home.

Nov 1/ Nov 1/93. Wt 167 pounds (Still gaining in flesh). Nov 2/93. Patient was today visited by his brother. He had quite fairly recovered; was quite clear. Physical health good. Was today, taken home by his brother, at trial.

(Crossed off the Records; was illegally committed)

Bendik S. Gunesdal

From 356.

1895 Aug 10/95. Keeps in about his usual Physical Condition. Aug 31/95. Quiet: very stubborn; has
Nov. nothing to say, unless spoken to, but, then, will answer rationally. Does no work: health good.
Dec Oct 30/95. No apparent change in Condition of patient, either mentally or physically, to note at this date.
Oct 6 Oct 6/95. Patient has not taken any food in 3 days: is stubborn & surly. Seems in his intention to starve
" 7/13 himself. Oct 7/95. Fed by tube. Transferred to W B3. Oct 13/95. Has steadily refused to eat anything:
" 19/20 has been fed by tube: will not talk. Oct 19/95. Has eaten nothing, today. Oct 20/95. Fed by tube.
" 27 Oct 27/95. Steadily refused to eat & has had to be fed by the tube. Transferred to Infirmary Ward, 6 PM,
" 31 at 7 PM. Appears quite emaciated. Fed, by tube, 1 quart eggnog. Was put to bed, after a bath.
Nov 8 Oct 31/95. Has been sleeping fairly well: positively refuses to eat: is fed by tube: says "he
" 9/20 wishes to die" - (See attached record) - Nov 8/95. Patient lies steadily in bed: refuses to eat, & has to
" 25 be fed by tube: habits are clean. Retires & sleeps well. Says "he wishes to die" -
" 29 Nov 9/95 Wt (undressed) 122 pds. Nov 20/95. Patient is more restless: sleep could not be
" 30 better. Condition does not seem to change: he still refuses to eat & has to be fed by tube -
Dec 10 Will speak only when spoken to - Nov 25/95. Is loosing flesh & appears breaking down.
" 11/13 Bowels move quite freely. Nov 29/95. Stomach was washed out with warm waters
" 31 Nov 30/95. Condition is about the same. Still has to be fed by tube. Habits clean -
1896 Dec 10/95. Lies steadily in bed: refuses to eat. Still fed by tube. Restless at night, but sleeps fairly well.
Jan 5 Dec 11/95. Wt (undressed) 105½ pds. (Has lost very markedly in flesh). Dec 20/95. Condition unchanged, aside from
" 26 the fact that he is gradually losing flesh. Still fed by tube. Dec 31/95. Quite weak & emaciated.
" 31 Refuses to eat & has still to be fed. Jan 5/96. Lies steadily in bed: refuses to eat: Is fed regularly.
Feb 15 Never speaks, unless spoken to: bowels seldom move without aid of a physic. He is becoming quite
" 24 emaciated - says "he wishes to die". Sleeps quite well. Jan 26/96. Is steadily losing in flesh.
Refuses to eat & has to be fed by tube. Jan 31/96. Still in bed. Steadily refuses food & has to be fed -
Feb 15/96 - apparently sleeps well, each night. Still fed by tube. Lies quietly in bed: refuses to eat.
Bowels fairly regular. Quite emaciated & seems failing gradually. Feb 24/96. Still fed, by tube.
Is quite weak & failing steadily.

(Carried to Transfer Book "A" 259)

Personal and Medical History of John Frederick Heusmann

Whole No. 3440.

Residence, Hart Township, Winona Co. Minn

Date Admission, 10th August 1893.

Admitted by Dr. Chaffee Hour, 11:30 Am

How Sent, H. L. Buck, Jo Co, Winona Co

Sex, male

Age, 50 years

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, Farmer

Degree Education, Can read + write

Profession Religion, Lutheran

Habits, not intemperate

Nativity, Hanover, Germany (Parents also born there)

Physicians Committing, Thos. A. Peirce & D. B. Robbins

Correspondents, None given in papers



No. for Year, 10.

Insane Relatives, None

Cause Exciting, Cannot say.

Cause Predisposing, Previous attacks

Form, Dementia

Accompanying Bodily Disorder, A deaf mute

Suicidal or Not, Yes. by shooting twice + drowning once

Date of this Attack, 5 years ago

Duration, 5 years —

No. of Attack, Probably has had several

No. of Admissions, 1

Age First Attack, about 38.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

Examined by Dr. Eby, Aug 11/93.

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:

Says "he has had cancer" —

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, + indifferent

DELUSIONS:

Systematized or Not, ?

Special Subjects,

Transitory or Not,

HALLUCINATIONS: ?

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, } Is a deaf-mute.

Voluble or Reticent, } Answers a few questions put to him by writing in German. but these are not to the point

Personal and Medical History of John Frederick Heusmann

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 4½ WEIGHT, 152½ lbs NUTRITION, Fairly good for one of his age

WOUNDS OR ABNORMALITIES, large scar on forehead (from shooting self some years ago.) — Deaf mute.

TONGUE, Tremors, None Coatings, White Promptness Movement, prompt

PUPILS Equality, Size, normal

Accommodation, Yes

great incoordination

swaying

Tongue, None

General,

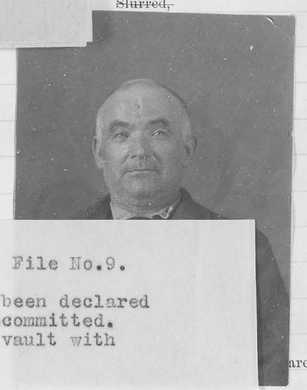
Slurred.

SENSIBILITY,

HEART, Sounds good

LUNGS, Sounds good

EXAM. URINE,



Case No. 3440. J.F. Heusmann. File No.9.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

areless,

Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Record Poor, 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,

Born T. Lyon, Co. Minnesota

John F. Heussman
Correspondent

From J. Hart

Winona

Whole No. 34440.
Residence, Hart Town
Date Admission, 10th C
Admitted by Dr. Ely
How Sent, N L
Sex, M
Age,
Civil Cond
Childre
Age Younges
Occupation,
Degree Education, Can R
Profession Religion, Lutheran
Habits, not intemperate
Nativity, Hanover, Germany (parent
Physicians Committing, Thos A. Peirce &
Correspondents, None given in Pap

What is the street and No. of Gerlin Arabb of Gordon of Jacobs

I have had a cancer

Exd by Dr Ely, Aug 11/93.

EXAMI

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:
Says "Inherited cancer" —

C
ves, None
ting, Cannot say.
redisposing, Previous attacks
, Dementia
ccompanying Bodily Disorder, Deaf mute
Suicidal or Not, Yes. by shooting twice & drowning once
Date of this Attack, 5 years ago
Duration, 5 years —
No. of Attack, probably has had several
No. of Admissions

Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, } Is a deaf-mute -
Voluble or Reticent, } answers a few questions put to him by writing in German - but these are not to the point

EXAMINATION ON ADMISSION. (CONTINUED.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 4½ WEIGHT, 153½ lbs NUTRITION, Fairly good for one of his age
WOUNDS OR ABNORMALITIES, large scar on forehead (from shooting self some years ago) — Deaf mute.
TONGUE, Tremors, None Coatings, White Promptness Movement, prompt
PUPILS, Equality, Equal Size, normal
Response Light, Yes Accommodation, Yes
SIGHT, Has presbyopia
HEARING, — Deaf —
CO-ORDINATION, Arms, Finger to nose, Eyes shut, great incoordination
Legs, Staggering, Eyes shut, marked swaying
TREMORS, Hands, Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Equal - about 3 —
Other Reflexes,
ARTICULATION, Hesitating, Deaf-mute ~~Slurred,~~
FACIAL EXPRESSION, Blank
SENSIBILITY,
HEART, Sounds good
LUNGS, Sounds good
EXAM. URINE,



OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, areless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

Records kept

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 John Frederick Heusmann.

1893

Was brought here by Sheriff J. D. Gay, with the following history. Patient is a deaf mute. There is no history of consanguinity or heredity. This is not the first attack, he has had them at various times in the last 12 years; almost continuously for last 5 years. Has not previously been sent to Hospital. First symptoms of this attack were manifested 5 years ago, by his attempting to do himself bodily injury. Disease appears to be increasing; is variable; no rational intervals, except about once a month. Derangement now shown by attempting suicide at every opportunity. Has shown a disposition to injure others. Attempted suicide by shooting on 2 occasions & drowning, once. Propensity now active. Is of filthy & destructive habits. Neither he nor his parents have been intemperate. The scar on frontal region is the result of an attempt at suicide by shooting, 10 years ago. Cannot say what is cause of the disease. He has not been restrained or confined, nor under medical treatment. On personal examination there was nothing in his appearance that would indicate insanity. Sat in his chair, while he was being examined, & seemed to take interest in those about him. Appearance & manner quiet.

Aug 10 — Aug 10/93. On admission, found to be in fair physical condition. Was put on B³. Pulse 80. T(e) 99.4. Bodily condition is dirty. Has some cuts on head & bruises on body. Appetite is good. Is quiet; sits on a bench most of the time; occasionally has a "Crying Spell". Am. P78. T(e) 99.6. Aug 11/93. Slept 7 hours last night. Am. Pulse 76. T(e) 99.2. Appetite good. Sits quietly by himself. Appears quiet-and demented. Pm. Pulse 78. T(e) 99. Aug 12/93. Slept 7 hours last night. Am. Pulse 78. Has been quiet during the day, as usual. Aug 13/93. Last night, was restless while awake, slept but 3 hours. Am. Pulse 78. Cannot read English, therefore quite hard to understand or learn anything from him. Is feeble-minded. Aug 14/93. Slept very poorly, only 2 hours, last night; was very restless while awake. Am. Pulse 76. Restless, by spells, during the day. Appetite still good. (Efforts have been made to procure information from him through the medium of another deaf-mute patient on this ward, but the latter cannot get anything from him; does not appear to comprehend what is asked of him). Aug 15/93. Slept but 2 hours; was very restless most of last night; Am. Pulse 80. Is quiet & well behaved. Helps a little with ward-work. —

Aug 16/17 — Aug 16/93. Restless to-day; walking the hall, nearly all the time. Appetite continues good. Aug 17/93 Complains of being sick at his stomach. Is very quiet to-day. Aug 18/93. Appetite poor. Is troubled with pains or cramps in his stomach & bowels. Very quietly-behaved to-day. Aug 19/93. Does not complain to-day of any ill-feeling. Aug 20/93. Appetite has improved. Aug 21/93. For the past week or so, patient has continued very restless when awake & has slept very poorly, only from 2 to 3 or 4 hours, each night. Has been quietly-behaved by day & has done some little work on ward. Appetite is now good. Aug 22/93. Has rested & slept well, 9 hours, on each of last 2 nights. Has been quiet & well-behaved by day. Appetite has continued good. No cough has been noticed. Looks better than when he came in; is still dull & stupid, however. Pulse has, for some days, been about normal. Aug 23/93. Appetite good. Works some on ward. Complains of headache, at times. Bodily condition seems good.

Sep 8/30 — Sep 8/93. Wt today, 150 pds. Sep 30/93. Appetite continues good. Works well; behavior no change.

Oct 3/31 — Oct 3/93. Wt 160 pds (a gain of 10 p.ds. in past month). Pulse 80. Oct 31/93. Quiet & well-behaved. Works in dining-room. Shows a quiet, feeble-minded condition; seems contented. Health good.

Nov 1/30 — Nov 1st/93. Wt 165 pds. Pulse 72. Nov 30/94. Is well behaved. Works well; is in good physical condition. Makes no complaints. Quiet, feeble-minded. Is apparently contented here

55925 mc

John Frederick Heusmann

1893

Dec 4 — Dec 4/93. Wt 171½ pds (Is making a steady gain in flesh, each month). Pulse 76. Habits clean.

" 31 — Dec 31/93. Appetite medium. Is not feeling well today. Did not work. Has a sound cough at times.

1894

Jan 1/31 — Jan 1/94. In bed; coughs some. Jan 2/94. Still in bed. Is on medicine - Wt 174½ pds. P 88.

" 31 — Jan 31/94. Got up, soon after last date and has been up & about since. Sleeps well, at night. Works in dining-room. Is quiet & well behaved. Bodily health good. —

Feb 1/28 — Feb 1/94. Wt 170½ pds. Pulse 80. Feb 28/94. Does not seem to change any from month to month. Occasionally complains of headache. Habits are cleanly. —

Mar 2 — March 2/94. Wt 169 pds. Pulse 82. Keeps about as usual. Helps with the work

" 12 — March 12/94. This patient was committed here under the "Law of 1895" recently declared unconstitutional. He was, today, Taken out and Returned under new warrant" from Olmsted County. — March 31/94. Continues quiet & well-behaved.

" 31 — At times, complains of headache. Works in dining room. Also worked some outside.

Apl 1/ — April 2/94. Wt 172 pds. Pulse 92. April 30/94. About the same from month to month.

May 1/30 — May 1st: Wt: 166½ p. 86. 18th takes medicine. 31st works on ward, walks out; bathes nose, complains of

June 2/30 — headache at times. June 2nd Wt. 171 p. 84. 29th Takes medicine, works on ward. Behavior

July 2/31 — good. July 2nd Wt 170 p. 31st Behavior good, works on ward, takes medicine, complains of

" 31 — headache at times & soreness in lungs. Appetite good, walks out daily.

Aug 1/31 — Aug 1/94. Wt 170 pds. Pulse 98. Aug 31/94. About as usual. Complains of soreness in breast. Works some.

Sep 1/30 — Sept 1/94 Wt 167 " " 82 - Sep 30/94. Sleeps well. Keeps about same from month to month.

Oct 1/5 — Oct 1/94. Wt 169 " " 80 - Oct 6/94. Complained of sore throat - given a "gargle".

" 18 — Oct 18/94. Mark on neck has discovered. Probably caused by a small rope or a cord. —

" 31 — Oct 31/94. Sleeps & rests well. Up & about Daily - makes no complaints. Works in dining room.

Nov 2 — Nov 2/94. Wt 175 pds. Pulse 92 - Dec 1/94. Wt 174 pds. P 76. Dec 14/94. Went to bed,

Dec 1/14/31 — in morning. Dec 15/94. Up, today. Jan 2/95. Wt 177 pds. P 72. Jan 31/95. Behaves

1895 Jan 2/31 — well. Appetite good. Complains of headaches, at times. Habits clean. Walks; Works —

Feby 1/9 — Feby 1/95. Wt 174 pds. P 96. Feb 9/95. In bed, part of day. Is off. Complains

" 10/11 — of headache - Feb 10/95. In bed today. Feby 11/95: Up & about again. Mar 2/95. Wt 172 pds

Mar 2 — Pulse 88 - April 1/95. Wt 170 pds. Pulse 72. April 30/95. Quite often complains of

April 1/30 — headaches - (In bed on 22? from this cause). Behaves well. Works on ward. Abscess, no change.

May 2 — May 2/95. Wt 178 pds. Pulse 80. June 2/95. Wt 172 pds. P 76. June 29/95. Complains

June 29 — of being sick & was in bed, part of the day - July 1/95. Wt 170 pds. Pulse 96.

July 1/31 — July 31/95. No special change, in patients condition. He has continued quiet & well-behaved. Complains, at times, of headache & of being sick at his stomach.

Augr — Works some on ward - Habits clean. Reads some. Aug 2/95. Wt 171 pds. P 96.

9/31 — Aug 9/95. In bed, part of forenoon: claims he is sick. Aug 31/95. Always about the same.

Sep 1/8 — Works in dining-room. Sep 1/95. Wt 174 pds. Pulse 96. Sep 18/95. Has sore on wrist, also

" 30 — sore under arm, caused by chafing of shirt. Sep 30/95. No change to note, in any way.

Oct 1/31 — Oct 1/95. Wt 172 pds. P 80. Oct 31/95. Sore wrist still troubles him. Patients condition remains about the same, all the time. He works considerable. Health apparently good —

= over =

John F. Heusmann

1895

Nov 2/4 Nov 2/95. Wt 174 pds. Pulse 90. Nov 4/95. Accidentally cut 3° finger on left hand with a hot
" 6 cup, wpaning flesh ¾ in. long, ½ in. wide + about ⅛ in. deep: wound bled very freely: was dressed.
Dec 30/2 Nov 6/95. Wound on finger dressed as before: is doing nicely. Nov 30/95 No change noticeable in
patients condition, at this date. Dec 2/95. Wt 177 pds. Pulse 92. Dec 30/95: keeps about the
1896 same from month to month. Sleeps well: appetite good: bowels regular: works onward, every day.
Jany 2/4 Jany 2/96 Wt 170 pds. Pulse 82. July 2/95. Transferred to B3 (on account of general change of ward).
" 31 Jany 31/96. Patients condition shows no change. He lies along Smith + contented by hse.
Feb. 1/96 Summary "Nurses Notes" by Dr. Phelps. A quiet, imbecile patient. Deaf + dumb:
Aug 1/97 No bodily illness noted: Physical condition good: Works considerable Average wt. 165 lbs.
Aug 31/97 Wt. 164. Health good: Works daily in dining room: Quiet in behavior: Appears
1899 rather imbecile. Jan 26 '99 No change of importance noted during period.
Feb. 1-July 31 (Cont. by Dr. Wanous) Wt. 165. No apparent change either mentally or physically:
Aug 1-Jan 31 1900 (Cont. by Dr. Chapple) Wt 170 # Little change during period: Physical cond. good: well
Febys 1 behaved: works on ward + in dining room. Febys 1900. Wt 164 # 96 - July 31
July 31 No change, during period: remains the same from day to day: health very good: works regularly in
dining-room. Quite tidy in habits and well-behaved. Seems to have considerable
intelligence. Reads German papers, and spends considerable time at that. Is quick-tem-
Aug 1 1900 pered and becomes very angry if molested. Augs Wt 169 # Nov 30. No change to note.
Jany 31 No change During period: Works regularly + faithfully in Centre-dining-room: health
Febys 1 1900 good: very well-behaved, but irritable. Febys Wt 172½ # May 1 Wt 175½ # Nov 1 Wt 179 #
Jany 31 No change: works regularly in "C.D.R.": health very good. Very quiet + peacable, except
July 31 when crossed + he then becomes very ugly, but is very easily pacified. July 31/01. No change-
1903 works regularly in dining-room: very peaceable: very easily amused
Jany 31 or irritated: health very good. Jany 31/03. Health unchanged: Always
demented + quiet: unable to talk, but makes queer noises: evidently
somewhat imbecile: works in C-D.R. regularly. -