

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

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Version 3
August 20, 2018

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Personal and Medical History of

Personal and Medical History of A. J. McEwen

EBBERT, FIDLER & CHAMBERS, DAVENPORT, IOWA

Whole No. 3614.
Residence, 513 - 8th Ave So. Minneapolis, Minn
Date Admission, 6th January 1894
Admitted by, D. Phelps Hour, 7 PM.
How Sent, Jno. A. Steele, Jof P, Hennepin County
Sex, Male
Age, 32.
Civil Condition, married
Children, None
Age Youngest Child,
Occupation, Barkeeper (Mrs Denies this occupation says forget book)
Degree Education, Common School
Profession Religion, not a church member
Habits, possibly intemperate
Nativity, Miscouri (father, Canada; mother's, Nova Scotia)
Physicians Committing, H. A. Jones & James H Dunn
Correspondents, Mrs A J McEwen - 513 - 8th Ave So.
Family Physician H A Jones (at present).

No. for Year, 184.
Insane Relatives, None
Cause Exciting, Over-work
Cause Predisposing, (Chronic)
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Not.
Date of this Attack, About 2 years ago.
Duration, about 2 years.
No. of Attack, 1st (Probably Continuous).
No. of Admissions, 1st time (was in Jamestown)
Age First Attack, about 32.
Time of Leaving,
Time in Hospital,
Result,

In Jones case book pp 27

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

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

MEMORY:
- Past Events,
- Recent Events,
- Special Subjects,

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

REASONING POWER:
- Ordinary Subjects,
- Own Mental State,
- Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

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

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

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
- Coherent or Incoherent,
- Voluble or Reticent,

Cuestion bar Book pp 27

Personal and Medical History of A. J. McEwen

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5 3/4 in WEIGHT, 132 1/2 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE.

pp 27

Case Book

Wood w

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of A. J. McEwen

1894

This patient was brought here by Sheriff's Deputies Stemperly & McFarland, with the following history of case. There is no history of consanguinity or heredity. This is 1st attack (seemingly continuous); was at Jamestown, N.D. Hospital, about 2 years ago, for a few weeks. Eloped from there. First symptoms of this attack were manifested about 2 years ago; was suspicious and showed delusions of persecution. Disease seems increasing; is variable; for a time (from a few days to a few months) is quite well-behaved, and worked for 2 months this summer. Derangement is now shown by his being apprehensive of danger; suspicious and fears persecution. Is, at times, irritable and inclined to violence. In regard to injuring others, shows some tendency towards wife. Suicide has not been attempted; propensity not active. Is not filthy or destructive. Before 2 years ago, was irritable; there was a gradual change in disposition. There is no family history of intemperance. Patient has not been subject to any severe disease &c or head-injury. Supposed cause of the disease is over-work. If under treatment, unknown. — — —

On personal examination, patient said that he was apprehensive of danger; is irritable &, at times, laughing without provocation. He wanders away from home, without warning. Is boastful &c. Appearance and manner were suspicious.

Jany 6 Jany 6/94. On admission, was put on B2. (S.R. Complexion light; hair light brown; Eyes blue; condition of skin good; has a scar on breast. Bodily condition clean. Behavior good).

This entry well & void here; Entered in Vol 27 - Mens' Case Book.

Personal and Medical History of

Personal and Medical History of Patrick Lavey

SABERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3615.
Residence, Hassan, Hennepin Co. Minn.
Date Admission, 6th January 1894.
Admitted by, Dr Phelps Hour, 7 PM
How Sent, John H. Steele, J of P, Hennepin County
Sex, Male
Age, 68 years
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, Farmer
Degree Education, none, scarcely: reads a little.
Profession Religion, Roman Catholic
Habits, not intemperate
Nativity, Ireland; (parents also born there).
Physicians Committing, J. Cockburn and A. P. Williamson
Correspondents, none given in "papers"
Family Physcn. Dr Simard, Osseo, Minn.

No. for Year, 185.
Insane Relatives, none
Cause Exciting, Family trouble.
Cause Predisposing, possibly Sunstroke some years ago.
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, Not; but perhaps homicidally inclined
Date of this Attack, about 3 months ago
Duration, about 3 months.
No. of Attack, unknown
No. of Admissions, 1st
Age First Attack, unknown
Time of Leaving,
Time in Hospital,
Result,

In men's case Book Vol 27

Mrs Kate Wadick, Rogers Hennepin Co Minn (daughter.

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:

Entered in Case Book No 27

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 Patrick Lavey

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 in. WEIGHT, 149 pds NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE.

Entered in Case Book No 27

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

HISTORICAL.

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

Personal and Medical History of Patrick Lavey

1894

Was brought here by Deputy Sheriffs Hemperly & McFarland (Deputy Ohlin also accompanying the patients coming this date), with the following history. As to consanguinity; unknown; no history of heredity. Number of attack unknown; if previously sent to Hospital, unknown; First symptoms of this attack were manifested about 3 months ago. Disease seems increasing. At times, appears somewhat rational, but these intervals come irregularly. Generally, is quiet and disinclined to talk much. Derangement now shown by the idea that he will not have sufficient money to take care of himself in his old age, and that his friends have not sufficient to take care of him with. Told his wife she had better leave or she might be killed, but showed no disposition to injure her. Is not suicidal. Is tidy & clean; no tendency to destructiveness. Is quick tempered but no other peculiar traits. There is no history of intemperance; nor of epilepsy nor of convulsions, but patient had sunstroke some years ago. He has not been restrained or confined. Supposed cause of the disease is family trouble. Has been under treatment a short time (with Dr. Simard).

On personal examination, memory is fair; does not wish to answer questions although he replies where requested to. Is evidently depressed & worried. Can give no reason for not wishing to talk. He sat quietly; answered questions reluctantly; seemed preoccupied; dull, heavy; when he speaks, mumbles his words & articulates thickly. Appearance and manner were dull, indifferent and depressed. From others we learn he became depressed, silent & suspicious without any reasonable assignable cause.

Jan 6 Jan 6/93. On admission, was put on Bth (S.R. Complexion dark; hair gray; eyes blue; condition of skin clean; has thick veins on right leg; boil on abdomen, nearly well. Bodily condition clean; well-behaved).

This entry null & void here; Entered in Vol 27 – Men's Case Book –

Personal and Medical History of Ida Bourquoin

3658

From Page 16

June to Sept. 1901 No change, Sept. 3 Wt. 97½. Sept. to Dec. Sept. 21 tran. to Inf. West. approximate Tem. 100. coughs and expectorates given stimulants, expectorants and egg nogs frequently, Oct. 7 tran. to D 2, Nov. 4 patient struck herself on left ear splitting it for a distance of about ½ inch, sutures were taken and contour of ear fairly well restored, Nov. 30 Wt. 94#.

Up to Feb. 1, 1903. General health good: appetite fair: sleeps well; takes exercise: doesn't converse or answer questions coherently; is at times noisy and violent: has a habit of striking herself face with her clenched fist causing the tissue to become thick and hardend: untidy in habits and appearance: Dec 1st Wt. 96½#.

Personal and Medical History of Laura Engel

EBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3657.
Residence, Janesville, Minn.
Date Admission, 23d February 1894.
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, E. B. Collister, Jof P, Waseca County
Sex, Female
Age, 32 (35)
Civil Condition, married
Children, Three
Age Youngest Child, —
Occupation, Housewife
Degree Education, —
Profession Religion, not a church member
Habits, Good
Nativity, Minnesota
Physicians Committing, D. S. Cummings and M. J. Taylor
Correspondents, (husband) Wm Engel, Janesville, Minn

No. for Year, 227.
Insane Relatives, her mother
Cause Exciting, Child-birth
Cause Predisposing, Heredity & previous attacks
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, not.
Date of this Attack, 8 years ago.
Duration, about 8 years
No. of Attack, 3d (probably).
No. of Admissions, 2nd
Age First Attack, 27 (?)
Time of Leaving, July 25 – 1902
Time in Hospital, 8 years: 5 mos 2 ds
Result, Improved: Disgd Jany 15/03 By Bof C.

EXAMINATION ON ADMISSION.

Dr Linton Phelps Febry 24.94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Seems impaired.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonic today.

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Rather indifferent
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, None determined but acts as if had
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very reticent, Answers
Coherent or Incoherent, quotations very
Voluble or Reticent, reluctantly. Sits in a dull way as if she had no interest in anything

Personal and Medical History of Laura Engel

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 4½ WEIGHT, 110½ pds NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Normal Size,
Response Light, Accommodation,
SIGHT, Good.
HEARING, Good.
COORDINATION, Arms, Good.
Legs,
TREMORS, Hands, None. Tongue,
Facial Muscles, General, None
REFLEXES, Patellar, Normal
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Indifferent
SENSIBILITY, Blank.
HEART, Sounds are normal
LUNGS,
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Medium 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 Laura Engel.

EARGAT, PICLAR & CHAMBERS, DAVENPORT, IOWA

1894

This patient was brought here by Marshal Charles Gottschalk, accompanied by her husband, with the following history of case. Habits are good. There is a history of heredity, her mother being insane. Supposed cause of this attack is childbirth: form is depressed. There is no accompanying bodily disorder. First symptoms of the disease manifested 8 years ago, in an attack of puerperal mania, when she was confined in this hospital, (see note below); she now manifests a tendency to desert her home; is very reticent. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. Has not been subject to any bodily disease nor injury to head. Has had no treatment, except in hospital, as above mentioned.

NOTE Patient was here before, from Nov 11/85 to March 17/86. On her admission, then, she was exalted, hilarious, singing & improvising songs &c a great deal; occasionally obscene & profane. For some days after her admission, she was kept in restraint; part of time in camisole and tied in bed. During latter part of the 1st month of her stay she was also occasionally in restraint. During the subsequent 3 months she made improvement; became more bright and cheerful; less obscene in her talk; helped at work in laundry & sewing here, but still showed delusions. Wrote her husband, complaining of being homesick &c; he visited her and insisted on taking her home, which he was allowed to do. (For further particulars, see Vol 6. page 123 No 1023).

Feb 23 On admission, was put on B3 (S.R. Complexion dark; hair, dark brown; Eyes light brown, Condition of Skin normal. No marks, scars &c noted. Bodily condition very dirty. Behavior very quiet. Admitted that she was very dirty but had been sick & not able to work). Wt. 122. R 18. Pulse 68 Retired well out of night

Febry 24 Very quiet. Most of the day in bed. Appetite fair. Sleep. Rested well. Bowels constipated. Complains of being sick. Wt. 122. R 18. Temp. Refused to let it be taken. Febry 25.94 Continues about the same. Refused to take med. Rested well

Febry 26 Continues about the same. Rested well. Febry 27.94 Appetite fair. Refuses med: Very quiet on ward. Talks but very little. Out walking & tried to get away. Rested well. Febry 28.94. About the same. Rested well

March 1.94 Appetite fair. Walks about the ward in a rather restless way. Talks but very little. Habits clean. Restless at a bell. Slept 2 hrs. March 3.94 Quiet on hall, but goes from room to room, sitting on beds. Tried to take her to sleep but resisted & had to return her to ward. Restless out on hall. Slept none. March 4.94 Continues about the same. Kept in lower bay, so she could not tear up beds on hall. Awake & restless. Slept 2½ hrs. March 5.94 About the same. Restless out of bed. Slept 4 hrs. March 7.94 No change. Out of bed. Restless. Slept 3½ hrs. Mch 8.94 No change

Mch 8 & 9 any change during the day. Out of bed rapping on door. Restless & noisy all night. Slept none. Mch 9.94 No change. Restless, sitting up in bed. Tried to get out of room, when door was opened. Slept 1½ hr.

Summary: Very quiet on ward. Does not talk any to speak of. Wanders from room to room, sitting on the beds. Out walking & very difficult to get back on ward. Appetite fair. Habits clean. Not neat in general appearance. Keeps hair in very untidy condition & hard to keep clothing on. Will take off shoes & part of underclothing. Does not seem very strong. Refuses all medicine. March 13.94 Appetite

Mch 13. very poor. Refuses to eat. Failing in flesh & very weak. Pale in color. Untidy in her dress. Talks very little. Mch 16.94 Eats quite well when put in room & meals given her but will not eat in dining room. Rested well. Mch 16.94 Menstr: Mch 19 94 Lying in bed most of the time. Seems to have rise of temp. Fights visits so that it is impossible to take it. Mch 29.94 Seems better. Eats in dining room. Appetite good but will not take med. In reviewing this during month April 3.94 Seems better. Has gained in flesh

Personal and Medical History of Laura Engel.

April Appetite good. Talks of home and is coherent. May 1894. Continues about the same.
May 3.94. Never wants to go to dining room. Does not eat well. Behavior quiet. Wants to go home. Tries to run away, when out walking. July 1894 Transf'd to Annex. Sept 1894 Transf'd to B2. July 31.94 About the same. Has out walking.
Aug 94 Transf'd to B1. Aug 29.94 Quiet since she came on ward. Appetite good. Sleeps well. Untidy in her personal appearance. Helps some on the hall. Sept 24.94 Has seemingly improved much of late. Works steadily & quiet. Brightly in sewing room. Health good. Oct 30.94 Is very quiet in behavior. Goes reading and walking. Assists some with ward work. Appetite not very good. Sleeps well. Bowels regular. Wandered away from the ground, while out walking one day and was lost, when found was standing on the R R track facing the oncoming train. Nov. 28.94 Quiet in behavior. Goes walking & riding. Appetite not very good. Assists some in ward work. Is very stupid. Bowels regular.
Dec 28.94 Will never go to meals without being told to come. No change Jany 26.95. Menstruating. Jany 95 Destroyed all her clothing. Febr 27.95. Very stupid, untidy about her person, destroys her clothing. Does no work. Appetite not very good. Bowels reg. Never complains. Goes out walking. Mch 1.95. Fought this am, tearing nurse's dress, pulled her hair. Was very angry. Is very destructive. March 29.95 Very destructive. Very untidy about her person. Appetite fairly good. Bowels reg. Quiet in behavior. Dull and demented. Apr 9.95. Is very destructive. Very untidy about her person. Appetite fairly good. Bowels reg. Quiet in behavior. Has B to take us to the dining room most of the time. Transf'd to B2 Apr. 26.95. Destructive and untidy. Gen health good. May 28 95. Is about the same in behavior. Gen. health good.
June 27 Gen. health good. Behavior about same. Works some. July 96 Mother and brother & dr. To move lady.
August Visited by sisters. Asked to go home with them. Nurses very good. Talks cheerfully. Does not menstruate.
Sept 1896 Nov. Gen. health good. Appetite good. Habits clean. Very untidy about her person. Works on ward. Quiet in behavior. Does not talk much. Bowels regular. Dec 9 Visited by relatives. Was very quiet
Jan 97 & Menstr. Feb. 21 General health good. Sleeps well. Very untidy in personal appearance. Works on ward. Very quiet in behavior. Habits clean.
March Menstr. Patient is very quiet. Works on ward. Goes walking & riding. Very untidy in appearance. Apr. 22 Menstr. Apr. 25 No change in patient. Trans. to Annex
May 25 Menstr. Summary Nurse's Notes by Dr. S. L. Phelps:- July 96 Menstr. regular: Genl health good: works on ward: Demented: Oct 96 no change: Dec 97 No physical complaints: incoherent: quite demented. May 97 no change: Aug 97 Lungs & heart examined:- chest expansion normal: breath sounds normal: Heart sounds:- Apex beat strong & rapid: no murmurs. (continued by Dr. Wm. Phelps) Nov 5 97 Patient today jumped from dining room window & attempted to escape: Threatened to set bed on fire & was quite active in most ways. Trans. to B3. Was in the past, altho irritable, quite quiet in behavior. Sept 16 Fought nurses this morning. Threatened to break mirror over fireplace. Jan 29 98 Tried to get away while out riding & was very violent.
June 4 98 Visited by relatives. Aug 22 Visited by friends. Feb 27 99 Noted by the nurses as going into spell. That is she is beginning again more violent & has broken some furniture. Has been quite quiet up to this time for several months.
1899 Mar to Sept. Menstr by Dr. P. A. Bell. Appetite fair: bowels & menstr regular: sleeps well: habits neat: cleanly in appearance. At times very untidy

(see p. 20)

Personal and Medical History of Ida Bourkuin (Bouiquin)





Whole No. 3658. ... 228.

Residence, St. Paul, Minn (97 ... None

Date Admission, 27th February 18 ... probably her venereal condition

Admitted by, Dr Phelps. Hour, 7 ... ng, probably bad habits

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

Sex, Female ... odily Disorder, Vaginitis & Chancroid

Age, 22 years ... not.

Civil Condition, Single ... k, November 16/93 (?)

Children, none ... over 3 months. —

Age Youngest Child, — ... 1st probably

Occupation, Domestic — ... s, 1st

Degree Education, not stated ... ge First Attack, 21st years

Profession Religion, Is a church memb ... me of Leaving,

Habits, Immoral. ... me in Hospital,

Nativity, Switzerland ... sult,

Physicians Committing, Arthur. B. Aucker & Eugene Riggs (mother)

Correspondents, Eliza Fanciloi — 97 St. Robert St. St Paul

EXAMINATION ON ADMISSION.

Febr 28.94 Drs Linton & R.M. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish, Is quick but rather feeble minded

MEMORY:

Past Events,

Recent Events, Very good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert.

Correct or Illusive,

REASONING POWER: Fair

Ordinary Subjects,

Own Mental State, Realizes her condition quite clearly

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Calm Normal

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, Says she used to imagine things

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks freely and willingly

Coherent or Incoherent, Coherent sometimes hard

Voluble or Reticent, for her to express her ideas in English as she speaks French, says she has been sick for 5 years. At times feels crazy "Every thing mixed up in her head" Has had sick spells for past 2 years. Says father was a very bad man, mother was obliged to leave him; Mother living — never very well — Put on tonic to day

GENERAL DESCRIPTIVE REMARKS:

Personal and Medical History of Ida Bourkuin Bouiquin

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 feet 10 3/4 WEIGHT, 98 1/2 pds. NUTRITION, Poor

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Coatings, None Promptness Movement,

PUPILS, Equality, ~~None~~ Equal Size,

Response Light, Normal Accommodation, Normal

SIGHT, Good

HEARING, Good.

COORDINATION, Arms, Good

Legs,

TREMORS, Hands, None Tongue, None

Facial Muscles, General,

REFLEXES, Patellar, Eq. Normal

Other Reflexes,

ARTICULATION, Hesitating, Slightly hesit. Slurred, French accent

FACIAL EXPRESSION, Rather drowsy, when not talking

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

EXAM. URINE.

GYNAECOLOGICAL EXAM.,

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean Clean, Careless,

BOWELS, Normal, Normal Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Good Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Ida Bourguin

Bourguin

ROBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy Sheriff Frank C. Picha attended by Mrs Francoeur, with the following history. Habits have been immoral. Probably her venereal condition has been cause of attack. Form is chronic, depressed. Was brought into C & C Hospital November 15th 1893; was then unsane. She now thinks her venereal state will cause her ultimate ruin. Patient has shown no disposition to injure others; Is not suicidal, nor filthy, nor destructive. Not known if any peculiarities were previously shown. Has had vaginitis & chancroid.

Feb 27 Feb 27/94. On admission, was put on B3. (Complexion dark, hair dark-brown; Eyes light-brown; condition of skin normal. Bodily condition clean. Behavior quiet). Asks for a French person to talk to; said she could not speak English. Feby 28 94 Behavior quiet. Talks a great deal of her father. Appetite Good. Sleep pretty good. Cough: some. Bowels reg: Complains, injuries, none. P 80. R 18. T 97.

March 1 About the same. P 86. R 19. March 2 94 No change. Talks a great deal to herself. P 81. R 20. March 3 94 About the same. P 85. R 20. March 4 94 About the same. No change. P 79. R 19. March 5 94 Very talkative. P 79. R 20

March 6 " 8 Appetite good. Talks to herself. Sleeps pretty well. Bowels regular. P 75. R 19. March 7 94 No change. P 78. R 20. Appetite not very good. Complaining of being sick. Bowels reg: P 80. R 21. March 9 94 Talks a great deal. Worries because her folks do not know where she is. Inclined to sleep a great deal. P 79. R 20. March 10 94 No change. Works in dining room & helps on ward. P 79. R 19. March 11 94 Talks incoherently. Appetite good. Bowels reg: P 80. R 19. March 12 94 No change. P 80. R 19. March 13 94 Appetite good. Talks all the time to herself. Sleeps well. P 80. R 20. Summary: Behavior quiet. Talks most all the time to herself in French. Helps to work a ward. Complains of not feeling well. Rather languid in her appearance and behavior. Sleepy Expression. and lies on sofa or bed a good deal. Quiet & pleasant when addressed. Helps with the work & the ward. Talks quite well ~~March 14~~ Out of bed. Rapping on door March 15 94 Has. Refused nourishment. May 11 94 Refused nourishment & fighting out of bed all night. Feby noisy 2d M. pounding on door, hollering & fighting. March 16 94 Refuses food. Also noisy. Out going to dining room. March 17 94 Out of bed most of night quite noisy talking. Had bed against door all night. Slept none. ~~Took nourishment pretty well night~~ March 13 94 Refused food. Fed with tube. Bowels constipated. Gave enema. Moved, but not very freely. Had bed against door but rested well all night.

March 18 94 Eats quite well when put in room & meals given. Otherwise will not eat in dining room. Rested well & Menstruated. March 19 94. Lying in bed most of the time. Temp. rose, after temp. & pulse & resp. so that it is impossible to take it. March 21 94 Seems better. Eats in the dining room. Appetite good but will not talk much. In seclusion three days during month. April 30 94 ~~Seems better. Has gained in flesh. Appetite good.~~ Talks of home & is anxious. May 1 94. Interview about the same.

March 29 94 Appetite not very good. Behavior very noisy. Walks up & down the hall singing all the time. Talks to herself. Menstruating. March 28th April 30 94 Continues about the same. May 17 94 Appetite good. Neat in appearance. Quite noisy at times. Talking. Goes out riding & walking. Gen. health good. Transf to B2 May 17 94 May 22 94 Transf to B3 May 27 94 ~~Transf~~ & Appetite good. Behavior quiet & noisy, walks about ward. Neat in appearance.

June 11 94. Transf to Annex. June 23. Appetite good. Is quite noisy, talking & laughing. Walks up & down the ward a good deal. Clean & tidy in habits. Goes riding & walking: Gen. health good. Sept 27 94. Appetite good. Clean in habits. Untidy in personal appearance. Talks a great deal very loud & incoherently. Is very restless. Wants to walk the floor all the time. Goes riding & walking. Gen health good.

Personal and Medical History of Ida Bourguin

1895 January 31. Appetite poor. Clean & tidy in habits. Is rather noisy. Gets a good deal. Is growing thin in flesh and looks pale. Goes riding & walking. March 1895 Appetite poor. Clean & tidy in health. Quiet noisy. Is thin in flesh & looks pale but does not complain of being sick. Goes riding and walking. May 24 95 Has become dirty and untidy in habits and more noisy. June 30 Appetite fair. Dirty & untidy. Thin in flesh. Gen health fair. Goes riding & walking. Aug 6 Is gradually failing. Left Asylum. Appetite good. Dirty & untidy in habits. Very noisy & restless. Talks incoherently & acts silly. Is gaining a little in flesh. Gen. health fair. Goes riding & walking. Nov. 18 Trans to B. 3.

Dec 3 Gen. health good. Habits untidy. Patient scratches. Dec 27 Trans. to Annex.

Jan 3. Appetite good. Dirty & untidy in habits. Quiet in behavior. Patient When being bathed. Grooming fleshy. General health good.

Mar 27 Appetite very good. Extremely dirty in habits. Noisy & silly in behavior. Talks incoherently. General health good. Takes out door exercise.

May 3 Noisy & restless at night. Menstruates regularly. May 11 Trans. to B 3.

" 30 Noisy most of time. Habits dirty. Takes out door exercise. General health good. Summary Nurse's Notes by Dr. E. L. Phelps:- July 95 Appetite good: very untidy: resists nurses: takes outdoor exercise. Nov 96 no change. Mar 97 Gen. health seems impaired: pale & thin: very incoherent in talk: untidy in personal appearance:

1897 May no change: June: untidy: Gen. health as good as usual.

Continued by Dr. R. M. Phelps. Nov 98 Patient struck Evornun in face & fought. Trans. to C 3.

Dec 10 Wt. 101# May 99 Noted as being quite stupid. Oct 25 Trans. to B. Is inclined to be violent, noisy & untidy. Dec 3 General health good. has been more quiet. Is however very dull & demented. (Contd by Dr. R. A. Bell) Mar. to Sept 99: Gen'l health good: appetite good: sleeps well: untidy in habits & careless in appearance: takes out door exercise: usually quiet but at times very active & often strikes other patients: seldom speaks & when she does is incoherent: talks to self: often pounds herself: Apr 30 Nose inflamed: secluded a few days, having erysipelas: improved however & was taken out of seclusion: Aug 8 Wt 105#

Sept 1- Feb 28 1900 (Dr. Heyerdale) Patient untidy & careless: Active & violent at times: Strikes herself & pounds head against wall. Strikes other patients. Talks incoherently. Eats & sleeps well. General health fair. Takes outdoor exercise. Jan 12 Wt. 102#

Jan 15. Small bruise on forehead from striking herself. Jan. 22 Left side of head bruised same cause. Menstruates regularly. Mch 1 - Aug 31 (Dr. Linton) At times very noisy & throws dishes from table. Talks very little: is obstinate. Has delusions. Appetite fair. Takes outdoor exercise: General health is good. July 23 Vaccinated. Sept 1- Nov 30 No change in behavior. Physical condition fair. Hands are contracted so that palms are quite sore from pressure of fingers. Nov 10. Struck on head by another patient. No serious resulting injury.

Nov 30 Wt. 100#. Dec 1- Feb 28 1901 General health & appetite good. Hands bandaged part of time with cotton between fingers to prevent their becoming sore. Mch 3 Wt. 97#

Mar 1- June 1- 1901 No change. May 31 Wt. 98 1/2#

Personal and Medical History of Emma. B. Wirig

ESBERT, FIELAN & SHAMBERG, DAVENPORT, IOWA

Whole No. 3660.
Residence, Albert Lea, Minn.
Date Admission, 7th March 1894.
Admitted by, D. Phelps - Hour, 7 P.M.
How Sent, Herman Blackmer, Jo. Co. Freeborn County
Sex, Female.
Age, 47
Civil Condition, married
Children, - 3 -
Age Youngest Child, —
Occupation, Housewife -
Degree Education, —
Profession Religion, Not a Church member
Habits, Good -
Nativity, Fort Madison Iowa
Physicians Committing, Hotchkiss & J. M. Todd.
Correspondents, J. A. Wirig, Albert Lea - Minn

No. for Year, 230.
Insane Relatives, None
Cause Exciting, not known
Cause Predisposing, not stated -
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Yes; tried to smother herself -
Date of this Attack, about 25th February
Duration, about 10 days. -
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 47 -
Time of Leaving, March 23 1894
Time in Hospital, 16 days.
Result, Died

EXAMINATION ON ADMISSION.

Mch 8 94 By D. Linton Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Mind working constantly, flies from a Subject to another
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER: None
Ordinary Subjects,
Own Mental State, Blank
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Very much agitated.
Depressed,
DELUSIONS: Many delusions.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks constantly in a very excited manner.
Coherent or Incoherent, Incoherent manner Cannot Keep her
Voluble or Reticent, put to bed without a restraint sheet

Personal and Medical History of Emma. B. Wirig

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, Not Taken WEIGHT, Not Taken NUTRITION, Only fair
WOUNDS OR ABNORMALITIES, abscess of Lt lachrymal duct
TONGUE, Tremors, Constant movement of Coatings, Raw red cracked Promptness Movement, of various parts of body.
PUPILS, Equality, Eq Size, Normal
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Good
COORDINATION, Arms, Almost constant movements
Legs, Very restless.
TREMORS, Hands, Tongue,
Facial Muscles, General, Movements all over
REFLEXES, Patellar, Cannot test.
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Blank.
SENSIBILITY,
HEART,
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,	Careless,
BOWELS, Normal,		Constipated,	Irregular,
APPETITE, Good,	Poor	Medium,	Poor, Requires Feeding.
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 Emma. B. Wing

1894

This patient was brought here by Deputy-Sheriff W. C. Mitchell, accompanied by her son and a female attendant, with the following history. Habits are good; no hereditary history known of; the supposed cause of attack is not known; form is acute & exalted. There is no accompanying bodily disorder. First symptoms of this attack were manifested about 25th February; made peculiar remarks on various subjects. Acute attack began March 4th 1894. This is 1st attack. Insanity is now shown on no special subject, but by unreasonable talk, violent exertion and wild demonstrations, threats, destruction of clothing &c. Is disposed to injure others from sudden passion. Has attempted suicide, by trying to smother herself. — She has not been subject to any severe disease &c or injury to head. Has been restrained constantly since this attack by strapping down and watching. Has been under sedative treatment during this time.

Mar 7 Mar 7/94. On admission, was put on B2 (S.R. Complexion dark; hair, dark brown; eyes brown; condition of skin normal; has one bruise on right hand and several on arms and limbs, abscess of left lower duct. Bodily condition quite clean. Fought while being bathed and after going to her room). March 8.94. Noisy and restless. Would not stay in bed. Put in restraint

Mch. 8.94 Does not seem to realize her condition. Appetite quite good, but has to be fed with spoon. Sleep: quiet till 11 P.M. Slept 3½ hrs; works quite noisy, talking loudly since 2 A.M. Bowels constipated gave cathartic as dir: Visited by son and her sister P. 108 R 18. T. 99.

Mch 9.94 In bed in restraint sheet. Still restless, very talkative. In cheerful. Began menstruating to day. Ate quite well gave Enema. Bowels moved.

Mch 10.94 Sleeping dose 9.30 Slept 4½ hrs, quite noisy from 11 P.M. 2.30 talking. T 99.2 P 108. R 20. 8 P.M. T. 101.2. Still in restraint. Ate

" 11.2 Supper. Very talkative. T. 99.1 Bowels did not move. Quite noisy all night. T. 8 P.M. 101.2 Mch 11.94 Very restless all day. Gave Enema. Bowels moved. Gave med as dir: Very difficult to make her take it. Ate quite well. 9 a.m.

Mch 11 T. 101. 8 P.M. 101.4 Restraint quite noisy. Talking most of night. Gave med as dir. Seems very weak, took off restraint. Slept 2½ hrs.

" 12 Still in restraint very restless. Med. as dir: Took nourishment, also Eggnog quite noisy all night, seems much worse since 3 a.m. Gave med as dir. Slept none. Mch 13.94 Very restless. Still in restraint. Very noisy. Gave quietening dose as dir: quiet for 1 hr. Slept about 20 min: Gave eggnog & milk as dir: 7 P.M. Transf to C.2 11 a.m. T. 102 4 P.M. T. 103.2. Sick ward Records. Passed very restless and noisy nights — lived mostly on milk and feeftea — took chicken broth on 17th but refused milk. Whenever her condition allowed it, sponge bathes were given. Visited by husband and daughter Mch 16. 17. 18 and 19. On last named day she took nourishment & better. But grew gradually weaker, was unable to swallow anything from 23d. 5 a.m. and died same day at 12.45 P.M. For particulars see Nurse's record case.

Died

Personal and Medical History of Laura Engel

From p. 12 1899

about room & person: usually quiet & agreeable but destructive & violent at times: takes out door exercise only part of time: Sometimes talks quite sensibly. Apr. 28 Broke chair: put in restraint:

June 20 Visited by brother. Sept. 1 - Feb 28 '1900 (Dr Heyerdale) Appetite good: Bowels regular. Sleeps well: Goes out for exercise: Expresses delusions: Sits in room a good deal: July 12. Wt. 125#. Habits dirty: At times is profane Mch 1 - Sept 1 (Dr Linton) untidy in appearance & at times dirty in habits: usually agreeable: Talks very little with nurses but visits with patients: Is at times cross & profane: Appetite good: Bowels regular: Occasionally noisy at night. Menstruates regularly. Often has toothache: Takes outdoor exercise. July 16. Vaccinated. Sept 1 - Nov. 30 Sits in room much of time: Has many delusions: assists with work on ward & is usually agreeable. Nov 16. Wt 129#. Dec 1 - Feb. 28 '1901. General health good: no change in mental condition. Mch 1 - Wt. 130# Mar 1 - June 1 - 1901 Patient menstruates. General condition unchanged. May 29 Wt 129#

June to Sept. No change during quarter Sept. 2 Wt. 125½#. Sept to Dec. Nov. 22 Wt. 128#. No change. Dec to Mar 1902 Converses readily neat in habits: assists with ward work: has hallucinations: imagines people call to her and shake her bed at night: appetite fair: bowels regular: usually sleeps well: Feb. 26 Wt. 127#. Mar. to June Neat in habits but careless in appearance: converses quite readily: imagines people are screaming at her and trying to pull the building down at such times uses vile and profane language: appetite fair: sleeps well: given occasional cathartic: menstruates regularly: takes out door exercise: May 28 Wt. 124#. July 4 visited by nephew and niece and friend also on 12-19 visited by niece and friend: converses readily and intelligently on most subjects: is retiring in disposition: spends most of her time in her own room unless obliged to sit upon the ward: July 25 visited by father and taken home on trial.

Personal and Medical History of Martha McNulty

COBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA



Whole No. 3661.
Residence, St. Paul, Minn (328 ... one, She says.
Date Admission, 8th March 1894. ... not stated
Admitted by, Dr. Phelps Hour, 7 ... not stated
How Sent, John B. Olivier, Jos P. Ra...
Sex, Female
Age, 36 —
Civil Condition, married
Children, never had any.
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably good
Profession Religion, Lutheran
Habits, - Good -
Nativity, Sweden
Physicians Committing, Eugene Riggs & A. B. Ancker
Correspondents, (Husband's address) Robert McNulty
(328?) 328 Grove Street St Paul

...y Disorder, Has a rapid pulse: Nervous
... not
... Has not been "right" for a year
... year or so.
... probably
... 1st
... about 35.
Time of Leaving, June 8. 1898
Time in Hospital, 4 yr. 3 mo.
Result, Discharged Dec. 17. 1898
Improved.

EXAMINATION ON ADMISSION.

Mch 9 94 By Dr Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Somewhat confused
Quick or Sluggish, Quick
MEMORY:
Past Events,
Recent Events, Good
Special Subjects, Good
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct mostly.
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State, Impaired
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Depressed
DELUSIONS: none determine
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Mostly Coherent.
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Says has been fading for several years but much weaker during the past month
Realizes that she is not strong. Has head ache a great deal.

Personal and Medical History of Martha McNulty

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Slight Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Uses glasses.
HEARING, Good
COORDINATION, Arms, Good
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Eq about 7
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Rather sad
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good cond
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Rather irregular, some pain.
OPHTHALMOSCOPIC EXAM., some pain.
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 104 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, } healthy
Father or Pat. Relations, }
Brothers or Sisters, healthy

Personal and Medical History of Martha Mc Nulty

1894
EGBERT, FIDLAR & BRAMBACH, DAVENPORT, IOWA.

Was brought here by Deputy-Sheriff M. F. Goss and Robert McNulty (her husband) with the following history. Habits are good. She says she has no insane relatives. Cause of attack not stated. Form is acute, exalted. She now has a rapid pulse. Has been in C & C Hospital since Monday; has spent most of her time shrieking; has delusions as to physical condition and says she is very nervous. She has not been right for a year. Insanity is now shown by delusions as to health. When home, ran out of the house, yelling; believes some one is going to kill her by poison, and mistrusts her husband. Is not suicidal, nor filthy nor destructive. No peculiarities of disposition or perversity shown. She has not been subject to any bodily disease or injury to head. Has not been restrained or confined, but has been in the C & C hospital from Monday until Wednesday, under surveillance. Patient has been "doctoring" a great deal, claiming "she was sick all over". During the past year, would, without warning, rush out of the house, screaming & crying that some one was going to kill her. Would sit crying, hours at a time.

Mar 8 March 8th. On admission, was put on B3. (E.R. Complexion dark; hair, dark brown; eyes gray; condition of skin normal. No bruises noticed. Bodily condition very clean. Is very well-behaved; no delusions noted).-
Mch 9. Crying early this morning after 9 a.m.; quiet in bed most of the day. Talk rational. Appetite good. Slept 4 hrs, awoke 3:30 a.m. Crying since. Bowels constipated. Gave med. as dir. Complains of feeling weak. Pulse 92 p.m. 104. R. 18. T. 9 a.m. 98. 5 p.m. 99. Mch 10 94. About the same. Restless & quiet noisy at 2:30 Crying hard 1/2 hr. has
10. diarrhoea. Gave boiled milk. Mch 11 94. About the same. Put on tonic. Rested well 2 a.m. awoke, crying 1/2 hr. Talks fairly well.
11. Appetite fair. Complains of indigestion. Gave med. as dir. Quite noisy for about 1 hr. also complained of toothache.
12/13 Rested quite well. Noisy 1/2 hr. Crying 10:30 P.M. Mch 13 94. About the same. Gave quieting dose. Quiet the rest of the
13/14 day. Rested well. Mch 14 94. Continues about the same. Restless & awake since 2:30 a.m. Mch 15 94. About the
15/16 same. Slept 4 hrs. Noisy morning 1/2 hrs. Mch 16/94. Appetite fair. Habits clean. Rather despondent. Out riding &
16/17 quite noisy part of the time. Takes med. as dir. Slept 4 1/2 hrs, quite noisy, crying till 10 P.M. Mch 17 94 Continues
17/18 about the same. Transf to B3. Appetite good. Cried about 1 hr after supper. Mch 18 94 Appetite good. Has been quiet
18/19 all day. Went to chapel. Slept fairly good. Mch 19 94 Appetite good. Slept well. Has been quiet all day.
20/21 Appetite good. Slept well. Has been wanting to go home to day. Makes no move to bed. Mch 20/94. Appetite good. Slept well
21/22 & was quiet all day. Mch 22 94. Appetite good. Slept well. Complained of feeling nervous to day. Summary: Appetite has been good since she came on the ward. Cried the first evening but has been quiet ever since. Sleeps well at night. Behavior quite natural. Seems quite anxious to get well & go home otherwise she does not talk much.

Mch 23/94. Has been crying last day and night. Removed to B2. Mch 24 94. Rested well at night. Mch 25 94 Appetite good. Habits clean. Neat about self. Very quiet on ward & visits with the other patients & seems contented. Talks rationally. April 2 94 Restless part of night & crying. Apr 30 94. The same. May 6 94 Complains of Constipation. Gave med as dir. Bowels moved freely. May 16 94 Complains of feeling sick all over to day. Crying from 9 till 11:45 P.M. May 18 94. About the same. May 28 94 Very noisy. Crying about 2 hrs. Takes med: June 1 94 Very noisy all day. June 17 94 Very noisy most of the day. July 2 94 Very noisy. July 8 94 Very noisy all day. Gave med: Sleeping and takes. July 9 94 Very noisy all day. Gave dose. July 11 94 Extremely noisy this morning. Worked in B4. Aug 1 94 Extremely noisy night & day. Appetite very poor. Refused medicine. Aug 6 94 More quiet of late. Aug 7 94 Extremely noisy all day. Aug 18 94 Has been extremely noisy during the past week. September 5 94. **Went home.**

Returned Oct. 22. 94. Oct. 27. 94. Appetite poor. Very much disturbed & extra noisy crying most all the time. At times talks coherently. Habits clean. Sleep poor. Medicine as directed. Oct. 31 94 Still continues extremely noisy and restless during the day. Gave medicine as directed.

Personal and Medical History of Martha McNulty.

1894
Nov 28 Appetite fair. Usually dirty in habits, in behavior extremely noisy most of the time crying. Talk incoherently. Goes riding. Menstruated the 27th. Dec 7 94 Transf to 2. Dec 10 94 Appetite good. Very noisy at times. Cries a great deal at night. Dec 15 94 Moved to B3. Jan 28 95. Appetite poor at times. Very noisy during the day and night. Is untidy occasionally. Feb 23 95 No change. Transf to B4
February 27 95 Transf to B3. Mch 28 95. Appetite good. Cries most of the time. Bowels reg: Menstr Mch 29. Apr 28 95. Gen health good. In behavior about the same. May 12 Menstr.
May 26. Appetite poor. About the same in behavior. Untidy in habits.
June 27 Gen. health good. More quiet last few days. Appetite good. June 30 Very noisy. Destroys his shoes.
July 14 Menstr. Aug 29 Gen. health good. Very noisy. Wants to go home. Sept 30 Gen. health good. Appetite good. Habits dirty. More quiet in behavior. Oct 10 More quiet. Habits clean.
Oct 30 Appetite good. Clean in habits. Very quiet. She has delusions. Nov 3 Menstr.
Nov 26 Very quiet. Habits tidy. Appetite good. Bowels regular. Trans to B1. Dec 5 Menstr.
Dec 8 Very noisy this morning. Trans. to B3. Jan 1 More quiet in behavior. Works on ward. Menstr. Jan 26 Menstr. - Feb 24 General health good. Appetite good. Works in dining room. Extremely noisy at times. Habits occasionally dirty. Has delusions. Mar 6 Very quiet. Habits tidy. Works in dining room. Sleeps quite well. Bowels regular. Mar 26 Very noisy during night. Works in Centre dining room. Tidy in appearance. Appetite fair. Bowels regular. May 24 Patient cries a great deal of time. Works in E.D.R. Takes out door exercise. Gen. health good.
1896 Summary Nurse's Notes by Dr. E.E. Phelps: Works in dining-room: very quiet at
July present: takes out door exercise: rather demented: Nov '96 No change: May '97 More quiet & agreeable: At times talks sensibly: works some every day: Gen. health good: May '97 No change
1897 Aug. Gen. health good: Quiet & agreeable: no special mental change.
Continued by Dr. E.E. Phelps. Oct 31 Quite neat in every way. Has some delusions but behaves quite quietly & well. June 8 Patient taken out on trial by her relatives. Has been very quiet for a long time, & rather feebleminded in manner but answers questions quite accurately.

Personal and Medical History of Catharine Kane

GIBBEY, PUGLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3662

Residence, St Paul. 500 Woodward –

Date Admission, 10th March 1897.

Admitted by, S. Phelps Hour, 7 PM

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

Sex, Female

Age, 72 (about).

Civil Condition, widow

Children, one

Age Youngest Child, —

Occupation, none

Degree Education, —

Profession Religion, Roman Catholic

Habits, not stated

Nativity, Ireland –

Physicians Committing, Geo. J. Hanley & P. Marchand

Correspondents, (Son in law) W. John Lalley – 500 Woodward –

No. for Year, 232

Insane Relatives, unknown

Cause Exciting, old age

Cause Predisposing, previous attacks

Form,

Accompanying Bodily Disorder, weakness.

Suicidal or Not, not.

Date of this Attack, probably some time ago

Duration, probably some years.

No. of Attack, 1st (probably Continuous)(?)

No. of Admissions, 2nd

Age First Attack, ?

Time of Leaving, Apl. 1. 1897

Time in Hospital, 3 yr. 21 da

Result, Died – Exhaustion in Senile Dementia

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, confused

Quick or Sluggish, Very sluggish

MEMORY:

Past Events, Seemingly gone

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Very dimmited

Correct or Illusive,

REASONING POWER: Gone

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Very much confused
Mind seems gone – Does not
realize her condition

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Usually quiet but at times

Exalted, Exalted and many

Depressed,

DELUSIONS:

Systematized or Not, Seems to have many

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent and

Voluble or Reticent, talks to self

Personal and Medical History of Catharine Kane

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 10 in WEIGHT, 114 lbs. NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT,

HEARING, Impaired

COORDINATION, Arms, Impaired

Legs, Impaired

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Very dull

SENSIBILITY,

HEART,

LUNGS,

EXAM. URINE.

GYNAECOLOGICAL EXAM.,

MENSTRUATION, Ceased

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless, 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 Catharine Kane

18[illegible]
EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

This patient was brought here by Deputy Sheriff Paul Chapel, attended by Ida Fehrmann with the following history of case. As to heredity, unknown. Habits not stated. Supposed cause of this attack is old age; form is Chronic Dementia; When first symptoms of disease were manifested is not definitely stated but it is probably of some years' duration: it seems to be the 1st attack, continuous. She is now childish. Patient has shown no disposition to injure others; is not suicidal. But is of filthy and destructive habits. Has not been subject to any severe bodily disease or injury to head. Has been kept at home & watched for 6 months or so. She has not been under medical treatment.

Note. This patient was here before from June 24/92 to Nov 23/92. During her then stay, she was, at first, noisy, violent and pugnacious, taking several to undress her, at times. She even continued, more or less, so, while here: occasionally refused meals: was untidy, and sometimes filthy, in her habits. On her going home, she was somewhat improved. (see Vol 19. page 325. No. 3055).

Mar 10 On admission, was put on A. E. (S. R. Complexion light; hair gray; eyes gray; condition of skin normal. no bruises noticed. Bodily condition dirty. Dewell-behaved). March 11.94 Behavior quiet, remained in bed all day Appetite fair. Was quite restless all night. Has a slight cough. Bowels reg: No complaints. P. 70. R. 24. T. 97.6

Mch 12.94 Appetite good. Behavior quiet. Slept well. Had to be undressed & put to bed by force as she refused to go. Mch 13.94 Temp & BP. 14. Appetite not very good. Behavior quiet. Slept well. Fought when put to bed. P. 72. Mch 15.94 No change. Had to be put to bed by force. P. 74. Mch 16.94 Appetite good. Behavior quiet. Had to be put to bed by force. Pulse 74. Mch 17.94 Appetite not very good. Behavior quiet. Dirty in habits. Had to be put to bed by force. P. 76. Mch 18.94 No change. P. 74. Mch 19.94 Required putting to bed by force. P. 72. Mch 20.94 Appetite not very good. Slept well. Put to bed by force. P. 72. Mch 21/94 Appetite not very good. Slept well. Behavior quiet. Put to bed by force. P. 76. Summary. Behavior quiet. Wants to go home. Says that she has no money to pay for her bed. Has to be undressed by force. Every night sometimes has to be dressed by force. Quite dirty in habits. Bowels constipated. March 28.94. Appetite poor. Behavior quiet. Refuses to go to bed at times. Habits neat. Goes riding. June 30.94 Appetite fair. Clean in habits. In behavior fighting, resisting in undressing at bed time. Goes riding. July 30.94 Appetite good. Behavior good. July 30.94 Appetite good. Will resist undressing. Talks coherently. Goes out riding. Aug 28.94 Appetite poor. Behavior more quiet. Habits clean. Bowels quite regular. Goes riding. Sept 24.94. Gen. health good. Appetite good. Is very restless during the day. Occasionally dirty in habits. Always resists in going to bed. Oct 24.94 Appetite good. General health good. At times is untidy in habits. Usually quiet in behavior. Resists to go to bed. Nov 29.94 General health good. Is very restless during the day. Occasionally dirty in habits at times. Will resist in going to bed. Appetite good.

Dec 29.94 Resists when undressing her. Had her eye blackened by one of the patients. Jany 28.95 General health good. Behavior good. Bowels regular. Appetite good. Feb 25.95. Seemed quite stupid. Was put to bed, watched closely. Feb 28.95 Appetite good. Has been up all day. Behavior good. Dirty in habits. Mch 24.95 Put to bed. Coughs some. Appetite poor. Mch 28.95. No change. April 1795 Some better. Soup on the ward. Appetite better. Apr 28.95 Appetite not very good. Quiet in behavior. May 17.95 Gen health good. Is quite restless during the day. Appetite better.

May 31 95 About the same in behavior. Health good. Bowels constipated.

June 27 Gen. health good. Dirty in habits. Eye bruised by one of patients. July 29 Appetite good. Quiet. Dirty. Restless. Bowels constipated. Aug 11 Has diarrhoea. Sick in bed. Appetite poor. Seems quite weak. Aug 29 Appetite better. Is up on ward. Seems much better. Restless.

Aug 31 Appetite poor. More quiet in behavior. Bowels constipated.

Personal and Medical History of Catherine Kane.

Sept Oct & Nov 1895 Gen. health good. Appetite fair. Dirty in habits. Quite restless. Incoherent.

Feb 96 General health good. Habits untidy. Sleeps well. Very hard to manage. Resists when put to bed. Talks incoherently. Appetite fair.

March Quite old & feeble. Appetite poor. Goes riding. Habits clean: bowels regular.

May 96 Patient old & feeble. Takes out door exercise. Habits clean. General health good.

June Summary Nurse's Notes by Dr. E.L. Phelps: Very old & feeble: appetite good: sleeps well: Aug 96 Takes out door exercise: appetite fair: on special diet: untidy in habits: Nov 96 Quite feeble: bowels constipated: untidy: Mar 10 97. Dgg. P. 100. R. 28: Has to be fed by nurse: very helpless: wanes considerably: Mar. 15 Appetite very poor: bowels quite regular: Mar. 31 Failing a good deal: appetite very poor: Apr. 1: Has been failing constantly. Died to-day.

Died

EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA





Whole No. 3668.
Residence, St Paul, Minn
Date Admission, 20th March 1894.
Admitted by, Dr Phelps Hour, 7 P.
How Sent, John B. Olivier, Jo P. Rau
Sex, Female
Age, 28 years
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Domestic
Degree Education, Probably fair
Profession Religion, Roman Catholic
Habits, Excellent. —
Nativity, Ireland —
Physicians Committing, C. Eugene Riggs & A.B. Ancker
Correspondents, (Bro) Timothy Sullivan % Dr E. J. Abbott
425 Dayton Ave St Paul

Year, 238.
...ives, none
...xciting, violent headache, since last summer
...redisposing, previous attacks.
...nying Bodily Disorder, none stated —
...or Not, not
...this Attack, Last November
..., about 4 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 28.
Time of Leaving, Jan. 22. 1898
Time in Hospital, 3 yr. 10 mo. 2 da.
Result, Died Tuberculosis Pulmonalis

EXAMINATION ON ADMISSION.

Ex. Mch 21/94 by Dr Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear on most subjects.
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Good
Recent Events, Good.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State, Impaired.
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Probably has, Can get no definite one
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: At first very reticent and unwilling
Coherent or Incoherent, to talk but later talked more freely
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Says she is not insane. Ought not to have been sent to this place. Has not felt well since last summer. Has had sick headache a good deal.

New address
Timothy Sullivan
476 Summit Av
St Paul
Tel
For Hannah Sullivan

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 111 pds NUTRITION, Good
...ES, None
Coatings, Promptness Movement, Normal
Size,
Sluggish Accommodation,
HEARING, Impaired slightly both ears.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Tongue,
Facial Muscles, General, None
REFLEXES, Patellar, Normal
Other Reflexes,
ARTICULATION, Hesitating, Hesitates at times thro' stubborness Slurred,
FACIAL EXPRESSION, as fangry
SENSIBILITY,
HEART, Good condition
LUNGS, do do
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Poor irregular 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, Says healthy
Father or Pat. Relations,
Brothers or Sisters, "

EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA





Whole No. 3668.
Residence, St Paul, Minn
Date Admission, 20th March 1894.
Admitted by, Dr Phelps Hour, 7 P
How Sent, John B. Olivier, Jof P, Ram
Sex, Female
Age, 28 years
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Domestic
Degree Education, Probably fair
Profession Religion, Roman Catholic
Habits, Excellent. —
Nativity, Ireland —
Physicians Committing, C. Eugene Riggs & A.B. Ancker
Correspondents (Bro) Timothy Sullivan c/o Dr E. J. Abbott
425 Dayton Ave St Paul

Year, 238.
Relatives, none
Exciting, violent headache, sin
Predisposing, previous, att
Annying Bodily Disorder, none
or Not, not
this Attack, Last November
about 4 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 28.
Time of Leaving, Jan. 22. 1898
Time in Hospital, 3 yr. 10 mo. 2 da.
Result, Died Tuberculosis Pulmonalis

ENDENT'S OFFICE.
HESTER STATE HOSPITAL.
ester, Minn., 189
er:
ate.
SUPERINTENDENT.
has worked
th.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Ex. Mch 21/94 by Dr Linton Phelps

MENTAL ACTIVITY:
Clear or Confused, Clear on most subjects.
Quick or Sluggish, Sluggish.
MEMORY:
Past Events, Good
Recent Events, Good.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State, Impaired.
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Probably has, Can get no definite one
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: At first very reticent and unwilling
Coherent or Incoherent, to talk but later talked more freely
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Says she is not insane. Ought not to have been sent to this place. Has not felt well since last summer. Has had sick headache a good deal.

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 4½ in WEIGHT, 111 pds NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Promptness Movement, Normal
PUPILS, Equality, Size,
Response Light, Sluggish Accommodation,
SIGHT, Good
HEARING, Impaired slightly both ears.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Tongue,
Facial Muscles, General, None
REFLEXES, Patellar, Normal
Other Reflexes,
ARTICULATION, Hesitating, Hesitates at times thro' stubbornness Slurred,
FACIAL EXPRESSION, as if angry
SENSIBILITY,
HEART, Good condition
LUNGS, " "
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, normal Constipated, Irregular,
APPETITE, Good, Poor irregular 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, Says healthy
Father or Pat. Relations,
Brothers or Sisters, "

Personal and Medical History of Hannah Sullivan

HERBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA.

1894

This patient was brought here by deputy Sheriff Goss, accompanied by her brother Tim Sullivan and Miss Doney, with the following history. Habits are excellent. There is no history of heredity. Since an extremely hot day last summer. She has complained of violent headache. First symptoms of disease were manifested since last November, when she began acting strangely; claimed that some one was trying to poison her. This is the first attack. At times she is much depressed; again, laughing, singing & dancing; sometimes, contented and tractable; again, dissatisfied and irritable in the extreme. Patient came here from Ireland, last May and has been a patient at the City & Co. Hospital here, since January 31st 1894. Insanity is now manifested by her saying that "Some one is trying to poison her". She is not disposed to injure others, nor suicidal, nor filthy nor destructive. No peculiarities of disposition &c were previously shown. She has not been subject to any bodily disease, convulsions, injury to head &c. Of the medical treatment, no particulars.

Marr 10 Marr 10/94. On admission, was put on B2 (S.R. Complexion fair; hair red; eyes blue; Condition of skin normal. Has eruptions on body and lower limbs. Bodily condition clean) When taken to ward, she resisted being bathed; said she was not crazy, and could not understand why she came here.

March 21 Behavior very nice & quiet. Talk: Rational. Appetite good. Rested well till 12 M. Restless & noisy. Complains of headache. Bowels moved twice. Complains of pain in side. Med as dir. Appe. R 18. Temp normal. Mch 22 94 Quiet. Up a little most of the day. Complains of pain in side & also of pain in stomach. Bowels moved twice. Med as dir. Appetite good. Rested well. Continues about the same. Mch 23 Rested well. Mch 24. 94 The same. Rested well. Mch 25. 94 Appetite good. Habits clean. Behavior very quiet. Talk rationally. Mch 26 Complains of pain in side. Rested well. Mch 27 94 The same. Rested well. Mch 28 94 The same. Rested well. Mch 29 94 The same. Transf to A 1st. Mch 30. 94 Appetite poor. Complained of headache & pain in the back. Mch 31 94. About the same. April 1 94 Appetite poor. Sleeps well. Still complains of headache. Apr 2 Behavior quiet. Apr 3 94 About the same. Complains of pain in the side. April 6 94. Very stubborn & impudent. Refused to go to the dining room & has meals brought to B 2d. April 14 94 Restless till 11 PM. Talking 1 hr. 9 30 PM. April 16 94 Complains of pain in the side. Med as dir. April 17 94 Awake at 9 M. out of bed. Peeping on door. Very angry & noisy talking 1/2 hr. Apr 17 monit. April 20 94 Some better. Appetite some better. At 6 it clean. Talks coherently but does not seem satisfied & discontented with what is done for her.

May 14 94 Restless till 11 PM. Complains of constipation. Gave dose of salts. May 16 94 Complains of headache restless from 11 PM. till 2 35 a M. out of bed 1 hr. May 18 94 Continues about the same. May 28 94 In bed. Complains of pain in stomach. Gave med as directed. Very stubborn & very impudent.

June 30 94 Very contrary also talks very impudently. Eats quite well. Refuses medecine. July 3 94 Behavior about the same.

Aug 3 94 Visited by brother. Aug 30 94 Appetite good. Behavior disagreeable. Goes walking & riding. Will not take medecine.

Sept 12 94 Fought in dining room. Talks obscenely. Very impudent. Oct 2 94 Very untidy in personal appearance. Appetite poor. Oct 4 94 Transf to 2 Appetite good. Bowels regular. Sleeps well. Behavior good. Helps some with ward work. Goes walking. Oct 20 94 Appetite good. Bowels regular. Sleeps well. Very cross & scolding and striking. Transf to B 2. Oct 31 94 Very cross & fighting. Appetite good. Bowels regular. Nov 2 94 Fighting all day & quite noisy. Nov 6 94 Very impudent, talking & scolding. Nov 20 94 Singing & scolding, threatening & fight. Nov 30 94 Very noisy most of the time. Singing & talking very loud. Appetite fairly good. Dec 12 94 Rec'd on ward. Jany 20 95. Appetite good. Clean in habits. Has been noisy and violent. So much more quiet now. Talks incoherently. Gen health good.

April 4 95. Appetite good. Clean and tidy in habits. Quiet at present.

Personal and Medical History of Hannah Sullivan

Occasionally violent. Talks incoherently. Thin in flesh but general health seems good. Will not go riding or walking.

July 10 Appetite good. Clean & tidy in habits. Quiet seldom speaks. Works in sewing room daily. Gen. Health good. Aug 5 Menstr. Aug 12 No change. Sept Menstr.

Sept 9 Appetite good. Clean in habits but untidy. Noisy. Talks loudly & incoherently. Has delusions & is very obstinate. Gen. health good. Goes riding & walking. Oct 23 Very noisy at present. Gen. health seems good. Nov 30 Quiet at present. Jan 7 Menstr. Feb 17 In bed - Sick with bad cold. Feb. 18 Much better - Up on ward. Feb 19 Appetite good. Clean & tidy in habits. Talks incoherently. Has delusions. Occasionally very noisy. Eats a good deal. General health fair. Takes out door exercise. Feb. 22 Menstr. Mar. 12 Very noisy until 12 PM. Then slept well. Mar. 19 Menstr. Apr. 9 Appetite good: Clean in habits but careless in appearance. Noisy most of time. Talks incoherently & has delusions. General health good. Takes out door exercise. May 5 Menstr.

1894 July 1897 Mar.

Summary Nurse's Notes by Dr. S.L. Phelps. Very noisy. At times restless a good deal of the night. Menstr. regular. Gen. health good. Nov. 96 Still noisy & restless. Demented. Very noisy at times. Scolds loudly & in a noisy way. untidy. talks incoherently. May 97 No change. Aug 97 Appetite good. untidy. noisy at times. Gen. health good. Continued by Ralph Phelps. Patient has been noted of late as growing more weak & senile. has had a slight rise of temperature. Transferred to Infirmary.

Dec 6 Patient has had a slight rise of temperature, is failing. Is kept in bed on Infirmary. Dec 15 Part of time has hardly any rise of temperature & respiration normal. General tendency, however, is toward a steady failure. Jan Temp. has been only once or twice as high as 102: Resp. 20-28. Still the failure is very considerable. Patient is noisy & restless. Jan 21 99 Visited by priest. Has failed very much in the past few days. Temp. has not, however, been very high. Jan 22 Died at 2:45 PM. So noted as talking quite sensibly up to 2:30. Temp. 102.

Died

ERBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3670.
Residence, Albert Lea, Minn.
Date Admission, 21st March 1894.
Admitted by, D. Phelps Hour, 7 P.M.
How Sent, Herman Blackmer, J of P, Freeborn Co.
Sex, Female
Age, 36
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Dressmaking
Degree Education, probably good.
Profession Religion, Yes; Lutheran
Habits, Good -
Nativity, Norway
Physicians Committing, A. C. Wedge and J. P. Von Berg
Correspondents, John Frydenlund, Hayward Minn

No. for Year, 240.
Insane Relatives, None
Cause Exciting, Religious excitement
Cause Predisposing, not stated
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not.
Date of this Attack, March 16/94
Duration, about 5 days.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack,
Time of Leaving, March 27 94
Time in Hospital, 6 days.
Result, Died.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish,
MEMORY:
Past Events,
Recent Events, Unconscious
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull & illusive.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Tosses head and limbs about almost constantly.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Exalted & very restless could not keep her in
Depressed, bed without restraint sheet
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Very incoherent in talk.
Voluble or Reticent,

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS. Very sick on admission put to bed in restraint sheet

HEIGHT, WEIGHT, NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Red & rawlooking Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, sluggish Accommodation, sluggish.
SIGHT, seems good
HEARING, do do
COORDINATION, Arms, } In constant movement.
Legs, }
TREMORS, Hands, Tongue,
Facial Muscles, General, Movement of limbs almost constant.
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Staring and wild
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Menstr. on admission
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Moved Constipated, Irregular,
APPETITE, Good, very poor Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

1894

This patient was brought here by a Sheriff's Deputy and her brother John Frydenlund, with the following history. Habits have been good. No history of heredity. Supposed cause of attack is religious excitement; form of attack is acute, exalted, paroxysmal; no accompanying bodily disorder mentioned. First symptoms of the disease were manifested March 16/94; she became wild, while in church, during revivals. This is 1st attack. Insanity now shown on religious subjects. Patient has shown no disposition to injure others, nor is she suicidal; has no filthy or destructive habits. Has not been subject to any bodily disorder &c nor injury to head. She has been restrained and confined since date above given, partly in bed and a guard to keep her from going out. She has not been under medical treatment. ——

Mar 21 On admission, was put on B2. (S. R. Complexion light; hair brown; eyes blue; condition of skin normal; has some eruption on hands; bodily condition clean; behavior is good).

" 22. Very restless & at times extremely noisy. Gave ½ quietening dose as dir: more quiet after ½ hr. Had to put in restraint to prevent her from doing self injury. Ate dinner and supper. Restless and quite noisy at times; had to keep in restraint. Slept 2 hrs. Menstr: P 104 R 20 T 101 2

" 23. Quiet. Taken out of restraint. Ate breakfast. T. 104 2 P. 114 R 22. Gave sponge bath 8 30 A.M. T. 103 2 9 30 A.M. Transf to C2

" 24 Extremely noisy part of the day. Is out of restraint. Has taken plenty of milk, but no solid food. Has high fever.

" 25 T. 104 Has taken less nourishment. Is very restless. Is noisy at times. Sleeps very little. Pulse very weak. March 26/94 Temp.

" 26 high. Takes very little nourishment. Pulse weak. Powels moved several times during the night. March 27/94. Very weak. Has taken nothing but brandy to day. Died at 5 P.M. In a state of semi-comatose condition the last few days. For particulars see nurse's record case.

Died

Personal and Medical History of Emily Meggle

SEIBERT, PIELAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3673.
Residence, No 329 Fuller St St Paul, Minn
Date Admission, 26th March 1894.
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, John B. Olivier, Jo P, Ramsey County
Sex, Female.
Age, 47 years
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Music - Teacher
Degree Education, probably good.
Profession Religion, not a Church member
Habits, strictly temperate & moral.
Nativity, Germany
Physicians Committing, T. H. Johnson and A. Macdonald
Correspondents, (Give address) Mrs Agnes Stevenson
329 Fuller St St Paul

No. for Year, 243.
Insane Relatives, None
Cause Exciting, Disappointment in love.
Cause Predisposing, Not Stated
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, attempted once: propensity active
Date of this Attack, in 1884.
Duration, about 10 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 37
Time of Leaving, Sept. 11. 1894.
Time in Hospital, 3 yrs. 5 mos. 16 d.
Result, Discharged Mar. 11. 1898 Recovered.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Seems to be clear
Quick or Sluggish, Quick
MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive,
REASONING POWER: Seems good on ordinary subjects
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Plays the piano nicely

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS: None manifested on examination
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent, talks well and very
Voluble or Reticent, pleasant in her manner.
Thinks she is well and does not see why she was sent here.

Personal and Medical History of Emily Meggle.

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 136 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Promptness Movement, Normal
PUPILS, Equality, Equal Size,
Response Light, Sluggish Accommodation,
SIGHT, Impaired since childhood.
HEARING, Good
COORDINATION, Arms, Good.
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General, None
REFLEXES, Patellar, Normal.
Other Reflexes,
ARTICULATION, Hesitating, Some difficulty to express ~~Slurred~~, herself in English as in German
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Profuse, Headache at the time
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Regular Constipated, Irregular,
APPETITE, Good, Poor Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of *Emily Meggle*

EARLEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA

1894

This patient was brought here by Deputy Sheriff W. W. Goss and S. B. Nessenson with the following history. Habits are strictly temperate and moral. No history of any heredity. Supposed cause of this attack is disappointment in love; form is paranoyomal. No accompanying bodily disorder mentioned. First symptoms of the disease were manifested in 1884; this is her first attack. Insanity is now manifested by her wanting to be married. Patient has shown no disposition to injure others, nor is she of filthy or destructive habits. Has attempted suicide once & propensity now active. No peculiarities of temper &c previously shown. She has not been subject to any bodily disease, Convulsions &c nor any injury to head; nor has she been restrained or confined. Has been under medical treatment for menorragia.

Mar 26 On admission, was put on B. (S. R. Complexion dark; hair black; eyes brown; Condition of skin, normal; has a scar on lip; left hand burned; bodily Condition clean; is well-behaved; no delusions are noted).-
" 27 Very nice & quiet on ward. Talk coherent. Appetite poor. Sleep restless. Complained of noise of other patients. Bowels regular
27/28 Complaints none. Pyx. R is 1 normal. Transf to A 3 6 March 28-94 Appetite poor. Sleep quite good. No cough.
28/29 Bowels reg. No complaint only of being tired. Mch 29-94 No change. Appetite poor. Talk Rational
29/30 Bowels reg. Sleep good. Mch 30-94 No change. Mch 31-94 No change. Appetite poor. Did not sleep well
31/Apr 1 Bowels reg. April 1-94 Same as usual. Went walking tired. Did not sleep well first part of night
" 2 Apr 2-94 Very poor appetite. Slept a little better. Complained of feeling tired and languid. Did not go walking
" 3 Appetite poor. Slept well. Bowels reg. Went walking once. Apr 4-94 Same as usual. Apr 5-94 Appetite
" 4/5 poor but better than at first. Sleep generally good. No cough. Bowels regular. Complains of tired feeling
" 6/7 No change in any way. Apr 7-94 Appetite poor. Sleeps quite well. No complaints. Apr 8-94 Nothing
" 7/8 unusual. Sleeps quite well. No Complaints. Is quite contented. Talks quite sensibly. Apr 9-94 Sleep
" 8/9 good generally. Appetite poor. No Cough. Bowels reg. Complained of headache. Talk
rational. Behavior quiet. April 10-94 Appetite poor. Sleep generally good. Was sick in bed 3 days had neuralgia
Complained of headache & felt feverish. Behavior natural. Talk coherent. Apr 12-94 Massage by Miss Platz.
Apr 13-94 Appetite somewhat improved. Sleep generally good. Not so nervous as at first appeared. Behavior & talk natural.
Menstr about the 18th. May 1. 8. 10. 12. 15. 17. 19. 21. & 29 Massage by Miss Curry. May 3-94 Appetite fair. Sleep
good generally. Seems to be improving in health. Melancholy at times. June 2-94 Appetite at times rather poor.
Very melancholy for the last few days. Does not sleep very well. Very easily disturbed at night. Sleeps well if not
disturbed. Has a great horror for mice. Talks very nicely. Bowels regular. Works in the dining room. Furnishes the ward with
good music. Does not menstruate regularly. July 3-94 Massage. July 6 & 11th-94. Same. July 16-94 Menstruating
July 20-94 Appetite poor. At times quite restless at night. Is still menstruating. Does not feel well, seems quite weak, does Complains
of headache. Works in the ward dining room. Aug 3-94 Not feeling well. Seems quite well & Complains of headache.
Aug 30-94 Menstr has ceased. Aug 30-94 Appetite poor. Is not feeling very well. Complains of headache. At times quite nervous.
Works some in yard & takes a good deal of out door exercise. Sept 5-94 Menstruating. Complains of a headache.
Sept 26. Is quiet & very pleasant on ward. Complains a good deal of headache. Talks out door exercise nearly every day.
Appetite fair. Works in ward dining room. Oct 4-94 Is not feeling well. Complains of headache. Appetite very poor.
Bowels regular. Takes iron 3 times a day. Oct 22-94 Menstruating. Appetite still poor. Takes tonic.
Nov 30-94 Appetite poor. Is at times quite nervous and restless at night. Is neat & pleasant in appearance.
Talks sensibly. Is troubled a great deal with headache. Jany 28-95. Menstruating. Jany 30-95. Appetite poor.
Is troubled a great deal with neuralgia in the head which quite often prevents her from sleeping well.
Febr 26-95. Feeling very well. Is troubled a great with neuralgia. Appetite poor.

Personal and Medical History of *Emily Meggle*

Mch 20-95 Menstruating. Mch 25-95 Visited by sister and niece. Mch 30-95 Not feeling
well, has a bad cold & headache. Appetite poor. Is at times quite nervous and restless at night.
Is agreeable and pleasant in appearance. Apr 30-95 Complains a good deal of headache.
Sick in bed one day. May 3-95 Menstr. May 13-95 Sick in bed, neuralgia has bodily trouble.
May 18. Had 3 teeth extracted, is very much better. May 31-95 Health about the same, very agreeable
and pleasant. June 2-95 Quiet & agreable. Appetite poor. At times does not sleep well. is some-
what nervous & complains a good deal of neuralgia. Talks sensibly.
Sept 26 Very pleasant & agreable. Talks sensibly. Is at times troubled with Neuralgia also Headache.
Appetite poor. Usually does not sleep well. Oct 29 Patient Menstr. Oct 31 Seems to be
growing more discontented. Appetite poor. Takes out door exercise. Keeps in dining room.
Nov 30 Dec Menstr. Gen. health remains about same. Dec 26 Jan 27 Feb 18 Menstr.
Feb 27 At present appears quite well. Is usually troubled with a great deal of
Neuralgia. Is at times inclined to be somewhat nervous & wakeful during
night. Is agreable & very pleasant in appearance. Takes out door exercise.
Appetite poor. Mar 10-Apr 5-May 7 Menstr. May 26 Pleasant & agreable on ward.
Talks sensibly. Is at times nervous & wakeful at night. Troubled with Neuralgia.
Appetite poor. Takes out door exercise also takes interest in work.
Aug Summary Nurse's Notes by Dr. H. L. Phelps:- At times depressed: wants very much
to go home. Is agreeable & pleasant: neat in personal appearance: often wake-
ful during night: troubled a great deal with neuralgia: Nov 96 At times
despondent but usually pleasant & agreeable: Appetite fair: often restless at
night: menstr. regular. Feb 97 Appetite not good: bowels regular: Gen'l
health seems quite good: Usually very pleasant & sensible in talk and
behavior: At times quite melancholy: Does some work in dining-
room. May 97 Gen'l health good: no special change: Aug 97 Very agreable
on ward: works some in dining room: takes out door exercise daily
on parole: talks quite sensibly: Appetite not very good.
Sept 11 Went home to St. Paul today. Was quite cheerful in manner but at times
despondent & nervous. Her general health was good.

Discharged.

Personal and Medical History of Ruth Johnston

GIBBART, PIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3675.
Residence, 287 East 10th St St Paul.
Date Admission, 27th March 1894. —
Admitted by, Dr Phelps — Hour, 7 PM.
How Sent, John B. Olivier, Jof P, Ramsey County
Sex, Female
Age, 30 years
Civil Condition, married
Children, one —
Age Youngest Child,
Occupation, Housewife
Degree Education, Capably Good
Profession Religion, Ex a church member.
Habits, Temperate, and Morals good
Nativity, Canada. —
Physicians Committing, Drs J E Sawyer and J M A Grant
Correspondents, (Husband's Address) A C Johnston 287. E 10th St. St Paul, Minn
(Father's Address) Nelson Cape, Dundas, Ont. Canada

No. for Year, 245.
Insane Relatives, None.
Cause Exciting, Puerperal insanity
Cause Predisposing, not stated.
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Not.
Date of this Attack, about a year ago
Duration, about a year
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 29.
Time of Leaving, April 16th 1894.
Time in Hospital, 20. days.
Result, Died.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Ex. Mch. 28 94 by Dr Linton Phelps

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events,
Recent Events, Good.
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Partly correct
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Depressed & agitated.
DELUSIONS: Thinks her baby is dead.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Seems to have many
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Rather incoherent but at times steadily
Mind seems to wander easily from one subject to another.

Personal and Medical History of Ruth Johnston

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS. Very nervous. In constant movement. Much like hysteric movements

HEIGHT, WEIGHT, 180 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, In constant motion.
Legs, Restless.
TREMORS, Hands, Purposeless movements in hands, arms Tongue,
Facial Muscles, & legs. General,
REFLEXES, Patellar, Normal both.
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Somewhat bewildered
SENSIBILITY,
HEART, Normal sounds.
LUNGS, Seem in good condition
EXAM. URINE.

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

HISTORICAL.

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

EBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

1894

Was brought here by Deputy Sheriff Goss + attended by Wm Davenport, with following history. Patients habits are temperate; morals good. No history of any heredity. Supposed cause of this attack is puerperal Insanity; form is acute, paroxysmal. There is no accompanying bodily disorder. First symptoms of the disease were manifested probably about a year ago; Excess of melancholy; taking helpfriends as Enemies. This is 1st attack. Derangement is now shown by her nervous, excitable State; She think her friends are against her. Patient has shown no disposition to injure others; is not suicidal Has no filthy or destructive habits. No peculiarities of temper, disposition &c were previously known. There is no history of any bodily disease, epilepsy &c or head injury. She has not been restrained or confined. Patient has been treated by Dr. J E Sawyer for the last year, during confinement + since for nervous troubles

Mar 27 March 27/94. On admission, was put on B.T. (S.R. Complexion fair; hair light brown; eyes blue; condition of skin, normal: there are a few bruises on hands. Bodily condition rather dirty + hair in a very matted condition; feet swollen a little. Is very nervous. Talked quite sensibly; said she worried at having to leave her baby.) March 28.94 Very nervous + restless, but not noisy. Movements are somewhat choreic in character.

Mch 28. Talk coherent. Appetite good. but had to feed her her breakfast. Ate dinner + supper. Sleep restless till 12 M slept 3 hrs quiet rest from

Mch 29 3 a.m. out of bed. Complains of pain in stomach. Bowels moved once. Bowels moved once here med as dir. Pulse. Temp. Condemns the same. Rested well Mch 30.94 A little more quiet to day. Has taken med nicely. Appetite some better. Habits clean

31/4 Talks of home + baby. Coherent. Rested well 3:30 a.m restless till morning. Mch 31.94 Complains of sore throat. Has been

31st more destructive. Had to be kept in lower bay most afternoon. Destructive to clothing. Rested well Apr 1.94 Quiet all day. Talks

April 1 med nicely. Appetite poor. Eats but little. Habits clean. Talks coherently. Rested well April 2 94 More quiet on bed. Restless + noisy, talking 10:30 rested well till morning. Apr 3 94 Very nice + quiet. Complained of Earache. Used medicines directed

" 3 " 4 More quiet a ward. Takes med: nicely. Habits clean. Talks coherently. Appetite some better. Rested quite well till 6 A.M. awake

" 6 " 6 and noisy. Talking April 7 94 About the same. April 8 94 Quite restless. Crying and worrying about home + baby. Appetite poor

" 7 " 7 Talks coherently. Restless slightly noisy since 3 am. April 9 94 Very nervous + restless Destructive to clothing. Very difficult

" 9 to control. Kept on lower bay most of the day. Very restless + quite noisy till 3 a.m. Slept 1 hr. Summary. Very nervous and restless on admission. After a few days more quiet. Talk coherent. Habits clean for past 3 days. Very nervous + restless. Destr. to clothing, worrying about home + baby. Rec'd a letter to day but was so very nervous, that she did not care to read it. At times refuses to take med. Continuous restlessness. Movement those of chorea much worse than at time of coming. All movements are more of the voluntary steady intentional character than those of chorea.

11 Very restless + wakeful at night. Out of bed many times during the night. Was sick at her stomach at 11 P.M.

12 Choreaic movements have increased to such an extent that she can not keep still for a moment. So bad that she requires holding. Has destroyed her clothing. Was necessary to put in bed in restraint sheet and seems to be failing in strength very fast. April 13 94 Was restless most of the night. Slept 3 1/2 hrs. Still in restraint sheet. Sedatives given with no effect. Temp. 101:3 at 8 a.m. Transf'd to Hospital ward. Put to bed in restraint 5 P.M. Pulse 102 + Very restless, tossing about. Mouth in a very foul condition. Requires washing out every few minutes with boracic acid Sol. Takes milk and eggnog. April 14 94 Very restless all night 6:30 A.M. ate little milk toast and drank a cup of milk tea - 9:30 gave hot bath with cold applications to head. Became more quiet after the bath. Bowels moved. Ate fair dinner. 4:30 P.M. Was more quiet during the P.M. 6 P.M. ate supper still in restraint sheet. Apr 15 5 a.m. T. 99.2. P. 104. Very restless all night. 6:30 ate breakfast 7:30 Gave hot bath with cold applications to head. Also a quieting dose given 8 a.m. Temp 100. 1. P.M. drank milk one glass 1 Cup tea at 2. 4 + 6. Took milk at 8:30 bowels moved

1894 April 16 6:30 T. 99.4 P. 154 R. 26. Out of restraint. Pulse very weak + rapid. Slept very little. Face very dusky. Has grown much weaker q.d.m. 1/2 glass milk 9:30 1/2 glass milk 10 a.m. 1 glass Eggnog 12 M. Has slept some. Took 1/2 glass Eggnog. Pulse very weak. Steadily failing 2 P.M. Has taken very little more. Unconscious and dull. 3:30 Died. per case record.

Died

SABERT, PICLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3676.
Residence, St Paul, Minnesota
Date Admission, 28th March 1894.
Admitted by, Dr Phelps Hour, 7 Pm.
How Sent, John B. Olivier, Jof P. Ramsey County
Sex, Female
Age, 28 years
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Works in Shoe factory.
Degree Education, probably fair.
Profession Religion, not a church member
Habits, Good.
Nativity, Sweden
Physicians Committing, J. C. Nelson and Oride Martel
Correspondents, (Sister in law) Mary Thidequist
674 Lawson St. St Paul Minn

No. for Year, 246.
Insane Relatives, Uncle on maternal side, it seems.
Cause Exciting, not known
Cause Predisposing, probably heredity —
Form,
Accompanying Bodily Disorder, none
Suicidal or Not, not stated.
Date of this Attack, about 2 months ago
Duration, about 2 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 28.
Time of Leaving, August 11 94
Time in Hospital, 4 mos. 14 days
Result, Recovered

EXAMINATION ON ADMISSION.

Ex. Mch. 29.94. by Dr Linton Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Not confused but nervous.
Quick or Sluggish, Quick
MEMORY: Seems fair.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, alert.
Correct or Illusive,
REASONING POWER: Fair as far as tested
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Statements seem clear & prompt. Denies anything the matter with her head or mind.

EMOTIONAL STATE: Quite normal but easily stirred up.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 95 pds. NUTRITION, Seems good.
WOUNDS OR ABNORMALITIES, no
TONGUE, Tremors, no Coatings, slight Promptness Movement, prompt
PUPILS, Equality, Equal Size, slightly dilated
Response Light, sluggish Accommodation,
SIGHT, Good with glasses.
HEARING, Good
COORDINATION, Arms, Seems good.
Legs,
TREMORS, Hands, fine tremors Tongue,
Facial Muscles, Seem good. General,
REFLEXES, Patellar,
Other Reflexes, 5 — Eq —
ARTICULATION, Hesitating, Good. Slurred,
FACIAL EXPRESSION, Good.
SENSIBILITY,
HEART, No murmur palpitate
LUNGS, Good.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Irregular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Slept 3 hrs. Poor, Irregular,
PULSE, 130 lying in bed — perhaps nervous RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Probably gradual
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Parents dead.
Father or Pat. Relations,
Brothers or Sisters, Bro. living in St Paul.

1894

This patient was brought here by Deputy Sheriff H.W. Chapel & her mother (Mary Thidequist) with the following history. Habits have been good. It seems that an uncle on maternal side is insane. Cause of attack is not known; form is acute. There is no accompanying bodily disorder. The first symptoms of the disease were manifested about 2 months ago; imagined that a certain workman would do her bodily harm. This is the 1st attack. Insanity is now manifested by imagined enmity. Patient has shown no disposition to injure others, nor is she of filthy or destructive habits. No peculiarities of disposition &c were previously shown. She has not been subject to any bodily disease, Epilepsy &c nor any head injury. Has not been restrained or confined. —

Mar 28 Mar 28/94. On admission, was put on B2. (S.R. Complexion fair; hair light; Eyes blue; condition of skin normal. Bodily condition very clean. Attempted to fight, when being bathed; said she was not crazy & would not stay). March 29. 29/30 30/31 April 1/2 " 3 " 4/5 " 6/7 7/8/9 9/10 10/11 11 Aug 11

March 29.94 Very nice, quiet. Talk coherent. Appetite very poor. Put on tonic. Sleep rested well. Awake from 3 30 A.M. Bowels moved. Complains of headache. 10 A.M. P. R 18. T normal. Mch 30 94 Very nice and quiet. Up on hall most of the day. Complaining of feeling weak. Appetite poor. Habits clean. Talk coherent. Rested well. Mch 31.94. Continues about the same. Complains of sore throat. Rested well. Very nice and quiet. Talks coherently. Habits clean. Neat and tidy about self. Rested well. April 2.94. The same. Rested well. Complained of bowels being constipated. Gave med. as dir. Rested well till 3 A.M. Awake. Complained of headache. Complains of constipation. Gave med. as dir. otherwise the same. Rested well. Apr 5.94 Nice and quiet. Transf to A3 W. Appetite fair. Complained of headache. April 7.94 Appetite fair. Sleep quite good. Bowels reg. Behavior quiet. Talk quite natural. Apr 8.94 Appetite fair. Sleep good generally. Does not complain. Apr 9.94 Has been very quiet and ladylike. Wanted something to do. Said she slept very well of late. April 10.94 Appetite good. Has not complained of anything only being tired. No cough. Talk and behavior natural. Apr 11.94 Appetite good. Sleep good. Talk coherent. Behavior quiet. No cough. No complaints. March 28 April 18. Appetite good. Sleep generally good. Complains of headache occasionally. Very quiet. Talk rational. April 23 94 Has been quite excited and noisy of late. Removed to B1. May 7.94 Appetite good. Sleeps well. Complains of the food a great deal. Noisy and excited at times. May 28.94. Appetite good. Sleeps well. Behavior is quite rational. Talk Mensh. about the 18th. June 18.94 Appetite good. Sleeps well. Behavior is quite natural. Talks sensibly. Removed to A3 June 13. June 29.94 Has not been feeling well of late. Has complained of headache. Is on tonic. July 10.94 Patient feels quite well. Appetite good. Bowels constipated. July 16.94 Has not been feeling well today. Complains of headache. July 28.94 Appetite fair. Bowels regular. Transf to A1. Appetite good. Appearance quite sane. Went home today recovered mentally and in good physical health.

Disch - Nov. 9. 94 -

GEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA



Whole No. 3677.
Residence, Invergrove, Dakota
Date Admission, 28th March 1894.
Admitted by, Dr. Phelps Hour, 7 P
How Sent, Thos P. Moran, Jos P. D
Sex, Female
Age, about 30 years
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably fair
Profession Religion, Baptist
Habits, Good
Nativity, Sweden.
Physicians Committing, A.W. Adsit and A.A. Finch
Correspondents, Charles Hultgren, Invergrove P.O. Dakota County, Minn
Mrs Swedmark, sister in St. Paul.

r, 247.
atives, none
ting, Pregnancy.
lisposing, not stated.
agitated melancholia.
ying Bodily Disorder, none
Not, not.
is Attack, about 4 months ago.
about 4 months.
ack, 1st
No. of Admissions, 1st
Age First Attack, about 30.
Time of Leaving, June 9.94.
Time in Hospital, 2m 11d
Result, Recovered.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Ex. Mch 29. by Drs R. M. and S. L. Phelps.

MENTAL ACTIVITY: Active but incoherent & delusive.
Clear or Confused,
Quick or Sluggish,
MEMORY: Seems fair, except as confusion & incoherence
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:
Been working at Winnipeg as Head laundress. Had troubles in sleeping - affected mind. Bound to not sit down. Agitated & scared all the time.

EMOTIONAL STATE: agitated & obstinate, won't sit down or lie down
Normal, Calm, Depressed state.
Indifferent,
Exalted,
Depressed,
DELUSIONS: Fears poison, says they have been trying to poison her.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Delusive & slightly incoherent.
Coherent or Incoherent,
Voluble or Reticent,

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS. claims to be pregnant.

HEIGHT, was too violent & excited to permit these being taken on admission. WEIGHT, NUTRITION, Fair fleshy
WOUNDS OR ABNORMALITIES, Few slight bruises on arms.
TONGUE, Tremors, flabby Coatings, slight Promptness Movement, fairly prompt.
PUPILS, Equality, Eq. Size, normal
Response Light, Accommodation,
SIGHT, Seems good.
HEARING, Seems good.
COORDINATION, Arms, Legs, } Seemingly good but won't try tests.
TREMORS, Hands, not noticeable Tongue,
Facial Muscles, General, active movements.
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, fairly good Slurred,
FACIAL EXPRESSION, Fairly good
SENSIBILITY,
HEART, No murmurs.
LUNGS, not noticeable Takes deep breaths in a hysterical way
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, poor last night. Poor, Irregular,
PULSE, 120 somewhat agitated. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, says 5 months. ONSET GRADUAL OR SUDDEN, quite sudden.
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1894

This patient was brought here by a Deputy Sheriff, accompanied by her husband, with the following history. Habits are good. No hereditary history. Cause of this attack is pregnancy: form is acute. There is no accompanying bodily disorder. First symptoms of disease were manifested about 4 months ago, by slight anger and being stubborn. This is 1st attack. Insanity is now shown on religion; suspects also. She is going to be poisoned & that she is going to be buried. Patient has shown no disposition to injure others; is not suicidal; nor filthy nor destructive. There is no history of any bodily disease & no head injury. She has not been restrained or confined. Was under care of Dr. Sachberg, but he only saw her once.

Mar 28 Mar 28/94. On admission, was put on B2 (S.R. Complexion, rather dark; hair light; eyes blue; condition of skin normal. Has some bruises on arms and legs. Bodily condition very dirty. Was quietly behaved, when put on ward, but resisted being bathed. Said her husband tried, several times,

Mch 29. to kill her). March 29.94. Very restless. Slightly noisy at times. Thinks her husband is going to kill her. Appetite quite good. Out of bed, restless 1.30 A.M. Slept 4 hrs out of bed 4 a.m. fighting. Bowels moved but constipated. Refused to take med. P.96 R normal.

Mch 30. Temp. Refused to have it taken. Mch 30.94. Very nervous and restless. Would not go in dining room for dinner. Seems afraid some will hurt her. Habits clean. Refused med. Fighting during at bed time. Slept 3½ hrs. Extrly noisy 3 a.m. pounding door.

" 31 Appetite better. Habits clean. Has delusions. Was flowing some this morning. Ate breakfast & supper. Rested well till 12 M. out of

Apr 1. bed several times. Restless till morning. Slept 4 hrs. April 1.94 Restless most of day. Seems very nervous imagines she sees her friend around the building. Fighting at bedtime. Restless till 10 P.M. Slept 4½ hrs. out of bed fr 3 A.M. Apr 2.94 Continues about the same. Fighting this morning and at bedtime. Rested quite well till 3 a.m. out of bed noisy till morning. Slept 4½ hrs. out of bed from 3 a.m.

Apr 2. Continues about the same. Fighting this morning & also at bed time. Rested quite well till 3 A.M. out of bed noisy till morning.

" 2/3 Slept 4½ hrs. April 3/94 Very nervous & restless. Has delusion. Ate but little. Fighting in morning & also at times.

3/4 Rested well. April 4.94 Very nervous. Has various delusions. Very violent at times. Put in seclusion. Rested quite well

4/5 till 4 A.M. out of bed. April 5/94 Continues about the same. Rested well till 2.15 a.m. out of bed destructive to clothing.

Apr 6. More quiet on ward. Appetite very poor. Takes but little nourishment. Habits clean. Has delusions. Rested well.

" 7/9 About the same. Out of bed. Restless from 3 a.m. April 8.94 About the same. Rested well. April 9.94 Same.

" 10 Not any change. Out of bed. Quite noisy till 11.30. Slept 6 hrs. April 11.94 Same. Slept 5½ hrs. out of bed & restless fr 2 a.m.

Summary: Appetite fair. Habits clean. Talk has various delusions. Thinks she sees her friends out about the barn & attempts to get out of the ward & very difficult to keep her on ward. Will also not go to bed without trouble & sometimes it takes 5 attdts to put her to bed. Is violent at times & has been in seclusion part of the time. There does not seem to be any improvement up to the present time.

Apr 14 Refused to take bath. Even with other assistance is was impossible to bath her, being too much afraid she might receive injury during the struggle. Gave hypod. as dir. then gave sponge bath. April 20.94. Out of bed from 11 to 1.30 & quite noisy, tapping at the door & holtering aloud. Slept 4 hrs. Apr 21.94 Out of bed from 10.30 P.M. till 1 A.M. quite noisy. Talking aloud. Slept 3½ hrs. Restless since 4 A.M.

Apr 23 Out of bed, quite noisy since 4 A.M. Apr 24.94 Not any change. Has various delusions & tries to get out of ward. Has to be kept in seclusion most of the time. April 24.94 Slept 5½ hrs restless and quite noisy since 3 A.M. April 25.94 Slept 3 hrs out of bed and restless. Noisy 5 hrs. April 26.94 Out of bed all night. Noisy 2 hrs fighting to get out on ward.

Apr 27. Out of bed from 9 P.M. till 1 A.M. Talking aloud. Slept 5½ hrs. April 28.94 Slept well at night. Apr 29th

" 30 Appetite good. Habits clean. Has various delusions. Has to be kept in seclusion most of the time. Very violent at times. In seclusion 73 hrs. May 4.94 Out of bed from 10 P.M. till 1 A.M. quite noisy. Slept 4 hrs restless since 5 A.M. May 6.94 Out of bed, pounding on screen, talking very noisy 3 hrs.

May 8.94 Quite noisy 2 hrs. Out of bed 3 hrs. Slept 4 hrs. May 11.94. Rested all night. 5/12/94 Transf to C4

May 18. Seems to be quieter today and on 19th had a long walk, resisted and was very noisy when brought in for a few minutes. May 22.94 Much better. Was out around the yard and in the laundry. Came in without being forced. May 29.94 Quite noisy most of the time. Was out riding today and came in better than usual. Appetite good. Cares for herself and helps some on ward. June 8.94 Visited by friend. June 9.94 Appetite good. Neat about self. Has no delusions. Seems well. June 9.94. Improved very rapidly the past few weeks. Had been very hard to manage and very noisy before this. Required a man and 2 or 3 nurses to take her out walking. As would try to run away toward the last was very well behaved and her mind was clear. Went away very thankful for all that was done for her. Was taken to St Paul by a Swedish missionary to her sister's home.

Discharged.

COBERT, FISCAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3678.
Residence, 669 Sims St. St. Paul.
Date Admission, 29th March 1894.
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, John B. Olivier, Jof P, Ramsey County.
Sex, Female.
Age, 36 years
Civil Condition, married
Children, 5 living; one Dead.
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably Good
Profession Religion, Methodist
Habits, Good
Nativity, Sweden
Physicians Committing, Oscar A. Fleisberg and S. D. Robillard
Correspondents, Husband's address Sven Anderson
No. 669 Sims St. St. Paul

No. for Year, 248.
Insane Relatives, none known.
Cause Exciting, Religious exaltation
Cause Predisposing, previous attacks.
Form, Dementia.
Accompanying Bodily Disorder, Anaemia & exhaustion
Suicidal or Not, not
Date of this Attack, 10 or 12 Days ago
Duration, 10 or 12 Days
No. of Attack, 3rd (1st—13 years ago; 2d 9 years ago)
No. of Admissions, 1st
Age First Attack, about 23.
Time of Leaving, Sept 14.94
Time in Hospital, 5 mo. 25 ds.
Result, Improved

EXAMINATION ON ADMISSION.

Exd Mch 30. 94. by Drs R M and S L Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish and Silly.
MEMORY:
Past Events,
Recent Events, Cannot test.
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER: Much impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
3 attacks about 15 days Very dirty and head full of vermin on admission

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many and varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks only swede.
Coherent or Incoherent,
Voluble or Reticent, Reticent.

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, 108 pds. NUTRITION, Slightly impaired.
WOUNDS OR ABNORMALITIES, Contracture of right little finger and thumb.
TONGUE, Tremors, Coatings, Red. Promptness Movement,
PUPILS, Equality, Equal. Size, normal.
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Seems good.
COORDINATION, Arms, Good
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, ~~None~~ General, ~~None~~
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Fairly good.
SENSIBILITY,
HEART,
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Dirty. Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Poor Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Slow, 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,
Father or Pat. Relations,
Brothers or Sisters,

1894

This patient was brought here by Deputy Sheriff M. N. Goss, attended by Mrs Emma Strom, with the following history of Case. Habits are good; no history of heredity known; supposed cause of this attack is religious exaltation; form is acute, exalted, paroxysmal; accompanying bodily disorder, anaemia and exhaustion. First symptoms were manifested 10 or 12 days ago. This is not the first attack; she had one 13 years ago, and another 9 years ago; first attack lasted about one year; the second lasted about 6 or 8 months. Insanity is now shown by religious exaltation; by delusions of persecution; and hallucinations of visionary subjects. Patient has shown no disposition to injure others; nor is she suicidal, nor disposed to filthy or destructive habits. No peculiarities of disposition &c, known to have been previously shown. There is no history of any bodily disease &c or injury to the head. — It is not stated if she has been in hospital during previous attacks. No medical treatment during this attack.

Mar 29 March 29/94. On admission was put on B^r. (S.R. Complexion dark; hair dark brown; eyes gray; condition of skin normal; has a small bruise on knee; bodily condition very dirty; had vermin; thumb and little finger on right hand are bent; fought attendants when put on ward).

30. Very restless and noisy. Habits very untidy. Does not talk English. Appetite poor. Put on tonic. Takes med. Out of bed most
30/31. of night. Extr. noisy, pounding door, talking, almost fighting. Slept none. P. 84. R 18. T. normal. March 31. 94 Extremely
noisy most of day. Filthy in habits. Appetite poor. Slept none - out on hall. Quiet till 12 M. Out of bed. Extr. noisy till
April 1 morning. Moved bedstead. April 1. 94 Extremely noisy. Gave quietening dose. Violent at times. Had to be kept
April 1 in lower bay all day. Habits filthy. Sleeping dose 9^30 Slept 4 hrs. Out of bed & extr. noisy from 2^30 A.M.
2. Extremely noisy. Gave quietening dose 10 a.m. No effect. 4 PM. Hypod. No effect 7 PM. Hot bath as dir. Put in
3. restraint Apr 3. 94. Extremely noisy & violent. Put in Restr. shed. Ate quite well. T. 100. P 90. R 18 4 PM. Rested quite
4. well. More quieter. Slept 3 hrs. Apr. 4. 94 Still in bed in restraint sheet. Glands swollen on left side of neck. Rested
4/5. quite well. Slightly noisy. Talk. Slept 3 hrs. drank 1 glass of milk. Apr 5 94. Quiet. Taken out of restraint. Has not taken
5 any solid food today. Taken plenty milk. Bowels have not moved for 2 days. Gave med as dir.
6/7 Been quiet most of the day. In bed part of the time. Bowels moved. Appetite good. Apr 7 94 Has been quiet
7/8 all day. Is up on ward. Dressed. Eats well. Bowels moved. April 8/94 Is up and dressed. Ate good breakfast
8/9 Is quiet. Ate dinner and supper. T. 98. 5 a.m. Quiet and slept all night. Apr 9 94 T. 98. P 62. R 16. Sick in
bed this morning ate oat meal, cup of milk and coffee for breakfast. Ate very good dinner. Is quiet. Has been in
bed all day. Ate supper. T. 98. P 74. 5 am. Noisy at times during night. But slept quite well.
10. Took breakfast in bed today. T 98. P 80. R 17. Ate dinner 4^30. T. 98 R. 17. P 78. Ate good supper in bed all
12 day. Was quiet. April 12 94 Ate breakfast. Is up and dressed. Has been up all day. Ate good dinner and
supper. Has been quiet all day. Apr. 15 94 Continues to improve. Talks very little. Makes no trouble.
Apr 18. Somewhat excited today. Wants to stay in the sick room. April 19. 94 Very much disturbed this am.
Is somewhat violent. Transf to C^1. April 20 94. Menstruating. Very irritable. Apr 28 94 Extremely
violent. Striking the ladies. April 26. 94. Very violent. In seclusion 2 hrs. Transf to C^4. Apr 30 94 Quiet,
30. Appetite good. Helps with ward work & cares for herself. May 22 94. Appetite good. Habits clean.
Cares for herself. Works on ward. Goes riding & working. Transf to B^2. Quite noisy. Spitting at ladies.
Transf to C^4. Sept 8. 94 Appetite good. Sleeps well. Cares for herself. Habits clean. Goes riding and walking.
Personal appearance quite neat. Works on the ward. Sept. 14. 94. Went home today much improved
though was quite easily excited and disturbed.

Discharged Feb. 6 '95.

Personal and Medical History of Mary E. Ryder

EGBERT, FIZLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3682.
Residence, North Branch, Chisago County, Minn
Date Admission, 5th April 1894.
Admitted by, D. Phelps — Hour, 7 P.M.
How Sent, John Shaleen. Jof P. Chisago County
Sex, Female
Age, 53 years
Civil Condition, married
Children, one; (dead).
Age Youngest Child,
Occupation, Housewife
Degree Education, probably good
Profession Religion, not a church member
Habits, Exceptional —
Nativity, Maine —
Physicians Committing, H. G. Murdock and Thos Green
Correspondents, P. G. Ryder, North Branch Chisago Co. Minn.

No. for Year, 252.
Insane Relatives, None; no history of insanity.
Cause Exciting, None known
Cause Predisposing, previous attack
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Not.
Date of this Attack, 3 years ago
Duration, abut 3 years
No. of Attack, 2nd; probably more
No. of Admissions, 2nd
Age First Attack, abut 20
Time of Leaving, Dec. 19' 94
Time in Hospital, 8 m 14 da.
Result, Imp.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Rather confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Impaired
Recent Events, "
Special Subjects, "
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Dull and demented. Dirty in her habits

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indifferent
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, Delusive ideas
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Dull and dirty
Voluble or Reticent, Partly coherent

Personal and Medical History of Mary E. Ryder

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, — WEIGHT, 186 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, Scar in right hip for years
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Good Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Rather hesitating Slurred,
FACIAL EXPRESSION, Dull & Demented
SENSIBILITY,
HEART, Normal
LUNGS, Lean in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Dirty Clean, Careless, Careless
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Sleeps well Poor, Irregular,
PULSE, Normal RESP., Normal TEMP., Normal
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,
Brothers or Sisters,

1894

This patient was brought here by her husband, J. G. Ryder, attended by Miss Cullen, with the following history. There is no history of heredity. Cause of this attack not known (probably same as previous ones); form is paroxysmal; no accompanying bodily disorder; 1st symptoms of this attack were manifested 3 years ago; by melancholy feeling. Patient has been continuously sick since 1st attack. Insanity now manifested in that she takes no special interest in anything; sits quietly for long periods; sleeps well. Is not disposed to injure others, except when restrained. Is not suicidal, nor filthy nor destructive in habits. Has not been subject to any bodily disease, &c nor any injury to head. Has been in this (2d Hospital for Insane) for over 2 years, and has had an attendant constantly, since then, at home. Dr. O. A. Fliesburg of St. Paul treated her for 9 weeks, with no improvement. Has had, since 1871, several slight attacks of melancholia, which, when treated, improved rapidly. ——— " ———

Note Patient was here before, from July 14/91 to Sept 21/93. On her first coming, after passing through an agitated stage, she gradually became still & even stuporous in manner; also, had a transient fever, during which her mind seemed raised above its sluggishness, and she began first to realize things and where she was. Was quite excited and nervous for a time. During winter of '91-'92, was confined steadily in bed, for about 2 months, with a very large and severe carbuncle on neck. On April 21/92, she was allowed to go home with her husband, on trial. May 21/92, was brought back as she could not be managed at home. After return, was more quiet; some days talking readily, but in a silly incoherent manner; at other times, would not talk at all. Habits were dirty. During the early part of '93, she was dull and depressed; talked some quite naturally, showing no delusions; as time went on, gradually became brighter, improving in behavior, but was still dirty & careless in her habits. Worked some. Was again taken out by her husband on trial Sept 21/93. (See Vol 17. page 101. No. 2763). —

Apl 5 On admission, was put on A1 East (Wt. 186 pds). Small mark on forehead. Bodily condition clean P. 72. R. 17. T. 98.
" 6 Behavior quiet. Appetite good. Talks very little when spoken to. Appetite good. Restless at night. Cough none. Bowels regular
6/7/8 No complaint. P. 72. R. 18. T. normal. April 7/94 Behavior quiet. Habits untidy. Restless at night. Appetite good
9/10 Had a crying spell. Appetite good. Bowels regular. April 10/94. Behavior quiet. Habits untidy. Not able to care for self
11 About the same. Does not sleep well April 12.94 Appetite good. Behavior quiet. April 13.94. Behavior quiet
13/13 13/14 Behavior quiet during the day, restless at night. Appetite good. No complaints. April 14.94 About the same
15/ Eats well. Restless at night. Careless in personal appearance. Not able to care for herself. Untidy in habits
16. Does not differ any April 17.94 About the same. April 18.94. Appetite good. Rested quite well
17/19 during the night. No complaints. Untidy in habits. April 19.94 No change Transf to Annex
May 2.94 No change in any way. May 23.94. Transf to C2 May 24.94 Recd on Ward Examined and found to have a tumor of abdomen. During her stay on ward, i.e. before operation her appetite was only fairly good – she was more or less restless during night. On May 26 she vomitted undigested food and green fluid. Abdomen measured on that day 42. 43. 42½. Bowels moved pretty freely. On June 7.94 Operation was performed. Removal of large cystic tumor from abdomen. Gave ether, took and came out influence nicely. Did not retain enema, passed gas. Slept ½ hr. Slept 40 minutes June 8. was very restless balance of night. Did not retain enemas. Slept most of the afternoon, bowels moved 4 times was very restless and irritable until June 11. a.m. when she quieted down nicely, gave sponge bath and alcohol bath bowels moved quite freely – took nothing but beefter, milk and water up to this time. Remained quiet. June 14.94 Stitches were removed and dressing was changed. June 15.94 Asleep the greater part of night slight movement of bowels about every half hour, became more and more restless until June 17.94. when she slept the greater part

of night but quite restless when awake. Vomited up breakfast June 17. Slept more than usual on June 18 but extremely restless when awake. Bowels moved freely. June 18.94. Slept about 8 hrs. Very restless & quite noisy while awake. and continued to be so all the time. Visited by her husband on June 22.94. Slept nearly all night on June 24. Her entire nourishment consisted mostly of milk only then others took some oatmeal, bread or little of potatoes. Was somewhat brighter on June 27 at 12 M. Sat up in bed while eating meals. took eggnogs. Extremely restless again on June 28. 5.30 a.m. Sat up in bed while eating a little oatmeal with 1 glass of eggnog. Complained of not feeling well at 1 P.M. June 29.94 More quiet than usual. Slept part of night. Seemed much better at 9 a.m. slept some this a.m. Again very restless during night of July 2. Slept most of the a.m. Sat up in bed while eating 12.15; at 8.30 P.M. patient seemed much weaker and had some difficulty in swallowing, appeared very quiet during night & to be sleeping most of the time, on July 3. July 20.94 Is now up on ward, apparently in good health. Goes out walking and riding —
July 29 Sitting up most of the time, Gaining strength. Is up on ward. For particulars see nurse's record case.
Aug 4.94. Transf to A2. General health good. Habits very untidy. Aug 16.94 Transf to B3 Aug 31.94 Appetite fair. Very untidy in personal appearance, at times is dirty in habits. Bowels reg: Goes riding and walking. Sept 4.94 Visited by husband from the 4th till the 7th. Sept 28.94 Appetite good. Dirty in habits. Talks sensibly. Is sometimes troubled with diarrhoea.
Oct 24.94. Appetite good. Untidy in appearance and habits. Bowels regular. Sleeps well. Goes walking and riding. Talks very little. Gen. health good. Nov 28.94 Continues about the same. No change.
Dec 19.94 Went home improved.

Discharged.

Whole No. 3683. ... 253.



Residence, Beaver, Minn. ... es, none; no heredity.

Date Admission, 6th April 1894. — ... , overwork & worry & anxiety caring for sick parents

Admitted by, D Phelps Hour, 6 15 P. ... sing, not stated

How Sent, E. V. Farrington, J. of P., Vil...

Sex, Female ... Bodily Disorder, none

Age, 27 years ... , not

Civil Condition, single ... tack, about December 1st 1893

Children, — ... about 4 months —

Age Youngest Child, — No. of Attack, 1st

Occupation, Teacher and domestic No. of Admissions, 1st

Degree Education, probably good. — Age First Attack, about 27.

Profession Religion, Yes; Baptist Church. Time of Leaving, Aug. 15. 94.

Habits, Good. Time in Hospital, 4 mos. 9 days

Nativity, Mower County, Minn. Result, Recovered

Physicians Committing, R. L. Moore and J. D. Utley

Correspondents, Rudolf Miller (father) Leroy Minn

EXAMINATION ON ADMISSION.

Ex. Apr. 6 94 by Drs R M & J L Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused.

Quick or Sluggish, Quick.

MEMORY: Can not test, confused by delusive ideas.

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: alert

Alert or Dull,

Correct or Illusive, illusive

REASONING POWER: Poor

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS: Very restless, necessary to keep her in restraint sheet

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, somewhat exalted.

Depressed,

DELUSIONS: Transitory and varied

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Very incoherent, but can answer

Coherent or Incoherent, special questions

Voluble or Reticent,

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 117 pds. NUTRITION, Good

WOUNDS OR ABNORMALITIES, none, (sore throat)

TONGUE, Tremors, None Coatings, none Promptness Movement, good

PUPILS, Equality, Size, slightly dilated

Response Light, normal Accommodation, normal

SIGHT, Good

HEARING, Good

COORDINATION, Arms, apparently good

Legs,

TREMORS, Hands, None Tongue,

Facial Muscles, General,

REFLEXES, Patellar, Can not test.

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Normal.

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

EXAM. URINE.

GYNAECOLOGICAL EXAM., Beginning of slight prolapsus

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, dirty. Clean, Careless,

BOWELS, Normal, Normal Constipated, Irregular,

APPETITE, Good, Quite poor Medium, Poor,

SLEEP, Good, Very poor. Poor, Irregular,

PULSE, Reg. 108. RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

1894

This patient was brought here by Sheriff's deputy John Miller, with following history. Habits are good. No history of any heredity. Cause of this attack is overwork and worry and anxiety in taking care of sick parents. Form of attack is acute, exalted & paroxysmal. There is no accompanying bodily disorder. First symptoms of the disease were manifested about 1st December 1893, by praying incessantly and a desire to convert people. This is the 1st attack. Insanity now shown by talking incessantly and disconnectedly and foolishly. Patient has shown no disposition to injure others, nor is she suicidal, nor filthy nor destructive in habits. There is no history of any bodily disease & nor of any injury to head. She has not been restrained or confined. Some medical treatment but no good effect. Has devoted a good deal of time to religious subjects. —

Apl 6 On admission, was put on B. (S.R. Complexion dark; hair black; eyes brown; condition of skin normal; Left arm bruised; bodily condition quite clean. Behavior good). April 7th 94 Restless. Noisy. Violent and

Apr 7. destructive. Put in seclusion & then in restraint sheet. Gave hypod. Appetite quite poor. Rested well. In restraint sheet. ~~Gave hypod~~ Slept 5 1/2 hrs. Bowels reg: Has sore throat. Med as dir: P. 108. Reg R. 18 T. 99

Apr 8. In Restraint sheet all day. Tore out of restraint twice. Destructive. Noisy at times. Habits filthy. T. 100.4 P. 108. Reg. Noisy and destr. Slept 4 hrs. April 9. 94. Continues about the same. Rested well

Apr. 10 Seems brighter. Coherent. Taken out of restraint 10 a.m. out on hall. the rest of the day. Habits clean. Appetite fair. Rested quite well. Very quiet. Slept 5 hrs. April 11. 94 Same. Rested well

12 The same. Rested well. April 13. 94 Rested well April 14. 94 Rested well. April 15. 94 Appetite quite good. Habits clean. Neat about self. Talks coherently. Rested well. April 16. 94 Continues the same. Visited by friends. Asked to work in the mending room & allowed to do so. Complains of headache. Gave med. as dir: Rested well Apr. 17. 94. Complained of constipation. Gave med as dir. Bowels moved. Also sore throat. Used spray as dir. Rested well. Apr. 18. 94 Appetite good. Habits clean. Talks coherently. Complains of headache. Rested well: **Summary**: on Admission: Very excited, had to be put in restraint sheet, after a few days seemed much better. Up on ward. Takes med without any trouble. Appetite good. Habits clean. Talks coherently at present time. Bowels constipated most of time. Also has trouble with throat. Was working in mending room. 2 days. but does not care to work there. Rather helps on ward & is allowed to do so. Rested well.

Apr 19 Menstruating. April 23. 94. Rested well till 2. A.M. out of bed & quite noisy. Throwing self about room.

" 23. 94 Fighting J. Hultgren & cut her head slightly with heel of shoe. Apr 24. 94. Tried to strangle Mrs Hultgren with stout piece of Muslin. Rested well till 3. a.m. out of bed. destructive & noisy. Apr 26/94.

4/26. 94 Rested well all night. April 27. 94. Violent at times & destructive. Rested well until 4 a.m. out of bed destructive. April 29. 94 Slept till 4 a.m. out of bed but quiet. April 30. 94 Appetite good. Has to be fed on hall. Violent at times. Habits very untidy at times for past week. Has been very much depressed. Does not seem to realize much. In sec. 2 hrs Restr 44. April 30. 94. Quite noisy. Tore her mattress, filthy in room several times in night. Slept about 4 hrs. May 1 94 Rested well till 4 A.M. filthy. Quite noisy till morning. May 13. 94 Had some bowel trouble although did not complain until next morning. May 14. 94. Complained of bowel trouble 7 a.m. T. 103 gave med as dir. Gave scalded milk as nourishment 6 P.M. T. 104.4 P. 120. R. 18. Gave scalded milk as nourishment at 10 P.M. & med. at 11 P.M. Slept well the rest of night. May 17. 94 Visited by friend. May 18. 94. Visited by brother. May 31. 94 Complained of sore throat and headache. Went to bed. Used spray. June 4. 94 Complained of being sick. Gave ginger. Also pills —

1894

June 17 Has been very cross all day. Fought with Mrs Holt. June 22. 94 Visited by relatives

" 20 Has been very quiet & nice since the 20th. Complains of pain in stomach a great deal, also headache

July 16 Very irritable and cross. Fighting with ladies. July 21. 94 Visited by sister and brother in law. July 26. Same — Menstruating. July 31. 94 Has been very quiet since the 16th. Crotchets most of the time. Appetite good. Bowels regular. Aug 15. 94 Went home to day with her sister. Was quite and sensible in talk when she left though had not been well very long. Physically was in good condition.

Discharged Nov. 9. 94

Personal and Medical History of Ida C. Livingston

LEGERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.



Whole No. 3587. 25J.

Residence, Faribault, M

Date Admission, 12th April 189

Admitted by, D Kilbourne Hour,

How Sent, A. M. Mott. Jof P

Sex, Female

Age, 27 Years

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, School-Teacher

Degree Education, — Good —

Profession Religion, Eps; M. E. C

Habits, Good —

Nativity, Walcott, Rice County —

Physicians Committing, D. M. Cool & C. H. Wagner

Correspondents, (Father) Samuel Livingston (Sista) Rosa Livingston Faribault, Minn

es, Mother; grandmother + maternal uncle

, Heredity and from study

sing, Heredity

Bodily Disorder, None mentioned

not

ack, about 4 years ago, (with intervals)

about 14 years (with intervals).

3rd

ons, 1st

k, about 14.

g, April 30. 1895.

tal, 19 June 1895.

Result, Imp.

EXAMINATION ON ADMISSION.

Ex Apr 14 94 by Dr. Rmd S. S. Phelps MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, clear

Quick or Sluggish, Quick

MEMORY:

Past Events, Good

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert.

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Fairly good.

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS From 12-16 a good deal of headache. Always much headtrouble. At 14 peculiar ideas. Had pneumonia 4 yrs ago.

EMOTIONAL STATE: Slight instability.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Seems to think food poisoned.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Thinks her sister is here.

ILLUSIONS:

CONVERSATION: Has many delusions.

Coherent or Incoherent, Incoherent at times

Voluble or Reticent,

Personal and Medical History of Ida C. Livingston

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, 152 lbs. NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None. Coatings, Pale. Promptness Movement,

PUPILS, Equality, Equal. Size, Somewhat dilated

Response Light, Accommodation,

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Seems good.

Legs,

TREMORS, Hands, None. Tongue,

Facial Muscles, General, Says she had some tremors

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Normal Slurred,

FACIAL EXPRESSION, Normal.

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition.

EXAM. URINE.

GYNAECOLOGICAL EXAM., Normal conditions

MENSTRUATION, Regular but she suffers at times from a general nervousness

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Normal Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Normal RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Mother was very nervous. & was crazy at times & died of heart trouble.

Father or Pat. Relations, Healthy.

Brothers or Sisters, 2 Sisters very nervous.

1894 BARCEY, FISCHER & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by father and her sister, with the following history of her case. — Is a school-teacher by occupation; habits good. There is strong history of heredity; her mother and grandmother also maternal uncle being insane. Supposed cause of this attack is hereditary and from study; form is acute, exalted & paranoiacal; no accompanying bodily disorder. First symptoms of disease were manifested 13 years ago, by religious excitement; she then had her 1st attack, lasting for a few weeks; the next attack was 4 years ago, lasting, with short intervals, until now. Insanity is now manifested by religious excitement; also nymphomania. — Patient has not shown any disposition to injure others; is not suicidal, nor filthy nor destructive. There is no history of any severe bodily disease or now of any injury to head. She has not been restrained or confined. She has, however, been under medical treatment; electrolysis of clitoris and anterior vaginal surface; forcible dilatation of vagina; medicinally, nervines; relief only temporary.

April 12 On admission, was put on B.T. (S.R. Complexion light; hair brown; eyes blue; condition of skin normal; no marks, bruises &c noted; bodily condition very clean. Is well-behaved. Talks quite sensibly.)

13 In bed & very restless. Has delusions. Appetite quite good. Sleep: Restless, out of bed, slightly noisy. Slept none. Requires close watching.

14 Bowels constipated. Gave med as dir. Bowels moved. Put on tonic. Pulse 92. Resp. 18. Temp. normal. April 14.94 Appetite fair. Habits untidy. Threatens to take her own life, if she does not die soon. Has to be closely watched as she will wander from room to room & has tried to strangle herself. Restless & noisy. Talking. Out of bed. Slept 1½ hrs. Temp. normal. April 15.94 Continues about the same. Restless & noisy out of bed. Slept 2 hrs. April 16.94 Not any change. Slept 4 hrs. Restless since 2 a.m.

April 17 Complained of constipation. Gave enema as dir. also med. Has taken med today without any trouble. Appetite poor. Habits clean.

18 Slept 4½ hrs. Restless from 1.30 a.m. - 4. a.m. Seems better. Not so restless. Helped a little in dining room. Rested well.

19 About the same. Rested well during night. April 20 94 Appetite good. Habits clean. Talks coherent. Helps in dining room.

20 Very nicely. Takes med. without any trouble. Bowels constipated. Gave enema. Bowels moved freely. Rested well.

April 21 The same. Restless and awake till 1. a.m. Slept 4½ hrs. April 22.94. Appetite good. Habits clean. Neat about.

22 Self. Good help on ward. Transf. to B.T. W. April 23 94 Quit helping in dining room. Appetite good. Doesn't sleep well.

24 Appetite good. Not sleeping well. Talks quite sensibly. April 25 94 Seems about the same. On tonic.

25 Appetite good. Did not sleep well. Is neat in her personal appearance. General health good.

26 Appetite good. Sleeps fairly well. Helps in the dining room. Behavior is quite natural. Is very talkative. May 1 94 Removed to 3 May 2 94. Appetite good. Sleep good. Seems to improve of late. More quiet & natural. Bowels regular. Menstruated about the 20th. June 1.94. Very talkative, good natured, good appetite, contented & happy. June 17 & 18.94 Sleepy & dull. In bed most of the time. Seemed to have quite a great deal of pain. June 1994 Menstruating. Had a very strange spell in evening. Numb in extremities, head irregular. Could not speak plain. June 20.94 Seems much better in the evening. Sore to touch. June 21 94. Seems much better than when she came on the ward. July 3 94 Removed to B.T. July 9 94 Removed to B.T. July 16 94 Appetite good. Sleeps well. Helps in dining room. Goes out walking. July 3 94 Visited by her father today. Was very glad to see him. Aug 2 9 94 Appetite good. Seems to get quite discouraged at times for fear she will never get well enough to go home. Sept 2 94 Behavior very quiet & agreeable. Helps in dining room & assists with sewing work. Menstruated and was not as nervous as usual. Appetite good. Sleeps well. Bowels regular until last few days when they have been very loose. Seldom goes riding & walking.

Sept 30 94 Has been very nervous the last few days. Appetite not very good. Has been sick at her stomach. Agreeable in behavior. Oct 1 94 Menstruated the first part of the month, took douche and bath immediately after. Was very nervous during menstruation and restless nights. Feels quite well at present. Appetite fairly good. Sleeps well. Takes tonic. Oct 30 94 Has been quite well. Appetite good. Was restless some nights. Did not go walking and riding. Bowels irregular. Nov 8 94

Nov 8 94 Menstruated first week of the month. Was not very nervous & exciting one evening. Felt quite well since, until 9 day when she complained of weakness & heart trouble.

Nov 9 94. Took a chill at 5 P.M. had to be put to bed. Nov 10 94 Better today. Slept well. Is very agreeable. Appetite quite good most of the time. Takes med & assists with the work mornings. Works at fancy work for herself most of the time. Very seldom complains. Menstruated 1 past week, did not seem very nervous. Complained of very much pain first few days. Dec 23 94 Quiet & agreeable in behavior. Neat about her person. Very nervous at times.

Dec 25. 94 Menstruated. Sick in bed all day. Dec 1894 Appetite good. Complains of being very restless at night. Bowels irregular. Assists with dining room work. Jany 7.95 Very nervous today. Jany 11.95 Visited by her sister this evening. Jany 21.95 Visited by her sister every day since the 14th. Menstruated the 16th & in bed the 18th. Jany 23 95 Moved to Infirmary this eve. After several consultations with Dr. Mays as also with Dr. Jones & others, it was decided, in view of urgent request by the family to perform (a) phorotomy / This was done today by Dr. W. H. Mays & Dr. S. L. Philps. Ovaries found to be somewhat enlarged, a few small cysts beginning around each ovary, veins also seemed to be very much enlarged. Patient took the ether well, readily well, and the operation was without special event. Feb. 1 95 Patient has been getting along very well. The recovery can be said to be quite uneventful, has been watched very closely and moved very carefully, and there has been no untoward symptoms. Feb. 1 95 Patient begins to sit up and be about. Seems to feel very well in every way. It is noted however that her mental ideas of late have been about the same as before the operation, as indicated by a few letters which she has written. For particulars per nurse's record. Mch 3 95 Appetite good. Clean & tidy in habits. Has delusions. Transf. to B. 3 95 Is very nervous today & talked silly. Cried most of the time. Mch 6 95 Has improved very much, does not have so many delusions not so nervous and does not cry so often. Appetite good. For health very good. Assists with the work. Seems very cheerful. Mch 26 95 Transf. to A. Visited by friends. Mch 29 95 Appetite fair. Sleeps poorly, was quite nervous yesterday, remained in bed all day. Is pleasant in general appearance. Occupies most of her time sewing for herself. April 6 95 Has nervous chills quite often. April 12 95 Quite nervous. Cries a great deal.

April 14 Very nervous & restless during night. Appetite fair. Cries quite a good deal. April 18 95. Is agitated & nervous. Restless during night. Transf. to B.

April 27 Very nervous and restless some days. Cries a good deal. Has had nervous chills several times. Occupies her time by sewing for herself. Is very pleasant most of the time. Went to church Sunday & was very nice. Appetite quite fair. Bowels irregular. Complains of not sleeping well nights without a sleeping dose. Goes walking & riding. Helps with work on ward. Has delusions.

April 30. 95 Went home today. After operation was quiet for one week, then had a spell of foolish behavior. Was then quiet well till middle of April when another came on.

Discharged

GEBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3689.
Residence, Caledonia, Houston Co. Minn
Date Admission, 12th April 1894.
Admitted by, Dr Kilbourne Hour, 8.15 P.M.
How Sent, Thomas Fraser. Jof P. Olmsted County
Sex, Female
Age, 46 years
Civil Condition, a Widow.
Children, none
Age Youngest Child,
Occupation, House-Keeper
Degree Education, not given
Profession Religion, is a church member
Habits, Good.
Nativity, New York.
Physicians Committing, Chas H. Mayo and A. W. Strickfield
Correspondents, "none given in papers"

No. for Year, 259.
Insane Relatives, Father
Cause Exciting, Continued illness for past 7 years
Cause Predisposing, probably heredity
Form,
Accompanying Bodily Disorder, Uterine complications
Suicidal or Not, not
Date of this Attack, probably 2 years ago.
Duration, probably 2 years
No. of Attack, 1st (severe)
No. of Admissions, 1st
Age First Attack, about 44.
Time of Leaving, July 5. 94
Time in Hospital, 2 mos. 23 d.
Result, Recovered

EXAMINATION ON ADMISSION.

Exd Dr Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Sluggish
Quick or Sluggish, Confused
MEMORY: Can not test.
Past Events, "
Recent Events, "
Special Subjects, "
PERCEPTIVITY:
Alert or Dull, dull
Correct or Illusive,
REASONING POWER: Has none.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Generally lies quietly but at times becomes very restless and tosses about her bed.

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indifferent
Exalted,
Depressed,
DELUSIONS: Seems to have many.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent,

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS. Very weak. Put to bed in sick ward

HEIGHT, WEIGHT, NUTRITION, Poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Very red and raw looking Promptness Movement,
PUPILS, Equality, Equal. Size, normal
Response Light, Accommodation,
SIGHT, Appears good
HEARING, Seems good
COORDINATION, Arms, Seems normal
Legs, Can not test, sick in bed
TREMORS, Hands, none. Tongue,
Facial Muscles, General, none noted
REFLEXES, Patellar, Can not test.
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Dull and listless
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE. May 23/94 Spec. Grav. 1018. Sediment Large quantity Reacts Acid. Albumen Great Quantity.

GYNAECOLOGICAL EXAM., Has had ovariotomy performed
MENSTRUATION, absent
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, weak 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,

1894

This patient was brought here from St. Mary's Hospital, Rochester, by D. Stinchfield. The following is the history of her case. There is history of heredity, her father having been insane. The supposed cause of this attack is continued illness for past 7 years; form is acute. Accompanying bodily disorder, uterine complications. For past 2 years, has been extremely irritable and, at times, irrational. This is 1st severe attack. Insanity is now shown by general delusions. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. Has uterine disease. She has not been restrained or confined. Has not been under treatment for her mental condition.

Apl 12 On admission, was in a very weak condition; was carried up to C2 (the "Sick Ward" and there put to bed. (S.R. Complexion light; hair gray; eyes gray; bodily condition very clean. Behavior is quite noisy)

HELLEN SAUNDERS

APR. 13th'94

Patient l ying quietly in bed, has a pale aenemic and exhausted look, has to be catheterized and takes milk during the day by the half glass; somehat restless part of the time although hardly able to get out of bed. Seat of the operation needs somewhat of attention and dressing, although about healed. Sand bags applied, to get good reaction.

Apr. 14th patient quiet, slept fairly well, catheretized, little restless during the day, eggnog and milk.

Apr. 15th, had pudding and gruel to day, passed the day quite quietly.

Apr. 16th, still has to be catheterized, had more of nourishment, checken broth, gruel &c. Temp. keeps about normal, p. ranges from 9o to 12o.

Apr. 18th, still in bed, restless at times, mind always very much confused, bodily condition quite weak, gains very little. Temp. went up a little to day without especia cause.

Apr. 2oth patient's t. went up again to loo 2/5 has b en keeping along on mostly liquid nourishment, is still s howing very little change. P. ranges to 12o/ resp. as high as 26.

Apr. 26th patients t. has been about normal, p. still high. has been catheterized daily, had mostly milk, and egg nog. Very little change in her condition. She has slurred, mumbleing speech, seeming to be produced by a kind of exhausted feeling, will never say but a few words at a time; facial expression quite drawn and inactive, hands move about in a purposeless manner, mind very confused, dull with slight transitory delusions.

May 2nd, patient's temp up again to day, receives brandy and stimulants with only milk for nourishment, coughs somewhat does not seem as well, p§ 1o8 , R. 28.

May 5th, T. down again to day, although got as high as 1o1.6 yesterday, had to be restrained, having a kind of feverish delirium.

May 1oth; patient gaines very little, although receives sponge baths, and has been nursed very carefully. Still on mostly liquid diet, still men ally very much confused and physically very eweak, is able to sit up only very little.

May 2oth, has been up on ward somewhat of late, is gaining a little although improvement is not very marked; receives stimulants, is not very strong mentally

May 28th Patient having gained very little it was determined to day to try her with the Weir Mitchell treatment as thoughly as could be administered here; consisting of massage and electricity each two times a day. The mental state seems an exhaustion proceeding from physical exhaustion.

June 1st massage & elect. has been applied daily, although not improve ment noted first few days, yet there considerable oenaema of feet ankle s yet there is some gain, little increase in appetite and physical strength

June 11th Elect. and massage discontinued of late on account of other work; patient gained however quite steadily under them, and condition seems quite encouraging.

For particulars see nurses record case

1894

June 11. Patient quiet. Appetite poor. Is neat in habits. Bowels constipated at times. Has delusions. Transf. to B1.

" 12 Feeling quite well. Appetite not very good. Slept quite well. Helped some in dining room. Went out walking.

. 13 Slept well. Appetite not good — Helping in dining room. Feeling easy.

16. Does not sleep very well. Appetite much better. Bowels constipated the last 2 days. Very agreeable. Helps in dining room

26 Appetite good. Does not sleep well. Is quiet in behavior. Is very anxious to go home. Talks quite sensibly. Removed to A2

30 Massage treatment by Miss Gleason. July 5.94 To day was sent to St. Marys Hospital. Had recovered to very fair mental condition. Had a good appetite and had gained in flesh. Seemed to improve rapidly under massage and salt baths: June 94 disch: Nov: 4. 94 -

SEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3691.
Residence, Fountain, Minn
Date Admission, 14th April 1894.
Admitted by, Dr Phelps Hour, 3.30 P.M.
How Sent, E.V. Farrington, J of P, Fillmore County
Sex, Female.
Age, 28
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, servant (in charge of household duties).
Degree Education, not stated
Profession Religion, Lutheran
Habits, Good.
Nativity, Norway. —
Physicians Committing, G. A. Love and A.W. Powers
Correspondents, George McKeown
(This also telegraph address) - Fountain Minn

No. for Year, 261.
Insane Relatives, none
Cause Exciting, Studying the Bible & reading a great deal
Cause Predisposing, previous attack
Form,
Accompanying Bodily Disorder, probably some head injury
Suicidal or Not, not
Date of this Attack, probably a year ago
Duration, about a year, probably.
No. of Attack, 2nd
No. of Admissions, 2nd
Age First Attack, about 24.
Time of Leaving, May. 7. 1894
Time in Hospital, 23 days.
Result, Died.

EXAMINATION ON ADMISSION.

Exd. Apr. 15th Drs. R.M. & S.L. Phelps

MENTAL CHARACTERISTICS. Patient put right to bed on admission & did not get up

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish.
MEMORY: Can not test.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER: None
Ordinary Subjects, Impaired.
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Very restless, put to bed in restraint sheet

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Exalted.
Depressed,
DELUSIONS: Many delusions.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent,

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, too restless & excited WEIGHT, allow of these being taken NUTRITION, Fair
WOUNDS OR ABNORMALITIES, none.
TONGUE, Tremors, Coatings, Coated somewhat Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Accommodation,
SIGHT, Apparently good
HEARING, Seems good
COORDINATION, Arms, In bed - can not test.
Legs,
TREMORS, Hands, Very wild & restless Tongue,
Facial Muscles, General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Wild.
SENSIBILITY,
HEART,
LUNGS, Has cough expectorates a good deal
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Dirty. Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Poor, takes only milk. Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 120. RESP., TEMP., varies -
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,

1894

This patient was brought here by Deputy Sheriff T. E. Sorenson & accompanied by her two sisters Carrie and Mattie, with the following history of case. Habits are good. No history of heredity. She had been studying the Bible and reading a great deal; this is the only cause given for attack; form is chronic with exalted attacks. No accompanying bodily disorder mentioned. About 5 years ago, she became insane and was committed to this Hospital (See note below)* where she remained about 5 months. This seems to be 2nd attack. Insanity is now manifested on no particular subject; on everything in general. Patient is disposed to injure others, from sudden passion: Is not suicidal, however but is destructive of clothing and bedding. Sometime over a year ago, she was thrown from a buggy and injured the back of her head and was quite sick for a time. Has been confined to a room and a watch or guard placed over her for 4 weeks. Could not make her take any medicine. (See Vol. 12. page 75 No 2055)

*Note Patient was here before from May 4/89 to Oct 12/89. During the first 10 days or so, was very noisy & restless. Then became more quiet & began to improve considerably, but continued very mischievous nearly all the time while then here; at times, also, quite restless; always, however, very bright in conversation. Her health at time of leaving, was excellent. Was taken home by her relatives after being here about 5 months.

Apl 14 On admission, was put on B^r. (S. R. Complexion light; hair light; eyes blue; condition of skin fair; has some bruises on left arm; bodily condition quite clean. Fought while being bathed). April 15.94. Very restless. In restraint
15 sheet all day. Talk incoherent. Appetite. Only took 2 glasses of milk. Sleep. Hypodermic 9.30 P.M. as dir. Restless and quite noisy all night. Coughs. Slept none. Catharized 1.30 A.M. Bowels did not move. Gave pills as dir. Did not pass urine. Passed catheter as dir. Pulse: 8 am: 108. 4 P.M. 120. R 18. T. 8 am: 101 4 4 P.M. 102
16. Still in restraint. Not quite so restless. 3 glasses of milk for breakfast. Passed catheter 8 a.m. T. 100.3 P. 120. Transf to C2
17 T. 102.2 P. 113. R. 28. Catheterized 4 times. Slept 5 hrs. Extremely noisy 3 hrs. Bowels moved. On tonic. Drank 1½ cups of milk
18 & cup gruel. April 18.94. T. 103.6 P. 156. R. 44. On tonic. Catheterized once. Urinated. Bowels moved. Has taken
18/19 considerable nourishment today. Seems much worse today. April 19.94 T. 103.6 P. 156. Urinated. Bowels moved 5
19 times. Catherized 3 times. Quieter than usual. Slept nearly all night. Took toast egg nog, milk brandy ℥ ij
20. T. 103 P. 156. R. 44. Bowels moved 4 times. Catherized. Food has been egg nog, toast milk & crackers. Very noisy
21. and restless. Talk incoherent. April 21.94 T. 101.4 P. 144 R 38. Catherized. Bowels moved 3 times. Very restless and noisy all day and
21/22 night. Milk, Gruel, Egg nog, Brandy ℥ ij. April 22.94 T. 100.4 P. 138. R 38. Bowels moved 3 times. Noisy most of day
22/23. and night, but not as restless as she was yesterday. Catherized milk diet. April 23.94 T. 102 P. 128. R. 30. On tonic.
23 Boiled milk & Egg nog. Bowels moved 10 times. Odor from movements bad. Catherized and noisy and restless all day and
23/24 night. Asleep 6 hrs. April 24.94 T. 102.6 P. 133. R. 30. Bowels moved once. Catherized. Diet boiled milk, egg nog, 2 cups coffee. Tonic. mouth bad. April 25 T. 102.6 P. 138. R. 28. Bowels moved 3 times. Asleep nearly all night. Noisy and quite restless
25/26 during day. Catherized. Tonic. Boiled milk. Egg nog. April 26/94 T. 101.2 P. 138. R 36. Bowels moved 4 times
26/27 Catherized. Very restless and noisy. Out in restraint. Boiled milk. Egg nog, tonic. Apr 27.94 T. 103.4 P. 140. R 38. Catherized
27/28 Bowels moved twice. Tonic, boiled milk. Egg nog. Very restless and noisy in restraint. Apr 28/94 T. 103.4 P. 140. R 32. Bowels moved 4 times. Boiled milk, egg nog. Extremely noisy at times. In restraint

Summary: Patient after coming had quite severe fever and some pneumonia of right side lung signs have disappeared as far localized lesions are concerned, now has a general impairment of lungs. Patient extremely noisy at times. Hard to get her to take nourishment. Talk incoherent.

Apr 28 Continued from Record of C2 Ward. Bowels moved. Very noisy all night & very restless the most of the time. Slept about 3 hrs during night. April 29.94 Bowels moved freely. Extremely noisy most all night. May 1-2 94. out of restraint 1 hr. Asleep one hour. Quiet most of the night. Very noisy during day time. out of restraint ½ hour

May 5 94 More or less noisy all the time. Appears to be getting weaker, slept little but appeared to be asleep most of the time on May 6 94. Still growing weaker refuses to drink. May 7 94 Visited by her folks. Is unable to swallow anything and getting lower died May 7th 1894 at 12 M.

For daily report see Nurses records —

Died

Personal and Medical History of Lizzie Rothmund

EBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3692.
Residence, #518 Aurora Ave, St Paul.
Date Admission, 16th April 1894. —
Admitted by, Dr Phelps Hour, 1 PM.
How Sent, John B. Oliver, Jof P. Ramsey County.
Sex, Female
Age, 25 years
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Domestic Duties
Degree Education, not given
Profession Religion, Church-member
Habits, Perfect
Nativity, Henderson, Minnesota —
Physicians Committing, E. H. Whitcomb and J. M. A. Graves
Correspondents, L. Rothmund, 518 Aurora Ave St. Paul.



No. for Year, 262.
Insane Relatives, none that are known.
Cause Exciting, Hysteria
Cause Predisposing, (chronic)
Form,
Accompanying Bodily Disorder, Emaciation
Suicidal or Not, not —
Date of this Attack, 2 years since (progressive)
Duration, about 2 years
No. of Attack, 1st (progressive)
No. of Admissions, 1st
Age First Attack, abut 23. —
Time of Leaving, April 30. '95.
Time in Hospital, 1y 0m 14ds
Result, Impr.

EXAMINATION ON ADMISSION.

Ex Apr 16 Dr Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, clear
Quick or Sluggish, quick.
MEMORY: Good
Past Events, "
Recent Events, "
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
For past 2 or 3 years gradually failing. Has had several fainting spells. Checks flushed. Had a fit when about 7 years old Lost her consciousness at the time

EMOTIONAL STATE:
Normal, Calm, Calm.
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent and talks well but rather
Voluble or Reticent, quiet.

Personal and Medical History of Lizzie Rothmund

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, 103 pds NUTRITION, Good
WOUNDS OR ABNORMALITIES, none
TONGUE, Tremors, Slight Coatings, Pale Promptness Movement,
PUPILS, Equality, Equal Size, normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good.
Legs, Good
TREMORS, Hands, Slight Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Normal.
SENSIBILITY,
HEART, Tumultous beat
LUNGS, Has bronchial coughs. for over year
EXAM. URINE.

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Irregular Poor, Irregular,
PULSE, 96 RESP., 18 TEMP., 99
CRANIAL MEASUREMENTS,

HISTORICAL.

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

1894

This patient was brought here by Deputy Sheriff M. N. Goss accompanied by her sister Mary Rothmund and brother John Rothmund, with the following history of case. Is engaged in domestic duties; habits are perfect; no insane relatives that are known. Supposed cause of attack is hysteria; form paroxysmal. Accompanying bodily disorder, Emaciation. First symptoms were manifested 2 years since, by an attack of acute hysteria, and it has progressed since that time. Attacks occur once or twice a month; time of duration uncertain. Insanity now manifested by violent anger, at times, and sometimes by crying. Is disposed to injure others but is not suicidal. Is cleanly in habits, but destructive of clothing during violent attacks. Previously, was passive & gentle. There is no history of any bodily disease & nor head-injury. She has not been restrained or confined. Has been treated, during these attacks, at various and sundry times, but the results of such treatment are not mentioned.

Apl 16 On admission, was put on B2 (S. R. Complexion light; hair light brown; eyes gray; condition of skin normal; no marks bruises &c noticed; bodily condition very clean; well-behaved; talks very sensibly). April 17 94 Ate breakfast. Very quiet. Habits clean. Talk coherent. Appetite very poor.
17 Slept well. Coughs. Bowels constipated. P 90. R 18. T 99. April 18 94 Moved to B1. Complained of the noise on B2. Was very quiet. R 18. T 99 2/5. P 80. Ate no dinner. Talked very little. Apr 19 94 Talks but very little. Ate a light breakfast. No dinner. R 18. T 99 2/5. P 80. Apr 20 94 Was very quiet during the day. Ate light breakfast and dinner. R 18. T 99. P 79. On tonic. Bowels moved.
April 21 94. Was quiet during day. Slept very poorly last night. Expectorates a great deal. P 85. T 100 2/5. Slept some to day. April 22 94 T normal. R 19. P 80. Apr 23 94 Is up and dressed. Appetite very good. April 14 94 Appetite fairly good. Is quiet. Sits in one place all day long.
Apr 25 94 Nothing new to note. Apr 26 94 Is very quiet. Slept well, took very little breakfast but very good dinner and ~~breakfast~~ supper. April 27 94 Appetite fairly good. Quiet in behavior. Gives no trouble. April 28 94 Appetite very good. Did not eat a very good breakfast. April 29 94 Slept well last night. Appetite good to day. Quiet in behavior. April 30 94 Slept well last night. Appetite has been good all day. Talks very little. May 7 94 Appetite fairly good. Sleeps well. Is very quiet. Talks very little. Sits all day in one place. Seems to take no interest in anything.
May 21 Appetite better than at last note. Seems to take a little more interest in what is going on. Goes out walking. Sleeps well. Always very quiet. Clean in habits. Tidy in her personal appearance. Removed to C2.
May 30 Has been very quiet. Gone walking and riding. Helped with the dishes 2 or 3 times. On tonic.
June 94 Very quiet. Talks very little and does not seem interested in anything. Sleeps well. Appetite fair. July 22 94 Menstr. period. Bowels reg. Seems rather weak, but does some light work on ward. July 94 Appetite poor. Sleeps well. Is quiet talks but very little. At times helps a little in the dining room. Often laughs to herself. Menstruating.
Aug 28 94 Visited by brother. Massage: 25 27 and 29. Aug 30 94 Appetite poor. Is not very well. Complains some of headache. Almost constantly spitting saliva. Wants to lie down nearly all the time. Does no work. Sept 3. 5 and 8.
Sept 3 5 and 8 Massage. Sept 10 94 Menstruating. Sept 15. 17. 19 94 Massage. Patient quite steadily weak, melancholy and quiet. Sits or lies about the ward. Sept 22 & 24 94 Massage.
Oct 30 94 Very quiet and stubborn at times, quite often refuses to bathe. Sleeps well. Appetite poor. Is taking tonic. Expectorates as usual. Nov 15 94 Had a crying spell when out walking.
Nov 30 94. Appetite poor. Sleeps well. Is very quiet on ward. Has crying spells occasionally

and expectorates a great deal. Goes riding and walking. Dec 31 94 Is somewhat melancholy and expectorates a great deal. Appetite poor. Usually very quiet. Has crying spells occasionally. Is taking tonic.
Jany 5 95 Refused to bathe. Became very angry, had to be forced. Jany 18 95 Fighting while being bathed. Jany 19 95 Transf to B1. Jany 23 95 Menstruating. Jany 30 95 Quiet and agreeable in behavior. Somewhat melancholy. Neat in habits. Appetite poor most of the time. Will not take her tonic.
Feb 28 95 Quiet and agreeable in behavior. Cries very often. Somewhat melancholy. Appetite not very good but will not take her tonic. Bowels regular. Clean in habits. Mch 28 95. Very quiet. Cries very often. Never complains. Appetite good. Sleeps well. Bowels reg. Talks very little. Never wants to go riding or walking. Neat in habits. Apr 24 95. Quiet in behavior. Neat in habits. Goes riding and walking. Sleeps well. Appetite fairly good. Bowels reg. Does no work. Transf to A2.
Apr 30 95. Appetite good. Sleeps well. Bowels reg. Behavior quiet. Clean in habits.
April 30 95. Went home to day.

Discharged.

Personal and Medical History of Martha J. Smith

EBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3699.
Residence, 500 Laurel Ave, St Paul.
Date Admission, 24th April 1894.
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, John B. Olivier, J of P, Ramsey County
Sex, Female
Age, 47
Civil Condition, married
Children, Three —
Age Youngest Child, —
Occupation, Nurse
Degree Education, Probably Good
Profession Religion, Baptist
Habits, Morality good; intemperate as to use of morphine
Nativity, Pennsylvania.
Physicians Committing, Arthur B. Hucker & C. Eugene Riggs
Correspondents, Mrs H. E. Newton (Daughter)
500 Laurel Ave, St Paul

No. for Year, 269
Insane Relatives, no history of heredity —
Cause Exciting, Hysteria; morphine habit
Cause Predisposing, "Chronic" — previous attack —
Form,
Accompanying Bodily Disorder, think not.
Suicidal or Not, not.
Date of this Attack, several years ago —
Duration, several years —
No. of Attack, 1st (probably Continuous)
No. of Admissions, 1 here (was at St Peter, several years ago)
Age First Attack, probably 35.
Time of Leaving, June 26 — '94
Time in Hospital, 2 mos. 2 d
Result, Impr.

EXAMINATION ON ADMISSION.

Ex. Apr 25 94 by Drs R. McS. L. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick somewhat confused
Clear or Confused,
Quick or Sluggish,
MEMORY: seems fair
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive,
REASONING POWER: Rather poor
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
June 24. Went to Ill. — Came back a week ago. Dr S. sent her to the City Hospital. Had ovarian tumor removed. Then burned by hot water bags, commenced taking morphine.

EMOTIONAL STATE: Emotionally unstable.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, none noted.
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Denies.
ILLUSIONS:
CONVERSATION: nervous & restless.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Martha J. Smith

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 155 pds NUTRITION, seems fairly good
WOUNDS OR ABNORMALITIES, Scars from burns.
TONGUE, Tremors, no tremors but hesitating Coatings, Promptness Movement,
PUPILS, Equality, equal, somewhat dilated Size,
Response Light, Accommodation,
SIGHT, says poor at time.
HEARING, good
COORDINATION, Arms, Hands and arms tremble.
Legs,
TREMORS, Hands, no tremors Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, good now, but describes a stammering ~~Slurred~~, moment of speech & stammered some on admission and in Galesburg.
FACIAL EXPRESSION, Rather anxious
SENSIBILITY,
HEART, Normal
LUNGS, Normal condition
EXAM. URINE.

GYNAECOLOGICAL EXAM. Slight relaxation of parts — around uterus. Ovaries removed
MENSTRUATION, Has had ovariotomy performed —
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Reg. Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, says had trouble in sleeping Poor, Irregular,
PULSE, 90. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

10 years ago at St Peter. Had depression of mind.
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,

EBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

1894

This patient was brought here by Deputy Sheriff H. W. Chapel, attended by Mrs Francoeur, with the following history. By occupation, a nurse. Morality good, but she is intemperate as to use of morphine. There is no history of heredity. Supposed cause of attack is hysteria & morphine habit: form chronic exalted. Think there is no accompanying bodily disorder. She has always been of a highly nervous temperament; for several years, has been a victim of hysteria & the morphine habit. Insanity now manifested generally about the state of her health. Think she is not disposed to injure others. Is not suicidal, nor filthy nor destructive in habits: previous to attack, showed none but the above peculiarities. Has not been subject to any bodily disease & or injury to head. A number of years ago, she was sent to the Hospital at St Peter. —

Apl 24 On admission, was put on C2 (S.R. Complexion dark; hair dark, streaked with gray; eyes brown; condition of skin normal; there are 2 scars on left leg, and one on right arm, from hot water bottles; Has had operation of ovariotomy performed. Bodily condition very clean. Is very quietly behaved but nervous - seemed very much worried at our thinking her a morphine user).

April 25. Behavior quiet. Appetite quite good. Sleep very little. Cough. None. Bowels: Diarrhoea. P. 84. R. 20. T. 97 4/5.
" 26. T. 98. R. 22. P. 86. Restless. Has been in bed most of the day. Complains of the noise. Appetite good. Bowels moved once.
" 27. T. 98. R. 22. P. 86. Appetite good. Is very nervous. Wants to go to a more quiet ward. Has been up on ward most of the day.
" 28/29. T. 98. R. 22. P. 86. Appetite good. Is restless and nervous. Sat up most of the day. For particulars see nurses ward [illegible]. Went to A3 to sleep. April 29. 93 Transf to A3
" 29/30. Appetite fair. Sleep not very good. Has been up nearly all day. Complains of being very weak. April 30. 93 Eats quite
30/ well. Slept well last night. Went for a short walk this morning but felt quite tired after it. Given massage by
May 1 Miss Gleason. May 1. 94 Has been feeling not so well to day. Complains of cold and pain in shoulders. Has
" 2 some headache. Eats well. Bowels regular. No cough. May 2. 94 Appetite fair. Slept on powder
" 2/3 last night. Still has cold and complains of headache. Bowels regular. May 3. 94 Not so well to day. Cold very bad.
3/4 Has considerable headache. Given dose for cold. May 4. 94. Appetite good. Sleep good. Bowels
4/5 regular. Cold not so bad to day. Given massage by Miss Gleason. May 5. 94 Appetite very good.
5/6 Sleep good. Has been up nearly all day and went walking this A.M. May 6. 94 Appetite good
6/7 Sleep good. Behavior quiet. Complains of nervousness. Bowels regular. May 7. 94 Appetite good. Sleep good
7/8 Behavior very good. Went walking by herself to day. On tonic. May 8/94 Appetite good. Sleep good
8 Seems to improve very rapidly in strength. Summary. Patient very nervous and weak on entering ward. Always lady like and nice in behavior, but complained of her being in such a sick condition a great deal. Talked almost incessantly at first but quite coherently. Appetite and gen health much improved.
8 Electric treatment by Dr S.L.P. and massage by K Welsh. May 10 and 11 Massage by Welsh. May 12. 94 Electric treatment by Dr S.L.P.
15 Massage by Shortell. May 16 Massage by K Welsh. May 17 and 20 94 Massage by Isonnenberg. May 21. 94. Electrical treatment
22. 23. 24. 25. 27. 29 and 30. Massages. May 30 94. Appetite and sleep good. Behavior quiet. Tidy in habits. Was walking twice or 3 times a day. June 1. 3. 6. 9. 11. 13. 16. 18. 19. 21. 23. 25. Massages given. June 26 94 Went home
June 26 94. Was allowed to go to a brother in Iowa. She had been improving steadily. Was cheerful and bright usually in her conversation. Mind was rather weak. She had one hysterical spell while here, when she was given 1/4 gr. Morphia the only time she had it. She was nervous in her actions and talk though at the time of going was in fairly good condition mentally and physically. Has been very anxious to go for some time.

Disch: Nov. 9. 94

COBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3700.
Residence, 3205 Pleasant Ave, Minneapolis
Date Admission, 24th April 1894.
Admitted by, D Phelps Hour, 7 P.M.
How Sent, John H. Steele, Jo P. Hennepin County.
Sex, Female.
Age, 35 Years
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, probably good
Profession Religion, Episcopal
Habits, when in health, temperate & moral
Nativity, England —
Physicians Committing, J. R. Eby & A. P. Williamson
Correspondents, Revd. M. J. Bywater
3205 Pleasant Ave, Mpls-

No. for Year, 270.
Insane Relatives, unknown
Cause Exciting, Pregnancy —
Cause Predisposing, not stated — (probably drink)
Form,
Accompanying Bodily Disorder, none, except pregnancy.
Suicidal or Not, not.
Date of this Attack, between 3 and 4 months ago
Duration, 3 to 4 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 35.
Time of Leaving, May 7-"94
Time in Hospital, 13d.
Result, Recovered.

EXAMINATION ON ADMISSION.

Ex Apr. 25.94 by Dr R. M. & S. L. Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Good
Clear or Confused,
Quick or Sluggish,
MEMORY: good scanning.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER: Seems good now
Ordinary Subjects,
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: none - at least denied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Says had not been in habit of taking stimulants. after an attack said to be miscarriage, health was poor & took wine. Later had uncontrollable desire for brandy. Said felt quite depressed & drank to avoid depression. Dont think it at all a reasonable feeling - No desire for it now - for 10 days now - No appetite. Engine reason why Had pneumonia 2 years ago.

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 190 pds. NUTRITION, Good.
WOUNDS OR ABNORMALITIES, none
TONGUE, Tremors, Some tremor Coatings, slight. Promptness Movement,
PUPILS, Equality, Equal. Size, normal.
Response Light, somewhat sluggish. Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, [illegible]
Facial Muscles, None General, None
REFLEXES, Patellar, Normal
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE.

GYNAECOLOGICAL EXAM., Found pregnant about 4 mos.
MENSTRUATION, absent
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated. Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, usually well. Poor, Irregular,
PULSE, 90. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 3 mos I. ONSET GRADUAL OR SUDDEN, Somewhat Gradual.
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, Father died pneumonia
Brothers or Sisters, Healthy.

1894

This patient was brought here by Deputy-Sheriff Kennedy, accompanied by M. Raisch and Mrs Mary Woodburn, with the following history. When in health, habits are temperate and moral; if any history of heredity, is unknown. Cause of attack is pregnancy: form of attack, acute, exalted. First symptoms of disease were manifested between 3 and 4 months ago, when she became irritable, suspicious and showed an insatiable appetite for strong drink. Imagined, too, her husband desired to starve her. This is 1st attack. Insanity now shown by wilfulness, strong appetite for brandy, & violence toward husband. has threatened husband; also struck him. Is not suicidal, nor of filthy or destructive habits. There is no history of any bodily disease &c or injury to head. She has not been restrained or confined nor under treatment.

Apl 24 On admission, was put on A' East (S.R. Complexion light; hair brown; eyes gray; condition of skin normal. no marks scars or bruises noted. Bodily condition very clean - Is well behaved). April 25.94 Behavior quiet. Transf. to A3

" 25 Talk: rational Appetite fair. Sleep quite good. No cough. Complains of constipation. Complains & Injuries none. P.79. R.22. T.97.4

" 26 Has been quiet and nice. Has not talked much. Appetite fair. Sleep good. No cough. Bowels still constipated. Given cathartic by husband Visited

" 27 Appetite quite good. Sleeps well. Bowels regular by use of cathartics. No coughs - says she has headache occasionally. Quiet always.

" 28 Talk: rational. Behavior quiet. Appetite much improved. Sleeps well. Bowels regular. On tonic. R.22. P.80. T.98.4

" 29 Still the same. Eats and sleeps well. No cough nor complaints.

" 30 Is in a hurry for the time to come to go home. Eats and sleeps well. Seems quite restless to day. Quiet in talk always.

May 1. Appetite good. Sleeps well. Went out walking this morning. Behavior and talk rational. Has not complained of anything.

" 2 Appetite good. Sleeps well. Behavior and talk natural. Takes cathartic pills regularly. No cough. Does not complain.

" 3 Appetite good. Sleeps well. Behavior natural. Talk rational. Goes walking every day. No complaints.

" 4 Has been the same all the time. Quiet and ladylike always. Bowels regular. No complaints. Cleanly habits.

" 5 No change in any way. Goes out quite often and seems to be in good spirits.

" 6 Appetite and sleep good. Bowels kept regular by cathartics. Cleanly habits. Behavior and talk natural

" 7 Went home this morning. Says she has had no desire for whiskey since coming here. She has caused no trouble in any way during her stay. While her talk was always rational, yet she has shown a restless state of mind. She was very anxious to get away. Was allowed to go home alone.

Discharged.

EBBERT, FIDLAR & CHAMBERS, DIVENPORT, IOWA



Whole No. 3701. 271.

Residence, St. Paul, Minn. ...es, sister cranky, but not in asylum

Date Admission, 24th April 1894 ...g, Approaching menopause

Admitted by, Dr Phelps Hour, 7 ... ...osing, previous attacks.

How Sent, John B. Olivier, J of P.

Sex, Female ...g Bodily Disorder, None

Age, 48 ...t, not —

Civil Condition, widow ...ttack, several years ago (seems continuous)

Children, 6 living; (2 Dead). several years —

Age Youngest Child, — has had several.

Occupation, Housewife ...ions, 2nd (here) - (has been in St Peter & Hospitals Wisconsin)

Degree Education, not stated Age First Attack, 41 -

Profession Religion, Methodist; but does not go often. Time of Leaving,

Habits, Good - Time in Hospital,

Nativity, Illinois. Result,

Physicians Committing, E. J. Abbott and P. Marchand

Correspondents, none given in these "papers" —

EXAMINATION ON ADMISSION.

Ex April 23 94 by Dr R. M. & L. Phelps. MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
- Clear or Confused,
- Quick or Sluggish, Quick and incoherent

MEMORY: Probably fair
- Past Events,
- Recent Events,
- Special Subjects,

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

REASONING POWER: Poor by reason of incoherence
- Ordinary Subjects,
- Own Mental State,
- Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Silly in manner and talk. Laughing silly behavior

EMOTIONAL STATE: Silly - Exalted.
- Normal, Calm,
- Indifferent,
- Exalted,
- Depressed,

DELUSIONS: chiefly incoherence.
- Systematized or Not,
- Special Subjects,
- Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
- Coherent or Incoherent, Incoherent & silly.
- Voluble or Reticent,

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 175 pds NUTRITION, Fair

WOUNDS OR ABNORMALITIES, none noted.

TONGUE, Tremors, Coatings, Slabby pale Promptness Movement,

PUPILS, Equality, one eye destroyed Size,

Response Light, Accommodation,

SIGHT, Trouble in seeing - only one eye.

HEARING, Seems good

COORDINATION, Arms,

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar, Normal.

Other Reflexes,

ARTICULATION, Hesitating, good Slurred,

FACIAL EXPRESSION, Good

SENSIBILITY,

HEART, Normal

LUNGS, normal

EXAM. URINE.

GYNAECOLOGICAL EXAM.,

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, irregular Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, 80. RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Recurrent form 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 Lydia Garbe

1894

EBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy Sheriff H.W. Chapel, attended by Wm Francoeur, with following history: Habits are good, in regard to temperance & morality. Sister is cranky, but not in Asylum. Supposed cause of this attack is approaching menopause; form of attack is paranoiacal. First symptoms of disease were manifested several years ago, but are becoming worse: has had several attacks; these occur at intervals of 6 months or oftener, and last several weeks; she is careless, now, about clothing; silly at times and erotic. Sometimes talks threateningly. Is not suicidal, nor filthy nor destructive. There is no history of any bodily disease or nor head injury. Patient was in St Peter Hospital 4 or 5 years ago, also in a Wisconsin Asylum, and in this (Rochester) Hospital, as per note below ® —

NOTE®. Patient was here before, from Jany 15/92 to June 30/93. On her first coming, was, for about 6 wks, quite a bothersome talker; not irritable or violent, however, but full of wandering & mischievous talk; — she then began to become more quiet & rational, this latter condition lasting until about 1st week in July '92, when she had another of her "Spells", becoming mischievous, talkative, elated & slightly incoherent in speech; also quite noisy & troublesome, & somewhat inclined to be violent. During the following September she improved & gradually recovered her former quiet condition. Case was a periodical one, & husband described these "Spells", as occurring once a year, at least. During March & April 1893, was in another "Spell" similar to the above; then quite steadily improved & was taken home by her daughter. — (For more full details see Vol 18 page 467 No. 7921). —

Apl 24 On admission, was put on B1 (S.R. Complexion dark; hair dark; eyebrows; condition of skin normal; no marks, scars &c noted. Bodily conditions rather dirty. Patient is blind in right eye. Is very talkative. Remarks were very ridiculous). April 26 94 Is very talkative and acts very silly. Has delusions. Appetite good. Sleeps: was noisy about 4 a.m. Slept well before that. Cough none. Bowels regular. Apr 26 94 Noisy most of the day. Appetite very good. Bowels regular. Sleeps very well. April 27 94 Noisy all day, bothering the other ladies. April 28 94 Same trouble. Moved to C.t. April 29 94 Recived on C. Noisy and keeps annoying other ladies. Shown violence, had to be undressed by force. April 30 94 has grown more quiet. Gen health good. Her talk at times is quite sensible. May 1 94 She takes an interest in the ward work. Has been quiet the last 2 days. May 2 94 Has very silly delusions. Has been noisy all afternoon. May 3 94 She is very annoying. Has been singing and talking all morning. May 4 94 Wishes to care for her room. Is quite tidy in her habits.

May 5 94 Has been out walking this morning. She kept shouting at people passing by.

May 6 94 Has been troublesome all day. Asking for things that she could not be allowed to have.

May 7 Is very irritable all morning. Seems to know that she troubles others. Fought.

May 8 Is about the same. Has had to be held. Her talk is mostly incoherent. Keeps asking & wants

Summary: Patients behavior has been noisy talking and singing. Physical condition good. Mental state the past 2 weeks has been as follows. Has silly delusions. Talks incoherently. Has shown violence once or twice. Extremely irritable. Seems to delight in annoying others.

May 10th 94 is very irritable, noisy & annoying to other patients.

" 10th 94 appetite good, is tidy, bowels reg, asks to help in D.R. & on hall.

" 21st has been very quiet the past week, talks sensibly at times, manifests interest in all the work & talks of her home. Menstruated about the 11th, was very disturbed. May 25th is very tidy, cares for her room,

Personal and Medical History of Lydia Garbe.

talks very sensibly - stays in room a good deal. May 31st 94 is quiet, talks sensibly, helps in dining room, manifests a good deal of interest in the work, also in her personal appearance, Talks a good deal of her home and children. June 4 94 Appetite good Tidy in habits Bowels regular. Manifests a good deal of interest in the work. She helps in dining room & cares for her own room. Talks sensibly. Has not been quiet the past 2 weeks. July 3 94 Removed to B1. July 28 94 Behavior is quiet & natural. Tidy in her personal appearance. Helps in dining room. Goes out walking. Reads a great deal. Appetite good. Sleeps well. Aug 1 94 Continues the same as at last note. Sept 21 94 Appetite very good. Sleeps well. Bowels regular. Does not walk. Helps in dining room. Is very pleasant & agreeable. Reads a good deal. Goes riding & walking.

Oct 30 94 Has been very agreeable. Helps in dining room. Goes riding & walking. Reads a great deal. Appetite good. Bowels regular. Sleeps well. Health good. Nov. 1 94 Very noisy most of the day singing and talking very loud. Nov 20 94 No change since last note. Very noisy and disagreeable most of the time. Talking very insultingly to the patients also to attdts. Appetite good, bowels regular. Dec 1 94 Transf to C. Gen sp room.

Dec 4 94. Fought 1 day. Very noisy and disagreeable most of day. Dec 26 94 Becoming more quiet & pleasant.

Dec 29. Moved to B1. Jan 31 95. Quiet and agreeable in behavior. Neat & clean in habits. Does not complain. Assists with dining room work. Talks very sensibly. Stays in her room most of the time. Gen. health good. Sleeps well. Bowels regular. Appetite fairly good. Feb 28 95 Very quiet and agreeable in behavior. Very seldom complains. General health good. Talks sensibly. Sleeps well. Appetite good. Bowels regular. Mch 29 95. Very quiet and agreeable in behavior. Talks very sensibly. Neat in habits. Sleeps well. Gen health good. Goes riding and walking. Assists with the work. Appetite good. Bowels regular. April 29 95 No change in patient. May 29 95 Quiet in behavior. Talks sensibly. Clean in habits. Neat about her person. Complains of headache quite often. Assists with dining room work. Goes walking and riding. Appetite good. Bowels regular. Sleeps well. June 28 Quiet & agreeable. Talks sensibly. Health good. Appetite good. Bowels regular. Sleeps well. Assists with d.r. work. July 4 95 Noisy most of day. July 8 Very noisy part of day.

July 8 Quarreling with patients & very impudent. July 4 Noisy & quarrelsome - violent & had to be put in room. Trans. to C.I. July 13 Menstr. Very noisy. July 26 Persists in having his own way & is saucy & impudent. Cares for her room - very irritable. Aug 8 Still noisy & violent. Aug 20 Menstr.

Aug 27 Quiet & well behaved. Gen. health good. Aug 30 Menstr. Sept 16 Trans. to B.1. Gen. behavior good. Appetite good. Bowels regular. Very clean in habits. Sept 27 Menstr.

Oct & Nov. Clean in habits & neat in appearance. Gen. health quite good. Talks sensibly. Appetite good. Bowels regular. Sleeps well. Assists with work. Goes walking & riding. Dec 29 Menstr.

Dec 8 Visited by lady friend - Quiet since August. Feb 96 Very quiet in behavior. Talks sensibly. Neat in personal appearance - Clean in habits - Works on ward - Takes out door exercise - Amuses herself by reading & playing games - Appetite good - Bowels regular - Sleeps well. Complains of headache quite often.

Feb 7 Very talkative most of day. rather silly. Feb 28 Quite silly in talk & behavior all day.

" 7 Very silly & quite noisy today. Mar 1 + 4th Very noisy & quarrelsome all day.

Mar Noisy & untidy about room & person. May 1 Menstr. May 11 Very quiet & agreeable

See page 96

GEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3704.
Residence, Kenyon, Goodhue County, Minn
Date Admission, Apr. 24, 1894 -
Admitted by, D. Linton Phelps Hour, 4 P.M.
How Sent, Thomas Fraser, J of P, Olmsted County
Sex, Female.
Age, 38 -
Civil Condition, married
Children, 6
Age Youngest Child, —
Occupation, Housewife
Degree Education, — Common School
Profession Religion, Lutheran
Habits, Good
Nativity, Norway
Physicians Committing, H.W. Stinchfield & C. H. Mayo
Correspondents, Elling Olson Frettem

No. for Year, 274.
Insane Relatives, none (previous history states Brother)
Cause Exciting, unknown (much headaches)
Cause Predisposing, heredity & previous attacks
Form,
Accompanying Bodily Disorder, none specified
Suicidal or Not, not attempted but threatened
Date of this Attack, January 7th 1894
Duration, about 3½ months to date
No. of Attack, 4th
No. of Admissions, 2d here
Age First Attack, 25 years.
Time of Leaving, May. 12, '94
Time in Hospital, 18d
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:

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

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,

Case No. 3704. Inga Frettem. Vol. 26.

The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE.

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

HISTORICAL.

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

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3704.
Residence, Kenyon, Goodhue County, Minn
Date Admission, Apr. 24, 1894 –
Admitted by, D. Linton Phelps Hour, 4 P.M.
How Sent, Thomas Fraser, J of P, Olmsted County
Sex, Female.
Age, 38 –
Civil Condition, married
Children, 6
Age Youngest Child, —
Occupation, Housewife
Degree Education, — Common Schoo
Profession Religion, Lutheran
Habits, Good
Nativity, Norway
Physicians Committing, H.W. Stinchfield & C. H. Mayo
Correspondents, Elling Olson Frettem

No. for Year, 274.
Insane Relatives, none (previous history states Brother)
Cause Exciting, unknown (much headaches)
Cause Predisposing, heredity & previous attacks
Form,
Accompanying Bodily Disorder, none specified
Suicidal or Not, not attempted but threatened
Date of this Attack, January 7th 1894
Duration, about 3½ months to date
No. of Attacks, 4th
Result, improved

Case No. 3704. Inga Frettem. Vol. 26.
The Law of 1893 having been declared unconstitutional, this patient was recommitted. New commitment papers in box file in vault with the original ones.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

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

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE.

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

HISTORICAL.

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

1894

This patient was brought here (having been committed under "new warrant" from Olmsted Co. She was one of those who had previously been sent here under the law of 1893" recently declared unconstitutional. The following history accompanied her present papers; in substance the same as on her Committment on January 16th 1894. Habits are good; possibly some history of heredity, as brother is stated to have been insane. Cause of this attack is not known: form is paroxysmal. No accompanying bodily disorder mentioned. This is probably the 4th attack; first symptoms & first attack occurred about 12 years ago, in Norway; had one 7 years ago in Goodhue County; another 3 years ago; and this present one occurring about January 7th 1894. Insanity manifested on no particular subject. Patient is occasionally disposed to injure other, from sudden passion; has not attempted suicide, but has threatened it. Not of filthy or destructive habits, at present. Received an injury, by being struck on head, before first attack. She was in this hospital before for about 6 months from Nov 14/86 to April 8/87. (see Vol 7. page 173. No 1253).

Note ⊛ For previous recent history, dating from her Committment here on January 16th 1894 see Vol 24, page 365. No 3625; particulars of history on 1st Committment also given there. —

Apl 24 April 24/94. On admission, was put on C4.

Lydia Garbe From Folio 96.

1900

June 8. Trans to B3. July 21 Vaccinated. Aug 10-18. Had a cold: complained of headache & ear ache: expectorants. Latter part of August. Neat & clean conversation sensible: agreeable & assisted with work.

Dec 1-1900. Very Talkative & exalted: violent & resistive & at times very disagreeable. Jan 15/1901 Improved. Agreeable on ward: Feb 5 Trans. to B2.

Feb 25. Neat: assists with work. Wt. 176#. Mar. to June 1901 No change in mental or physical condition, May 29 Wt. 190#. June to Sept. June 22 patient very much excited, going into spell, transferred to C.2 West. Aug. 31 very quiet and agreeable, assists with ward work, Wt. 169#.

Sept. to Dec. Oct. 28 patient very well and agreeable assists with work on ward, Transferred to B.3, Nov. 27 Wt. 127#.

Up to Feb. 1st, 1903. General health good: appetite very good: sleeps well: goes out for exercise when sufficiently well: is pleasant and agreeable at times; is subject to attacks of considerable disturbance when she is noisy and quarrelsome: very disagreeable in every way: incoherent: at her best spends most of her time reading. Dec. 1st, Wt. 167½#.

From page 92

Takes care of her room & assists with dining room work. Does not go riding & walking. Appetite good: bowels regular: sleeps well. General health good. May 30 Minute.

1896 Appetite good: bowels regular: sleeps well: goes riding - Assists with the work.

July Summary Nurse's Notes by Dr. B.L. Phelps:- Quiet: agreeable in behavior: neat in personal appearance: appetite good: bowels regular. Dec '96 Came out of spell last month, after having been in it about 2 months: Is now quiet: Apr '97 Genl health good: Has her disturbed spells about once in two months at quite regular intervals: At other times is very quiet & pleasant, sensible in talk & very well behaved: Aug '97 Quiet & agreeable: takes outdoor exercise: works on ward: takes tonic: neat & tidy in appearance. Continued by Dr. B.M. Phelps. Sept 1 '97 Patient quite agreeable on the ward & most of time while out of spell is fairly sane. Nov 20 Complains some head recently

Nov 25 Is becoming somewhat disturbed. Nov 29 Quite violent & disturbed. Trans to C1.

Jan 30 Somewhat quieter: Feb 24 Coming out of spell. Trans. to B1 Wt. 185#. In fairly good health.

July 6 Trans. to C3. today. Is becoming excited, talkative & noisy again. Aug 2 Trans to B1 again. Is quiet & sensible. Jan 3 '99 Has been complaining a little of pain in side. To day went home because of sickness of one of her nephews. Jan 14 Returned.

1899 Has been quite violent & disturbed since leaving here. Feb 19 Patient quite agreeable again & is neat & tidy in appearance. (Cont. by Dr. R.A. Bebb) Mar. to Aug '99 Physical condition good: appetite good: sleeps well: quiet: reads a great deal: refuses to go out of doors: talks quite sensibly: usually agreeable, expresses no delusions: assists some with work: complained of cold: cough medicine given every four hours - often complains of earache, toothache & headache: During Aug. & Sept. more disturbed & irritable:

Aug 3 Scolded a great deal while being bathed: refused to go to bed: was noisy during night: Aug 5-6-7 Very noisy disagreeable & quarrelsome: Transferred to C2. On C2 is quieter, but otherwise very much the same: Aug 17 Trans. to B2: continues quite noisy during day: destructive untidy, refuses to keep clothes on & is very disagreeable: uses profane language & is very bold & silly in manner: appetite very good: fed on tray in her own room: sometimes necessary to seclude her: In Oct. gradually became quieter & more agreeable & assisted with work: Appetite good: slept well. Transf. to C3: Oct. 24. Transferred to B3: no change: continued Agreeable & assisted with work.

Sept 1 to Feb 28 '1900. Agreeable on ward: quiet & lady like: appetite good. Bowels regular: Dec 24 Complains of headache & pain in back Jan. 15 198# Feb 20 Complained of cold: medicine given: rather disagreeable. Plays games: Assists with work on ward.

Mch 1 - Aug 31 '1900. Mch 3 Had a bad cold: medicine given. Latter part of march spell came on: became disturbed, disagreeable, destructive & inclined to be violent. In seclusion most of time. In restraint two days. Quarrelled with nurses & patients. May 15 fought nurses May 31 More quiet & agreeable: slept better. Appetite improved & began to assist with work.

See Folio 95

Personal and Medical History of Ida Collier (Colored)

EBBERT, FIDLAR & CRAMBERS, DIVENPORT, IOWA

Whole No. 3708

Residence, Chatfield, Minn

Date Admission, 2nd May 1894

Admitted by, Dr Phelps Hour, 11 A.M.

How Sent, E. V. Farrington, J of P, Fillmore County

Sex, Female

Age, 16 years

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, has none

Degree Education, not stated

Profession Religion, not a church member

Habits, Good

Nativity, Chatfield, Minnesota

Physicians Committing, G. A. Love and J. H. Phillips

Correspondents, George Collier, Chatfield, Minn

No. for Year, 278

Insane Relatives, none

Cause Exciting, not known

Cause Predisposing, not stated (possibly heredity)

Form,

Accompanying Bodily Disorder, Tuberculosis

Suicidal or Not, not

Date of this Attack, about one month ago

Duration, about a month

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 16

Time of Leaving, April 1. 1895

Time in Hospital, 11 months

Result, Died

EXAMINATION ON ADMISSION.

Exd. May 2 by Dr S. L. Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: somewhat sluggish.

Clear or Confused,

Quick or Sluggish,

MEMORY: apparently good

Past Events,

Recent Events, Good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Correct

REASONING POWER: seems good

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Calm

Indifferent,

Exalted,

Depressed,

DELUSIONS: None determined.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks coherently and pleasantly

Coherent or Incoherent, Does not talk freely but

Voluble or Reticent, answers all questions

Personal and Medical History of Ida Collier (Colored)

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 1 in WEIGHT, ✓ 113. NUTRITION, Good

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, None Coatings, Pale Whitish Promptness Movement, Normal

PUPILS, Equality, Equal Size, Normal

Response Light, Normal Accommodation,

SIGHT, Good

HEARING, Impaired slightly for past year

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue,

Facial Muscles, General, None

REFLEXES, Patellar, Both 5

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Normal

SENSIBILITY,

HEART, No murmurs

LUNGS, seem in good condition

EXAM. URINE.

GYNAECOLOGICAL EXAM.,

MENSTRUATION, Regular

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean Clean, Careless,

BOWELS, Normal, Constipated Constipated, Irregular,

APPETITE, Good, Poor 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, 2 Bros 3 sisters 1 Sister died of bowel trouble

1894

This patient was brought here by Sheriff's deputy, P. McGrew, attended by George Collier (her father) and Ada Collier (her sister) with the following history of case. Habits are good; no insane relatives, though there is possibly some hereditary taint, as she lost 2 sisters, with tuberculosis, at her age, and one at age of twenty-three. Cause of this attack is not known: form is acute; at times exalted, and, at others, much depressed. Accompanying bodily disorder, tuberculosis. First symptoms of disease manifested about one month ago; would run off and could not be restrained. This is 1st attack. Insanity is now shown by a wish to run away; has strange notions; talks incoherently; has capricious appetite; indulges in filthy talk. Disposed to injure others only when restraint was employed. Theis not suicidal, nor filthy nor destructive in habits. Patient has been restrained only so far as trying to keep her at home, and keeping her confined to her own room. Has been under medical treatment for past month.

May 2 On admission, was put on B3 (S.R. A mulatto; hair black; eyes black; no marks scars or bruises are noticed, except a small bruise on left arm; behavior good). April 18 May 3.94 In bed. Very quiet. Appetite good. Sleep poor. Bowels constipated. May 4.94 Up on ward. Behavior quiet. Transf. A1.E. May 5.94 Appetite poor. Behavior quiet. Bowels constipated. Gave pills. Also put on tonic. May 6.94 Appetite fair. Is very stubborn. Is quiet. Laughs to herself.

May 7.94 Appetite fair. Bowels regular. Seems to be weak minded. Is not able to care for herself. Does no work.

May 8 " Refused to go to the dining room at meal time. Had to be taken by force. Ate but very little. At times to get out. Bowels regular. May 9th 94 Appetite fair. Gen behavior quiet. Fought when taking her from dining room. Had to put her in seclusion. Transf. to C1.V. May 10 94 Very stubborn. Bowels constipated. Appetite fair. Very careless in appearance. Behavior quiet. May 11.94 Fought to day. Appetite improving. Takes tonic. Very restless, walking up and down the hall. Had to be undressed by force at bedtime. May 12.94 Refused to get up this morning. Resisted in being dressed. Tried to get out. Bowels very constipated. Appetite is not very good.

May 13.94 Dressed herself this morning and combed her hair. She is beginning to come in dining room without being asked. Bowels moved. May 14.94 Very quiet in behavior. Refused her medicine. No complaints. Appetite about the same. Menstruating. May 15.94 Gen health seems good that is she does not look sick or act in body. May 16 94 Patient is quiet. Seems restless. Bowels irregular. She takes care of herself much better. Appetite poor. Summary. Patient's behavior has been quiet most of the time. Shown violence twice. Her mental state has been somewhat strange. She stands in one position for hours and acts silly. Although she does not talk any. Bowels constipated and irregular. Appetite poor. Very untidy in habits. Does no work. Menstruated about 14th. No change in behavior during period.

23. ~~Has been in bed most of the time for past 2 weeks. Complains of severe ovarian pain. Has been some suppuration and discharge through the vagina.~~ May 9th 94 transferred to C-1. May 11th fought; is very stubborn. 14th refuses to help herself at all. May 24th refuses medicine, appetite fair, does no work, untidy & careless in appearance, bowels constipated, behavior quiet; menstruated 15th of mo. May 26th 94 was visited by her relatives, but refused to talk with them. Behavior very stupid & quiet, appetite improving, bowels constipated, is very careless in habits. May 28th is very irritable, but sleeps well, usually, refuses to bathe, has to be dressed & undressed.

May 31st 94 No change in mental condition. June 1 94 Appetite good. Bowels regular. Does no work. Behavior quiet. June 3 94 Is improving. She dresses herself, also goes to dining room.

June 3.94 Becoming more tidy in habits. Sleeps well. July 6 94 Becoming more active. Gen health good. Menstruating.

July 17 Transf to Annex. Aug 27 94 No change in any way. Sept 27.94. Appetite good. Clean and tidy in habits. Quiet in behavior. Never speaks. Is very obstinate. Goes riding and walking. Health good.

Nov 10 94 Visited by her father. Jan. 30.95 Appetite poor. Clean and tidy in habits. Very quiet in behavior. Never speaks. Is growing very thin in flesh. Will go riding and walking. Febr. 3.95 Is fading very fast. Coughs and expectorates a good deal. Febr. 12.95 Transf to Infirmary.

Synopsis: Was put to bed. Feet swollen, expectorated freely. Her appetite was pretty good. passed mostly restless nights. Was visited by sister on 6. 8 and 9 of March. On March 12 95. she complained of pain in side & moaned a great deal. Was again visited by sister on Mch 15. Was up on ward the greater part of day and rested well during night on Mch 23. Felt fairly well on Mch 24 & 25. but sleept only a few hours during the following nights. Became very weak, nearly helpless Mch 29 & restless and noisy during the night of Mch 30. Seemed much in pain, crying considerably & very noisy and restless. Very quiet all night of 31., did not sleep, at times breathes very hard. Face covered with perspiration all night. Had a fit on April 1. fell in a stupor, has not roused up at all. and

Died, April 1st 1895. at 5 30 P.M.

For particulars see Nurses records.

GOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3709
Residence, 300 St Anthony Ave, St Paul, Minn
Date Admission, 2nd May 1894
Admitted by, Dr Herzog — Hour, 7 P.M.
How Sent, John B. Olivier, Jo P. Ramsey County
Sex, Female
Age, 25 years
Civil Condition, Married
Children, (3) Three
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, Good —
Profession Religion, Yes, Methodist
Habits, Good
Nativity, Illinois U.S.
Physicians Committing, B. F. Paxton and Ovide Martel
Correspondents, (Husband) Frank P. Masterson
300 St Anthony Ave



No. for Year, 279.
Insane Relatives, none
Cause Exciting, Puerperal
Cause Predisposing, none given (probably previous attk)
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not
Date of this Attack, 6 months ago
Duration, about 6 months
No. of Attack, Not 1st
No. of Admissions, 1 (new committment).
Age First Attack, 24
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, ~~Confused~~ Very confused
Quick or Sluggish, ~~Quick~~ Quick
MEMORY:
Past Events, Impaired
Recent Events, ~~Impaired~~
Special Subjects,
PERCEPTIVITY:
Alert or Dull, ~~Dull~~
Correct or Illusive, Partially correct
REASONING POWER:
Ordinary Subjects, Impaired much
Own Mental State, " much
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
~~Says it was a mistake that she came here~~

EMOTIONAL STATE:
Normal, Calm, ~~Calm ordinarily, but excitable~~
Indifferent,
Exalted, Exalted
Depressed,
DELUSIONS:
Systematized or Not, ~~Many & varied~~
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: ~~Talk freely~~
Coherent or Incoherent, Incoherent in
Voluble or Reticent, most of her talk
~~Imagines that when she speaks is heard all over the state.~~

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 1 in WEIGHT, 128 pds. NUTRITION, ~~Good~~
WOUNDS OR ABNORMALITIES, ~~None~~
TONGUE, Tremors, ~~None~~ Coatings, Promptness Movement,
PUPILS, Equality, ~~Equal~~ Size,
Response Light, ~~Normal~~ Accommodation,
SIGHT, ~~Impaired~~ Good
HEARING, ~~Good~~ Good
COORDINATION, Arms, ~~Good~~ Good
Legs,
TREMORS, Hands, ~~Slight~~ None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes, ~~Both~~
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, ~~Pleasant~~ Normal
SENSIBILITY,
HEART, ~~Sounds are normal~~
LUNGS, ~~Seem in good condition~~ Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, ~~Ceased~~
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, ~~Clean~~ Clean, Clean Careless,
BOWELS, Normal, ~~Constipated~~ Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Well Poor, Irregular,
PULSE, RESP., Normal TEMP., Normal
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Mary Masterson

1894 EBERT, FICKAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy Sheriff St Chapel, accompanied by Frank P. Masterson her husband, with the following history. Habits are good. No history of heredity. Supposed cause of this attack is puerperal. Form paranoyteual; no accompanying bodily disorder; first symptoms of the disease were manifested about 6 months ago. She has probably had other attacks, paranoyteual during past 6 months. Insanity now shown by hallucinations & religious delusions. Patient is disposed to injure others, from sudden passion, but is not suicidal, nor filthy nor destructive. No peculiarities &c were previously known. There is no history of any bodily disease &c or injury to head.

Note This patient was committed here under the "Law of 1893" which has been declared unconstitutional. She had been at this hospital from Jany 25/94 to April 19/94, at which latter date she was taken back to St Paul. During her stay, was, at first, excited, very noisy & violent, at times; then became quiet, for a time; again, as before very excitable, very sarcastic and fault finding, most of the time, also somewhat pugnacious. Was in about this condition when sent out. She now comes back under "new warrant". —
(For further Details, see Vol 24 page 351. No 3540). ———

May 3 On admission. weak patient 5'2". (S.A. Complexion light; hair light; eyes gray; condition of skin normal; no marks, scars, or bruises noticed; bodily condition quite clean; behavior good). May 3.94 Quiet on ward. Complains of ill treatment at home. Appetite good. Sleeps well at night. Bowel regular. P 72. R 18. Normal.

May 4 The same. Rested well. May 5.94 The same rested well. May 6.94 Very noisy for hrs. Kept in bed part of the day. Imagined that she saw her children out on lawn. Rested well all night. May 7.94. Continues about the same. Rested well. May 8.94 The same. Rested well. May 9.94 The same. Rested well. May 10.94 The same. Rested well

May 11.94 The same. Rested well. May 12.94 The same. Rested well. May 13.94 Appetite good. Behavior very noisy at times. Talk coherent. Complained of headache today. Rested well at night. May 14.94 The same. Rested well

May 15. The same. Rested well. May 16.94 The same. Rested well. Summary: Appetite good. Habits clean. Behavior very noisy at times, talking & swearing. Thinks she ought not to be kept here. At times thinks she sees her children out on lawn. Rests well at nights. May 18.94. At times excited. Talking of home & children. Appetite good. Habits clean. Menstruating. May 22.94. Very noisy a morning, talking & gesticulating.

June 5.94 Very noisy all day. July 8.94 Menstruating. Very noisy this morning. July 22.94 Very noisy talks to C4

July 4. Transf to Annex. Oct 17.94 Appetite good. Clean & tidy in habits. Gets quite silly some times. Talks spells of laughing. Works on the sleeping flat and in the laundry. Goes riding & walking. Gen health good. Jany 26.95. Became very noisy and quite violent. Transf to C4.

Jany 31.95 Appetite good. Sleeps well. Works on ward & in dining room. Noisy at times.

Feb 26.95 About the same. Mch 30.95 Works in the laundry part of the time, also on ward. Very noisy at times. Habits clean. Bowels reg. Apr 30.95 Works in dining room & on hall some. Appetite quite good. Sleeps well. Habits clean. Bowels constipated. May 29.95 No change.

June 30.95. Eats & sleeps well. Habits clean. Works on the ward. Goes riding & walking.

July 23. The same. July 29.95 Very noisy at times. Violent and destructive occasionally. Habits clean. Personal appearance usually quite neat. Bowels regular. Goes riding & walking.

Sept Oct & Nov. Appetite fair. Bowels irregular. Sleeps well. Quite noisy at times. Works on ward some. Violent at times. Dec 30 Appetite good. Sleeps well. Habits clean usually. Violent at times. Works occasionally. Goes riding & walking. Bowels usually constipated. Mar. 30 Appetite poor. Sleeps well usually. Habits quite clean. Is violent &

Personal and Medical History of Mary Masterson

destructive at times. Goes riding & walking. May 18 No change since last note. Summary Nurse's Notes by Dr. E.L. Phelps. Appetite good. Sleeps well usually. Dirty at times & at times very violent. Jan. 99 Very violent: requires close watching: Appetite good: general health good: bowels ~~tog~~ constipated. Has many delusions. May 99 No change. Aug 99 April Health good very violent in behavior. Demented. Continued by Dr Ben Phelps. Nov 27 99 Patient in fairly good health & fairly quiet in behavior: occasionally does a little work but is very disturbed & somewhat troublesome. Feb 28 Wt. 129# At times quite violent.

Feb 20 99 Patient's general condition has been about same in every way during the intervening period. (Cont by Dr. R.A. Bebb) Mar. to Sept 99 Bowels usually constipated: sleeps quite well: usually in good health: takes out door exercise: at times destructive & violent: appetite variable: not so good of late: seems to be loosing in weight. Dec 1 99. No change. Mch 1 — Aug 31 1900 (Dr Linton) Usually clean in habits but careless in appearance: quiet in behavior: Does not converse: At times violent, destructive & noisy. Dr Mch 5 fought with patient during night. Put in restraint. Appetite good: expectorates on floor & clothing: General health is good: Does not converse. Sept 1. Very violent destructive & noisy: untidy: appetite good: sleeps well. Oct 20 very pugnacious while being bathed. Nov 20 Wt 104#. Dec 1 — Feb 28 1901 No change: Vulgar profane & violent at times. Feb. 15 Wt. 102½#. Mar. to June 1901 No change in mental or physical condition May 29 Wt. 103#. June to Sept. Patient's condition remains unchanged both physically & mentally, Aug 31. Wt 103#. Sept. to Dec. General health fair, does not attend chapel services or amusements, takes out door exercise, frequently noisy & scolds, occasionally attacks nurses. Nov. 23 Wt. 106#.

Dec. 31, 1901 No Change. Wt 105½# March to Aug. 23rd No change. Wt 107#. Sept. to Dec 31st No change. Patient is violent in manner and behavior very delusional: attacks nurses & other patients: never converses, always sullen. Kept in bed: takes regular out door exercise: dirty in habits.

EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3710.
Residence, Dodge Centre, Minn.
Date Admission, 3rd May 1894.
Admitted by, Dr Phelps Hour, 5 PM.
How Sent, Thomas Fraser, J of P, Olmsted County
Sex, Female -
Age, 47
Civil Condition, married
Children, 7
Age Youngest Child, —
Occupation, Housewife
Degree Education, not given
Profession Religion, is a church member
Habits, Good.
Nativity, Germany —
Physicians Committing, W. W. Mayo and W. J. Mayo.
Correspondents, William Wilke
Dodge Centre Minn.

No. for Year, 280.
Insane Relatives, none
Cause Exciting, chronic uterine disease
Cause Predisposing, Epilepsy probably.
Form,
Accompanying Bodily Disorder, chronic uterine disease, hysteria, epilepsy —
Suicidal or Not, Yes: tried to jump from window
Date of this Attack, During the past year
Duration, about a year
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 46 —
Time of Leaving, May. 8. 94.
Time in Hospital, 5 days.
Result, Died

EXAMINATION ON ADMISSION.

Exd Drs. R. M. and J. L. Phelps. May 5. 94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or 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:
In bed. Exhausted and low, will not talk much. Despondent and dull.

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

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, Too weak & feeble to permit ~~WEIGHT~~, of these being taken NUTRITION, Impaired
WOUNDS OR ABNORMALITIES, None; scar on wrist.
TONGUE, Tremors, Coatings, Thick with coat Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good. Accommodation,
SIGHT, Seems good.
HEARING, Good
COORDINATION, Arms, sick in bed, can not test
Legs,
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Palpitates
LUNGS, Bronchical breathing lep side.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Very poor 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,

1894

This patient was brought here by Dr. Wm. Mayo and her husband, with the following history. Habits are good. No hereditary history. Supposed cause of this attack is chronic uterine disease; form of attack is chronic, depressed. She has had "strange spells" during the past year. This is 1st attack. Insanity is now manifested generally. Is disposed to injure others from sudden passion; is suicidal; tried to jump out from window. Is not filthy or destructive. Subject to hysteria & epilepsy. Has had to be watched all the time, for two weeks. Patient has had several operations performed during past year.

May 3 On admission, was so weak & feeble that she had to be carried up to C2, the "sick ward", and put to bed. (S.R. Complexion is light; hair light; eyes blue; condition of skin normal; bodily condition clean; behavior good). P.68 R. 18. T.97 Cts.

May 4 Behavior very quiet. Talks of being poisoned. Appetite poor takes small quantities of milk, wine and brandy. Slept most of the PM and night. Cough none. Bowels constipated. Complaints & Injuries. Scar on left arm P.70 R.18 T.97 Cts.

May 5 T.97. P.69. R.18. Has taken no solid food. took several glasses of milk. Gave enema. Passed urine; dark, brown and thick. May 6.94 Quiet all night. Appeared to be sleeping most of the time. Feet cold. Hot sand bag to feet. Slight movements of bowels. Pulse weak. T.97. R.22. Milk ℥VI three times. May 7.94. T.97. P.99. R.30. Has taken very little nourishment. Vomiting frequently character. dark brown blood. Restless. May 8.94 Husband come. Patient considerably cross to him. About an hour after she came, she died. May 8.94 Urine was examined and large

May 8.94 quantity of albumen found. Seemed to fail rapidly after admission. For particulars See nurses record case.

Died

Personal and Medical History of Mary Proell

EBERT, FIDLAR & BRAMBERG, DAVENPORT, IOWA

Whole No. 3713.

Residence, 190 E. Broadway Winona Minn

Date Admission, 4th May 1894

Admitted by, Dr Kilbourne Hour, 4.15 P.M.

How Sent, H. L. Buck, Jail, Winona County

Sex, Female

Age, Twenty (20)

Civil Condition, Single

Children, none

Age Youngest Child, —

Occupation, House keeper

Degree Education, not stated

Profession Religion, is a church member

Habits, Good.

Nativity, Germany

Physicians Committing, J. B. McCaughey and L. G. Wilbertou

Correspondents, Jacob Proell. 190 E. Broadway Winona. Minn (Father)

No. for Year, 283.

Insane Relatives, none

Cause Exciting, not known

Cause Predisposing, not known

Form, Acute mania

Accompanying Bodily Disorder, Deaf, from typhoid fever

Suicidal or Not, not.

Date of this Attack, 1 week ago

Duration, one week

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, 20 —

Time of Leaving, Aug 28 94.

Time in Hospital, 3 mo 24 ds.

Result, Recovered

EXAMINATION ON ADMISSION.

Ex. Dr. J. S. Phelps. — MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events, Impaired

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER: Impaired

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Very excitable and restless when admitted. Necessary to put to bed in a restraint sheet. Some ria of temp.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Exalted.

Depressed,

DELUSIONS: Many.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Very incoherent

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Mary Proell

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS. Rise of temp. + quite excited. Put to bed in restraint sheet.

HEIGHT, WEIGHT, 114 pds. NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Coatings, Heavy Promptness Movement,

PUPILS, Equality, Equal Size,

Response Light, Good Accommodation, Good.

SIGHT, Good.

HEARING, Impaired.

COORDINATION, Arms, Can not test.

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, Confined to bed General,

REFLEXES, Patellar, Can not test.

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Normal.

LUNGS, Seem in good condition, but has bad cold.

EXAM. URINE.

GYNAECOLOGICAL EXAM.,

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Mary Proell

1894

EBERT, FICLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Sheriff John F. Gay and attended by Jacob Proell and Mary Proell, with the following history. Habits are good; no history of heredity. Cause of attack is not known: form is acute, paranoiac. She had typhoid fever 9 years ago, which seriously impaired her hearing. The first symptoms of disease now manifested one week ago; she commenced saying she was going to be married; became greatly excited; refused to go home; talked incoherently. This is the 1st attack. Insanity is now manifested in that she is violent, uncontrolable, sleepless; refuses to remain at home; talks incoherently all the time: She is not disposed to injure others, nor suicidal, but is offensive and destructive habits. She has been worse for some months, previous to this attack. Has not been restrained or confined. Has been under medical treatment since last Sunday; no results. —

May 4 May 4th 94. On admission, was put on B2 (S.R. Complexion light; hair light; eyes blue; Condition of skin fair; the arms & limbs have several small bruises on them; bodily condition very dirty. Was quite excited when put in ward & had to be put in restraint) P 104 R 18 T 97 h. May 5. 94. Kept her very noisy & hrs. T 99 4/5 100. - 101.

May 6. Very noisy all day. Gave enema but did not retain it. Still in restraint. Does not talk English. Ate well during day. Ate takes milk between meals. May 7 94 Still in restraint sheet. Very noisy most of the day. Refused to take food. Took freely of milk. Gave medicine as directed. Bowels moved freely. Rested well at night. May 8. 94 Continues the same. Noisy & hrs Rested well the rest of night. May. 9 94. The same. Patient sick in bed with diarrhoea. Vomited several times. Noisy till 2 A.M. Slept 1 hr. Taken out of restraint. May. 10 94 Still in restraint. Refused food very difficult to administer medicine. Quiet, and slept well at night. Bowels moved this morning. May 11. 94 Refused food & also med. Otherwise the same. May. 12. 94 Refused food & med. Still in restraint sheet. At times very noisy. May. 13. 94 Temp at 6 P.C. 11 3/5 A.M. Took 3 glasses of milk T 99. P 100. R 20. In bed & in restraint. Bowels regular. May. 14. 94 Drank quantity of milk & the half slice of bread & an egg. In restraint & very noisy and restless. Slept about 4 hrs. T. 98 2/5 P 100. R 20. May. 15 94 Taken out of restraint 7 30 A.M. Quiet all day & in bed & dressed on ward T 98 2/5 P. 100 R 20. Took milk. Eggs, bread & butter. May. 16 94 Not in restraint. Very destructive, destroyed clothing for breakfast. Milk & one egg. Temp at 6 P.C. (For particulars see nurse's record Case)

May 17. Appetite good. Habits clean. Very noisy & violent at times. Also destructive to clothing. Would not keep on shoes. Put strap on shoes. May 18 94 About the same. Visited by father. Very noisy & restless. Slept 1 hr. gave hypodermic at 10 P.M. Destroyed clothing. **Summary.** On admission Temp. below normal. Insufficient clothing. Had a severe cold. Sick in bed for the first week. Had to be kept in restraint sheet. Very noisy all the time. Except when under the influence of med. Given hypod: Also destructive to clothing & violent at times. At times refused food & med. At date appetite good. Habits clean. Does not talk English. Nurse's record from C2 May 24. 94. Rec'd on C1. Put in restraint:

May 25 Very restless until 11 P.M. Seemed to be asleep nearly all the rest of night. Bowels moved 2 times. Noisy at 10 P.M. May 26. 94 Was extremely noisy at times. Slept about 3 hrs. May 27 94 Extremely noisy until 3 A.M. Asleep most of the time since. May 28. 94 Extremely noisy all night and kept the other patients awake. Destroyed sheet & night dress & took bedsted. Too violent to take temp: For particulars see Nurse's record Case;

June 1 Extremely noisy most of the day & night. Rec'd bruise on side of face. June 30 94 Noisy most of the time. Appetite good. Is very destructive day & night. Violent at times. Bowels constipated. July 1 Transf to C!

July 24. 94. Has improved a great deal of late. Quiet & well behaved. Pleasant in manner. Appetite good. Did some work yesterday. Sleeps well. Asks to go home. July 27 94 Has been violent & destructive again. Destroyed her dress again. July 28. 94 Had to be held today. Extremely violent. Aug 8. 94. Visited by her

Personal and Medical History of Mary Proell.

Became very excited after he left. Had to be held 2 hours. Aug 16. 94 Became more quiet. Removed to B2. Aug 20. 94 Complained of headache & pain in stomach. Gave medicine. Bowels constipated. In bed part of day. Aug 27 94 Visited by father. Aug. 28. 94 Went home with her father to day. Though much improved in mental condition was still quite unstable, excitable & nervous.

Discharged (Feb 6th 95.)

Personal and Medical History of Betty N. Clay

EBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3717.
Residence, St Paul, Minn –
Date Admission, 9th May 1894 –
Admitted by, Dr Phelps — Hour, 7 P.M.
How Sent, John B. Olivier, Jef P. Ramsey County
Sex, Female
Age, 26 Years
Civil Condition, Single
Children, none –
Age Youngest Child, —
Occupation, Nurse
Degree Education, probably good
Profession Religion, Episcopalian
Habits, Good –
Nativity, Virginia
Physicians Committing, C. Eugene Riggs & H. McLaren
Correspondents, Odin G. Clay
174 College Ave. West.



No. for Year, 287
Insane Relatives, 2 uncles Monomaniacs
Cause Exciting, followed attack of Typhoid fever.
Cause Predisposing, heredity
Form,
...ing Bodily Disorder, None
...Not, Believe her to be suicidal.
... Attack, in 1886.
about 8 Years. –
...k, 1st
...issions, 1st
...ttack, about 18
...ving,
...spital,

EXAMINATION ON ADMISSION.

Ex. Dr Sh Phelps May 10 94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Quick
Quick or Sluggish, Confused.
MEMORY: Says good
Past Events,
Recent Events, somewhat absent minded.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Talks almost constantly, rather hysterical in manner
Says has had some trouble with back, severe pain

EMOTIONAL STATE: Excitable
Normal, Calm,
Indifferent,
Exalted, Imagines she hears folks talk about her
Depressed,
DELUSIONS: Thinks people are working against her, that
Systematized or Not, they do not like her
Special Subjects, Delusions of persecution
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS: Thinks she has property and can not get it, other power her.
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Talks freely at times
but has many delusive ideas

Personal and Medical History of Betty N. Clay.

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 6 WEIGHT, 136 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, None — Promptness Movement,
PUPILS, Equality, Equal. Size,
Response Light, Accommodation,
SIGHT, Good.
HEARING, Good
COORDINATION, Arms,
Legs,
TREMORS, Hands, None Tongue,
Facial Muscles, General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Prompt. Slurred,
FACIAL EXPRESSION, Normal.
SENSIBILITY,
HEART, Normal.
LUNGS, seem in good condition.
EXAM. URINE.

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

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") (Not very strong)
Mother or Mat. Relations, Not very strong
Father or Pat. Relations, died of consumption.
Brothers or Sisters,

Personal and Medical History of Betty N. Clay.

189[illegible]
HERBERT, FUDLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy Sheriff M. N. Goss, attended by Miss Julia Akers, with the following history of her case. By occupation a nurse; habits good; there is history of heredity, 2 uncles being manic - maniacs. This attack followed on an attack of Typhoid Fever; form is Chronic, Mostly depressed. No accompanying bodily disorder. First symptoms of the disease were manifested in 1886, by melancholia. This is the 1st attack. Insanity is now shown by thinking she is persecuted & that she is withheld from an Estate to which she has fallen heir. She has frequently threatened to injure others. Is believed to be suicidal. Has no filthy or destructive habits. No peculiarities were previously shown. There is no history of any bodily disease &c. She has not been restrained or confined, but was at Mc Bride's Institution for a Short time.

May9 On admission, transfer on B[illegible] (S.R. Complexion light; hair brown; eyes blue; Condition of skin fair. - Bodily Condition quite clean. Behavior good. Patient shows delusions).

May 10. Very quiet on ward. Talk. Coherent. Appetite good. Slept well at night. Conjunctivae Pyx. R & L Normal. Transf to B[illegible]

" 11. Rec'd on B[illegible] Appetite very good. Has been very talkative all day. Went out walking. May 12.94. Appetite good. Slept well. Very quiet all day. Has been reading most of the time. Went walking. May 14.94. Appetite good. Slept well. Quiet all day. Refused to go walking. Wanted to stay in & read. May 15.94. Appetite good. Slept well. Went out riding in forenoon.

May 16. Appetite good. Slept well. Complains of sore throat. Has been cross & irritable all day. May 17.94. Slept well. Appetite good. Has been quiet. Reading most of the day. Has delusions. May 18.94. Appetite good. Slept well. Has been quite talkative to day. Went out walking. May 19.94. Appetite good. Slept well. Reading a greater part of the day. Went out walking. May 20.94. Has been quite talkative all day. Slept well. Appetite good. Went out walking.

May 21. Appetite good. Slept well. Went out walking. Has been quite talkative all afternoon. May 22.94. Appetite good. Slept well. Is very indolent. Has been quite irritable most of the day. May 23.94. Slept well. Appetite good. Went out walking in forenoon. Went to the dance in the evening. May 25.94. Menstruating.

July 1.94. Removed to A[illegible]. July 13.94. Has not been very well for the last 3 or 4 days. Appetite poor. Stays in her room most of the time. Talks very little. Says quite a good deal. Imagines every body is talking about her. July 26.94. Some better. Appetite fair.

July 29.94. Appetite fair. Sleeps well. Quiet in behavior. Stays in her room most of the time. Talks somewhat silly at times.

Aug 16.94. Menstruating. Aug 29.94. Appetite good. Is quiet and pleasant on ward. Takes out door Exercise. Talks quite a good deal about going home. Gen health good. Sept 9.94. Menstruating. Sept 26.94. Appetite good. Sleeps well. Stays in her room most of the time. Occupies most of the time sewing for herself. Wants to go home. Oct 30.94. Irritable at times. Accuses other patients, nurses & others of talking about her. Stays in her room most of the time. Occupies her time in sewing & reading.

Menstruating. Nov 15.94. Appetite fair. Has delusions & is very impudent at times. Removed to B[illegible]

Nov 30.94. Appetite good. Sleeps well. Menstruating. Dec 13.94. Appetite good. Sleeps well. Bowels regular. Very quiet most of the time. Dec 20.94. Quarrels with room mates a great deal, always complaining.

Jany 2.95. Very disagreeable at times. Has a good appetite. Goes riding. Feb 15.95. No change.

Feb 18.95. In bed all day. Feb 28.95. Appetite good. Bowels regular. Quiet in behavior.

Mch 12. Appetite good. Bowels reg. Reads most of the time. Goes walking. Transf to B[illegible]. Mch 15.

April 30. Has a good appetite. Sleeps well. Bowels reg. Goes walking & riding. Behavior quiet.

May 30. In bed 6 day. Complains of nausea. May 31.95. Has a good appetite. Sleeps well. Bowels reg. Takes out door Exercise. Behavior quiet. June 16. Menstr.

June 28. Appetite good. Sleeps well. Has been troubled with Tape worm. Quiet. Goes riding & walking.

Aug 31. Appetite good. Sleeps well. Quiet. Reads most of time. Neat. Does no work. Goes walking & riding.

Personal and Medical History of Betty N. Clay.

Sept. Oct. Nov. Appetite good. Bowels regular. Sleeps well. Behavior quiet. Neat in Habits. Very disagreeable at times. Goes riding & walking. Does no work. Has delusions. Spends most of her time reading & working for herself.

Jan 98 Neat in appearance. Quiet in behavior. Has delusions. Appetite good. Sleeps well. Bowels regular. Takes out door exercise. Occupies most of her time reading. Does no work. Jan 20 to Feb 16 Menstr.

Mar 15 Neat in appearance: has many delusions: very disagreeable on ward: appetite good. Sleeps well: bowels regular: Takes out door exercise: Reads most of time.

Mar 15 - Apr 14 - May 4 Menstr. Summary Nurse's Notes by Dr. S.E. Phelps:- July 9:- Menstr. regular: very disagreable on ward, always complaining: Has very many delusions: Jan. 97 Appetite good: gen'l health good: Has many delusions about influences thrown upon her night & day: complains of being imposed upon: Very disagreeably toward nurses: Apr. 97 No change: Aug 97 Physical health good: no change (cont by Dr. J.H.M.B.) Nov 30 97 Patient is growing still more feebleminded & more open to gross delusions. Is exceedingly vain & thinks that she is above everyone & should not be subject to the same conditions; asks for all sorts of privileges. Feb 25 98 Wt. 145# Feb 27 99 Patient's condition has presented no marked change during period. Is always in fairly good health: Insists on talking over a lot of complaints which are trifling & silly in character. Is growing very slowly worse mentally - (cont. by Dr. R.A. Bibb) Mar 7 to Dec 99 Has a ravenous appetite & frequently complains of both quality & quantity of food: demands Specials: neat in habits & very particular about personal appearance: exceedingly irritable & disagreeable: quarrels with most of the ladies & almost always with her room mate: Is exacting & fault finding; her complaints being numerous & frequent: reads most of time: does some sewing & mending for herself: Has numerous delusions: talks fairly sensibly on many subjects, but is unreasonable & her conversation is influenced by her delusions. Imagines people can read her mind: & that electrical forces are brought to bear upon her.

Dec - Feb 24 1900 Very disagreeable on ward: neat: appetite good: always finds fault with food & is very trying in manner toward nurses: will not associate with the other patients, quarrels with them. Jan 18. Wt. 128# Jan 7 threw basin of water at A. Merty. Expresses delusions of hypnotism &c. Very disagreeable

Mch - Aug 31. Menstruates regularly: Neat & clean: appetite good. Impudent & Sarcastic to nurses & patients: July 01 Vaccinated: Aug 26 Takes care of room but does no ward work. Nov 24 Wt. 124# Still very disagreeable: says she is superior to other patients & is very sarcastic. Dec 1 - Feb 28 1901 No change - General health good. Feb 20 1901 Wt. 121# Mar. to June 1901 No change in physical or mental condition, May 28 Wt. 123# June to Sept. Patients general condition remains unchanged, Aug. 31 Wt. 131# Sept to Dec General health good, neat in habits and appearance, takes out of door exercise, very disagreeable at times, is not on intimate terms with anyone, reads a great deal. Nov. 30 Wt. 130#

Personal and Medical History of Mary Dean

EBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA



Whole No. 3723.
Residence, School for Feeble-minded, Far
Date Admission, 16th May 1894.
Admitted by, Dr Phelps — Hour, 4 P.M.
How Sent, R. A. Mott, Jof P. Rice
Sex, Female
Age, 21 +
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, (Inmate, as above)
Degree Education, —
Profession Religion, not a church member.
Habits, has been in custody, most of her life
Nativity, no data of this.
Physicians Committing, Roscoe N. Jackson & A. C. Rogers
Correspondents, W. D. Dean (Father) Duluth, Minn

ar, 293.
latives, Father & mother
iting, heredity — (at least congenital)
disposing, heredity
ying Bodily Disorder, none
r Not, Talks of suicide, for effect —
his Attack, when a little child.
since childhood.
tack, not 1st
No. of Admissions, 1st
Age First Attack, in childhood
Time of Leaving, July 30. '95
Time in Hospital, 1 year 2 mos 6 days.
Result, Transfd Fergus Falls

ok J.M.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Rather sluggish
MEMORY: weak minded Imbecile
Past Events, Good
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Rather correct
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Is of imbecile type

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Excitable at times
Depressed, very violent
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent mostly
Voluble or Reticent,
Talks quite freely

Personal and Medical History of Mary Dean

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft WEIGHT, 155 pds. NUTRITION,
WOUNDS OR ABNORMALITIES, Scars of abdominal operation
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE.

GYNAECOLOGICAL EXAM., Ovariotomy has been done
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless, Careless
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Mary Dean

1894

EBERT, FICKE & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Mr & Mrs Massey of the School for Feeble-minded, Faribault, with the following history. She has been in custody most of her life; is now an inmate of above school. Father & mother were insane; her condition is hereditary; at least congenital; form of attack, paroxysmal. First symptoms were manifested by outbursts of temper, as a little child. This is not the first attack. Insanity is now manifested by periodical outbreaks of violence; erotic manifestations; masturbation; (vulgarity and profanity always as accompaniments). Is disposed to injure others from sudden passion. Talks of suicide for effect. Has been disposed to filthy and destructive habits, but is better in both respects than formerly. She has been restrained by Camisole to prevent masturbation & destruction of furniture; has also been in isolation; this during the outbursts only; often removed before entirely over, when there was an effort of will to restrain herself. Ovaries removed about 3 years ago, with the idea of diminishing the irritability from these sources; much improved since, but too old to produce the effect hoped for. — — — —

May 15 May 15/94. On admission, was put to bed 3 — (S.R. Complexion light; hair light; eyes gray; condition of skin normal. Has several bruises on body. Bodily condition clean. Behavior good. When asked about these marks on her, she said that the Dr & matron used a strap to punish her with).

" 17 Destroyed & dresses, also her shoes. Talk noisy. Uses profane language. Appetite good. Couch none. Bowels moved this morning. Has bruises on limbs & back. Opt R 22 P 96 May 18 94 More quiet today (am) Quiet in evening & the afternoon. Transf to R. May 19 94. Violent in behavior, also noisy at intervals. May 20 94 Fought attdts this am. Wanted to throw herself in the river this P.M. May 21 94. In seclusion 2 hrs. May 22 94 Fought attdts. Behavior about the same. Talks and sings noisily. May 23 94. Quiet in behavior part of the day. Goes walking & riding. May 24 94. Behavior about the same as yesterday. Fought attdts. In seclusion 2 hrs. May 25 94 Quiet in behavior. Appetite good. May 26 94. Behavior very mischievous. Teases & annoys the patients. May 27 94 Fought attdts this P.M. In seclusion 6 hrs. May 28 94 Quiet in behavior today but is always teasing Mrs Clark. May 29 94. Fought attdts this PM. also broke picture glass. Fought again at bed time. Summary: Quiet in behavior for a few days at a time, then becomes violent. Appetite fair. May 31 94. Violent in behavior. Appetite & Habits dirty. General health apparently good. June 94 Is very violent at times & destructive more especially at night. Attempts to run away frequently. dirty in habits. Appetite good. Has disturbed spells at night. Has not menstruated since May or B 4 July 9 94 In bed in bed. Complains of pain in abdomen & has diarrhoea. No change mentally.

Aug 94 Behavior quite good of late. Goes riding & walking, also to chapel. Appetite good. Bowels reg. Does not menstruate.

Aug 24 Has fought almost every day during the past week. Extremely noisy at night. Has bad habits & is dirty & untidy. Is very destructive. Aug 30 94 Has been more quiet the last few days. Sept 23 94 Very violent, noisy, dirty & destructive. Appetite good. Sleeps well when not in spell, incessantly asking for privileges & when not granted scolds and fights. Oct 20 94 Gen health good. Goes riding & walking

Oct 30 94 Dirty in habits. Nov 1 94 Destroyed her clothing, fought attdts. Had to be locked up. In seclusion 6 hrs. Nov 10 94 Destroyed her bed tick & clothing. Gets noisy part of nights.

Nov 20 94 Behavior violent at times. Destroys clothing every night.

Nov 30 94 Has been more quiet the past week. Appetite good. Dec 30 94 Has been quiet in behavior for some time. Appetite good. Bowels regular. Jany 12 95 Appears to have taken cold, coughs & expectorates bloody sputa. Jany 31 95. Behavior more quiet of late. Appetite good. Bowels regular

Personal and Medical History of Mary Dean.

Feb 28 95 Behavior violent at times. Has been quite destructive to clothing of late. Appetite good. Bowels regular. Goes riding & walking. Mch 31 95 Appetite good. Bowels regular. Habits dirty & untidy & very destructive. April 27 95 Behavior violent at times, but has been more quiet of late. Habits dirty. Appetite good. Bowels reg. May 17 95. Violent in behavior at times, and will take advantage if help is scarce. Habits dirty. Appetite good. Bowels reg. Goes riding & walking. May 20 95. Very destructive. Habits dirty. Will take advantage whenever she can. June 25 95. Behavior violent at times. Usually takes advantage when help is scarce. Appetite good. Bowels reg. Habits very dirty. July 30 95 Transf to Fergus Falls

Personal and Medical History of Jane Clarke

GEBERT, PIGLAN & CHAMBERS, DAVENPORT, IOWA



Whole No. 3727. 297.

Residence, Winona, Mini... ...ives, her father: sister suspected.

Date Admission, 19th May 1894. ...ng, none known for this attack.

Admitted by, Dr. Phelps Hour, 4 P... ...posing, heredity & previous attacks.

How Sent, H. L. Buck, Jof P. Winona

Sex, Female ...ng Bodily Disorder, none

Age, 56 years (says she is 4... ...Not, not.

Civil Condition, widow ...Attack, 15 yrs ago; at death of husband

Children, one ...some 15 years.

Age Youngest Child, — ...k, 3rd probably

Occupation, Housewife No. of Admissions, 2nd

Degree Education, Common Age First Attack, about 41.

Profession Religion, Episcopal Time of Leaving, Oct. 22 '94

Habits, Good Time in Hospital, 5 mo. 3 ds.

Nativity, Holland Result, Improved

Physicians Committing, J. B. McGaughey and D. B. Pritchard

Correspondents, Jennie F. Clarke, 120 E Broadway Winona Minn

EXAMINATION ON ADMISSION.

Ex Dr J. L. Phelps May 20 94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Quick.

MEMORY:

Past Events,

Recent Events, Impaired

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State, Impaired.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Says it was a mistake that she came here

EMOTIONAL STATE:

Normal, Calm, Calm ordinarily but excitable

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, Many and varied.

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks freely. Imagines when

Coherent or Incoherent, she speaks she is heard all

Voluble or Reticent, over the country

Personal and Medical History of Jane Clarke

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, — WEIGHT, — NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None. Coatings, Promptness Movement,

PUPILS, Equality, Equal. Size,

Response Light, Normal Accommodation, Normal

SIGHT, Impaired

HEARING, Good.

COORDINATION, Arms, Good.

Legs, "

TREMORS, Hands, Slight Tongue,

Facial Muscles, General,

REFLEXES, Patellar,

Other Reflexes, Both 8

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Pleasant.

SENSIBILITY,

HEART, Sounds are normal.

LUNGS, Seem in good condition

EXAM. URINE.

GYNAECOLOGICAL EXAM.,

MENSTRUATION, Ceased

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean Clean, Careless,

BOWELS, Normal, Constipated Constipated, Irregular,

APPETITE, Good, Irregular Medium, Poor,

SLEEP, Good, Poor Poor, Irregular,

PULSE, 86 Reg RESP., Normal TEMP., Normal

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, long ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, she says had asthma.

Father or Pat. Relations, " " was healthy.

Brothers or Sisters,

Personal and Medical History of Jane Clarke

1894

This patient was brought here by Sheriff Gay & accompanied by her daughter, with the following history of her case. Habits are good. There is history of heredity, her father having been insane, and sister suspected. Cause of this present attack is not known: form is paroxysmal. No accompanying bodily disorder mentioned. The first symptoms of disease were manifested 15 years ago, at death of husband: she became suspicious of family; ran away from home. This is, probably, the 3rd attack; they have occurred, as follows; 15 years ago, for 2 years off and on, with an interval of a year or so, until 5 years ago, since which time she has been well up to the present time. She now thinks her family is doing her harm, bringing her pain and taking her life. Thinks she "hears talking" all the time. She makes threats, at times, to injure others. Is not suicidal, nor filthy nor destructive. There is no history of any bodily disease &c nor injury to head. Has been confined previously in this (Rochester) Hospital, as per note below ⊕; —

Note ⊕. Patient was here before, from Oct 8/88 to Jany 10/89. While then here, she was, from the first, full of pleading and troublesome talk, about going home; afterwards, during December, she became more quiet in this way; was quite homesick; keeping to her room, most of the time; talking quite sensibly when spoken to. — Relatives were recommended to take her home on trial, which they did. — (See Vol 11. Page 76. No 1876.)

May 19 On admission, was put on B2 (S.R. Complexion dark; hair part gray; eyes brown; no marks or bruises noticed; bodily condition clean: behavior good). P. 86. R. 18. T. normal

May 20 Behavior Very quiet on ward. Has delusions. Appetite irregular. Sleep good. Cough none. Bowels constipated. Complains of headache. P. 86 R. 18. T. 98 4 May 21. 94. Transf to B1 Appetite good. Sleeps well. Has delusions. Is on tonic. May 22. 94. Appetite good. Sleeps well. Has been quiet all day. Is very anxious to go home. May 23 94

" 23 Appetite good. Complains of not sleeping well last night. Has been sleepy all day. Very quiet to day. May 24.

" 24 Complains of not sleeping well last night. Appetite fairly good. Has been crying all afternoon wanting to go

25 home. May 25. 94 Appetite very good. Slept very well last night. More quiet to day. May 26. 94 Appetite good. Slept fairly well last night. Is very anxious to go home. May 27. 94 Appetite good. Slept well. Quiet all day. May 28. 94 Appetite very good. Slept well. Quiet all day. May 29. 94. Complaining of headache to day.

May 30. Appetite good. Slept well. Seems quite well to day. May 31. 94 Slept well. Appetite good. June 1. 94

June 1. Appetite good. Slept fairly well last night. June 2. 94. Has a great many delusions. Always wanting to go home. Appetite good. June 28. 94 Appetite good. Sleeps well. Careless in her personal appearance. Quiet in behavior. June 28. 94 Appetite good. Sleeps very well. Complains frequently of headache & pain in her back. July 28. 94 Appetite good. Sleeps fairly well. Always refuses to go out walking. Asks every day to go home. Complains of headache. Aug. 9. 94 Removed to A1 Aug 23. 94 Appetite good. Sleeps well. Complains of head- & back-ache. Is at times quite stubborn. Transf. to B1. Aug. 28. 94 Has been very good since moved on ward. Transf. to A1 —

Oct 27/94 Went home.

Discharged.

Personal and Medical History of Betty N. Clay

Up to Feb 1, 1903. General health good: appetite good: sleeps well: goes out for exercise: takes care of her own room: otherwise does no work: is very disagreeable and fault finding: generally thinks herself superior to everyone with whom she is associated: quite rational: very sarcastic constantly complains about nurses and other patients: on general subjects is intelligent, but expresses many delusions: believes the nurses and physicians exert a hypnotic influence electrical or otherwise, which she believes affects her physical functions in various ways: is at times quite profane in her expressions concerning nurses and physicians: complains constantly.

March 20-'02 patient had some teeth filled by Dr. Beecher.

Personal and Medical History of Caroline Wagman

EBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3728.
Residence, Racine Tp. Mower County, Minnesota
Date Admission, 23rd May 1894. —
Admitted by, D. Phelps Hour, 10 A.M.
How Sent, S. S. Washburn, J. of P. Mower County
Sex, Female
Age, 66 years (?)
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably fair
Profession Religion, Yes; Lutheran.
Habits, Good.
Nativity, — Prussia —
Physicians Committing, E. H. Washburn and Alex. Macdonald
Correspondents, W. F. Laabs, Stewartville, Minn

No. for Year, 298.
Insane Relatives, Uncle has been insane
Cause Exciting, not known —
Cause Predisposing, probably old age.
Form, Organic Dementia.
Accompanying Bodily Disorder, Deaf several years; paralysis.
Suicidal or Not, attempted suicide, many times.
Date of this Attack, probably 1½ years ago.
Duration, probably about 1½ years.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, ?
Time of Leaving, June 19. 94.
Time in Hospital, 27 days.
Result, Died.

EXAMINATION ON ADMISSION.

Ex: May 23. 94. Dr. S. R. M. & J. L. Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish.
MEMORY:
Past Events, Fair
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull.
Alert or Dull,
Correct or Illusive, correct
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Complains of pain all over body
Pat upon tonic

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS: asked for rat poison to kill herself with
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks sensibly.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Caroline Wagman

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 105 pds. NUTRITION, Impaired.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Some tremor Coatings, Promptness Movement, Hesitates
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Impaired
COORDINATION, Arms, Impaired. Hardoreic movements especially of left hand.
Legs,
TREMORS, Hands, Considerable coarse left more Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Normal Some atheroma.
LUNGS, Seem in good condition.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Good. Poor, Irregular,
PULSE, 90. 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,

1894

This patient was brought here by Deputy Sheriff W. F. Laabs & attended by Lillie Laabs and Martha Laabs, with the following history. Habits are good; some history of heredity; an uncle was insane. Patient had scarlet fever at 18; deaf ever since; feet subject to ulcers, until 5 years ago when they stopped. She has had paralysis for about 1½ years. Cause of this attack or its date is not given or known: form of the attack is sometimes acute; sometimes depressed or melancholic, and religious; "Soul is lost beyond hope". This appears to be the 1st attack. Insanity is now shown by religious vagaries. Patient has shown no disposition to injure others, but has attempted suicide, many times. Is not filthy or destructive. She has been restrained but little; has been locked up in a room, occasionally, a few hours, at a time, during the past six months. Nervous symptoms treated, but with no success. There have been unhappy marital relations.

May 23 On admission, was put on B2. (S. R. Complexion light; hair brown; eyes gray; condition of skin normal; no marks, scars or ulcers noted; both arms & ankles are badly bruised; bodily condition dirty. Behavior good).

" 24 Very quiet. In bed all day. Talk quite sensible. Appetite poor. Does not sleep well. Cough none. Bowels moved this A.M. Complains of headache & especially about chest. P. 72. R. 20. T. 98. May 25 94 Appetite poor. Takes med. Out of bed and lying on floor most of the time. T. 98. P. 20. R. 18. Coughs and expectorates some. Restless and noisy. Talking from 10 P.M. till 3 A.M. Slept 2 hrs.

May 26 Upon ward ½ day. Very restless. Will not sit down unless held. Gave cathartic. Bowels moved. Out of bed several times in the night. Very restless slept 2 hrs. May 27 94. Went to bed at 3 P.M. out of bed several times. Talking to herself most of the time. Restless all night. Out of bed rapping at the door. May 28 94 Very restless wants to stay in bed. Appetite some better. Bowels moved. Slightly noisy talking to herself out of bed several times, slept 2 hrs.

May 29 Very hard to do anything with. Untidy about herself, out of bed all night, rapping at the door.

" 30 Behavior about the same. Quite noisy out of bed rapping at the door. Slept 2 hrs. May 31 94 Dirty in habits. Destroys clothing. Slept well till 4 this A.M. Slightly noisy ½ hr. June 1 94. Destroyed clothing. Restless and out of bed all night. June 2 94 Destroys clothing. Quite noisy. Has to have some one to sit by her all the time.

June 3 Transf to B2. June 4 94 On B2. Very restless and will not sit still. June 5 94 Destroys clothing. Behavior about the same. June 6 94 Dirty in habits. Bowels constipated. Never wants to stay in one place.

Summary. Appetite poor. Seems quite feeble, can not walk far without falling down.

June 8 94 Visited by 2 relatives. Quite stupid at times. June 10 94. Crying most all day. June 11 94 Fell out of bed in evening, nose bled some. Put in restraint. Taken out at 11 P.M. June 12 94. In bed all day. T. 102½. P. 84. R. 24. Drinks milk but does not eat well. Very quiet. Soils bed. June 13. T. 99. ate but little breakfast. Crying some. Transf to C2. June 13 94. Very restless. Remained so for some days. Was visited by friend on June 14. Slept quite well on June 16. and remained quiet all day. June 17 again restless and very noisy during the night until 3 P.M. then very quiet. Became very weak on June 18 94 towards evening and died June 19 94 at 10 P.M. For particulars see nurse record case.

Died

EBBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3729.
Residence, Goodhue, Goodhue Co. Minnesota
Date Admission, 23rd May 1894
Admitted by, Dr. Phelps Hour, 4 P.M.
How Sent, S. J. Nelson, Court Commr., Goodhue County
Sex, Female
Age, 20 years
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, works in father's house
Degree Education, probably good
Profession Religion, German Lutheran
Habits, Good
Nativity, Goodhue, Minnesota
Physicians Committing, Otis J. Brown and G. C. Wellner
Correspondents, Deedrich Reese Jr.
Goodhue, Goodhue Co. Minn.

No. for Year, 299.
Insane Relatives, Uncle on Maternal side
Cause Exciting, not known
Cause Predisposing, possibly heredity.
Form, Acute Melancholia
Accompanying Bodily Disorder, none known.
Suicidal or Not, suicidal; propensity active.
Date of this Attack, about March 20th 1894
Duration, about 2 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 20 —
Time of Leaving, Sept 9-94
Time in Hospital, 3 mo. 16 ds.
Result, Recovered

EXAMINATION ON ADMISSION.

Ex. May 23 94 Dr. R. M. & J. L. Phelps. MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish.
MEMORY: Can not test.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State, Impaired.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put on tonic

EMOTIONAL STATE: Depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: None determined, but seems to have
Systematized or Not, delusive ideas
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Answers questions. Talks mostly about
Coherent or Incoherent, her folks. Cries a good deal. Was
Voluble or Reticent, crying when she came in. Tare cathetic

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in WEIGHT, 128 pds. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, dilated
Response Light, seems good Accommodation,
SIGHT, Seems good
HEARING, Good
COORDINATION, Arms, Good
Legs,
TREMORS, Hands, Normal Tongue, Normal
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Rather troubled and anxious.
SENSIBILITY,
HEART, Normal
LUNGS, seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM., Normal, Positive
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated 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 Margareth Reese

1894 EBBERT, PICKLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Sheriff's Deputy Joseph Grosser & attended by Cathrina Reese Diedrich Reese & Harry Dierks, with the following history. Habits are good: found hereditary history; on mother & maternal side having been insane. Cause of attack is not known: form is acute, exalted, and depressed. First symptoms of the disease was manifested about March 20th 1894. This is the 1st attack. Insanity is now manifested on the subject of religion. Is not disposed to injure others, but has attempted to kill herself with a knife and propensity is now active: Has no filthy habits, but tears sometimes destroys her clothing. (The menses ceased about the time the mental symptoms developed). She has simply had some one as guard. Personal restraint was employed but once (May 22). She has been examined (no vaginal examination) by some 5 physicians. (As the examiners have not treated the case, they are not in a position to give any particulars, bearing on the case, other than the above) —

May 23 On admission, was put to Bed. (S.R. Complexion light; hair light; eyes gray; condition of skin normal; has some bruises on forehead; bodily condition clean. Very excited & noisy when put in the ward).

24 She has been quite noisy all day. Threatens to fight very restless. Appetite poor. Cough none. Bowels constipated. Gave med. Complains of headache. Wants to go home. P. 95. R. 24. T. 99. May 25 94 Appetite poor. Bowels constipated. Gave enema. T. 98. P. 94. R. 20. Rested well all night.

26 Lying down most of the time. Bothers the patients. Gave cathartic. Slept well all night. May 27 94 Quiet most of the day, but had a crying spell this evening. Appetite some better. May 28 94 Noisy most of day, singing & herself & walking up & down hall. Takes medicine.

29 Very quiet. Talks of going home. Seems much better. May 30 94 Crying the greater part of the day. Bowels constipated.

31 Very quiet. Appetite good. June 1 94. No change. June 2 94 Quiet all day. Bowels constipated. Gave salts.

June 3 Seems much better. Appetite some better. Menstruating. June 4 94 About the same. June 5 94 Worked some in ward.

" 6 Wanders up & down hall. Takes tonic. Seemingly. Has a sore on forehead. Keeps picking at it most of the time. Also at hands until they are real sore. Cries a great deal, says she wants to go home. Bowels constipated.

June 14 94 Rec'd on C2. Slept well at night. Bed changed. Quite restless sitting up in bed most of the time. Pulse irregular. Slept well at night.

" 16 Bed changed. June 17 94. Asleep all night. Small abscess on neck. Washed with Bichloride 000, & Dressed with Iodoform gauze.

" 18 Asleep nearly all night. June 19 94 Appears to be asleep all night. Abscess dressed with Iodoform. June 20 94. Slept well during night.

" 21 Asleep nearly all night. Bowels moved slightly. June 22 94. Slept well during night. June 23 94 Slept well all night. 7/24/94 Slept well.

25 Hands dressed. Always good appetite. For particulars see nurse's record case. June 26 94 Slept well T. 98 4/5. Ate breakfast. Dressed & up on ward. 7/27/94 Asleep all night. Dressed. Appetite quite good. July 9 94. Sitting up most of the time, but wants to stay in bed. Appetite poor. Bowels constipated. Is rather untidy in her personal appearance. Says she is very homesick. Is constantly biting her hands & picking her face. Will not read or sew but very little. Does not want to go out to walk or ride. July 23 94 Does not pick her face as much as she did. Takes tonic. Appetite better. Aug 4 94 Transfer to Infirmary. Aug 12 94. Visited by her sister. Mother

Aug 20 94 Visited by her father. Wanted very much to go home with him. She is better mentally than she has been.

Sept 1 94 Appetite good. Bowels regular. Is very homesick. Cries a great deal. Associates with ward work. Talks sensibly. Transfer to Inf. Sept 9 94. Went home.

Discharged (Feb. 6th 95.)

Personal and Medical History of

Personal and Medical History of Caroline Adams

GEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3731.
Residence, 1052 Park Ave. St. Paul
Date Admission, 25th May 1894.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, John B. Olivier, J. of P. Ramsey County
Sex, Female.
Age, 55 Years.
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Housewife
Degree Education, not stated
Profession Religion, Lutheran
Habits, Temperate.
Nativity, Germany
Physicians Committing, Geo. J. Hanley and F. X. Xanten
Correspondents, (Husband) August Adams, 1052 Park Ave St. Paul

No. for Year, 301.
Insane Relatives, unknown
Cause Exciting, Unknown
Cause Predisposing, chronic
Form, Senile Dementia
Accompanying Bodily Disorder, Deafness.
Suicidal or Not, not.
Date of this Attack, 14 years ago.
Duration, about 14 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 41
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Ex. Dr. S. L. Phelps. 5/20/94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Impaired.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have many.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Very incoherent. Talks only when addressed. Speaks only German and not sensibly.

Personal and Medical History of Caroline Adams

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 11½ WEIGHT, 110½ pds. NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, None. Coatings, deeply cracked. Promptness Movement,
PUPILS, Equality, Equal Size, Normal.
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Very deaf
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, None. Tongue,
Facial Muscles, None. General, None.
REFLEXES, Patellar, Equal about 8.
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred, Slurred.
FACIAL EXPRESSION, Rather careworn
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ceased.
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean. Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, 80 Rather weak. 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, Unknown
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Caroline Adams.

1894

This patient was brought here by Sheriff's Deputy, M. N. Goss, & attended by Miss Mary Hagerty, with the following history. If any history of heredity is unknown. Cause of this attack also unknown. Form is chronic; first symptoms manifested 14 years ago. This is the first attack. Patient is deaf; there is also an impairment of her mental condition. She is neither disposed to injure others, nor suicidal. If any peculiarities were previously shown is unknown. She has been confined, by being locked in her room for 2 years. She has not been under medical treatment.

May 25 On admission, was put on B.T. (S.R. Complexion dark; hair, dark brown, streaked with gray; eyes, light brown; condition of skin normal. No marks or bruises noted; bodily condition is very dirty; is very quietly behaved; would not talk). May 26.94 Very quiet all day. Does not talk. Appetite good. Slept well. No cough. P. 82. R. 20. T. normal. May 27.94. Appetite good. Slept well. Went out walking. Very quiet.

May 28 Slept well. Appetite good. Quiet all day. May 29.94. Went out riding in forenoon. Appetite good. Quiet all day. May 30.94. Appetite good. Went out walking. May 31.94 No change. June 1.94 Appetite good. Helped with hall work this morning. June 2.94 Sick this morning. Vomited just after break fast. Ate dinner and supper. Went out walking. June 3.94. Appetite good. Quite well to day.

June 4 No change. June 5.94. Appetite good. Slept well last night. Went out riding. June 6.94. Appetite good. Went out walking. June 7.94 Slept well. Appetite good. June 8.94 Appetite good. Worked in laundry.

June 27.94. Appetite good. Sleeps well. Behavior is quiet. Works in laundry every day. General health good.

July 18.94 Same. Sleeps well. Is menstruating. Aug 27.94. Is troubled with constipation at times. Appetite fairly good. Clean in habits, tidy in her appearance. Sept 25.94 Behavior very quiet. Sleeps well. Appetite good. Bowels regular. Has no delusions. Took tonic until last week. Gives no trouble. Menstruated first part of the month. Sept 30.94 No change. Oct 30.94 Appetite very good. Sleeps well. Bowels regular. Works in laundry. Is very quiet in behavior. Middle of month menstruated.

Nov. 28.94 No change. Dec 28.94. No change. Jany 23.95. Menstruating. Jany 31.95. Quiet in behavior when on ward. Works in laundry. Appetite good. Gen health good. Sleeps well. Bowels regular. Neat and tidy in habits. Goes riding & walking.

Feb 23.95. No change. Transfts. Annex this evening. Mch 14.95. Appetite good. Clean & tidy in habits. Very quiet in behavior. Does not talk any. Works in laundry daily. Gen health good. Goes riding.

June 27 Appetite good. Clean & tidy. Very Quiet. Works in laundry. Gen. health good. Goes riding & walking.

Aug 6 No change. Sept, Oct & Nov. Appetite good. Clean & tidy in habits. Quiet in behavior. Does

1896 not talk any. Works in laundry daily. Gen. health good. Goes riding & walking.

Jan 20 Appetite good. Clean & tidy in habits. Quiet in behavior. Works in laundry daily. General health good. Goes riding & walking. Mar. 20 Appetite good. Clean in habits. Works in laundry. Quiet in behavior. Talks very little. General health good. Takes out door exercise. Apr 11 Menstr. Apr 29 Very noisy for two his. during night. May 8 & May 31 Menstr.

Aug Summary Nurse's Notes by Dr. L. L. Phelps: Clean & tidy in habits: works in laundry. menstr. regular: Demented: Feb. 97 Always quiet & dull: works in a mechanical way: changes very little: July 29 '97 Lungs & heart examined:- Genl nutrition fairly good, although a little anaemic: Chest expansion fair: no special physical signs: Heart weak, second sound: otherwise normal: pulse 80 & full.

Continued by Dr. Phelps. Oct 4 '97 General health good: Is rather deaf & is quiet: works in the

Personal and Medical History of Caroline Adams.

laundry. Feb 9 Wt. 134½# Dec 21 '98 Patient has erysipelas of face: Is kept in seclusion: Is, however, recovering. Has been during intervening period a quiet chronic patient.

1899 Mar. to Sept. (Cont. by Dr. R. A. Bebb) Genl health good: appetite good: sleeps well: neat in habits & appearance: sometimes excited and disturbed: Has delusions & talks incoherently: very silly at times: is quite deaf: works in laundry most of time: For a time they would not take her because too troublesome: Aug. 18. Wt. 115#

Sept 1 Feb 28 '1900. (Dr Heyerdale) Neat in habits: works in laundry: noisy: Does not converse: Eats & sleeps well: General health good: Jan 12. Wt. 150# Mch 1 - Aug 31 (Dr Linton) Neat in habits: quiet in behavior: Does not converse. Is somewhat deaf. General health good. Bowels regular: Sleeps well. Appetite good. Does no work: July 20 Vaccinated. Sept 1 - Nov 30 '1900 Sleeps well: General health & appetite good: bowels regular. Neat in habits but careless in appearance: Sometimes noisy: Takes outdoor exercise. Nov 24 Wt. 143½# Dec 1 - Feb 28 '1901 No change in patient. Mch 4 Wt. 141#

Mar 1 - June 1 - 1901 unchanged. May 30. Wt. 138.# June to Sept Does no work, attends no amusements, takes exercise, Aug. 30 Wt. 134#.

Sept. to Dec. No change during the quarter. Nov. 30 Wt. 137#.

Up to Feb. 1, 1903. General health good: appetite good: bowels regular: assists with the ward work: takes exercise: habits and appearance neat: does not converse as a rule: quiet chiefly due to the fact that she is deaf: occasionally noisy. Dec. 1st. Wt. 133.#.

Personal and Medical History of Ellen Crowe

EBERT, FOLGER & CHAMBERS, DAVENPORT, IOWA

Whole No. 3735.
Residence, Ryan, Goodhue Co, Minn
Date Admission, 1st June 1894.
Admitted by, D. C. B. Eby Hour, 2.30 P.M.
How Sent, Thomas Fraser, Jof P, Olmsted County
Sex, Female.
Age, 21
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Housework
Degree Education, probably fair
Profession Religion, is a church member
Habits, Correct.
Nativity, Ireland —
Physicians Committing, A. W. Stinchfield & C. H. Mayo
Correspondents, David Franklin, Ryan PO Goodhue Co Minn

No. for Year, 305.
Insane Relatives, none
Cause Exciting, not known
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, none —
Suicidal or Not, has threatened suicide.
Date of this Attack, about 5 weeks ago
Duration, about 5 weeks. —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 21 years
Time of Leaving, Sept 6 '94.
Time in Hospital, 3 mo 5 da.
Result, Improved

EXAMINATION ON ADMISSION.

June 2.94 Ex by D. L. Phelps. MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Says absent minded.
Quick or Sluggish, Sluggish.
MEMORY: Says good.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Fairly clear
Alert or Dull,
Correct or Illusive,
REASONING POWER: Fair
Ordinary Subjects,
Own Mental State, Fair.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Had rheumatism in Nov. Sick in bed 3 weeks.

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, None determined
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent.
Voluble or Reticent, Talks freely Rather depressed

Personal and Medical History of Ellen Crowe

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, ✓ NUTRITION, Good
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, None Coatings, Heavily coated Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Impaired
HEARING, Good
COORDINATION, Arms, Good.
Legs, Good
TREMORS, Hands, None. Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, 3 on scale of 5.
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Normal.
SENSIBILITY,
HEART, Sounds are normal.
LUNGS, Seem in good condition
EXAM. URINE. Irregular and painful.

GYNAECOLOGICAL EXAM., Retroversion of uterus with some discharge
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Poor Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 80 Reg. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

1894

This patient was brought here by David Franklin, her uncle, and attended by a Sister of Charity (M Fabian), with the following history of case. Habits are correct. There is no history of heredity. Cause of attack is not known; form is acute, exalted. There is no accompanying bodily disorder. First symptoms of disease were manifested about 5 weeks ago; this is 1st attack. Insanity is now manifested by nervous excitement and talking at random. Patient has a fear of disease. — She is not disposed to injure others, but has threatened suicide. She is not filthy or destructive. There is no history of any bodily disease, &c or injury to head. Has been under medical treatment, during only past 3 weeks & has had more personal attendance for last week. — (Comes from St Mary's hospital)

June 1 On admission, was put on B2 (S.R. Complexion light; hair brown; eyes gray; Condition of skin is normal; no marks, scars or bruises noted; bodily condition clean; behavior good). Talks sensibly.

" 2. In bed part of day. Cried a good deal of the time. Talks quite sensibly. Appetite poor. Does not sleep well. No Cough. Bowels constipated. Gave cathartic. Bowels moved. Complains of headache and pain in stomach. P. 74 R. 23. T. 99.

" 3. Appetite poor. Wants to go home. Takes medecine. Has crying spells. June 4.94 On tonic. Ate somewhat better. Seems very restless. Wanders up and down hall. T. 98.6 P. 73. R. 22. June 5.94. Wants to go home. Bowels constipated. Worked some on ward. June 6.94. Appetite some better. Went out riding. Helps in dining room. June 7.94. Behavior about the same.

June 8. Behavior about the same. Transf. to B1. Very quiet. Appetite poor. Slept poorly. June 9.94 Very quiet. Complains of headache. Appetite poor. June 10.94. Very quiet. Appetite poor. Did not sleep well. Transf to B2.

June 11 Seems quite restless walking up and down hall. Tried to run away. June 12.94 Talking a great deal of time. Had company in afternoon. Was very excited. Always talking about going home. June 13.94 Very talkative and talks very impudently. Does not sit down. Very much walking up and down. June 14.94. Behavior the same. Refused medecine. June 15.94. More quiet. Does not walk about as much. Still talks of going home. Took medecine. Summary. Very stubborn, will not do anything she is told. Refuses to go to bed. Follows every one about the hall. Walking up and down a great deal. Also has crying spells. Very much worse in behavior the last week. June 29.94. Very hard to anything with her. Always tormenting others. Will not sit down in dining room. Wants to eat from other one's plates. Tried to drown herself while bathing; threatens to kill herself. July 6.94 Ran away while out walking, had some trouble to bring her back. July 13.94. Complains of feeling sick at stomach. Herbal habit.

July 31.94 Very disagreeable. Torments patients. Eats quite well. Aug 10.94. Visited by priests. Aug 20.94. Fought twice to day. Had to be held about 1/2 hr in morning. Takes off clothing and runs up and down the hall. Aug 28.94 Very disagreeable. Strikes ladies. Eats quite well. Goes walking. Sept. 6/94 Went home.

Discharged

Personal and Medical History of Josephine Frelin

HERBERT, PUGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3737.
Residence, Morristown, Rice County, Minn
Date Admission, 6th June 1894 —
Admitted by, Dr Phelps Hour, 3 PM
How Sent, R. A Mott, Jof P, Rice County
Sex, Female
Age, 47
Civil Condition, married
Children, 4 —
Age Youngest Child, 15 years —
Occupation, Housewife —
Degree Education, Probably fair
Profession Religion, Roman Catholic
Habits, Good —
Nativity, France
Physicians Committing, J. Dargavel & D. M. Cool
Correspondents, John Frelin, Morristown Minn

No. for Year, 307.
Insane Relatives, one cousin
Cause Exciting, not known
Cause Predisposing, possibly heredity
Form,
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, last November
Duration, about 7 months —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 46
Time of Leaving, (Oct 17-'94) returned home
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Ex. by Dr. R. M. Phelps. 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:

This quietly inclined woman is not a physical examination at present. Probably under the influence

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Is friendly as there is no one to talk to her
Voluble or Reticent,

Personal and Medical History of Josephine Frelin

3737
26/141

M Josephine Frelin

Copy of Order for Hearing Petition of J. P. Frelin for appointment of a guardian for Josephine Frelin of Rice County, insane; served and service admitted Served at Dr K by Sheriff June Oct 1/94

(Papers filed with commitment papers.)

Hearing set for 22d Oct/94 at Probate Court, Faribault Minn

ADMISSION.—(Continued.)

TERISTICS.

NUTRITION, Fair

Promptness Movement,
Size,
mmodation,

COORDINATION, Arms,
Legs, [illegible]
TREMORS, Hands, [illegible] Tongue,
Facial Muscles, [illegible] General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, wont talk Slurred,
FACIAL EXPRESSION, Cross & unwilling to talk
SENSIBILITY,
HEART, } good to superficial examination.
LUNGS, }
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Josephine Frelin

HERBERT, PULLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3737.
Residence, Morristown, Rice County, Minn
Date Admission, 6th June 1894 —
Admitted by, D. Phelps Hour, 3 PM
How Sent, R. A. Mott, Jof P, Rice County
Sex, Female
Age, 47
Civil Condition, Married
Children, 4 —
Age Youngest Child, 15 years —
Occupation, Housewife —
Degree Education, Probably fair
Profession Religion, Roman Catholic
Habits, Good —
Nativity, France
Physicians Committing, J. Dargavel & D. M. Cool
Correspondents, John Frelin, Morristown Minn

No. for Y
Insane R
Cause E
Cause P
Form,
Accom
Suicid
Date of this
Duration, about 7 mon
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 46
Time of Leaving, (Oct 17-94) returned home
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Ex. by Dr. R. M. Phelps. 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:

She is quiet in bed with a sour look, seems quite healthy as far as physical examination goes. Apparently under the influence of depressive delusions —

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,

She speaks French & there is no one to talk to her

Personal and Medical History of Josephine Frelin

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, — WEIGHT, 140 pds NUTRITION, Fair
WOUNDS OR ABNORMALITIES, no
TONGUE, Tremors, Protrudes tolerably straight Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms, apparently healthy
Legs, seems steady
TREMORS, Hands, seems steady Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, wont talk Slurred,
FACIAL EXPRESSION, Cross & unwilling to talk
SENSIBILITY,
HEART, Good superficial examination
LUNGS,
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Josephine Frelin

EARLEY, PICKAR & CHAMBERS, DAVENPORT, IOWA

1894

This patient was brought here by a Sheriff's deputy and attended by her husband with the following history of her case. Habits and morals have been good. Possibly, some hereditary history a cousin having been insane. Supposed cause of this attack is unknown. Form is excited. There is no accompanying bodily disorder. First symptoms of the disease were manifested last november and she has hardly been right since. Now, she is jealous of her husband & has turned against him and is possessed of strange delusions. She opposes her husband, even to violence. Patient is not suicidal, nor of filthy or destructive habits. No bodily disease is known of. She has not been restrained or confined, but some sedatives and tonics have been administered, with usual effect. ———

June 6 On admission, was put on B³ (S.R. Complexion light; hair brown; eyes gray; condition of skin normal; no marks, scars or bruises noted; bodily condition dirty; is well-behaved.).

June 7 In bed all day. Talks French. Appetite poor. Does not sleep well. Cough none. Bowels constipated. Complains of pain. a.m. 98 4/5 p.m. 99 4/5

" 8 In bed all day. Refused medecine. P 74 R 23 T 99. Appetite poor. June 9 94 Upon ward. Violent in behavior. Refuses to get out of bed, fighting very hard. Seems better: June 10 94. Put in bed. Refused to be dressed this morning. Temp 98 Cl. June 11 94. Appetite fair. Habits clean. Very restless on hall. Does not talk English. Sought all this morning. Dirty in clothing. Slept well. June 13 94. The same. June 14 94. The same.

June 15 Seems better. More quiet on hall. Has not been dirty. Does not talk any English. Habits clean.

" 16 More noisy this morning, otherwise the same. Appetite good. Rested well. June 17 94. Appetite good. Habits clean. Not neat in general appearance. Does not talk any English. Very restless at times. Noisy. Not violent for the past 10 days. Rests well at night. June 18 94. The same. Slept well. June 19 94. The same. Rested well. Summary: Appetite good. Very restless most of the time. Does not talk any English. Habits clean. Violent at times. Rested well at nights. June 20 94. Appetite not very good. Sleeps well. Noisy most of the time during day. Habits dirty occasionally. Bowels constipated. Violent at times.

July 23 Appetite poor. Sleeps well. Noisy at times, temp 98 B¹. Aug 24 94 Behavior violent at times, tries to run away, when out of doors, also very noisy at intervals. General health apparently good. Sept 30 94 Behavior violent at times, talks about going home. Appetite good. Bowels regular. Goes riding & walking. Oct 17 94 Went home.

Oct 17 94 Improved in mental condition though not recovered.

Oct 22 94 Admitted on ward. Oct 29 94. Appetite good. Habits clean; behavior quiet; talks incoherently, does no work. Goes riding & walking. Nov 6 94 Assisted bathing, fought at first.

Nov 28 94. Appetite good. Untidy in personal appearance, quite noisy at times and violent. Sleeps well. Clean and tidy in habits. Occasionally works on ward. Gen. health good. Dec 27 94. Appetite good. Quiet in behavior. Clean in habits. Works some on the ward. Menstr. Dec 1. Jan 24 95. More noisy than she used to be. Gen. health good. Does not work any. Jan 28 95. Temp 98 to temp 99. Feb 6 95 Menstruating.

February 28 95. Went home. Mch 21 95. Appetite good. Clean in habits but untidy in personal appearance. Is very noisy most of the time. General health good. Goes riding and walking. Menstruated Mch 24 95.

June 30 Appetite good. Clean in habits but untidy in appearance. Very noisy. Talks a good deal & loudly, always objects to bathing. Gen. health good. Goes riding & walking. Aug 8 No change. Sept. 10 Menst.

Sept Oct & Nov. Appetite good. Clean in habits but untidy in appearance. Noisy in behavior. Talks very loud & is occasionally violent. Gen. health good. Nov. 15 Menste.

Personal and Medical History of Josephine Frelin.

1896

Jan 27 Appetite good. Clean & tidy in habits. Noisy in behavior. Violent. Talks loud & incoherently. General health good. Takes out door exercise.

May 27 Appetite good. Clean in habits but careless in appearance. Noisy & restless. Talks incoherently. General health good. Takes out door exercise. Sept. 9 Working in laundry. Sept 30 Very noisy for three hrs. during night.

Aug 1897 Summary Nurse's Notes by Dr. L.L. Phelps:- Appetite fair. Habits clean: works in laundry. Feb. 97 Irritable. Demented: no physical ailments. May 97 No change.

July Quiet. Health good. incoherent in talk. irritable. Continued by Dr. Phelps Oct 27 Works in the laundry. Patient quiet & fairly well behaved altho manner is always irritable.

Feb 9 98 Wt. 150. Feb 14 99 Still works at times in the laundry. Is exactly the same in every way. (Cont. by Dr. R.A. Bibb) Mar. to Sept 99 General health good: neat in habits: irritable: sleeps well: extremely noisy most of time during day: speaks a great deal in French: violent at times: does not work in laundry: Aug. 18. Wt 128 lbs

Sept. Feb 28 1900. (Dr. Reynolds) Sep 9 Taught Mrs. Marvin. Nov. 24 Nat: Expresses delusions: Talks only French. Extremely noisy most of time: occasionally violent. Sleeps well. General health good: Takes outdoor exercise. Jan 1 Wt. 126½ lbs. Mch 1 - Nov. 30 1900 Gmual health good no change in behavior or mental state. May 14 Left hand badly swollen & inflamed. Injected. Some rise of temperature. hand very painful. Cause of infection unknown. Trans. to Infirmary May 16. Hand lanced & large amount of pus discharged. Dressed antiseptically. pus discharged frequently. Temp. 101 - 104°. Takes nourishment fairly well. Mayo. Given general anaesthetic & hand lanced. Dressed twice daily. Remained in bed until June 15th. Hand improved slowly. Temp 99 - 102. Food nourishment well. While sick became very constipated. Cathartic given. Suffered with impaction of colon. June 14 Tidy & pleasant appetite fair. Sleeps well. Trans to Dt. July 20. Vaccinated. Aug 18. Very well. Takes regular outdoor exercise. Sept 1 - Nov 30 (Dr. Barton) Appetite good. General health good. Takes outdoor exercise. At times noisy but generally agreeable. Nov 24 120 lbs.

Dec 1 - Feb 28 1901. No change in patient mentally or physically. Mch 4 wt 128 lbs.

Mar 1 - June 1 - 1901 No change. May 30 Wt. 127 lbs. June to Sept. No change. Sept. 1st. Wt. 139 lbs. Sept. to Dec. Nov. 30 Wt 136 lbs no change.

Up to Feb. 1, 1903. General health good: appetite good: bowels regular. sleeps well: does no work: takes exercise occasionally: habits and appearance neat: is quite noisy most of the time: talks and scolds to herself: quarrels with the other patients. Dec. 1st Wt. 156 lbs.

Personal and Medical History of Sarah Moran

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3738
Residence, High Forest, Minn
Date Admission, 7th June 1894.
Admitted by, Dr Herzog Hour, 4 P.M.
How Sent, Thomas Fraser, J of P, Olmsted County
Sex, Female
Age, 27 Years
Civil Condition, single
Children, — one child
Age Youngest Child, — about 4 years
Occupation, has none
Degree Education, not stated
Profession Religion, Catholic
Habits, Immoral, in present condition
Nativity, Exota, Minn
Physicians Committing, H. S. Adams and C. T. Granger
Correspondents, Mrs J. H. Moran, High Forest Minn

No. for Year, 308
Insane Relatives, none
Cause Exciting, unknown
Cause Predisposing, previous attacks
Form,
Accompanying Bodily Disorder, none known
Suicidal or Not, has threatened suicide
Date of this Attack, off and on since 1885. –
Duration, several years –
No. of Attack, many
No. of Admissions, 3rd
Age First Attack, about 18.
Time of Leaving, June 18. 95.
Time in Hospital, 1 year & 11 days
Result, Disch'd: Nov 6/95 = Recovered =

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Good
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Rather dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Imp.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Excitable
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Mostly coherent
Voluble or Reticent, Talkative

Personal and Medical History of Sarah Moran

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, ✓ NUTRITION, Very good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM. Some discharge Slight erosion & endo-
MENSTRUATION, metritis
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless, Careless
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Poor Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Sarah Moran

EARLEY, FULLER & CHAMBERS, DAVENPORT, IOWA

1894

This patient was brought here by Sheriff Charles Stewart, and was attended by Sister and brother in law. The following is the history of her case. Habits have been immoral, for some years. This attack is probably similar to previous ones (see Note ⊕); form is chronic. First symptoms were manifested in 1885 by paroxysms of rage. These attacks have been many, as appears from previous listing of patient. She is violent when opposed; obscene in presence of men. Is also disposed to injure others. Has threatened suicide. Is somewhat filthy in her habits. There is no history of any bodily disorder, disease or injury to head. She seems to be a "chronic case".—

Note ⊕ Patient was here twice before; 1st time, from May 11/85 to June 8/87; See Vol. 7 page 81 No 1161 and the 2nd time, from June 14/89 to Dec 17/92; See Vol 12. fol 99 No. 2079. During her first stay, she had "spells" (almost monthly), of maniacal conduct; was quite stupid, after each of these. Required frequent restraint on her first coming & for some time afterwards. These "spells" continued even after she had been taken home, but seemed less severe. While here, the 2nd time, she was, on first coming, very noisy, profane, vulgar and troublesome, requiring frequent restraint; also often lugacious and, at times, even dangerous. Had "spells" similar to those during her first stay. Between these "spells", she seemed quite rational. Made good progress toward recovery, and was very well, when leaving here the last time.

June 7 June 7/94 On admission was put on A. (SR. Complexion, dark; hair black, eyes gray; no bruises noticed; bodily condition clean. Patient is very much disturbed).

8 Transf to Bd Very talkative. Appetite very good. Slept well. Cough. None. No pains. June 9 94. Very talkative. Mingles freely. Helped in dining room. Went riding. June 10 94 Talkative. Appetite good. Sleep good. Helped in dining room. Went out walking. June 11 94. Not as talkative as usual. Appetite good. Slept well. Helped in dining room. Went walking and to school. June 12 94 Not as well as usual. Did not sleep very well. Appetite quite good. Not very talkative. Walked to school. Helped in dining room. June 13 94 Slept well. Not feeling very well. Appetite quite good. Went to school. June 14 94 Slept quite well. Appetite not very good. Helps in dining room. Very quiet during day. June 15 94. Slept well. Appetite better. Quite talkative in afternoon. Helped in dining room. June 16 94. Did not sleep well. Appetite not very good. Very quiet all day. Helped in dining room. June 17 94. Slept well. Appetite good. Went out walking. June 18 94 Appetite good. Slept well. Quiet in behavior. June 19 94. No change. June 20 94. Appetite good. Slept well. Went to the circus. June 21 94. Appetite good. Slept well. Went out walking. Behavior quite natural.

June 28 94 Appetite good. Sleeps well. Is quiet in behavior. Talks quite sensibly. Helps in Cutler dining room. July 3 94 Has been very much excited all day, when on the ward. July 6 94 Face flushed & Complaining of rheumatic pain in her hands, did not sleep well last night. July 6 94 Has been very noisy all day. Removed to C. July 7 94 Appetite good. Sleeps well. Walks on ward in usually quiet. Transf to Bd Aug 6 94. Very noisy this morning. Slapped Mrs Mason. Transf to Bd

Aug 7 94 Noisy. Transf to C. Aug 31 94 Quiet. Appetite good. Sleeps well. Habits clean. Goes riding & walking. Complains of pains in side & back. Sept 24 94 Appetite good. Sleeps well. Habits clean. Helps on ward. Goes riding and walking. Bowels quite regular. Transf to A.

Oct 3 94 Appetite good. Sleeps well. Habits clean. Quiet. Helps on ward some. Goes riding & walking. Bowels regular. Dec 26 94. Appetite good. Sleeps well. Bowels regular. Has a bad cold. Coughs some. Works in the mending room. Goes walking & riding. Dec 28 94. Menstruating. Jan 18 95 Gen. health good. Behavior quiet. Works in the mending room. Jan 25 95 Menstruating. Complains some of headache.

Feb 22 95. Menstruating. Feb 28 95. Appetite good. Sleeps well. Bowels regular. Is quite melancholy most of the

Personal and Medical History of Sarah Moran.

time. Works occasionally in the E. D. R. Goes walking & riding. Mch 29 95 Has a good appetite. Sleeps well. Bowels reg. Complains occasionally of headache. Behavior quiet. Goes walking & riding. Works in E. D. R. Menstruated from 15th to 20th. Apr 11 95 Menstruating. May 2 95. The same. May 31 95 Appetite good. Sleeps well. Bowels reg. Goes walking & riding. Works in E. D. R. Quiet in behavior. June 14 95. Was visited by a friend. Has a good appetite. Sleeps well. Bowels reg. Complains occasionally of headache. June 18 95 Visited by niece.

June 18. 95. Went home.

Discharged.

Personal and Medical History of Martha Davidson

EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3739.
Residence, Wallcott, Rice County.
Date Admission, 7th June 1894. —
Admitted by, Dr Phelps Hour, 4.30. Pm
How Sent, C. A. Mott. Jof P, Rice County
Sex, Female
Age, 46 years
Civil Condition, married
Children, one living (has had two)
Age Youngest Child,
Occupation, Housewife
Degree Education, Got Stated
Profession Religion, Lutheran
Habits, Good —
Nativity, Norway.
Physicians Committing, J. S. Seeley & W. A. Lang.
Correspondents, Rev. T. G. H. Dahken
Fairbault. Minn

No. for Year, 309
Insane Relatives, Three sisters
Cause Exciting, Hereditary taint + uterine troubles
Cause Predisposing, Heredity —
Form,
Accompanying Bodily Disorder, Uterine troubles
Suicidal or Not, Has attempted suicide —
Date of this Attack, 2 or 3 years ago
Duration, 2 or 3 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 43.
Time of Leaving, Aug 27. 94 —
Time in Hospital, 2 mo. 20 ds.
Result, Improved

EXAMINATION ON ADMISSION.

Ex by Dr. L. M. Phelps. 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:

would not talk enough to make tests - apparently memory fair but behavi controlled by delusive fear - probably of a depressed character.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: wont talk but evidently
Systematized or Not, controlled by delusions.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: wants to go home. Wont talk
Coherent or Incoherent, about self or symptoms.
Voluble or Reticent,

Personal and Medical History of Martha Davidson

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2½ WEIGHT, 115 lbs. NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, No Coatings, coated Promptness Movement, Fair
PUPILS, Equality, Eq. Size, Normal
Response Light, Good Accommodation,
SIGHT, Apparently good.
HEARING,
COORDINATION, Arms, Tests not applied, seem steady
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Speaks low & can hardly get what I speak at all Slurred,
FACIAL EXPRESSION, Dull & melancholy
SENSIBILITY,
HEART, } Good to superficial examination.
LUNGS, }
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Poor 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,

1894

This patient was brought here by a Sheriff's Deputy & lady attendant, with following history. - There is some history of heredity, three sisters having been insane. Supposed cause of this attack is hereditary taint, aggravated by uterine troubles; form is chronic, depressed. First symptoms of disease were manifested 2 or 3 years ago, and she has grown into this stage. She imagines that she has some grave uterine trouble, about her womb travels round in abdomen &c &c. Patient is not disposed to injure others, but we (Examining Physicians) understand she jumped into a well, evidently to commit suicide; she came out alone. Is not disposed to filthy or destructive habits. She suffered sunstroke last summer, (from statement of family). She has not been restrained or confined. During past 5 months, has been treated by examining physicians; no improvement manifested.

June 7 On admission, was put on B^n. (S. R. Complexion dark; hair dark brown; eyes blue; Condition of skin, normal; bodily condition very dirty; no marks, scars or bruises noted; was very quietly behaved; talked quite sensibly).

8 In bed all day. Talks quite sensibly. Says she can not get well. Appetite poor. Does not sleep well. No cough. Bowels constipated. Gave cathartic. Says she feels sick all over. P. 72. R 18. T. 98.

9 Up on ward. Appetite poor. Takes tonic. Is very quiet, does not talk much. June 10. 94. Ate some better. Does not complain any. Very quiet and nice. June 11. 94. Sits in the same place all the time. Bowels constipated. Gave cathartic. Bowels moved. June 12. 94. Behavior the same. June 13. 94. Very quiet. Appetite fair. June 14. 94. No change. June 15. 94. No change. Went out riding. June 16. 94. Bowels constipated. Gave cathartic. June 17. 94. Helps on ward. Behavior the same. Says she would like to go home. June 18. 94. No change. June 19. 94. No change. Works in dining room.

June 20. 94. About the same. June 21. 94. No change. July 4. 94. Visited by husband. Seems to be improving. Appetite quite good. Bowels regular. Takes tonic. July 31. 94. Wants to go home. Eats quite well. Takes tonic. Works in dining room. Talks quite a good deal.

Aug 4. 94. Visited by friend. Aug. 27. 94. Husband came to day and took her home. Had improved in many ways but was not well mentally. Depressed and quiet most of the time. Would answer questions, but sat quietly looking down ordinarily. Worked some in the dining room. Was very anxious to go home.

Discharged (Feb 6th '95)

Personal and Medical History of Amelia Schmidt

EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3744.
Residence, No. 714 Goff St. — St. Paul, Minn
Date Admission, 12th June 1894. —
Admitted by, Dr. Kilbourne Hour, 12.15 PM.
How Sent, John B. Olivier, Jof P. Ramsey County
Sex, Female -
Age, 50 Years.
Civil Condition, married?
Children, - 2 -
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably fair
Profession Religion, Catholic
Habits, Temperate and moral
Nativity, Germany —
Physicians Committing, Orde Martin & Edgar J. Schmidt
Correspondents, (address of Sm) John Schmidt, 714 Goff St
Business address % Wm Rogers & Co St Paul City of St Paul, Minn

No. for Year, 314.
Insane Relatives, none
Cause Exciting, not known
Cause Predisposing, "chronic"
Form,
Accompanying Bodily Disorder, none -
Suicidal or Not, not -
Date of this Attack, 4 years ago
Duration, about 4 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 46 -
Time of Leaving, January 19. 1895.
Time in Hospital, 7 mo 7 ds.
Result, Imp.

EXAMINATION ON ADMISSION.

6/13.94 Ex. by Dr Linton — Phelps. W.M. Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, sluggish.
MEMORY: Can not determine
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Fairly alert.
Alert or Dull,
Correct or Illusive, Illusive.
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State, Impaired.
Special Subjects, Thinks she is not sick in any way.

EMOTIONAL STATE: Rather quiet.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many & varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent in talk - Wanders
Voluble or Reticent, from one subject to another.

GENERAL DESCRIPTIVE REMARKS: Is paranoia in form & therefore no special indications for treatment mentally. Physical condition is excellent. A slight goitre centrally located hardly calls for treatment. Varicose veins on legs, but she says they have not caused her any annoyance. For the effect of impression a her mind, atonic is recommended for first month. No special nursing seems to be called for.

Personal and Medical History of Amelia Schmidt

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Good
WOUNDS OR ABNORMALITIES, 1 None 2 Varicose veins
TONGUE, Tremors, None. Coatings, heavily coated Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes, Both ?.
ARTICULATION, Hesitating, Prompt. Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, at home, good Medium, Poor, here, poor
SLEEP, Good, Sleeps well 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 Amelia Schmidt

1894

This patient was brought here by deputy Sheriff Haas, and son, John Schmidt, with the following history of case. Habits have been temperate and moral. There is no history of heredity; cause of this attack is not known: form is chronic. No accompanying bodily disorder. First symptoms of disease were manifested 4 years ago, in the delusion that people were using her in immoral ways. This is 1st attack; Insanity is now manifested on following subjects, viz; riches, Royalty, in claiming to be Princess of America and immorality. Patient is not disposed to injure others, nor is she suicidal, or filthy or destructive. No peculiarities of temper &c were previously shown. There is no history of any bodily disease &c or injury to head. She has not been restrained or confined, nor under medical treatment. —

June 12 June 12/94. On admission, was put on B2 (S.R. Complexion dark; hair partly gray; eyes brown; condition of skin good; no marks scars &c noticed; but there are some bruises on both knees; bodily condition quite clean; fought the attendants when taken on ward).

June 13. Upon ward since noon. Has many delusions, cried some. Appetite fair. Does not sleep well. Cough none. Bowels constipated. No complaints. P 75. R 20. T 98 6 June 14.94. Has been very quiet all day. Wants to go home. Ate some better. Worked some on ward. T 99. P 75. R 20. June 15.94 Very quiet. Bowels constipated. Sore cathartic. Bowels moved. Talks incoherently. June 16.94 Behavior about the same. Cried for about 1/2 hour in forenoon. Appetite good. June 17.94. Helps in dining room. Behavior the same. June 18.94. Wants to go home. Has many delusions. Behavior the same.

June 19 Very quiet. Appetite good. June 20.94. Still talks about going home. June 21.94 No change.

" 22 Walking up & down, crying part of the time. June 23.94. No change. June 24.94 No change.

" 25 Seems about the same. June 26.94. Wants to go home very bad. Appetite good.

Summary. Has been very quiet most of the time. Seems very restless and discontented. Helps in dining room. Always asking to go home. Talks incoherently. Has many delusions.

June 30.94 Very quiet and nice. Is very anxious to go home. Cries a great deal. July 31.94 Appetite good. Works in dining room. Bowels regular. Goes walking. Aug 23.94 Behavior the same. Transf to C3 Aug 24.94. Cried nearly all day and begs to be taken back. Aug. 27.94. Transf to B2. Aug. 31.94. Appetite good. Behavior quiet. Talks about going home. Works in dining room. Walking and riding. Sept 16.94. Works in dining room. Cries a great deal. Always asking to go home. Has many delusions. Seems quite homesick. Appetite good.

Oct. 15.94 Never wants to go walking. Resisted quite hard as she did not want to go out. walking. Tryst attack.

" 31. Appetite good. Bowels regular. Is very anxious to go home. Never wants to go walking or riding. Works in dining room. Nov. 4.94 Refused to go walking. Nov. 30.94 Appetite good. Cries a great deal. Works in dining room. Dec. 15.94. Cries a great deal, wants to go home. Works in dining room. Dec. 22.94 Crying all day.

Dec 31. Always refuses to go walking resists at times about going. January 19.95: Went home to day with her son. Was very little improved in her mental condition but she worried & cried about going home so constantly that it was thought best to allow her to go on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Annika Anderson

GEBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3746.
Residence, 397 Selby Avenue, St. Paul
Date Admission, 15th June 1894.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, John B. Olivier, J of P, Ramsey County
Sex, Female
Age, 65 Years
Civil Condition, widow
Children, Yes – six (6) –
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, not given
Profession Religion, not a Church member
Habits, Good –
Nativity, Sweden –
Physicians Committing, John C. Nelson and Alex. Donald
Correspondents, Daughter's address } Mrs Louis Peterson 397 Selby Ave. When dies send message Mr Louis Peterson 230 Western Ave St Paul –

No. for Year, 316.
Insane Relatives, Brother –
Cause Exciting, hereditary or religious
Cause Predisposing, "chronic"
Form,
Accompanying Bodily Disorder, none
Suicidal or Not, not.
Date of this Attack, some years ago
Duration, some years –
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, ?
Time of Leaving, Jan. 10 '96.
Time in Hospital, 1 yr. 6 mo. 25 da.
Result, Died –

EXAMINATION ON ADMISSION.

Ex by Dr. R.M. & S.L. Phelps June 16-94. MENTAL CHARACTERISTICS. Mr Johnson is to attend to shipping remains –

MENTAL ACTIVITY: very sluggish.
Clear or Confused, v
Quick or Sluggish,
MEMORY: Can not determine
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects, very dull.
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks very little
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Annika Anderson

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1½ WEIGHT, 110 pds NUTRITION, Good
WOUNDS OR ABNORMALITIES, None of any kind.
TONGUE, Tremors, Coatings, None. Promptness Movement,
PUPILS, Equality, Equal. Size, Normal
Response Light, Accommodation,
SIGHT, Seems good.
HEARING,
COORDINATION, Arms, Good.
Legs,
TREMORS, Hands, None Tongue,
Facial Muscles, None. General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, Slow 65 Circulation very poor atheroma 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 Annika Anderson

1894

This patient was brought here by Deputy Sheriff P.C. Haas & a female attendant with the following history of her case. Habits & morals have been good. Has a brother insane; supposed cause of attack is hereditary or religious; form chronic; no accompanying bodily disorder. First symptoms of disease were manifested some years ago, by melancholea. This is the first attack. Insanity now shown as religious matters. Is disposed to injure others from sudden passion. Is not suicidal, however, but tears her clothing. Previously manifested religious impressions. There is no history of any bodily disorder or disease; She has not been restrained or confined, nor under medical treatment.

June 15 On admission was put on B3. (S.R. Complexion fair; hair light brown; eyes blue; Condition of skin normal; no marks, scars or bruises noticed; bodily condition clean; is quietly behaved, talks only Swede)

June 16 94 Lunt. Talk Swedish Appetite good Sleeps poorly, out of bed most the time. Coughs some. Bowels constipated. P 98. R 22 T 99. June 17 94 Very noisy singing & talking. Will not keep clothes on. Restless about nose & mouth T. 102 6 P. 84 R 24. Put in restraint at 9 A.M. June 18 94 T 100 2 P. 84 R 24 at 8 30 A.M. 5 30 PM T. 102 4 P. 80. R. 20. Very noisy. Bowels constipated. Sore nose. Bowels move. June 19 94 Taken out of restraint. T 99 P 96 R 20. Is upon ward. More quiet. June 20 94 Very noisy all day. Walks up and down hall. Appetite good. P 94 June 21 94 Upon ward. Bad sore hips badly swollen & with large red spots containing pus. T 101 2 P 96. R 24 Washed place with bichloride. Applied vaseline & boracic acid. Did not eat very well to day. June 22 94. Is bet part of time; seems restless does not want to stay a bed. Will not keep clothes on. Appetite very poor. Dressed back T 101. P 92. June 23 94 About the same. T 99 Appetite poor Bowels moved. Behavior very noisy.

June 24 94. In room all day. Her back looks quite bad. Is very noisy T 99 P 92. R 22. June 25 94 Out on hall. Quite noisy all day. Dressed her back. Sore. Eggnog. 4 PM Appetite failing

" 26 Bowels reg. June 26 94. Has diarrhoea. Did not eat any solid food but drank milk. Sore eggnog three to day. Take tonic. Very noisy T 99 2 P 94 R 26 Coughs some 6/27/94. Appetite poor Back seems better. Sore Eggnog. Is very noisy, has to be held most of the time. Takes off clothing Runs up & down hall. P 96. June 28 94 Very noisy & hard to do anything with. Talking most of time. Appetite poor Does not eat any solid food Sore Eggnog twice. Take tonic. June 29 94 Still very noisy Does not eat any better. Back some better. Take Eggnog. T 99 6 P 96 R 20. Seems much weaker & more

Summary. Has been very noisy most of the time. Will not eat any solid food. Bowels have been constipated. Has had diarrhoea the past few days. June 30 94 Often bed habits. July 1 94 In bed since noon. Appetite poor T 99 2 July 6 94 Very noisy July 6 94. Very dirty in habits. Take Eggnog twice a day also tonic & other med. July 7 94 8 30 AM T. 98 6 5 30 PM 99 2 July 9 94 Went to bed at noon seems quite weak. Complains of pain in stomach T 98 8 at 8 30 A.m. 3. PM T 100 2 P 90. R 30. July 10 94 Visited by daughter

July 21 94 Limbs broken out with red spots filled with pus. Dirty in habits. July 31 94 Very dirty in habits. Rather noisy all day. Aug 1 94 Transfer to B 3 Aug 27 94 Appetite poor. Untidy in personal appearance. Dirty in habits. Very noisy on ward. Sleeps poorly. Take tonic. Sept 6 94 Out of bed & extremely noisy most of night, has diarrhoea gave boiled milk for breakfast & medicine as directed.

Sept 8 94. Diarrhoea better but extr. noisy all day, destructive to clothing. Sept 7 94. Slight eruption breaking out over the body & forming pus. Sept. 25 94. Appetite better. Unusually dirty in habits. Is very restless at night. Talks incoherently. Is very noisy & active during the day. Oct 22 94 Appetite fair In behavior quite noisy, very untidy in habits, very restless at night. Talks incoherently

Personal and Medical History of Annika Anderson.

Goes riding. Nov 25 94. Appetite good. Very noisy and much excited during day. Very untidy in habits and personal appearance. Bowels regular. Goes riding Jany 25 95

Jan 25 95. Is very restless at night and during the day. Talks incoherently. General health good. Bowels regular

Feb 28 95. Appetite good. Dirty in habits. Behavior quite noisy during the day. Talks incoherently. Bowels regular

March 23. Very restless & noisy during the day. Appetite good. Untidy in habits. April 28 95. General health good. About the same in behavior. May 10 95 Sick in bed. Is very weak. Had diarrhoea during the night T. 102 4/5 P. 110 R. 20. May 10 95. About the same. Coughs some. Appetite poor. Bowels reg. May 20 95 Right side of face swollen.

May 31, 95. Upon ward. Face is still swollen. Appetite better

June 11 One side of face still swollen. More inflamed. Coughs some. Was put to bed. June 21 Visited by daughter. Seems some better. Takes tonic. June 28 Very restless. Still in bed. July 23 Appetite fair. Bowels regular. Duty. Noisy & restless most of time. Still in bed. Aug 25 Has a large boil on right side of face. Appetite good. Very restless during day. Aug 30 Health about same - Very feeble. Still has boil on face. Sept 10 Seems quite weak at times. Appetite good. Sept 24 About same - Has fever at times. Bowels regular. Appetite good. Oct 25 Appetite good. Very nervous & restless. Health failing quite fast. Nov 1 Visited by daughter; did not seem to recognize her.

Nov 12 Very weak; failing quite fast. Blood in urine. Appetite good. Bowels regular. Nov 14 About same. Trans to Inf. Temp 99.8, Pulse 100, Resp 26. Has bed sore. Nov 15 8 30 A.M. Coughs & expectorates. Appetite fair. Temp. 101. Puls. 108. Resp 32. 2 P.M. Temp. 100.8 Pulse 98 Resp 24

Nov 16 4 A.M. Slept well. Temp 99. Pulse 100. Resp. 26 7 P.M. T. 99.8 P. 105 Resp 24. Seems quite weak. Face looks very flushed at times. Bowels regular. Bed sore dressed. Blood in urine.

Nov 18 4 A.M. Slept most of night T. 99. P. 96 R 26. 5 P.M. T 98.8. P. 90 R 26

" 19 Temp. 100 2 P. 94 R. 26 Nov 20 4 a.m. T. 98.4 P. 80. R 24. Nov 21 4 A.M. Slept part of night very restless. 4 45 P.M. T. 98.4 P. 80 R 24 Appetite very good. Bowels regular.

" 22 4 45 P.M. T. 97. P. 84 R 24 Bowels regular Nov 23 11 30 A.M. Temp. 98.4 4 30 P.M. P. 88 R 26 Appetite very good.

" 24 4 30 P.M. T. 98.4 P 84 R 24 Urinates often 4 30 P.M. T. 99.4 P 92 R. 24 Nov 25 Slept very little - Noisy & out of bed several times. Nov 26 5 A.M. Slept the fore part of night. Noisy & out of bed at times Nov 27 Slept about 4 hrs. Quite noisy at times. Nov 30 Very untidy in habits. Appetite good. Bowels regular. Quite noisy most of time. Out of bed a good deal

Dec 2 Out of bed most of day. 100-95-24. Urinates often. Appetite good. Fed by nurse.

" 3 Slept the greater part of night - Noisy this A.M. Dec 4 Very restless & noisy T. 99.8 P. 99. R. 24 Sleeps quite well. Dec 5 T 99 P 85 - R 22 - Dec. 15 99.8 P. 90. R 25 Seems about the same. Dec. 21 No change. Has bad habits also very untidy. Trans to B 3. Dec. 8 Patient very weak. Does not eat much. Urinates often. Bowels loose. Is more quiet. Dec 9 Did not eat anything during day.

" 10 Is about the same.

Died Dec. 11th 1895.

Personal and Medical History of Emma C. J. Dahlen

EBBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3748.
Residence, Town of Vernon, Minn
Date Admission, 15th June 1894.
Admitted by, Dr Linton-Phelps Hour, 7 PM
How Sent, E. T. Way, J of P, Dodge County
Sex, Female
Age, 23 Years old
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, House-work
Degree Education, not stated
Profession Religion, Is a church member
Habits, Good —
Nativity, Town of Vernon
Physicians Committing, S. H. Vanfleet and J Bedient
Correspondents, John. O. Dahlen
Oslo. Minnesota

No. for Year, 318.
Insane Relatives, Cousin —
Cause Exciting, Said to be uterine trouble
Cause Predisposing, Heredity —
Form,
Accompanying Bodily Disorder, Uterine trouble (?)
Suicidal or Not, Has threatened suicide.
Date of this Attack, 2 Years ago
Duration, 2 Years —
No. of Attack, not 1st
No. of Admissions, 1st
Age First Attack, —?—
Time of Leaving, Oct 19-94
Time in Hospital, 4 mo. 4 d's.
Result, Improved

EXAMINATION ON ADMISSION.

Ex. by Drs R M Ms J L Phelps June 16-94.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Can not determine
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Complains of pain in left side.
Put on tonic.

EMOTIONAL STATE: Indifferent
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: None determined
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS: Talks but unwillingly rather stubborn in manner. Says gets angry when worried.
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Emma C. J. Dahlen

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, — WEIGHT, — NUTRITION, Good.
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, None Coatings, None. Promptness Movement,
PUPILS, Equality, Equal Size, normal.
Response Light, Good Accommodation, Good.
SIGHT, Good
HEARING, Good.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None.
Facial Muscles, None General,
REFLEXES, Patellar, Absent both.
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART,
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal, Condition
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, 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 Emma C. J. Dahlen

Personal and Medical History of

1894 EBBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

This patient was brought here, in due form, with the following history of case. There is some history of heredity, a cousin being insane. The cause of this attack is said to be uterine trouble. Form of the attack is paroxysmal. First symptoms of the disease were manifested 2 years ago; is always muttering to herself. This is not the 1st attack. She has been getting worse since examined last spring (April). She now talks on various subjects. Has struck her mother several times & other persons. Has also threatened to commit suicide. Is disposed to filthy habits: will go into hog pen & lie with the hogs. There is no history of any bodily disease or injury to head. She has not been restrained or confined. Was under a Doctor's care for 2 years & now refuses to take treatment or to take medicine.

June 15 On admission, was put on B[2] (S.R. Complexion light; hair brown; Eyes blue; Condition of skin normal; no marks, scars, or bruises noticed: bodily condition clean. Dressed - behaved). June 16 94 Very quiet. Talks a wandering way. Appetite good. Sleeps quite well. Cough none. Bowels constipated. Complains of pain in side when Constipated. J. 75. R. 25. Tgg. June 17 94. Very quiet. Does not talk much. Talks to me. Bowels constipated. Gave cathartic. Bowels moved. June 18 94. Behavior about the same. Sits in the same place most of the time. Pat. Appetite good. June 19 94. No change. June 20 94. Very quiet. Gave cathartic as formerly. June 21 94. Talks to me. Very quiet in behavior. June 22 94. No change. June 23 94. Visited by brother. No change in behavior. June 24 94. About the same. June 25 94. No change. June 26 94. Helps some in ward. June 27 94. Works in yard. Is very quiet. Reads most of the time. Wants to go home. June 29 94. No change.

Summary. Is very indifferent in behavior. Does not talk much, but when she does it is a wandering manner. Has a good appetite. Works some in ward. July 1 94. Is very quiet. Helps some in ward. July 4 94. July 4 94 Visited by Cousin and friends. July 9 94. Complains of bowels being constipated, gave cathartic. Had a very excited spell. July 31 94. Works in laundry. Appetite good. Behavior quiet. Bowels constipated. Aug 1 94. Had a very excited spell, destroyed hat, talked very loud & shook her hands terribly. Aug 2 94. 31. Appetite good. Behavior quiet most of the time. Works in laundry. Bowels constipated. Sept. 1 94. Appetite good. Behavior quiet. Works in laundry. Bowels regular. Sept 21 94. Menstruating. Oct. 8 94. Appetite good. Talks some about going home. Bowels constipated. Gave cathartic.

October 19. 94 Went home.

Discharged (Feb. 6th '95)

Whole No. 3751.
Residence, Town of Jordan, Co. of Fillmore, Minn.
Date Admission, 16th June 1894.
Admitted by, Dr. Phelps - Hour, 8.30 a.m.
How Sent, E. V. Farrington, J. of P. Fillmore County.
Sex, Female
Age, 40 years
Civil Condition, married
Children, Two dead; none living; died 5 years before
Age Youngest Child, delusion came on.
Occupation, House-wife (wife of farmer).
Degree Education, not stated.
Profession Religion, Yes; Lutheran.
Habits, Never has used intoxicants or narcotics; moral.
Nativity, Germany —
Physicians Committing, M. A. Trow and Chas. W. Cooper (Brother)
Correspondents, Gustavus Baker, Pleasant Grove Olmsted Co. Minnesota

No. for Year, 321.
Insane Relatives, none.
Cause Exciting, Reading the Bible; religion
Cause Predisposing, "Chronic"
Form,
Accompanying Bodily Disorder, none —
Suicidal or Not, not.
Date of this Attack, about 8 years ago
Duration, about 8 years. —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 32.
Time of Leaving, June 20 94
Time in Hospital, 4 days
Result, Improved.

EXAMINATION ON ADMISSION.

Ex Drs R. M. and S. L. Phelps June 16 94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused over her own state.
Quick or Sluggish,
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Alert
Alert or Dull,
Correct or Illusive, Correct.
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm but rather excited.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Religious ideas.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks freely and quite well. Dwells
Coherent or Incoherent, upon religion mostly.
Voluble or Reticent,

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 1 in. WEIGHT, 132 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, None. Coatings, None Promptness Movement, Prompt
PUPILS, Equality, Equal Size,
Response Light, Good Accommodation,
SIGHT, Good.
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None. Tongue, None.
Facial Muscles, General,
REFLEXES, Patellar, Equal 8.
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Normal.
SENSIBILITY, ?
HEART, Very irregular - Heart murmur.
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Reg.
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Variable Medium, Poor,
SLEEP, Good, Poor Poor, Irregular,
PULSE, Irregular 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 Matilda P. Sommers

1894

This patient was brought here by town-marshall of Chatfield & attended by Anna Mingle, with the following history. Habits and morals good; no history of heredity; supposed cause of attack is from reading the Bible and religion: form is Chronic, exalted. There is no accompanying bodily disorder. She has a single delusion: believes that Jesus Christ is directly guiding her & acknowledges no other authority. First symptoms of disease were manifested about 8 years ago. This is the 1st attack. Insanity is now manifested as religion. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any bodily disease &c, nor of any injury to head. She has not been restrained or confined, nor under medical treatment. —

June 16 On admission, was put on 13! (S.R. Complexion light; hair light brown; eyes gray. No marks or bruises noticed; bodily condition clean; well behaved: shows delusions). Patient's husband (Charles Sommers) was committed here the same day.

June 17 Quiet. Appetite good. Slept well. Has delusions. Thinks the Lord told her to come here. Cough none. Bowels regular. Complaints none. June 18. 94. Appetite good. Slept well. Helped in dining room. Behavior quite natural.

June 19 No change to day. June 20. 1894 Went home.

Disch. Nov 9. 94.

Bessie Olson from page 184

May 1 - June 1 - 1901 General condition unchanged. Complains a great deal of ear ache. May 30 Wt. 118#. June to Sept. Attends chapel and amusements, complains of ear ache a great deal, Sept. 1st. Wt. 121¾#.

Sept. to Dec. Condition unchanged, Nov. 30 Wt. 119½#.

To Feb. 1, 1903. General health good: appette good: sleeps well: takes exercise: assists with the ward work: on some subjects converses intelligently: is delusional: attends chapel and amusements. Dec. 1st. Wt 111#.

Personal and Medical History of Bessie Olson

Personal and Medical History of Bertha Born

EARLEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3752.
Residence, Town of Otisco, Waseca County, Minn
Date Admission, 19th June 1894. –
Admitted by, D. Phelps Hour, 7 PM –
How Sent, E. B. Collister, Jot P, Waseca County
Sex, Female.
Age, 36 years
Civil Condition, married
Children, yes; five.
Age Youngest Child,
Occupation, Housewife
Degree Education, not stated
Profession Religion, is a church member
Habits, Good.
Nativity, Germany
Physicians Committing, D. S. Cummings & J. A. Swartwood
Next Friend and Correspondents, Wm Born, Waseca, Minn

No. for Year, 322.
Insane Relatives, not hereditary
Cause Exciting, Trouble regarding property.
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, found heart trouble(?)
Suicidal or Not, not –
Date of this Attack, about a year ago
Duration, about a year.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 35.
Time of Leaving, July 2 94
Time in Hospital, 13 days
Result, Improved.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Mostly clear
Clear or Confused,
Quick or Sluggish,
MEMORY: Says failing.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Alert.
Alert or Dull,
Correct or Illusive, Quite correct
REASONING POWER: Seems to realize she is not right.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put on tonic

EMOTIONAL STATE: Calm. Rather depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks her brothers in law want to kill her
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Mostly coherent. Says things
Coherent or Incoherent, at times seem mixed up
Voluble or Reticent, in her mind. Talks very rational

Personal and Medical History of Bertha Born

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3in WEIGHT, 105 lbs. NUTRITION, Poor
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, Slight. Coatings, Heavy Promptness Movement, Prompt.
PUPILS, Equality, Equal Size, Dilated slightly
Response Light, Normal Accommodation,
SIGHT, Good
HEARING, Good.
COORDINATION, Arms, Seems good
Legs, Weak.
TREMORS, Hands, None. Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Both ↑
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Rather worried
SENSIBILITY,
HEART, No murmurs, a little flow
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Regular Constipated, Irregular,
APPETITE, Good, Very poor Medium, Poor,
SLEEP, Good, Poor 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,

Personal and Medical History of Bertha Born

EASLEY, FIGLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy-Sheriff W.H. Reynolds, attended by John Born, with the following history. Habits and morals have been good. There is no hereditary history. Supposed cause of this attack is trouble between herself + mother's family regarding property. Form of attack is depressed; She also complains of pain about heart. First symptoms of disease were manifested about a year ago; She became possessed with the idea that one Dolmen, a brother-in-law intended to kill her; this Delusion has existed ever since & has caused her to run away from home, at times; She seems, now, to have a morbid fear of being killed. This is the 1st attack. Patient is not disposed to injure others, nor is She suicidal, nor of filthy or destructive habits. There is no history of any bodily disease or of injury to head. She has not been restrained or confined. — — —

June 19 On admission, was put on B. (Complexion fair; hair dark brown; eyes blue; no marks, scars or bruises noted. Bodily condition very clean. Behavior very quiet). Patient talks quite sensibly.

" 20 In bed all day. Very quiet. Says her brother in law wants to kill her. Appetite poor. Does not sleep well. Coupes tongue. Bowels regular. Complains of headache. P 82. R 20. T 98.

" 21 Had a crying spell this morning. To upon ward. Takes tonic. Very quiet and nice. Transf'd to B.

" 22 Quiet all day. Appetite good. June 23rd Slept well last night. Appetite good. Quiet all day.

" 24 Did not sleep well last night. Appetite good. Quiet all day. Went out walking.

" 25 Appetite good. Did not sleep well last night. Complained of the room being too warm. Visited by husband and children. June 26-94 Appetite good. Slept much better last night. Helps in dining room. Went out walking. June 27 94. Slept well. Appetite good. Went out walking. June 28-94 Did not sleep well last night. June 29 94. Slept well last night. Quite well to day. June 30-94. Appetite good. Slept well. Went out riding.

July 1. 94 Quite well to day. Went out walking. July 2 94. Went home.

Discharged Nov 9. 94.

Personal and Medical History of

Personal and Medical History of Carrie Bell Bunce

GOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3757.
Residence, 715 Cherokee Ave, St Paul. Minn.
Date Admission, 25th June 1894. —
Admitted by, Dr. C. B. Eby. Hour, 7 P.M.
How Sent, John B. Olivier, Jof P. Ramsey County
Sex, Female
Age, 33 Years
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, none
Degree Education, not stated
Profession Religion, Not a church member
Habits, Good
Nativity, Wisconsin
Physicians Committing, F. A. Xanten and Ovide Martel
Correspondents, Father's address Dr. Levi P. Bunce, 715 Cherokee ave St Paul Minn

No. for Year, 327.
Insane Relatives, none; no history of heredity -
Cause Exciting, not given; probably scarlet fever & epilepsy
Cause Predisposing, probably scarlet fever
Form,
Accompanying Bodily Disorder, Epilepsy
Suicidal or Not, not
Date of this Attack, at age of 8 years
Duration, Some 25 Years. —
No. of Attack, Several probably
No. of Admissions, 1st
Age First Attack, about 8 years.
Time of Leaving, Nov. 2 '94
Time in Hospital, 4 m 7 days.
Result, Imp.

EXAMINATION ON ADMISSION.

Ex June 26. 94. Dr. W. H. Withrow

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Sluggish.
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events, } Like a child of 5 or 6 years.
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, } nil.
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

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

Personal and Medical History of Carrie Bell Bunce

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, — WEIGHT, — NUTRITION, Bad
WOUNDS OR ABNORMALITIES, Scar on right foot
TONGUE, Tremors, None Coatings, Heavy Promptness Movement, Prompt
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, } In such a ~~cond~~ state could not be examined.
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, None General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY, Fair
HEART, all right.
LUNGS, Do Do
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Suppressed
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Poor Medium, Poor,
SLEEP, Good, now. Poor, Irregular,
PULSE, 80. RESP., 24 TEMP., normal
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Carrie Bell Bunce

1894

This patient was brought here by Deputy Sheriff Haas, accompanied by mother and a friend, with the following history. Habits, regarding temperance & morality, good: there is no hereditary history. Form of this attack is chronic; she has probably had many of these attacks. First symptoms of the disease were manifested at the age of 8 years, at which time she had scarlet fever, which left her feeble minded; also had Epilepsy & virational attacks since she was 8 years old. Patient is not disposed to injure, others, nor suicidal, nor filthy, nor destructive. No peculiarities &c were previously shown. She has not been restrained or confined but has been under medical treatment since she was a child; this did no good.

June 25 June 25/94. On admission, was put on C³ (L.R. Complex wire light; hair brown; eyes gray; condition of skin normal; has some marks & scars on right foot; arms and forehead bruised; bodily condition quite clean; no bodily peculiarities noted; is very noisy & excited; has delusions).

26 Quite noisy. Has delusions. Appetite fair. Sleeps nearly all of the time. Noisy ½ hr. Coughs some. Bowels moved P72 R16

27 Behavior about the same. Gave sleeping dose. Noisy out of bed. Had one fit 9 P.M. June 28.94. Behavior quite noisy Appetite fair. Slept part of the night. Takes medicine. June 29.94 Behavior the same during the day. Out of bed a good deal during the night & noisy for about 5 hrs. June 30.94. Quite noisy during the day. Slept all night. July 1.94. The same

July 2 Quite noisy all day. Goes out doors with the other ladies. Wants to sleep all the time. July 3.94. No change in behavior during the day. Had a very hard fit during night, fell from bed. Noisy 2 hrs. July 4.94 Had a fit 10³⁰ a.m. Appetite fair. Behavior noisy at times. Slept nearly all night. July 5.94 Behavior more quiet than usual. Wants to sleep during the day. Did not eat much dinner. Went out doors with the other patients. July 6.94. Quiet all day. Went walking. Seemed brighter than usual. Rested well at night. July 7.94. Noisy part of the day, appetite good. Complains of sore throat. Went walking. Rested well during night. July 8.94. Behavior quiet. Seemed brighter. Appetite good. Took medicine for sore throat. Went walking. July 9.94 Quiet all day. Seems quite bright. Went walking. Eats in dining room. Slept well during night. Summary: Appetite not very good. Is very restless and persists in walking up and down the ward. Also wants to go to bed during the day. Talks of her father and mother and say they wont be able to find her here. She also uses obscene language and otherwise talks incoherently and silly. Goes walking daily with other patients. July 10.94 Appetite good. Behavior quiet. Habits moderately clean. Sleeps quite well. Bowels regular. Calls for her father and mother and says they won't be able to find her here.

July 25.94 Fell in fit and bruised eye. August 1.94 Appetite good. Behavior quiet. Aug 9.94 Transfer to C². Aug 31.94 Appetite is fairly good. Sleeps well. Untidy in habits.

Nov 2/94 Went home

Discharged.

Personal and Medical History of Mary E. Loughran.

From Page 200

Up to Feb. 1, 1903. General health fairly good: appetite fair: does no work: sleeps well: takes exercise: is quite deaf: never converses or answers questions. Dec. 1st. Wt. 100#.

Personal and Medical History of Virginia A. Bofferding (Anna)

EBBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3766.
Residence, Minneapolis, Minn
Date Admission, 30th June 1894
Admitted by, Dr Kilbourne Hour, 3 PM
How Sent, John H. Steele, Jof P. Hennepin County
Sex, Female
Age, 35 Years
Civil Condition, widow
Children, one
Age Youngest Child, 11 Years old
Occupation, housewife (formerly).
Degree Education, probably good
Profession Religion, not a church member
Habits, Good
Nativity, Minneapolis, Minnesota
Physicians Committing, A. N. Orton and Wm J. Byrnes.
Correspondents, (Mother) Mary C. Orth 1207 Marshall St. N.E. Minneapolis, Minn



No. for Year, 336.
Insane Relatives, none; no history of heredity
Cause Exciting, Childbirth
Cause Predisposing, not definitely stated
Form,
Accompanying Bodily Disorder, (in 1891, ovaries removed)
Suicidal or Not, not
Date of this Attack, 9 months after confinement in 1883
Duration, over 10 years
No. of Attack, many
No. of Admissions, 1st here (has been in St Peter & at Battle Creek)
Age First Attack, about 25+
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Ex. Dr Withrow ~~July 30~~ 94

MENTAL ACTIVITY: ~~Fairly alert~~
Clear or Confused, Sluggish.
Quick or Sluggish,
MEMORY: ~~Seems good~~ only fair.
Past Events,
Recent Events, ~~Poor~~
Special Subjects,
PERCEPTIVITY: ~~Seems Good~~ quite dull.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Very Poor
Ordinary Subjects, "
Own Mental State, ~~Thinks she is [illegible]~~
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
This was caused a month after childbirth by child having scarlet fever the nursing it and constant worry caused the trouble.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Can't find any.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: } none to be found
ILLUSIONS: }
CONVERSATION: will not talk much, but this is incoherent
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Virginia A. Bofferding

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in WEIGHT, 136 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Slight Promptness Movement, Prompt
PUPILS, Equality, Equal Size, normal
Response Light, Good Accommodation,
SIGHT, Good
HEARING, Do
COORDINATION, Arms, Good
Legs, Do
TREMORS, Hands, None Tongue, None
Facial Muscles, — General, —
REFLEXES, Patellar, Eq 5 Dr Ph's scale
Other Reflexes,
ARTICULATION, Hesitating, Rather hesitating. Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY, Seems good
HEART, Sound
LUNGS, Do
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Absent.
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, clean Clean, Careless,
BOWELS, Normal, Says normal. Constipated, Irregular,
APPETITE, Good, Medium. Medium, ? Poor,
SLEEP, Good, Good. Poor, Irregular,
PULSE, 75 RESP., 22. TEMP., Norm
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Has been same for 11 years. ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, } not known
Father or Pat. Relations, }
Brothers or Sisters,

Personal and Medical History of *Virginia A. Bofferding.*

1894

EGBERT, FISLAR & CRAMER'S, DAVENPORT, IOWA.

This patient was brought here by Sheriff's deputies C. A. Alther and Charles O. Lampe, and was attended by Miss Katie Cullen; the following is history of the case. There is no history of any heredity; supposed cause of this attack is Childbirth; form of attack is chronic; exalted at times; again depressed. Does not menstruate but, at what should be a period, becomes worse; in 1891, ovaries were removed. First symptoms of the disease were manifested 9 months after confinement in 1883; Child had scarlet fever and was taken from her at that time on account of her mental condition. Was never recognized her child, again. She has probably had many attacks. She has never been mentally well since 1883 but has been better and worse, at times. Insanity is now manifested as nothing in particular. Is dispos'd to injure others, from sudden passion & monthly & wakes out of sleep, in that condition; is not suicidal, however. Has no filthy & destructive habits. Patient was confined in Asylum at St. Peter, Minn. in 1884 for 9 mos; and at Battle Creek Sanitarium for 8 years, and, between times, traveling & spent 2 years in Mexico. She has been under treatment, continuously, for 11 years & there has never been any improvement, except very temporary. She was perfectly well, from time of confinement upto 9 months, when child taken with Scarlet fever & the worry, at that time, is supposed to have caused the mental condition. —

June 30 On admission was put in B^r W (S.S. Complexion dark; hair dark brown; eyes gray; condition of skin normal; no marks scars or bruises noted; bodily condition very clean. Is quietly behaved. Remarks (often incoherent)

July 1 Talk is incoherent. Does not eat well. Sleeps well. No cough. Bowels reg: No complaints.
" 2 Did not eat well Upon ward. Is very quiet. Sits in the same place most of the time. Does not complain any.
" 3 Did not eat any breakfast. Ate quite well at dinner. Talks some. July 4 94. Very quiet. Has a poor appetite. Bowels reg: Takes med: July 5 94 About the same. Wants to lie down most of the time. July 6 94 Laughing & talking to herself a good deal of the time. Does not eat well. July 7 94 Very quiet. Appetite poor. Wants to stay in room most of the time. Complains of feeling weak. July 8 94 Behavior about the same. Appetite better.
July 9 Went out walking in afternoon. Eats quite well. Is very quiet. Takes med. Bowels reg: Sleeps quite well.
" 13 Goes out walking. Very quiet & nice. Takes tonic. Appetite good. July 14 94 Behavior about the same. Complains of headache. Wants to stay in bed a great deal of the time. Summary: Has been very quiet, wants to lie down most of the time. Complains of feeling weak, also of headache. Talks in an incoherent manner. Did not eat well the first 7 days, but her appetite is better. Bowels regular.
July 16 94 Behavior quiet. Wants to be down most of time. Goes out walking. Eats quite well. Takes tonic. Transf'd to B^r 1
Complains of feeling weak. July 22 94 Is untidy in habits. Is quite disturbed. Removed to B^r July 23 94.
Aug 9 94 Untidy at times. Is very quiet. Transf'd to 4^t Aug 20 94. Transf'd to B^r 1 Aug 21 94 Transf'd to B^r 2 Aug 29.
" 29 Great headriding. Aug 31 94 Appetite good. Behavior quiet. Bowels reg. Goes walking & riding. Helps in room work. Untidy in habits at times. Talks incoherently. Sept 11 94 Out for a drive.
Sept 17 Fought with A Sullivan, threw a chair at her and had to be held in bag.
" 21 Threw dishes in dining room at patients, had to be held. Eats quite well. Goes walking & riding.
Oct 12 94 Appetite fair. Talks to herself a great deal. Untidy in habits at times.
" 31 Appetite fair. Strikes patients. Goes walking & riding. Nov 1 94 Fought with the had to be held.
Nov 11 Very noisy for awhile this morning. Scolding and calling names. Nov 14 94 Threw a knife at one of the patients in dining room. Nov 16 94 Slapped Miss P. Mathieu in dining room.
Nov 23. Threw dishes in dining room Nov 30 94 Very noisy talking to herself a great deal. Threw a chair yesterday. Appetite fair.

Personal and Medical History of *Virginia A. Bofferding.*

Dec 15 94 Fought with Mrs Benston received a black swollen eye and a bruise on forehead Jan. 14 95 Violent in behavior most of day. Appetite good. Goes walking and riding. Transf'd to C^t Feb. 2 95. Has a good appetite. Bowels regular. Takes tonic. Noisy at times. Is violent in behavior. Transf'd to C^s March 3 95. Is very violent in behavior at times. Throws dishes in dining room during meal time. Complains of feeling sick a great deal & will stay in bed occasionally. Appetite quite good. Bowels regular. April 30 95 Urine examined and found to contain sugar. Behavior violent at times. Will strike the others without any provocation. Appetite good, bowels reg.
May 30 95 No change. Goes riding and walking.
June 25 Violent occasionally. Incoherent. Very dirty. Appetite good. Bowels regular. Gen. health apparently good.
Sept Oct Nov Appetite good. Sleeps well, Bowels regular. Habits very dirty. Behavior violent at times. Goes riding & walking. Jan. 15 Quite violent at times – often quite dirty in habits. Goes riding & walking – Irregular about eating. Mar. 9 Visited by her sister. Also spent afternoon out with her & behaved very well. Apr. 8 Taken to dentist & had teeth cleaned & filled. May 30 Very violent at times: dirty in habits: appetite good. Food served on tray. Goes riding & walking. Bowels regular. Sleeps worse & general health is good. Neat in appearance.
1896 Aug. Summary Nurse's Notes by Dr. L. S. Phelps: – Appetite quite good: irregular about eating: Food served on tray: quarrelsome & violent at times: talk incoherent: Nov. 96
1897 Fights violently at times: Mar 97 Genl health good: Has occasional sick spells when she is in bed for a few days: Very incoherent & quite violent: July 97 Dirty, genl health fair: no mental change. Continued by Dr. Ella Phelps Oct 12 97 Visited by sister: Talked fairly well: Was taken out for the day. Has been at times, homose, quite violent. Dec 30 97 Wt. 113^{lbs} Feb 10 98 Patients condition has been about same during intervening period. At times is rather violent in behavior: Always rather uncertain but usually quiet. (Cont. by Dr R. A Bell.) Mar 1 to Sept 99 Genl health good: appetite good: sleeps well: bowels regular: takes out door exercise: untidy in habits: some times violent & destructive: talks incoherently: has delusions:
May 9 Threw cup in dining room and cut Martha Winter's head. May 10 Fought nurse or patients: Transferred to B^r: Fed on tray part of time. July 3 Visited by sister.
Sept 1 – Feb 28 1900 (Dr. Heyerdale) General health good: Eats & sleeps well: untidy in habits: Destructive at times & Strikes other patients. Rarely goes out doors: Fed on tray.
Nov 3. Visited by sister & taken driving Jan 17. Wt. 122^{lbs}. March 1 – Aug 31 (Dr Hinton) Has delusions: Talks incoherently: at times violent & destructive: General health fair. Eats & sleeps well. Menstruates regularly. June 22 Visited by sister. Went for drive. June 25 Tooth filled. July 21. Vaccinated. Sept 1 – Nov 30 Sept 26. Noisy & violent. Struck Mr. Fillestad. Oct 1. Struck nurse. Destruction of clothing. Oct. 30 Very dirty in habits: Fed on tray. Appetite good: sleeps well. Refuses out door exercise. Nov. 20 Wt. 106^{lbs}. Dec 1 – Feb 28 1901. General health good: No change. Wt. 106^{lbs}
Mar. to June 1901. General condition remains unchanged. May 24 Wt. 108#.
June to Sept. June 27th. visited by sister, taken out for drive, no change in general

See Page 192

Personal and Medical History of Bessie Oleson #2

GIBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3759.
Residence, St Paul Minn
Date Admission, 2nd July 1894
Admitted by, D.C.B. City — Hour, 7 P.M.
How Sent, John E. Oliver, Jof P. Ramsey County
Sex, Female.
Age, 40 Years (about).
Civil Condition, Single
Children, none
Age Youngest Child,
Occupation, Domestic
Degree Education, not stated
Profession Religion, Lutheran
Habits, Good, so far as known
Nativity, Norway
Physicians Committing, F. B. Aucker and A. Macdonald
Correspondents, Mrs J. V. Avery, Matron
Home for the Friendless, St Paul



No. for Year, 339.
Insane Relatives, not stated; family history obscure.
Cause Exciting, Unable to say
Cause Predisposing, "Chronic" - previous attacks? 2
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, over 2 years ago
Duration, over 2 years.
No. of Attack, probably 3rd? —
No. of Admissions, 1 St Paul (has a history of having been in an asylum, twice before)
Age First Attack, ?
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Dr Withrow July 3 94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Fairly alert.
Clear or Confused,
Quick or Sluggish,
MEMORY: Seems good
Past Events,
Recent Events, Poor.
Special Subjects,
PERCEPTIVITY: Seems good
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Poor.
Own Mental State, thinks she is all right & does not know
Special Subjects, why brought here
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, Says money has been stolen from her
Transitory or Not,
HALLUCINATIONS: None found.
ILLUSIONS: " "
CONVERSATION: Quite voluble, but not much sense in
Coherent or Incoherent, her talk, laughs at anything
Voluble or Reticent,

Personal and Medical History of Bessie Oleson #2

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, not taken NUTRITION, Only fair.
WOUNDS OR ABNORMALITIES, Some bruises. Scar on abdomen on head.
TONGUE, Tremors, quite tremulous Coatings, None Promptness Movement, Prompt.
PUPILS, Equality, Equal. Size, dilated.
Response Light, Poor Accommodation,
SIGHT, Seems good
HEARING, Fair
COORDINATION, Arms, Good
Legs, "
TREMORS, Hands, None Tongue, quite tremulous
Facial Muscles, None General,
REFLEXES, Patellar, R 2 L 3. Quite sluggish.
Other Reflexes,
ARTICULATION, Hesitating, No. Slurred,
FACIAL EXPRESSION, Fair, but silly.
SENSIBILITY, Seems to be good.
HEART, all right.
LUNGS, Sounds seem to be normal
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Says has passed Menopause since Christmas.
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, Normal 73. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, not known. ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, Not Known
Brothers or Sisters,

1894

LESLEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy-Sheriff Chapel, attended by Mrs Akas, with following history. Habits, so far as known, are good; family history is obscure. Unable to say what is cause of attack; form is Chronic, paroxysmal. There is no accompanying bodily disorder. First Symptoms of the disease manifested more than 2 years ago; by strange actions; wandering about; general inability to protect or care for herself. This is probably the 3rd attack. Examining Physicians are told that she has a history of having been a patient in an Insane hospital, twice before. Insanity now shown by strange conduct; wandering about the streets. Patient is neither dis-posed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any bodily disease &c, nor injury to head. She has been an inmate of the "Home for the Friendless" twice last February; has been seen naked at the porch in broad daylight.

July 2 On admission, was put on B2 (S.R. Complexion dark; hair dark brown; eyes blue; Condition of skin, normal; She has one small scar on abdomen; has a lump on back of her head & a few small bruises on right leg. - bodily condition very clean. Behavior quiet; She talks quite sensibly).

July 3. Singing to herself & laughing very loud most of the time. Wants to go out says she does not want to stay. Ate quite well. Sleeps well No cough. Bowels regular. Complains of pain in side. Pgt. Rxx. Tgt. July 4 gt Very noisy all day. In bed part of day. Ate quite well. Tgg. Pgt. Rxx. July 5 gt Quite noisy in behavior. Has a good appetite. Tgt. Pgt. Rxx.

July 6 Went to laundry today seems to like to go. Appetite good. Pgt. July 7 gt Went to laundry. Singing & walking up & down the hall. Appetite poor. July 8 gt More quiet, complains of headache. Bowels reg: Went out walking (3rd visit out)

July 9 Complains of sore throat. Coughs some. Went to laundry. Appetite poor. Complains of pain in side. Put on plaster.

" 10 In bed part of noon. Complains of sore throat. Coughs & Expectorates. Gave medicine.

" 11 In bed part of the day. Her cold seems some better. Ate quite well for supper. Gave medicine for Cough.

" 12 Up on ward. Appetite poor. Coughs some. Complains of headache. July 13 gt In bed part of day. Does not eat well. Coughs & Expectorates. Takes med. July 14 gt Complains a great deal. Appetite poor. Goes out walking.

July 15 Behavior about the same. Ate quite well today. Complains of headache. In bed part of day.

" 16 Went to laundry today. Eats quite well. Coughs & expectorates some. Is very quiet.

Summary: Is very quiet & nice. Talks quite sensibly. Appetite poor, but seems to be improving lately. Works in laundry: July 2 gt Complains of headache July 3, gt Disagreeable at times. Appetite good. Works in laundry July 4 gt Appetite good. Complains some of headache. Works in laundry. Quiet in behavior. Transfd A2. Eg 5 gt Gen health good. Noisy at times. Is quite disagreeable. Works in laundry. Sept. 10 gt Quite noisy at times. Sings a great deal. Gen. health good. Works in the laundry. Went to the fair. Sept 20. gt Rather silly in manner. State seemingly a chronic one. Seems harmless & fairly quiet. Oct. 1 gt Appetite good. Sleeps well. Works in the laundry. Transf'd to Mex. Oct. 18 gt Appetite good. Clean & tidy in habits. Is rather noisy at times. Talks a good deal about going home. Does no work. Will not go riding or walking. Gen. health good. Oct. 20. gt Transf'd to A2. Appetite good. Bowels regular. Nov. 2 gt Talks & sings a great deal. Works in the mending room. Nov. 30 gt Appetite fair. Bowels regular. Sleeps well. Works most of the time in mending room. Was sick 10 days with a cold.

Dec. 12 gt Menstruating. Dec. 22. gt Appetite good. Bowels regular. Sleeps well. Works in the mending room. Talks to herself & sings a great deal. Jany 10. 95 Menstr. Jany. 25. 95 No change. Febry. 95 Menstr. Feb 25 95. Gen. health good. Talks some & heavily. Works in mending room. Neat in habits. Moved to A1.

Mch 30. 95. Works in mending room. Appetite good. Physical health good. Is quiet & disagreeable in ward. April 30. 95 Is at times irritable. Wants to go home. Does no work at the present time. Careless in personal appearance. May 31. 95 General health is good, but her mental condition remains about the same.

June 28 At times irritable. Wants very much to go home. Appetite good. Sleeps well. Works in Centre A.W.

Sept Oct. Appetite good. Clean & tidy in habits; talks incoherently; quiet in behavior most of time. Works in sewing room. General health good. Goes riding & walking. Nov 29 Condition

1896 Feb Talks a good deal about going home. General health good. Usually quiet.

Feb 1 Appetite good. Clean & tidy in habits. Quite noisy in behavior. Talks incoherently & has delusions. Works in sewing room. General health good. Takes out door exercise. March Slept very little: complained of headache.

Apr 3 Appetite good. Clean & tidy in habits: Quiet on ward. Talks incoherently. Has delusions: Works in sewing room part of time. General health good. Takes out door exercise. May 30 Noisy & restless at night much of time.

1896 Aug 5 Summary Nurse's Notes by Dr. E.L. Phelps:- Complained of not feeling well during night: Aug 13 Appetite good. Habits clean: works in sewing room part of time: Gen health good. Jan 97 Demented: half imbecile: scolds & at times is rather irritable: peculiar in talk: May 97 No change: July 15 97 Went to bed sick this morning: complained of pain in stomach & back. July 16 97 Darling letter: up on ward: July 17: Quite sick during night: transf'd to Infirmary: Temp. 99. Resp. 26. Appetite very poor: Complains of very hard pain in side & back. July 18 Had a slight movement: bowels are constipated: July 19 Has complainrd of pain in back and stomach: some emesis: July 21. Complains constantly of severe pain: moaning: washed out stomach: July 25 Has vomited a great deal: greenish in color: Stomach washed out daily: July 31 Stomach still washed out daily: bowels moved by enema: Still vomits some almost daily: green in character. Aug 5 Stomach washed out daily: kept on liquid diet, gruels &c: enema given each day to move bowels: Aug 8 Coughs & expectorates a great deal: Is up on ward to-day: Sleep quite well: Aug 10 Up on ward all day: seems to be feeling quite well. Aug 31. Has been up more or less each day since last note: Appetite now fairly good: takes regular meals: bowels are regular. Continued by Dr. Rich Phelps Nov. 19 General health fairly good. Works in Stewards Kitchen: Always dull & quiet in behavior. Feb 99 Wt. 134 lbs

Feb 99 Patients general health fairly good: Is, however, at times rather more cranky in behavior than she used to be. (Cont. by Dr. R.A. Bibb) Mar 1 Sept 99 Gen'l health good: appetite variable: has specials at times: Sleeps well: neat: works in Steward's kitchen: talks quite sensibly: sits in room most of time when not working: attends entertainments - Sept 1 - Feb 28 1900 (Dr. Heyerdale) Nov 11 Neat. Works in Steward's Kitchen. Expresses delusions: Eats & sleeps well. Jan 12 140 lbs. Mch 1 - Aug 31 1900 Neat. Usually pleasant. Converses readily: at times stubborn & profane: General Health good. Sleeps well: Bowels regular: July 23 Vaccinated. Sept 1 - Nov 30 General health good: Takes out door exercise: Has delusions. Dec 1 - Feb 28 1901 No change: At times disagreeable: Complains of Ear-ache. Mch 4 Wt. 132 lbs

Personal and Medical History of Ellen Ritz

LIBERT, FOLAN & CHAMBERS, DAVENPORT, IOWA

Whole No. 3772.
Residence, 162 Goodrich St, St. Paul
Date Admission, 6th July 1894.
Admitted by, Dr. C.B. Eby — Hour, 7 P.M.
How Sent, John. B. Oliver. Jof P. Ramsey County
Sex, Female
Age, 37
Civil Condition, Married
Children, 3
Age Youngest Child, —
Occupation, Housewife
Degree Education, not given
Profession Religion, not a church member (though stated she R.C in 1st Commitment papers)
Habits, — Good —
Nativity, New York
Physicians Committing, Geo. J. Hanley and J.M. A. Grace
Correspondents, (Husband) H.B. Ritz 162 Goodrich St Paul

No. for Year, 342.
Insane Relatives, none (mother states she in 1st Com't papers).
Cause Exciting, unknown
Cause Predisposing, previous attacks.
Form,
Accompanying Bodily Disorder, bladder + ovarian trouble
Suicidal or Not, not.
Date of this Attack, unknown
Duration, not stated
No. of Attack, 3rd probably
No. of Admissions, 2nd (here) & has been in St Peter.
Age First Attack, 34.
Time of Leaving, Oct. 14' 95
Time in Hospital, 1 yr 3 mo. 8 da.
Result, Rec. 7/5/96

EXAMINATION ON ADMISSION.

Dr. Cobb room July 7. 94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick.
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events, Seems fair.
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
No particulars could be ascertained, as she would not talk to me.

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 Ellen Ritz

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3in WEIGHT, 83 pds. NUTRITION, Poor
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Promptness Movement, Prompt
PUPILS, Equality, Equal Size, Normal
Response Light, Fair Accommodation,
SIGHT, Good
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Eq. O.
Other Reflexes,
ARTICULATION, Hesitating, No. Slurred,
FACIAL EXPRESSION, Apathetic.
SENSIBILITY, Seems good
HEART,
LUNGS,
EXAM. URINE.

GYNAECOLOGICAL EXAM., Eversion of os + laceration
MENSTRUATION, absent
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Poor 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,

1894

This patient was brought here by Deputy Sheriff Kinney & attended by Mrs Manion. The following is a history of her case. There is some history of heredity, as, in previous Committment papers, her mother was stated to have been insane. Cause of this attack is unknown; form is chronic, depressed. She also has bladder and ovarian trouble. Disease is probably of long standing, and this is probably the 3d attack, as she has been here once before, (see note below ⊕), and is also stated to have been in St. Peter Hospital for a year. Insanity is now shown of the subject of Christian Science. Patient is not disposed to injure others, nor is she suicidal, nor filthy nor destructive in habits. Has had no medical treatment, except while in these hospitals.

Note ⊕. Patient was here before, from Feby 5/91 to Oct 9/91. During February, and March of that year she was noisy, incoherent & somewhat nervous & disturbed; showed both hallucinations of hearing & delusions; was worse, at times; quite Emotional; During June she improved; letters, though, were still quite incoherent. During this stay, she was treated for Pelvic trouble by Dr Linton (Phelps). Patient was considerably improved, when leaving here, with her sister. (See Vol 15 page 249 No 2601).—

July 6 July 6/94. On admission, was put on B'. (S. R. Complexion light; hair brown; eyes gray; condition of skin normal; no marks scars or bruises noted. Bodily condition clean. Behavior good).

" 7. Quiet. Has been in bed all day. Has delusions. Appetite poor. Slept well after 11 P.M. No cough. Bowels regular.

" 8 In bed to day. Appetite poor. Slept well last night. July 9 94 Is up and dressed to day. Appetite has been fairly good. Slept well. Seems quite nervous and is noisy at times. On tonic July 10.94. Appetite quite good. Slept well. Went out walking. Still seems quite nervous.

" 11 Slept well. Went out walking. Has been quite talkative. June 12.94 Quite talkative all day. Talks incoherently. Appetite good. Slept well. July 13.94. Appetite poor today. Did not sleep well last night. Has seemed quite depressed all day. Lying down most of the time today. July 14.94. Appetite some better than yesterday. Quite noisy at times today. July 15 94 Did not sleep well last night. Appetite about the same. Went out walking. July 16.94. Was quite noisy this morning about 4 A.M.

" 17 Complains of tired feeling to day & not sleeping well last night. July 18.94. Has been lying down a great deal to day. Complains of tired feeling. July 19.94 Has been rather restless all day. Slept very well last night.

July 20 Noisy to day and very impudent when spoken to. Summary: Rather irritable in manner at times. When not disturbed is usually quiet. Nutrition not very good. Has some cystitis. Amount of urine passed is scanty. She is on tonic treatment. July 27.94 Is quite noisy both day and night. Appetite fairly good. Sleeps poorly. Aug 26 94 Quiet in behavior the past week. Talks more sensibly. Appetite good. Sleeps well. Helps some on the ward.

Sept 25 Has physically and mentally improved some. Is usually very pleasant and agreeable. Appetite quite good. Sleeps well. Bowels constipated the last few days. Goes riding and walking. Helps some in dining room. Sept 30 94 Appetite not very good. Otherwise no change. Oct 30.94 Patient has been feeling quite well, also her mental condition seems very fair. Appetite good. Sleeps well. Bowels regular. Goes riding and walking. Assists with hall and dining room work. Nov 14.94 Does not feel very well, complains of her stomach, her mental condition seems very fair. Appetite good. Transf. to A.1. Nov 21 94 Operated upon Curettment and Trachelorrhaphy done. Went thro. operation well. Was up in 10 days.

Dec 1st Has been somewhat weak but is on tonic & improving. Mental condition is very good. Jan 17 Has gained much. Is now strong physically and is improving mentally. For particulars see nurses record.

Jan 30 95. Appetite fair. Sleeps well. Bowels at times somewhat constipated. Still takes tonic. Wants to go home.

Febr 27. Not very strong. Appetite fair. Sleeps well. Has been taking massage treatments for the past month or more. Worries a good deal about home & children. Still takes tonic.

Mch 30 95 Complains of not feeling well, although no particular complaints. Appetite fair. Sleeps very well. Does no work. Talks sensibly. Still takes tonic. Wants to go home.

Apr 30. 95 Seems to be somewhat more contested. Appetite fair. Does no work.

May 31. Generally very quiet and agreeable on ward, her appetite is fairly good, seems to be quite contested. June 28 More contested than formerly. Does no work. Appetite good. Gen. health a little better. Talks sensibly. July 30 Seems to be improving - is more cheerful in appearance.

Aug 10 In bed. Very sore mouth. At times complains of earache. Treated as directed. Seems quite well at present.

Sept 26 Quiet & agreeable on ward. At times works in employees d.r. Appetite fair. Sleep well. Talks sensibly. Bowels constipated at times. Taking Tonic. Oct 1st No change.

Oct 14 Went to LeSueur on trial.

Discharged.

Personal and Medical History of Helena Duisch

GIBBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3713.
Residence, Township of Greenfield, Minn
Date Admission, 7th July 1894.
Admitted by, Cyrus B. Eby Hour, 1.15 PM.
How Sent, Malcolm Kennedy, Jo. Co. Wabasha Co.
Sex, Female
Age, about 50.
Civil Condition, (?)
Children, none
Age Youngest Child, ——
Occupation, Farmer's wife (?)
Degree Education, not stated.
Profession Religion, Not known
Habits, Good.
Nativity, Germany —
Physicians Committing, J. A. Low and F. R. Kelly
Correspondents, Mrs Housewirdel, Wabasha, Minn

No. for Year, 3143.
Insane Relatives, not known
Cause Exciting, Dont know
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, 3 or 4 days ago.
Duration, abont 24 days.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, abont 50.
Time of Leaving, Sept. 6 94
Time in Hospital, 2 months.
Result, Recovered

EXAMINATION ON ADMISSION.

Dr. Withrow July 9th 94 MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick
Clear or Confused,
Quick or Sluggish,
MEMORY: Seems good.
Past Events,
Recent Events, Poor
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: exalted.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Systematized
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS: None
CONVERSATION: Quite voluble but always on hand
Coherent or Incoherent, subject of loss of money & property
Voluble or Reticent,

Personal and Medical History of Helena Duisch

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft WEIGHT, 89 lbs NUTRITION,
WOUNDS OR ABNORMALITIES, Ventral hernia
TONGUE, Tremors, No Coatings, slight Promptness Movement, prompt
PUPILS, Equality, Equal Size, normal
Response Light, Fair Accommodation,
SIGHT, Good.
HEARING, Good
COORDINATION, Arms, Good.
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, R 3. L 2 No K's reds.
Other Reflexes, no ankle clonus.
ARTICULATION, Hesitating, No. Slurred,
FACIAL EXPRESSION, Nervous & excited.
SENSIBILITY, Seem good
HEART, Seem to be allright.
LUNGS, N.A.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, ~~trouble~~ Has ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 74 RESP., 24 TEMP., Normal
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,
} Say they are allright.

Personal and Medical History of Helena Duisch

1894

This patient was brought here by Sheriff's-Deputy P. L. Weinnerskirch & his wife with the following history. Habits have been good. There is no hereditary history. Cause of attack not known: form of the attack is acute & exalted. There is no accompanying bodily disorder. First symptoms of disease were manifested 3 or 4 days ago. This is the 1st attack. Insanity now shown upon the subject of loss of property. Patient is not disposed to injure others; is not suicidal, nor filthy nor destructive in her habits. There is no history of any bodily disease &c nor of any injury to head. She has not been restrained or confined, nor under medical treatment.

July 7 On admission, was put on B2. (S. R. Complexion light; hair red; eyes blue; condition of skin normal; right knee is bruised: also has hernia; bodily condition very dirty; behavior is good).

8 Quiet. Talks about her property. Ate very little. Slept most of the night. Bowels constipated. P. 74. R. 24. T. 99.

9 T. 99. P. 74. R. 24. Slept very well. Quiet. Went to dining room and ate a little. Dressed and on the hall.

10 T. P. and R. normal. Noisy at times. Appetite poor. Did not sleep much last night. Out of bed part of the time.

11 T. 99. P. 80. R. 22. Noisy, Takes very little nourishment. Bowels moved. July 13. 94. Very noisy. Ate her breakfast but no dinner or supper. T. 100. P. 92. R. 22. Noisy at times today. Will not eat, was fed with tube this eve. Transf to C2. July 14. 94. Did not sleep any. Restless part of the night. T. 100 2/5. P. 94. R. 24. Is in bed & in restraint. Is restless & noisy at times. Drinks some milk and Eggnog. July 16. 94. Slept about 1 hr. Bowels moved. T. 99.8. P. 96. R. 24. Noisy and restless. Takes no solid food. Very hard to get her to take milk.

July 17. Very noisy at times through the night, slept about 2 hrs. T. 100 1/5. P. 95. R. 24. Has taken 4 glasses of milk today. Restless all day. July 18. 94. Slept very little. Noisy 4 hrs. 4 P.M. T. 101. P. 96. R. 26. Takes no solid food. Continues restless. Slept some during day. July 19. 94. Did not sleep much. T. 100. P. 80. Gave enema, bowels moved. Is noisy at times. Has taken more nourishment today. Slept some today.

July 20. Slept very little. T. 98.8. P. 80. R. 22. Quiet during the forenoon. Slept some. Noisy this P.M. Has taken very little nourishment. July 21. 94. T. 98 3/4. Was dressed & on the hall this afternoon, went into the dining room to supper. Ate very well. Is more quiet. Was not in restraint last night.

Summary: Has been at times very noisy. Somewhat resistive. Appetite poor. Is rather weak. Has been in bed most of the time, was in restraint from the 14th until the 18th of the month. Talks rationally at times at other times quite disturbed. Has refused medicine. The last 2 days has been more quiet and her appetite is some better. Is not as restless at night as she was. Stays in bed without being restrained.

Synopsis of Nurse's record: When coming on ward, July 16, she was more or less very reckless. And to be put in restraint occasionally. Quieted down on July 23 and slept most of the night of July 24. 94. Her appetite which was very light up to this time became quite better since July 26. and gaining strength gradually, she was up on ward on July 29. 1894. For particulars see nurse record case.

July 20. 94. Patient sitting up. Aug. 3. 94. Sitting up. Appetite good. Bowels constipated. Seems anxious to go home.

Aug. 4. 94. Transf to Infirmary. Aug. 20. 94. Assists with ward work. Is very anxious to go home. Appetite very good. Goes out walking. Is neat in habits. Talks sensibly. Bowels constipated. Takes salts occasionally. Is taking wine and tonic.

Aug. 30. 94. Patient seems well. Is very anxious to go home. Sept. 1. 94. Is very anxious to go home. Appetite good, assists with ward work.

Sept. 6. 94. Went home to day, recovered.

Disch: Nov. 9. 94.

From 180

Personal and Medical History of Virginia Bofferding

June to Sept 1901. health. Aug. 30 Wt. 107#. Sept. to Dec. Patient is in fair physical condition, eats and sleeps well, takes out of door exercise, dirty in habits, untidy in appearance, at times is troublesome and violent also destructive to dishes, strikes other patients, is incoherent in speech.

Dec. 31 - 1901 No change. May 29th Wt 114½#. June 19th visited by sister. taken out driving. Nov. 15 Wt 107#. Dec. 31st Patient in fair health, is violent more or less in manner & behavior; throws dishes around. at times noisy: habits dirty. Wt 110#. Unoccupied. takes out door exercise.

Personal and Medical History of Anna Heimer

GIBERT, HIGLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3775.
Residence, at Pleasant Valley Tp. Minn
Date Admission, 7th July 1894
Admitted by, D.C.B. Ely Hour, 7 PM.
How Sent, S.S. Washburn, Jof P, Mower County
Sex, Female —
Age, 60 years
Civil Condition, married
Children, Yes; 4
Age Youngest Child, 1
Occupation, Housewife
Degree Education, not given
Profession Religion, Ex church member
Habits, Good.
Nativity, Germany.
Physicians Committing, A. W. Allen and C. A. Johnson
Correspondents, Matt. Heimer
Dexter, Minn

No. for Year, 345.
Insane Relatives, father
Cause Exciting, slight apoplexy.
Cause Predisposing, Heredity.
Form,
Accompanying Bodily Disorder, female difficulties.
Suicidal or Not, not
Date of this Attack, July 24/93
Duration, nearly a year. —
No. of Attack, 2nd
No. of Admissions, 1st
Age First Attack, about 59. —
Time of Leaving, July 31. 1894
Time in Hospital, — 24 days —
Result, Died.

EXAMINATION ON ADMISSION.

July 17 94 D. S. F. Kelly

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Very confused
Quick or Sluggish, Sluggish.
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Has none
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonic 3 times a day. Is partially paralyzed. Very restless & dirty in habits.

EMOTIONAL STATE: Exalted
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very noisy and incoherent.
Coherent or Incoherent, her talk
Voluble or Reticent,

Personal and Medical History of Anna Heimer

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, too feeble to have taken WEIGHT, too feeble to have taken NUTRITION, Good.
WOUNDS OR ABNORMALITIES, Sore on back
TONGUE, Tremors, Coatings, Heavily. Promptness Movement,
PUPILS, Equality, blind. Size,
Response Light, Accommodation, Blind.
SIGHT,
HEARING,
COORDINATION, Arms, Much impaired
Legs, Impaired Can not walk alone
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem pr good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, dirty. Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Very poor drinks only milk Medium, Poor,
SLEEP, Good, Very poor Poor, Irregular,
PULSE, weak RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

1894

Was brought here by Sheriff's deputy Matt. Heimer & a female attendant, with following history. There is history of heredity, her father having been insane. Supposed cause of this attack is slight apoplexy: form of attack, chronic; she has complained of female difficulties. First symptoms of the disease were shown about a year ago; in July 24/93, when she was suddenly taken blind & deaf and delirious. This is not 1st attack; the first one lasted a week or two. Insanity now manifested on all subjects. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. She had her forehead frozen about 20 years ago. She has not been restrained or confined. Two or three doctors have treated her, without, however, any good effect.

July 7 On admission, was put on C2. (S.D. Complexion light; hair light brown; eyes gray; Condition of skin normal; bruises on back & arms; bodily Condition clean; little finger on right hand is deformed; behavior is good. Patient is in a very weak condition; had to be carried up to the ward).

" 8 On C2 Ward. Quiet during night. Appeared to be asleep most of the time but is quite noisy this a.m. Restless all forenoon

" 9 Extremely noisy all night. Slept awhile at 10 a.m. Restless at 1 P.M. Slept a little during afternoon July 10.94 Quite noisy the greater part of night. Slept about 1 hr this a.m. Bowels moved. July 11.94 Quite noisy most all night. Sat up in chair at 9 A.M. Noisy and destructive at 6 P.M. July 12.94. Asleep nearly all night. Noisy about 12. Gave sleeping dose soon afterwards. Resp became high & laborious. Pulse quite weak. Changed position & soon recovered to natural sleep. Sitting up. Transf to B2. For particulars see nurses record case.

Ward Record: July 8 94 Noisy. Can not understand what she says. Drank milk would not take any solid food. Slept the first part of the night. P. 84 R. 22. T. 98.4 July 9 94 Noisy and destructive. Would not stay in bed. Was put on restraint. Bowels moved. Drank milk. T. 99 3/4 P 86. R 22. Urinated. July 10 94 Noisy most of the night. Slept 1 hr. Bowels moved. T. 99. R 22. P. 90. Very noisy part of the day. Has taken no solid food, but drank plenty of milk. July 11.94 Slept very little. Would not stay in bed. Noisy. T. 98.8 Pulse 88 R. 22. Was up and dressed to day. Was less noisy. Is destructive. Drank milk. July 12.94 T 99 2/5. P 88. R 22. Slept better, had sleeping dose. Transf to B2. Quite noisy. One limb looks blue and swollen.

July 13 Does not eat any solid food. One leg swollen. Quite noisy. Dirty in habits. T. 99.8. P 79. Takes off clothes. Takes tonic. Mouth is in a foul condition. July 14.94. Very dirty in habits. Drank milk. T 99.8 P. 90. R 20. Put to bed in restraint. Drank 2 glasses of milk for supper. July 15.94 Very noisy all day. Bowels constipated. Does not eat any solid food. T. 100. P 90. R 22. Gave powder for bowels.

July 16 Very noisy. Bowels constipated. Gave Seidlitz Powder, but did not drink all. Gave salts at 5 30 P.M. Bowels moved quite freely since. T. 100. P 92. R 24. July 17.94 T 100.2 P 90. R 22. Very noisy all day. Did not sleep more than one hour. Dirty in habits. July 18 94 Very noisy, slept about 2 hrs. Drinks milk quite often. T. 101.2 R 24 P 90. July 19.94 Drank milk. T. 101.2 P 90. R 24. Gave salts. Bowels moved.

July 20 In bed. Looks very sore. Drinks milk. Bowels moved. July 21.94 Left side of face and ear swollen. Red and very sensitive to touch. Takes tonic. Very restless all day. July 25 transfered to C2

Summary: Has been quite noisy most of the time. More quiet the past four days.

July 26. Left side of face and neck badly swollen & red. Has appearance of abscess. Have had it dressed with oiled silk and Bichloride dressing for several days. Seems very sensitive and painful. Patient very restless. Necessary to restrain her. Drinks milk but refuses solid food. July 27 94 Very restless during the night. Slept 1 hr. Urinated. Bowels moved twice. Back dressed. Milk mostly for food during the day. Sat up part of the day. Bowels moved. Very restless and noisy. July 28.94 Rested better than usual. Slept about 3 hours

July 28 94 Bowels moved twice. Back dressed. Rather restless. Visited by husband. July 29.94. Slept part of the morning and most of the forenoon. More quiet during the day. July 30 94 Quiet during night. Slept about 3 hrs. Urinated. Bed changed twice. Eruption on the skin. Bowels moved, bed changed. Quiet during morning, not so restless during the day. Bowels moved. Back washed and dressed. July 31 94 Very quietly asleep the greater part of night. Bowels moved 3 times. Urinated. Very weak during the day. Bowels moved. Slept most of the day 4 P.M. Been in stupor most of the afternoon 11 15 P.M. Died. For particulars see nurses record case

Died.

Personal and Medical History of Mary E. Loughran.

BARNEY, PUGLAN & CHAMBERS, DAVENPORT, IOWA

Whole No. 3781.
Residence, 290 Sherburne Ave, St Paul
Date Admission, 16th July 1894.
Admitted by, Dr Kilbourne Hour, 7 P.M.
How Sent, John. B. Oliver, Jof P, Ramsey County
Sex, Female
Age, 24
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, probably good
Profession Religion, In a Church Member
Habits, Good —
Nativity, Illinois
Physicians Committing, Chas J. Meade & Geo. L. Gurney
Correspondents, Mrs D. G. Loughran (mother)
290 Fuller St St Paul



No. for Year, 351.
Insane Relatives, None
Cause Exciting, Doubtful, maybe from Chronic Otitis media.
Cause Predisposing, "Chronic"
Form,
Accompanying Bodily Disorder, Deafness
Suicidal or Not, Not.
Date of this Attack, April 1893
Duration, about 15 months —
No. of Attack, Not 1st
No. of Admissions, 1st
Age First Attack, about 23.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

July 17 94 Dr Rockwell & Nichols. MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, quick
MEMORY: Can not test.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired very much
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS: outline of proposed treatment.
Patient is somewhat anaemic & run down. At present is ordered as follows: Rx Strychninæ Sulph. gr. 1/30 ter in die. Ferri et Quin. Citrat. ℥ iii. Vin. Gentianæ ℥ iv. M. ℥ i ter in die post cibum.
Remedial measures. have especially ordered the anaemic above quoted goes with considerable activity & nothing is needed unless some special care & diet.

EMOTIONAL STATE: Not sensible in anyway
Normal, Calm,
Indifferent,
Exalted, Slightly exalted.
Depressed, very incoherent
DELUSIONS: Many but unsystem:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very talkative & incoherent
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Mary E. Loughran

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 88 pds. NUTRITION, Poor Sale
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Normal Coatings, None Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Seems good
COORDINATION, Arms, Normal
Legs,
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, both ⊖.
Other Reflexes,
ARTICULATION, Hesitating, Thick but prompt Slurred,
FACIAL EXPRESSION, Normal.
SENSIBILITY,
HEART, Sounds are irregular
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Menses on admission
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 100 Reg: RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Mary E. Loughran

1894

SABERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy Sheriff Haas attended by Mrs. D. E. Loughran and brother and sister. The following is the history of her case. There is no hereditary history. Cause of this attack is doubtful; may be from Chronic Otitis media; form of attack is walked: accompanying bodily disorder deafness. First symptoms of insanity were manifested in april 1893; (attack then lasted for over a week); shown by hallucinations; also state of exaltation. This is not the 1st attack; Insanity is now manifested by the belief that she is married; says she does not belong to her family; says boys are choking babies. Patient is not disposed to injure others, nor suicidal; nor filthy nor destructive; no peculiarities of disposition etc were previously shown; there is no history of any bodily disease or nor of any injury to head. Family have prevented her from leaving the house by coaxing her for past few days. She has been under medical treatment for ear trouble, for months; also for Catarrh - She has Chronic otitis media mastoid disease (never been operated on).

July 16 On admission, was put on C2 (S.R. Complexion dark; hair black; eyes brown; Condition of skin normal; no marks, scars or bruises noticed; bodily condition clean; behavior good);

17 Resistive. Made several attempts to get out. Talks about men being under the floor. Appetite good. Sleep good. Cough none. Bowels moved. No complaints. Pys. Res. T. go/s. July 18 94 Slept well. Appetite good. Was dressed and on the hall. Talks about working hard & would be when she got through. Pss. Res. T. 99 4/5. July 19 94 Slept well. More quiet. Talks very little today. Appetite good. T. P. Resp. normal. Bowels moved. July 20 94 Slept well. T. P. R. normal. Takes care of herself. Talks very little, does not talk rationally at any time. Appetite continues good. July 21 94 Slept very well. Talks about the boys down under the floor bothering her. Says she is working hard & is very tired. Appetite good.

July 22 Slept quite well. Made an attempt to get the keys, says she must go down & see the people down stairs, says she knows them and that she is in St Paul. July 24 94 Appetite good. Bowels regular. Has been quiet all day. Slept well last night. July 25 94 Asks frequently to go down to see her people down under the floor. Says she must keep talking to them until they are all gone. July 26 94 Takes care of herself. Is neat in habits. Appetite continues good.

July 27 Patient sleeps well. Appetite good. Bowels regular. Is quiet. July 28 94 Transf'd to B1. This a.m. Has been quiet all day since she came on the hall. July 29 94 Complained of not sleeping last night because she was to busy talking to folks down stairs. Appetite good. Quiet all day. July 30 94 Appetite good. Has been quiet all day. Complains of being tired to night from talking to people under the floor. Summary. Appetite good. Sleeps fairly well. Has a great many delusions. Thinks she is in St Paul. Is quite nervous at times going from place to place on the hall. Gen. health good. Bowels regular. Always refuses to take medicine.

July 31 94 Transf'd to B1. Aug 17 94 Removed to C3 Aug 28 94. Transf'd to B2 Aug 30 94 Tried to run away had some trouble in bringing her back. Appetite good. Tries to get away. Goes walking & riding. Sept. 18 94. Very troublesome, tries to get out. Appetite good. Goes riding and walking. Sept 22 94 Fighting to day. Oct 2 94 Had dinner. Gave medicine for bowels. Goes walking. Oct. 18 94. Resisted this morning would not get out of bed has been trying all day to get out, says there some people who wanted her. Oct 31 94 Appetite good. Goes walking and riding. Very resistive at times. Tries to run away when out walking.

Nov. 1 94 Complains of headache lying down most of the day. Nov. 14 94 Tried to run away when walking.
" 21 Fought attdts tries to get out wherever the door is opened. In seclusion 2 hrs.
" 24 Tried to run away when out riding, fought & had to be carried up stairs.
" 30 Appetite poor. Appears to be sad & says she is homesick for the last week.

Dec 14 94. Has been very quiet since the 2nd sitting in the same place most of the time will not talk much

Personal and Medical History of Mary E Laughren

Dec 26 94. Appetite fair. Goes walking & riding. Dec 31 94 Very quiet most of the time during month. Resist at times. Eats well. Goes walking. Jany 4 95 Ears syringed out daily. Jany 26 95. Appetite poor. Very quiet since Dec 26. Febry 26 95 Has diarrhoea. Does not eat well. Quite resistive at times. Febr 28 95 Appetite some better. Bowels regular. Discharge still continues from ear. Quiet in behavior. Resists about going to dining room. Mch 10 95 Discharge still from ear. Ears syringed out daily. Mch 31 95. Appetite good. Menstruation regular. Bowels reg. Walks up and down the hall. Goes riding.

April 29 95. Appetite good. Bowels reg. Ear syringed out daily. Goes riding. Quiet in behavior.
May 17. " No change. June 6 Appetite good. Bowels regular. Discharge from ear. Quite resistive in going to dining room. Also resists when bathed. Goes riding & walking. Has tryed to get away.
July 24 Quite stupid. Does not talk. Sept 6 Very stupid; Never talks. Appetite good. Sleeps well. Menstruates - Very quiet. Oct. 4 Menstr. Very untidy in appearance. Nov 13 Put to bed this afternoon; Has a cough & respiration is 98.4 P. 100 R 24. Nov 17 Temp normal until this P.M. 99. Very little rise in temp. Nov 21 Up on ward. Dec 23 Fought Nurses. Feb 29 Quiet in behavior. Bowels regular - Appetite fair.
1896 Sleeps well. May 17 Dirty in habits. Sleeps well. Appetite good. Bowels regular. Very stupid. April 10 Dirty in habits = does not talk. Menstr. regularly.
May 3 Menstr. No change since last note. Summary Nurses Notes by Dr. E.L. Phelps
July. Very stupid: Does not talk at all: Goes out walking: when on ward sits stupidly in about the same place, never taking any interest in anything. Menstr. regular. Jan 97 Appetite good: bowels regular: Sits looking down at floor never talks: Very demented: Aug 97: Lungs & Heart examined:- Resp. 20: Chest expansion fair: resonance clear: breath sounds a little shallow: Heart normal.
Nov 8 97 (Summary Continued by (M.E.P.) Rather untidy: usually quiet: talks very little: At times destructive & violent. Feb 9 99 Wt. 108. Feb 7 99 General health & condition in every way the same as at time of previous note. (Sent by Dr. P. A. Peck)
1899 Mar. to Sept. Gen'l health good: appetite good: sleeps well: takes outdoor exercise: untidy: quiet: never converses: seldom speaks aloud: at times very restless & walks a great deal unless made to sit down. Sept 1 - Feb 28 1900 untidy & careless: Expresses delusions: seldom speaks above a whisper: Quite stupid: Eats & sleeps well: Menstruates regularly. Takes outdoor exercise: General health good. Jan 12. Wt. 112 lbs. Mch 1 - Aug 31. Rather untidy: So stupid. Restless at times: Is deaf & seldom speaks: wanders about taking little notice of anything. Has discharge from ear: Treatment received. General health fair: Takes outdoor exercise: Apr 3 Menstruated July 23 Vaccinated. Sept 1 - Nov 30 1900 Appetite fair: Bowels regular: General health good: Has suppuration of middle ear. So untidy usually quiet altho sometimes cries in a loud voice. Seems hard of hearing so does not converse nor answer questions. Nov 23 1899
Dec 1 - Feb 28 1901 Appetite good: Sleeps well: Mch 3 Wt. 106 lbs. Still troubled with discharge from Ear. Mar 1 - June 1 - 1901 No change May 30 Wt. 105 #
June to Sept. No change Sept. 3 Wt. 101 1/2 #. Sept. to Dec. No change mentally, some gain in health Nov. 30 Wt. 113 #.

Cont'd Page 176.

Personal and Medical History of Matilda Berg



Whole No. 3785. ... 55.
Residence, 283 - E 15th St. St. ... no history of heredity
Date Admission, 18th July 189... Childbirth
Admitted by, Dr. Phelps Hou... not given
How Sent, John B. Olivier, Jof...
Sex, Female ... y Disorder, (Hysterical fits).
Age, 25 ... not
Civil Condition, married ... showed signs 4 years ago
Children, Two ... one 4 years.
Age Youngest Child, —
Occupation, Housekeeper ... 1st
Degree Education, probably ... about 21
Profession Religion, Lutheran ... October 28 1894.
Habits, Good ... 3 months 10 days.
Nativity, Sweden ... Died
Physicians Committing, H. B. Ancker and J. M. A. Gravel
Correspondents, Charles Burg
283 (E) 15th St. St. Paul

new sp. 221 nash St. Paul minn

Ex Dr S L Phelps July 19. 94.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Can not test.
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonic. Laxative given.

EMOTIONAL STATE: Indifferent.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Can not determine
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Refuses to talk or can
Coherent or Incoherent, not
Voluble or Reticent,
Behavior hysterical
Says only one word at a time

Personal and Medical History of Matilda Berg

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, too weak to be taken WEIGHT, too weak to be taken NUTRITION, Very poor
WOUNDS OR ABNORMALITIES, Scars from cupping.
TONGUE, Tremors, Coatings, Heavily Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Seems good
COORDINATION, Arms, Impaired General athetoid movements of all the
Legs, " " muscles of the body. On attempting to raise the
TREMORS, Hands, hand, the legs and Tongue, feet will take on a rigidity
Facial Muscles, also the muscles General, of the face will draw around
REFLEXES, Patellar, Both 9-10
Other Reflexes,
ARTICULATION, Hesitating, Will not talk Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good Condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Can not find out
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Medium, Very Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 70 RESP., TEMP., 99
CRANIAL MEASUREMENTS,

HISTORICAL.

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

1894

This patient was brought here by Deputy-Sheriff Kinney & attended by Miss Annie Sainey, with the following history of case. She has been under treatment at the St. Paul City Hospital for ten days, and now comes from that hospital to this one. There is no history of heredity. Supposed cause of this attack is childbirth: form of the attack is chronic & depressed. First symptoms of the disease were manifested by hysterical fits and attacks of melancholia - This is 1st attack - Signs of this attack appeared four years ago & she has not been well since. Also showed peculiarities of temper &c for 3 years or so. There is no history of any bodily disease &c or injury to head. She has not been restrained or confined except as above.

July 18 July 18/94. On admission, was put on B3 (S.R. Complexion dark; hair black; eyes brown; she has several small marks on her body: no vermin, but bodily condition very dirty: is quiet & well behaved - Patient was so weak and feeble that she had to be carried up to the ward on a chair). P. 70. R 18. T. 99.

" 19 Very restless and crying. Appetite poor. Difficulty in swallowing. Drank milk 1 glass. Slept quite well. Cough none. Appetite poor. Bowels constipated. Med. as dir. Bowels moved once. Complains & Injuries: none. Eats very little. Takes tonic. P. 72 R 18. T. 98 1/10

" 20 Sitting up all day. More quiet. Talk none. Eats nothing. Drank milk. Ate some oatmeal. Slept very little during night. Quite noisy. Crying. P. 72 T 98 R 18. July 21 94. Continues about the same. Sitting up all day, difficulty in eating. Takes tonic. P. 72. T. 99. R 18. July 22. 94. Somewhat more quiet. Appetite fair. Has to be fed. Bowels regular. Sitting up on ward & during day. Takes tonic. July 23. 94. Up on ward, but has to no control of limbs. Eats quite well. Tidy in habits. Takes tonic. P. 72 T. 98. R 18.

July 24 About the same. Eats well. Behavior depressed & agitated at times. Cares for herself.

" 25 Continues about the same. At times seems brighter. Talks none. Takes tonic. P. 70. T. 99. R 18.

" 26 Appetite good. Not so tidy in her habits. Talks none. Sits in one place most all the time quite noisy. Crying restless during night. July 27. 94. About the same. Sitting up. Eats quite well. More quiet. Takes tonic.

" 28 Continues about the same. Transf. to Infirmary ward.

" 29 Appetite good. So untidy. Eats with her fingers. Gets the food over her clothes & on the floor. Did not want to go to bed. July 30. 94. Sitting up. So rather restless. Wants to walk, but falls down every time, she makes the attempt. July 31. 94. T. P. & R. normal. Bowels regular. Appetite good. Sitting up all day.

Aug 1. Quite well all day, only when put to bed she cries for a short time. Makes some resistance.

Summary: Been quiet in behavior. Did not talk and cried when moved about. Mind seemed to be wandering. Appetite good. July 18. 94. Appetite good. Tidy in appearance, at times dirty in her habits. Seems very stupid, talks none. Rather difficult to walk. Takes tonic. July 28. 94. Transf. to C.

Aug 4 94. Transf. to Infirmary. Aug 20. 94. Has been in bed for 3 days, crying and acts as though in pain, at times. So more quiet when in bed. Appetite quiet. Takes tonic. Aug 23. 94. Sitting up, is quiet. Aug 30. 94. In helpless condition, can not walk without assistance. So untidy at times. Tries to talk but can not. Cries very often. Appetite good. Bowels regular. Aug 31. 94. In bed 4 days this month. Sept. 1. 94. So very helpless. Can not help herself in any way. Appetite is good. So noisy at times. Sept. 16. 94. Fell down and cut her eye brow. More noisy during the last few days. Has ever since coming exhibited the same slow cowling movement of pronation & suspension of extremities. If completely at rest muscles slowly relax or any attempt at movement they draw up or slow writhing movement result. Oct 1. 94. Sick in bed. Oct 20. Up to this date always enjoyed pretty good nights rest and good appetite - only then and there a little noisy; bowels moved very well, but was noticed to fail considerably. Seemed to be unable to swallow on Oct 24 and for the first time did not sleep at all in the night of 27/28 and

died October 28th 1894. at 2. P.M. (for particulars see Nurse's rec. Case

...y Hospital states that she was ad-
...ger sister developing like symptoms:
...efore: was unable to walk or speak;
...; would be unable to close mouth
... Experience of pain; inarticulate

1894

This patient was brought here by
the following history of case. Th
and now comes from that hospital
is childbirth: form of the attack is
by hysterical fits and attack of
four years ago & she has not been
There is no history of any bodily

July 18 July 18/94. On admission, was put
small marks on her body: no vermin.
and feeble that she had to be carried up

" 19 Very restless and crying. Appetite poor.
Bowels constipated. Med as dir. Bowels mov

" 20 Sitting up all day. More quiet.
night Quite noisy. Crying. P. 72 T. 98 R. 18. July 21 94 Continues about the same. Sitting up all day, difficulty
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Bowels regular. Sitting up on ward and during day. Takes tonic July 23. 94. Up on ward. but has to no
control of limbs. Eats quite well. Tidy in habits. Takes tonic P. 72 T. 98. R. 18.

July 24 About the same. Eats well. Behavior depressed and agitated at times. Cares for herself

" 25 Continues about the same. At times seems brighter. Talks none. Takes tonic P. 70. T. 99. R. 18.

" 26 Appetite good. Not so tidy in her habits. Talks none. Sits in one place most all the time quite noisy. Crying
restless during night. July 27. 94 About the same. Sitting up. Eats quite well. More quiet. Takes tonic

" 28 Continues about the same. Transf. to Infirmary ward.

" 29 Appetite good. So untidy. Eats with her fingers. Gets the food over her clothes and on the floor. Did not want to
go to bed. July 30. 94. Sitting up. So rather restless. Wants to walk, but falls down every time, she
makes the attempt. July 31. 94. T. P. & R. normal. Bowels regular. Appetite good. Sitting up all day

Aug 1. Quite well all day. only when put to bed she cries for a short time. Makes some resistance.

Summary: Been quiet in behavior. Did not talk and cried when moved about
Mind seemed to be wandering. Appetite good. July 18. 94 Appetite good. Tidy in appearance, at
times dirty in her habits. Seems very stupid, talks none. Rather difficult to walk. Takes tonic July 28. 94 Transf to C. 2.

Aug 4 94 Transf to Infirmary. Aug 20. 94 Has been in bed for 3 days, crying and acts as though in pain, at times. So more
quiet when in bed. Appetite quiet. Takes tonic. Aug 23. 94 Sitting up, is quiet. Aug 30. 94 In helpless
condition, can not walk without assistance. So untidy at times. Tries to talk but can not. Cries very often
Appetite good. Bowels regular. Aug 31. 94 In bed 4 days this month. Sept. 1. 94 Is very helpless. Can not help
herself in any way. Appetite is good. So noisy at times. Sept. 16. 94 Fell down and cut her eye brow. More noisy during
the last few days. Has ever since coming exhibited the same slow cowling movement of pronation and suspination
of extremities. If completely at rest muscles slowly relax or any attempt at movement they draw up or slow writhing
movement result. Oct 1. 94 Sick in bed. Oct 20. Up to this date always enjoyed pretty good nights rest
and good appetite - only then and there a little noisy; bowels moved very well; but was noticed to fail considerably
seemed to be unable to swallow on Oct 24 and for the first time did not sleep at all in the night of 27/28 and

died October 28th 1894. at 2. P.M. (for particulars see Nurse's rec. Case

Matilda Berg ~~3785~~ 3785

A letter 9/5 from City Hosp states that she was admitted there Aug 25 (?) Parents well - a younger sister developing like symptoms - Symptoms began after difficult labor 4 yrs before. Was unable to walk or speak, eyes fixed, mouth wide open - muscular rigidity - would be unable to close mouth for some time & then it would snap together - Experience of pain, inarticulate moans, improved while there -

Memo. from Dr. Phelps: A letter 9/5 from City Hospital states that she was admitted there Aug 25 (?): parents well; a younger sister developing like symptoms: Symptoms began, after difficult labor, 4 years before: was unable to walk or speak; Eyes fixed; mouth wide open; muscular rigidity; would be unable to close mouth for some time & then it would snap together. Experience of pain; inarticulate moans. Improved while there.

Personal and Medical History of Catherine O'Connor

EBBERT, FIELAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3786.
Residence, Westfield, Minn
Date Admission, 19th July 1894.
Admitted by, Dr. Phelps Hour, 4 P.M.
How Sent, Thomas Fraser, J of P, Olmsted County
Sex, Female
Age, 28
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, House-work
Degree Education, probably good
Profession Religion, Is a church member
Habits, Good
Nativity, Minnesota
Physicians Committing, H. W. Stuckfield & E. W. Cooley
Correspondents, Thomas O'Connor
Blooming Prairie, Steele Co. Minn

No. for Year, 356.
Insane Relatives, none; no history of heredity
Cause Exciting, unknown
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, about 1st Decr 1893
Duration, nearly 8 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 27+
Time of Leaving, Oct. 16 '94
Time in Hospital, 2 mo. 27 ds.
Result, Improved

EXAMINATION ON ADMISSION.

July 19/94 Dr. Rm & J. L. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Sluggish and confused
Clear or Confused,
Quick or Sluggish,
MEMORY: Refuses to answer questions.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Illusive
Alert or Dull,
Correct or Illusive,
REASONING POWER: Evidently very poor
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Noisy and agitated when disturbed.

EMOTIONAL STATE: Stubborn and agitated.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: not mentioned except that will acknowledge
Systematized or Not, no authority except that of the Dr. who
Special Subjects, brought her here
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Only few words as agitated.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Catherine O'Connor

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, not much impaired
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Some Coatings, slight whitish Promptness Movement, Fairly prompt
PUPILS, Equality, Refuses to allow examined, agitated Size, crying and will not allow obey or try many tests.
Response Light, Accommodation,
SIGHT, ?
HEARING, Seems good
COORDINATION, Arms, Good
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, seems good Slurred,
FACIAL EXPRESSION, Melancholy agitated
SENSIBILITY,
HEART,
LUNGS, Seem normal
EXAM. URINE.

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

HISTORICAL.

LENGTH OF INVASION, 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 Catherine O'Connor

CARBART, PICKARD & SHAMBERG, DAVENPORT, IOWA

This patient was brought here by Dr. E. W. Cooley + attended by a relative (Ed. O'Connor), with the following history. Habits are correct. There is no history of heredity. Supposed cause of this attack is unknown; form is depressed, paranoiac. There is no accompanying bodily disorder. First symptoms of disease were manifested about 1st December 1893 (nearly 8 months ago); She then refused to Eat and talk. This is her 1st attack. Insanity now shown by melancholia and delusions of persecution. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any bodily disease or or injury to head. She has been confined only at home. Patient has not been under medical treatment.

July 19 On admission, was put on B2. (S.R. Complexion light; hair brown; eyes gray; no marks, scars, or bruises noticed: bodily condition clean; is quiet and well behaved.) Behavior good. Refused supper. Does not want any one to talk to her. July 20-94 In bed all day. Has hallucinations. Did not eat any thing all day. Drank 3 cups of milk. Sleeps quite well. Coughs some. Complains none.

21 Does not eat any solid food, but takes about 3 cups of milk at each meal. Sits in the same place all the time. Bowels constipated. Menstruating. July 22-94 Behavior about the same. Does not want to talk with any one. Does not eat any solid food. Drinks milk. Menstruating.

23 Very quiet. Talked a little. Drinks milk. July 24-94 No change. July 25-94 Visited by father. Behavior the same. July 26-94 Quiet. Will not talk at all. Bowels moved. Drinks milk. July 27-94 Behavior the same. Does not talk any. Refused medecine.

28 No change. Will not take medecine. July 29-94 About the same. Stays in room most of the time.

30 No change. July 31-94 Very quiet. Sits in her room. (Aug. 1-94 Visited by her uncle)

Aug 1 Visited by her uncle) Aug 2-94 Behavior the same. Summary Has been very quiet In room most of the time. Will not talk any. Refuses medecine. Aug 3-94 Does not walking Does not eat but drinks plenty of milk. Will not talk. Aug 16-94 Visited by friend. Refused medecine.

Aug 18-94 Visited by father. Aug 31-94 No change mentally. Goes walking and riding. Will not talk to any one here, but does to her company. Will not eat but drinks milk. Bowels regular. Sept 15-94 Visited by brother. Will not eat, but drinks plenty of milk. Refused medecine. Does not talk. Sept 25-94 Had electrical treatment this morning. Sept 27-94 Eats well. Talked quite freely a little for past 2 days. Electrical treatment by

Sept 27-94 Electrical treatment this a.m. Oct 2 + 4. 6-94. The same. Walks some in yard + in dining room. Oct 4-94 Electrical treatment visited by a friend. Oct 11-94 Electrical treatment Oct 13-94 Same. Oct 15-94 Visited. Has delusions.

Oct 16-94 Went home.

Discharged Feb. 6th '95

Personal and Medical History of

Personal and Medical History of Katie Walsh

(now before as Catharine Welch)

BERNET, FIOLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3790.
Residence, St Paul, Minn.
Date Admission, 23rd July 1894.
Admitted by, Dr Phelps Hour, 7 PM.
How Sent, John B. Olivier, Jof C. Ramsey County
Sex, Female
Age, 34
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Housewife, (Inmate of House of Good Shepherd)
Degree Education, Common
Profession Religion, Catholic
Habits, Good
Nativity, Syracuse, New York
Physicians Committing, F. A. Vanteu & A. J. O'Brien
Friends' address
Correspondents, House of Good Shepherd St Paul Minn

No. for Year, 360.
Insane Relatives, no knowledge of any
Cause Exciting, no knowledge
Cause Predisposing, previous attacks + Syphilis
Form,
Accompanying Bodily Disorder, None (Syphilis stated last time)
Suicidal or Not, Not
Date of this Attack, probably recent (recent)
Duration, Probably Short
No. of Attack, 2nd probably or 3rd
No. of Admissions, 2nd
Age First Attack, 19 years.
Time of Leaving, Oct 4 '95
Time in Hospital, 1 yr 2 mo 12 da
Result, Imp. 7/5/96

EXAMINATION ON ADMISSION.

July 23 94 Dr Shelton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused at times
Quick or Sluggish, Quick
MEMORY: Good
Past Events, "
Recent Events, "
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Partially correct
REASONING POWER: at times fairly good
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Pet or tonic

EMOTIONAL STATE: Exalted.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many & vared.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Part of the time coherent the words, off in a delusive way Mg Longish at times very noisy & hot talk.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Katie Walsh

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, ✓ NUTRITION, Good
WOUNDS OR ABNORMALITIES, Scars on different parts of body where ulcers have been
TONGUE, Tremors, Coatings, Promptness Movement, Prompt
PUPILS, Equality, Eq. Size, Normal
Response Light, Accommodation,
SIGHT, Good
HEARING, Impaired in left ear
COORDINATION, Arms, Good
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Normal Equal
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, somewhat staring
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Clear in good condition
EXAM. URINE.

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

HISTORICAL.

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

1894

This patient was brought here by Deputy-Sheriff Irish, and attended by Mrs Francoeur, with following history of case. There is no history of any heredity. Supposed cause of this attack is not known; possibly unhappy married life has something to do with the case. Form of this attack is acute, it occurring about one week ago. There is no accompanying bodily disorder mentioned this time, though in previous Committment papers she was stated to have had syphilis. This seems to be her second attack; (maybe 3d) as she also had one 15 Years ago. Insanity is now manifested on the subject of religion. Patient has shown no disposition to injure others, nor is she suicidal, nor filthy nor destructive in habits. There is no history of any disease (except syphilis) nor of any injury to the head. — Has not been restrained or confined during this attack. Has not been under medical treatment, lately. —

NOTE. This patient was here before from Dec 20/86 to April 19/90; (See Vol. 8. p 4. No 1264). On her then first coming some syphilitic ulcers were found on one foot; same duly treated & in course of time healed; she was very noisy, incoherent, swearing & scolding almost constantly; was in restraint sane; habits were dirty. During April following, her conduct & behavior improved some, tho' habits still continued dirty. During July, she became ugly, contrary & disagreeable; was deluded & incoherent: During August, was also noisy & violent. During fall & winter she improved a good deal & became quite clean in habits. From Spring to Fall of 1888, she was in bed quite often, with no especial cause; sometimes in restraint; or exceedingly noisy, vulgar & dirty and again quiet & well-dressed. During May 1889 she had a severe attack of Erysipelas of face. On July 27/89, at night, she had a strong maniacal attack. April 19/90. From last date to present time, she continued to improve: had no more maniacal attacks. Went home today.

July 23 On admission, was put on C4. (S.R. Complexion light; hair brown; eyes blue; condition of skin normal; has a mark on her back; sore on right foot, which has been lanced; no eruptions or ulcers noticed; left arm is bruised; no vermin, but bodily condition dirty. Is quite excited & has a great many delusions). —

24 Noisy most of the time. Uses very vulgar language. Appetite poor. Slept part of night quite well. Bowels constipated. Complains of pains in left side & arm. P. 84. R 20. T 99.

25 Very noisy & destructive, fought attdts, ate but very little. Went out walking. Extremely noisy during evening. July 26.94 Noisy most of the time; ate but very little. Went out walking. Noisy greater part of night. P. 80. R 18. C Temp. 98.6. July 27.94 Some quieter. Ate but very little. fought attdts, at bed time, noisy part of night. P. 78. R 19. T 98.4 July 29.94 Quiet all day. Appetite poor. Went out walking. Habits clean. Complains of pain in left side. July 30.94 Quiet all day. Appetite poor. Was out walking. T. 98.6 P 80. R 18. July 31.94 Noisy greater part of day. Ate but very little. Went out walking. P 90. R 22. Aug 1.94 Noisy part of day. Appetite better. Has delusions. Bowels constipated. P. 80. Aug 2.94 Noisy part of day. Appetite better. Has delusions poor. Noisy at night.

Aug 3. Noisy all day. Appetite quite good. Habits clean. T 98.6 P. 78. Aug 4.94 Noisy all day, Is destructive. Fought attdt. Appetite quite good. Was out walking. Aug 5.94 Noisy part of day. Has delusions. Appetite quite good. Slept well part of night. Worked some on ward. Was out walking. P. 78

6 Some quieter. Works a little on the hall. Appetite quite good. Cares for herself part of the time. Habits clean usually. P 78. R 18. SUMMARY. Behavior very excited at times. Has delusions. Noisy greater part of the time. Appetite poor first week; some better now. Slept well part of the night. Has worked some on ward. Habits clean usually. Fought attdt at times. Is destructive occasionally. Bowels usually constipated. Aug 31.94 Appetite quite good.

Aug 31.94 Very noisy night and day. Habits clean, destructive and violent occasionally. Bowels regular.

1894

Sept 27. Appetite good. Noisy day and night. Habits clean. Goes riding and walking. Bowels usually constipated.

Oct 30. Appetite poor. Noisy at times. Habits clean. Goes riding and walking. Bowels constipated.

Nov 30. Noisy, habits clean. Appetite not very good. Goes riding and walking. Bowels irregular.

1895

Mch 30.95. Works in sewing room part of the time. Appetite good. Sleeps quite well. Complains of pain in left side and arm. Bowels usually regular. April 30.95 Works in sewing room & on ward some. Appetite good. Cares for herself, complains of pain in left side. Bowels reg.

May 23. Appetite good. Sleeps well. Works on the ward and in sewing room, cares for herself. Says she would like to go home. Goes riding and walking. Bowels reg.

Sept 29 Appetite good. Sleeps well. bowels regular. behavior quiet. Habits neat. works in dining room goes walking. is very anxious to go home.

Oct 4 Appetite good. sleeps well. behavior quiet, neat in habits. works in sewing room. Went home today. Though weak minded she has been comparatively well for a long time, that is she is quiet, composed and of fairly rational speech.

Omitted — June 30 July 30 - Aug 31 Appetite good. Sleeps. Bowels regular. Behavior quiet. Neat. Works in sewing room goes walking & riding. Oct 4 '95 Went home —

Discharged.

Personal and Medical History of Hattie Golden (mulatto woman)

EBBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3791.
Residence, St. Paul, Minn
Date Admission, 23rd July 1894
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, John B. Olivier, Jof P. Ramsey County
Sex, Female
Age, 36 Years
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Servant
Degree Education, probably fair
Profession Religion, not a church member
Habits, Good —
Nativity, United States —
Physicians Committing, A. B. Aucker and J. G. MacNamara
address of brother in law
Correspondents, John Godfrey - 442 Sherburne Ave St Paul Minn



No. for Year, 361.
Insane Relatives, none, so far as known.
Cause Exciting, some female complaint
Cause Predisposing, " & previous attacks
Form,
Accompanying Bodily Disorder, "female complaint"
Suicidal or Not, not
Date of this Attack, probably not long ago
Duration, probably short
No. of Attack, 2nd
No. of Admissions, 2nd here
Age First Attack, about 33 Years.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

July 22 94 Dr Clinton Phelps

MENTAL ACTIVITY: Quick
Clear or Confused,
Quick or Sluggish,
MEMORY: Clear but says memory is not as good as
Past Events, used to be.
Recent Events,
Special Subjects,
PERCEPTIVITY: Alert.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Fairly good
Ordinary Subjects, /
Own Mental State, Fairly good Realizes she is not right
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonic and laxatives.

EMOTIONAL STATE: Calm, inclined to be depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Imagines friends work against her
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks freely & coherently.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Hattie Golden

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, ✓ NUTRITION, Only fair.
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Pale, whitish coat. Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Resp. Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good, at times says has a numbness in left arm and leg. Pulse of left arm much slower
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Both about 5.
Other Reflexes,
ARTICULATION, Hesitating, Prompt. Slurred,
FACIAL EXPRESSION, Normal.
SENSIBILITY,
HEART, Slow but no murmurs
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM., Some endometritis
MENSTRUATION, Regular but scanty.
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, Slower on left side of body. Seems impaired of left side. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Hattie Golden

1894 ROBERT, FOLEY & CHAMBERS, DAVENPORT, IOWA.

This patient was brought here by Deputy Sheriff Irish + attended by Mrs Francoeur, with the following history. Habits, as regards temperance + morality are good. There is no history of heredity, so far as known. Supposed cause of this attack is "female Complaint": form of attack is depressed. No accompanying bodily disorder, beyond the above, is known of. First symptoms of the disease were manifested by sleeplessness, vagaries of mind, + imagined persecution. This is the second attack; the other occurred about 3 years ago. Relatives noticed peculiar actions, which gradually increased in severity. There is now developed simple Dementia; She imagines herself being persecuted. She is not disposed to injure others, nor suicidal, but shows some tendency towards destruction of wearing apparel. No peculiarities of temper etc had been previously manifested. There is no history of any severe bodily disease or head-injury, so far as known. - Was confined in this hospital before (See note below). If she has been under medical treatment, is not stated.

NOTE. Patient was here before from Jany 22/94 to Feb 2/94: was committed under law of 1893 which was declared unconstitutional; was quiet, rational. Seemed to realize her condition from first. Coming was a good deal troubled by constipation; Did not sleep well, at nights, for 1st week or so, but improved in this respect. Was very anxious for treatment. Continued quiet + lady-like in behavior; talked sensibly and rationally; worked well on the hall; was much improved on leaving (See Vol 24. p. 377 No 3636)

July 23 On admission, was put on C^3 (S.R. Mulatto; hair black; eyes black; no marks, scars or bruises noted; Is quiet + well-behaved).

" 24 Very quiet. Talks delusive. Appetite fair. Bowels constipated. Complains of numb feeling in left arm. 3/4 Ate

" 25 Appetite good. Behavior quiet. Imagines she is being punished for things she did not do. Went riding. Helps in dining room. Takes much Went walking. July 26-94. Appetite good. Scolds other patients and says they are laughing at her, because she is the only colored lady on the ward. Takes medicine. Works in dining room occasionally. Went walking. July 27-94 Appetite the same. Talked a good deal + says this is no place for her. Went walking. Worked a little on ward. Very restless all night. Sat up in bed about 4 hrs. July 28-94 No change in appetite. Sang part of the day + talked quite sensibly. Complained of numb feeling in left arm. Went walking. Did not work today. Awake nearly all night. July 29-94 Appetite good. Quiet nearly all day. Worked a little on ward. Went walking. Had a quarrel with Mrs Meeker. Rested well all night.

July 30. Appetite good. Behavior quite noisy. Imagines every body is laughing at her because she is colored. Quarreled with Mrs Meeker. Went walking. July 31-94 Behavior about the same. Transf to C^2 Aug 1-94 Appetite good. Talked to herself. Went out on the lawn. Worked in dining room in the morning. Aug 2-94 Appetite fair. Worked on ward in morning. Cried all afternoon. Slept well at night. Aug 3-94 Appetite fair. Behavior quiet.

Aug 4 Appetite good. Scolds all day. Says the patients are laughing at her. Aug 5-94 Appetite good. Stayed in her room all day. Transf to C^3. Did not get along well on A^2. Was necessary to move her back to C^3. Summary - Patient's appetite fairly good. Sleeps well. Is tidy in habits. Has delusions. Has spells of crying. Wants to go home. Usually very cross + disagreeable. Bowels constipated.

Sept. 9 94. Appetite good. Bowels regular. Does not sleep well. Very untidy in habits. Transf to C^4 Sept 10 94. Appetite good. Clean in habits. Untidy in personal appearance. Has many delusions. Exercising by walking. General health good. Dec. 8. 94. Appetite fair. Dirty + untidy in habits. Has delusions

Personal and Medical History of Hattie Golden

Talks incoherently. Is quite noisy occasionally. Throws her mattress + bedding out of her room quite often. Exercising on walking. General health good. Transf to C^2 Dec 23 94 Appetite good. Sleeps well. Untidy in habits. Destroys her clothing. Expectorates a good deal. Jany 28 95

Jan 28 95 Appetite good. Sleeps well. Is very noisy at times. Untidy in habits. Destroys her clothing. Has delusions. has spells of crying, talks about going home. Works some on ward. Bowels regular. Gen. health good. Febr. 5. 95. Transf to C^1. Febr 10 95 Seems very disturbed this P.M. Febr 20 95 Fought all this to day. Febr. 21. 95 Sick. Febr 22 95 Menstruating. Extremely noisy + violent.

Mch 14 95. Appetite good. Does no work. Behavior noisy + violent at times. Untidy in dress. He destroys her clothing and bedding. Bowels constipated. Sleeps poorly. Her talk is silly + incoherent.

Mch 20 Menstruating. April 15 95 Extremely noisy + violent to day. April 29 95. Has very silly delusions.

May 2. Struck Misses Felt + Swanson. Bruised Miss Felts face. May 5. 95. 2 minutes seclusion.

May 10. Struck Mrs Wallace. Badly swollen. Extremely violent + noisy. May 11. Put in restraint this A.M. Had to run force to restrain her. She slept about 6 hrs during the day. T. 101. P. 110. R normal.

May 14 Is about the ward again. May 31. 95. Is very quarrelsome with the other patients. Has fought all this to day. June 2 Extremely violent + noisy. Fought Ida Nelson + scratched her face. Appetite good. Bowels constipated. Does no work. Untidy in dress. Dirty. Has delusions.

June 9 Very noisy all day. Scolding + talking loudly. June 16 Menses. Very destructive during period. In restraint at night for past two weeks on account of being filthy + destructive. July 22 Fought nurse.

July 9 Out of restraint. Quite a marked improvement in behavior. Aug 11 Menses. Aug 31 No change.

Aug 7 Out of restraint. Quite a marked improvement in behavior. Aug 11 Menses. Aug 31 No change.

Sept. 28 Very noisy at times, talking + scolding a great deal + is also very destructive at times. Appetite good; Sleeps well; Bowels regular; Goes riding + walking. Nov 27 Noisy + destructive at times scolding a great deal. Quite tidy in dress but untidy in habits. Has many delusions - Struggles - Goes riding + walking. Appetite good; bowels regular but does not sleep well; Imagines there are bugs in her bed + room. Gen health good.

Dec 7 Fought. In seclusion 3 hrs. Feb 13 Very noisy + quarrelsome of late. Feb 25 Menses.

Feb 27 Has been very contrary + quarrelsome among the ladies of late. Is noisy + destructive at times. Talks + scolds a great deal. Especially nights. Untidy in dress + habits. Goes walking + riding. Appetite good. Bowels regular. Sleeps poorly. General health good. Mar 14 Fought nurse.

March + April 29 Menses. May 30 Noisy + cross at times. Scolding a great deal. Menses quite good. Has many delusions. Imagines there are worms eating her. Is slightly destructive + careless in dress + habits. Goes riding + walking. Appetite good. Bowels regular. Sleeps poorly + is noisy most of time when in bed. General health good.

Summary Nurses Notes by Dr. Geo Phelps:- July 18 96 Very irritable: eyes quite sore, caused by patient rubbing them into them: very demented:

1897 Jan. 6 Very violent + noisy most of time: very incoherent: Has many delusions: Gen'l health good: May 4 No change: Aug 97 extremely noisy: very untidy + destructive: fights violently: gen'l health good. Continued by Dr. Geo Phelps Sept 2 Trans to C^4. Patient usually rather violent + destructive + always rather noisy + is at times the most irritable + noisy patient in the house. Nov 20 Wt. 115 lbs. Extremely noisy + at times destructive. May 98 Noted as coughing + expectorating considerably. Feb. 1 99 Intervening notes show no special change in behavior. (Cont on p. 2 [illegible])

Personal and Medical History of Rebecca M. Anderson

GOBERT, PUGLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3792.
Residence, Lake Elmo; Washington County, Minn
Date Admission, 25th July 1894.
Admitted by, D. Phelps — Hour, 7 P.M.
How Sent, A. E. Doe, Court House Washington County
Sex, Female
Age, 56 Years
Civil Condition, Widow
Children, Eight
Age Youngest Child, —
Occupation, House keeper
Degree Education, Probably fair
Profession Religion, Yes; Presbyterian
Habits, Perfect.
Nativity, Sweden
Physicians Committing, F. A. Stevens and Joseph Legault
Correspondents, A. W. Anderson, Lake Elmo — Wash. Co. Minn

No. for Year, 352.
Insane Relatives, None
Cause Exciting, Religion
Cause Predisposing, previous attack
Form,
Accompanying Bodily Disorder, None.
Suicidal or Not, not
Date of this Attack, March 1894
Duration, about 4 months
No. of Attack, 2nd probably
No. of Admissions, 1st
Age First Attack, about 49.
Time of Leaving, August 17, 1894
Time in Hospital, 23 days.
Result, Died.

EXAMINATION ON ADMISSION.

July 26 — R. M. & L. D. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Sluggish.
MEMORY: Obscured by delusions.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive.
REASONING POWER:
Ordinary Subjects, very poor
Own Mental State, very poor.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put on tonic & laxative.

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many and varied especially on religion
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent, talks to self. Refuses
Voluble or Reticent, to answer any questions

Personal and Medical History of Rebecca M. Anderson

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft WEIGHT, 144 lbs. NUTRITION, good.
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, Coatings, Red and cracked. Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Accommodation,
SIGHT, Very glasses.
HEARING, Good
COORDINATION, Arms, Good.
Legs, Good.
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Both normal +
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Sounds are normal.
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, very poor. Medium, Poor,
SLEEP, Good, Poor. Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Rebecca M. Anderson

1894

EBBERT, PITLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy-Sheriff Ole Anderson, attended by Mrs A. W. Anderson and Thomas Anderson, with the following history of case. There is no hereditary history. Supposed cause of this attack is religion; form of attack is chronic. There is no accompanying bodily disorder. First symptoms of this attack were manifested in March 1894; this is probably 2nd attack; she had some nervous depression following the menopause, 7 years ago. Insanity is now shown in every way. Patient is not disposed to injure others; nor suicidal: is inclined to pull off her clothes. There is no history of any bodily disease &c or injury to head. Has required constant attendance at home for the past 3 weeks. If under medical treatment, is not definitely stated. —

July 25 On admission, was put on C2. (Complexion light; hair partly gray; eyes gray; condition of skin normal; both arms are bruised; bodily condition clean; no bodily peculiarities noted; seems very stupid; weak; was not able to walk up-stairs without help).

July 26 Very ~~stupid~~ excited. Destroyed clothing. Appetite poor. Bowels constipated. Gave powder. P 107. R 30. T 100.

" 27 Appetite poor. Bowels constipated. Very restless. Did not sleep well. T 100. P 100. R 40. Gave salts. Takes tonic.

" 28 Seems very weak this morning. Put to bed. Drank one glass of milk for breakfast. T 101 P 100. R 42. Drank 2 glasses of milk for dinner. Gave enema at 11 a.m. Enema at 3 P.M. Bowels moved quite freely. Transf to C (See nurse's record No 2)

29 Very restless all night. Kept ice on head. T 100 1/2. P 94. R 36. Drank milk and has taken some solid food. Noisy and restless to day. July 30.94 T 99 3/10 P 96 R 30. Slept 2 hrs. Violent and noisy this a.m. Ate bread and milk for breakfast. Transf to B 2

31. T 100 1/10. Drank milk each meal. In bed all day. Aug 1.94 Quiet. T normal. In bed all day.

Aug 2 Stayed in her room all day. Ate special, drank milk for dinner. Aug 3.94. In her room all day. Drank milk. T 97. Transf to C2 Aug 5.94 T 99 2/5. P 92. R 20. Very restless part of the time. In bed all day. Drinks milk mostly. Aug 6.94 T 99. P 84 R 20. Restless and noisy during the day. Violent at times.

Aug 7. T 100. P 80. R 18. Slept most of the day. Restless at times. Refused milk. Aug. 8.94 T 103 6/10 P 100. R 22. Sleeps part of the time. Restless. Very feverish. Summary: Noisy and resistful in behavior. Has hallucinations. Appetite poor. Restless. Has high temperature at times.

Most the time very restless. For nourishment she took nothing but milk, & even that she sometimes refused to take. Was more quiet on Aug 11 but again very restless and noisy the day following. Vomitted Aug 13 & seemed to be in stupor Aug 14 in which condition she remained until she died at 7 P.M. on Aug 17.94. For particulars see nurse's record case No 2

DIED.

Personal and Medical History of Hattie Golden

from p. 216.

1899

Mar. to Sept. (Rept. by Dr. R. A. Bebb.) Gen'l health good: appetite very good: takes out door exercise: habits very filthy: violent & destructive: extremely noisy day & night. Stamps on floor & often disturbs other patients.

Sept 1. Feb 28 1900. (Dr. Heyerdale) Appetite good: part of time very noisy at night & jumps up & down, has delusion that there are snakes on floor: Dirty in habits & extremely noisy. Nov. 28 In restraint during night. Nov 29 Complained of pain in left side: no definite trouble discovered. Jan. 17 Wt. 116# Mch 1 - Aug 31 1900 (Dr Linton) Habits dirty: destructive & violent at times: Noisy most of time: Appetite good: Bowels regular: usually noisy part of night. Goes riding & walking. Jan 17. Vaccinated.

Sept 1 to Nov 30 1900 (Dr. Heyerdale) Appetite good: No change: Nov. 24 Wt. 112# Dec 1 - Feb 28 1901 (Dr Linton) Feb 15 Wt 115# General health good: No change in behavior: still has delusions concerning snakes. Mar. to June 1901 No change in mental or physical condition, May 29 Wt 113#. June to Sept. Patient's condition remains unchanged Aug. 31 Wt 113#. Sept to Dec Patient is well physically, has good appetite, eats & sleeps well, menstruates regularly, takes out door exercise. At night is frequently extremely noisy, jumps up and down the floors imagining she is stamping snakes, also at times is dirty in habits, attends some of the amusements. Nov. 23 Wt. 107#.

Dec. 31st '01 No change. March to Aug. 23rd no change Wt 109 1/2#. Sept. to Dec. 31st. 02 Wt. 111# Gen'l health good: very delusional very noisy at night: jumps upon the floor and imagines that snakes are troubling her.

Personal and Medical History of Isabelle St-John

EGBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3793
Residence, Rushford, Fillmore Co. Minn
Date Admission, 26th July 1894
Admitted by, Dr Phelps Hour, 8.30 Am.
How Sent, E. V. Farrington, J of P, Fillmore County
Sex, Female
Age, 25 Years
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Housework
Degree Education, probably poor
Profession Religion, not a church member
Habits, Good —
Nativity, Rushford, Minnesota
Physicians Committing, E. H. Haas, DMD and P. H. Bakke MD
Correspondents, Mr Arson St John

No. for Year, 363.
Insane Relatives, none.
Cause Exciting, Fall, in childhood
Cause Predisposing, "chronic"
Form,
Accompanying Bodily Disorder, none
Suicidal or Not, not.
Date of this Attack, 18 years ago, about
Duration, about 18 years. —
No. of Attack, 1st; continuous for years.
No. of Admissions, 1st
Age First Attack, 7 years (about).
Time of Leaving, May 17 '96.
Time in Hospital, 1 yr. 9 mo. 21 da
Result, Died Tuberculosis Pulmonalis.

EXAMINATION ON ADMISSION.

July 27 94 Dr S. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Imbecile dull
Past Events,
Recent Events, Remembers something
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, very illusive
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Do
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon laxative

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indifferent
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks very little. Realizes but little.
Coherent or Incoherent, Speech thick. Asks for
Voluble or Reticent, for things when she wants

Personal and Medical History of Isabelle St-John

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ WEIGHT, 165 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, none.
TONGUE, Tremors, Coatings, whitish coat. Promptness Movement,
PUPILS, Equality, — Size, Normal.
Response Light, Respond Accommodation,
SIGHT, Good.
HEARING, Good.
COORDINATION, Arms, Impaired. } Keeps moving back and forth almost constantly
Legs, Impaired. }
TREMORS, Hands, Some Tongue,
Facial Muscles, General, movements of whole body
REFLEXES, Patellar, absent both.
Other Reflexes,
ARTICULATION, Hesitating, Slurred, Slurred very thick
FACIAL EXPRESSION, Imbecile blank
SENSIBILITY,
HEART, Normal.
LUNGS, Normal.
EXAM. URINE.

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

HISTORICAL.

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

Personal and Medical History of Isabelle St. John

1894

This patient was brought here by Deputy Sheriff E. D. Griswold & attended by M. A. St John, with the following history. Habits have been good. There is no history of heredity. She had a fall, of 7 feet high, when she was a child, and has been more or less nervous since then & has grown considerably worse, of late. Form of attack is chronic. There is no accompanying bodily disorder. Fast symptoms of disease were manifested from date of this fall. This then is probably 1st attack, continuous. She now has a peculiar tendency to run away from home & no one but her father can exert any control over her. She changes from laughing to crying. Only when playing with children she is not safe, taking anything she gets hold of to strike with. Is not suicidal, nor filthy nor destructive. She has not been restrained or confined, nor under medical treatment. The case is easily traced back to the original cause, being the above mentioned fall, when a child.

July 26 On admission, was put on B3 (S.L. complexion light; hair brown; eyes blue; condition of skin, normal; has one scar on head and one on left side. Bodily condition dirty. Is well behaved but very stupid). —

27 Behavior good. Seems very stupid. Laughing and silly. Incoherent in talk. Appetite good. Sleep poor. Out of bed and restless during night. Cough none. Bowels constipated. Complaints &c none. P. 88. R 20. T. 99 2/5. July 28 94 Up on ward. She talks a good deal but incoherently. Very restless and nervous. Out of bed & restless during night. Appetite good. July 29 94 Appetite

July 29 good. Behavior very restless and noisy. Singing and talking. Will kick at the other patients. Bowels regular. Sleeps well. July 30 94 Continues about the same. July 31 94 Appetite good. Clean in habits. Sleeps quite well. In behavior very mischievous and noisy talking.

Aug. 1. About the same. No change. Aug 2 94. Appetite good. Untidy in appearance. Clean in habits. At times quite noisy. Talks incoherently. Aug 3 94. Continues about the same. Sleeps well. Goes walking. Aug 4 94. About the same. In behavior very nervous & quite noisy. Aug 5 94 About the same. Aug 6 94 In behavior very noisy & nervous. Will pick at the other patients. Aug 7 94 About the same. Aug 8 94 Appetite good. Untidy in appearance. Clean in habits. Quite noisy during the day. Aug 9 94. About the same. Summary. Appetite good. Behavior very nervous and quite noisy. Talks incoherently. Untidy in personal appearance. Clean in habits. Sleeps well. Physical health good. At times has nose bleeding. Does no work. Very silly in manner. Sits and sways her body back and forth. Articulation is difficult. Very weak minded. Realizes very little.

July 30 94 Appetite good. Sleeps well. Mischievous and quite noisy. Clean in habits. Does no work. Aug 31 94. Appetite good. Very untidy in personal appearance. Behavior: Very noisy, singing and talking incoherently. Very nervous. Sleeps well. Bowels regular. General health good. Menstruated 12th. Sept 12 94 Menstruating. Sept 28 94 Appetite good. Dirty in habits. Talks incoherently. Very noisy and restless during the day. Oct 20 94 Appetite good. Untidy in personal appearance. At times is dirty in habits. Works none. In behavior quite noisy. Goes walking and riding. Transf to Annex. Nov 24 94 Do not see any change.

Febr 14 95 Appetite good. Clean in habits. Untidy in personal appearance. Noisy. Gen health good.

April 3 95 Appetite good. Dirty and untidy in habits. Quiet in behavior. Does not talk so one can understand her. General health good. Goes riding and walking. Menstr. Apr. 9 & May 29.

July 2 Menstr. July 1 Appetite good. Dirty & untidy. Quiet but restless. Acts silly. Gen health good. Goes riding & walking.

Aug 12 No change. Sept, Oct. & Nov. Appetite good. Dirty & untidy in habits. Noisy. Acts silly.

Personal and Medical History of Isabelle St. John.

Gen. health good. Goes riding & walking. Sept 18. Nov 20 Menstr.

Feb 18 Appetite fair. Dirty & untidy in habits. Noisy & restless in behavior. Does not appear to feel well the last few days. Has a cold. Coughs.

Feb 26 Awake & coughed several times. Mar 6 Patient at annex. Has coughed considerable of late. Is noted as failing in health & having symptoms of consumption.

Mar 13 Temp. taken, found to be 100. 102 day before. Mar. 16 Trans. to Infirmary. Mar. 17 Special examination made of lungs. Numerous moist rales in apices of both lungs. Percussion note shallow. Slight cough & expectoration. R. 30-36 Temp 103.6. Mar. 26 Patient has continued steadily in bed: appetite has been fair. No new symptoms have developed but ~~has~~ is steadily failing. R. 34-42. Apr. 6 Patients temp. has been somewhat lower & more varied. Still failing steadily: no new symptoms. May 14 Patient failing still more rapidly than do the average: quiet & dull: steadily in bed. May 14 Died 8 P.M.

Died May 14th 1896 at 8 P.M.

Personal and Medical History of Melvina Brown

Whole No. 3798.
Residence, Winona, Minn
Date Admission, 31st July 1894.
Admitted by, D. Phelps. Hour, 4 30 P.M.
How Sent, H. L. Buck, J of P, Winona County
Sex, Female
Age, 47 –
Civil Condition, Married
Children, 10 – (7 living).
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably good
Profession Religion, not a church member
Habits, Good –
Nativity, Indiana –
Physicians Committing, D.B. Pritchard & E.D. Keyes
Correspondents, Mrs L. Bartley
158 West Wabasha St., Winona, Minn

No. for Year, 368.
Insane Relatives, no history of heredity.
Cause Exciting, probably quarrel with neighbors
Cause Predisposing, previous attacks
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not
Date of this Attack, 28 years ago
Duration, some 28 years –
No. of Attack, not 1st –
No. of Admissions, 1st
Age First Attack, about 19.
Time of Leaving, Sept 4th '94
Time in Hospital, 1 mo. 4 ds.
Result, Recovered

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Aug 1. 94 Dr Linton Phelps

MENTAL ACTIVITY:
Clear or Confused, somewhat confused
Quick or Sluggish, sluggish.
MEMORY: Failing
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Partially correct, mind seems to wander
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Impaired.
Own Mental State, Impaired.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS: On ordinary subjects seems mostly coherent at times wanders in thought and seems confused. Answers questions freely.
Put upon tonic & laxatives.

EMOTIONAL STATE: Non
Normal, Calm, Usually
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many systematized, thinks
Systematized or Not, people are imposing upon her
Special Subjects, suspicions
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: On ordinary subjects seems mostly
Coherent or Incoherent, coherent, at times wanders in
Voluble or Reticent, thought and seems confused. Answers questions freely

Personal and Medical History of Melvina Brown

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft WEIGHT, 127 pds. NUTRITION, Good Good color
WOUNDS OR ABNORMALITIES, Twist joint. left index gone, caused by a felon
TONGUE, Tremors, Coatings, whitish Promptness Movement, normal
PUPILS, Equality, Eq. Size, normal
Response Light, Normal. Accommodation, Normal
SIGHT, says impaired
HEARING, appears good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Eq 8 to 9.
Other Reflexes,
ARTICULATION, Hesitating, Prompt, normal Slurred,
FACIAL EXPRESSION, Dull. Rather sleepy in appearance
SENSIBILITY,
HEART, sounds are normal
LUNGS, seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Irregular - just passing through menopause
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, clean Clean, Careless,
BOWELS, Normal, Reg. Constipated, Irregular,
APPETITE, Good, not good Medium, Poor,
SLEEP, Good, not good Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long 1 yr ONSET GRADUAL OR SUDDEN, Gradual
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy.
Father or Pat. Relations, had neuralgia, 1 aunt died of Phthisis.
Brothers or Sisters,

1894

This patient was brought here by Sheriff John F. Gay & lady attendant, with the following history of case. Habits are good; there is no history of heredity. Supposed cause of this attack is not known, except it be a quarrel with neighbors. Form of attack is paroxysmal. There is no accompanying bodily disorder & she has had no severe disease, excepting brain fever, when a child. First symptoms of disease were manifested 28 years ago, by periodical attacks of excitability, with delusions, and attempts at violence, following an attack of puerperal eclampsia. This then is not 1st attack. — These have occurred at intervals, varying from weekly to 3 months. Insanity is now shown by jealousy, delusions about family and neighbors. She is disposed to injure others from sudden passion. Is not suicidal, however, nor filthy nor destructive in habits. She has not been restrained or confined. She has not been under medical treatment for years: her brother-in-law, a physician, had her under care for 20 years, prior to his death 8 or 10 years ago.

July 31 On admission, was put on B2 (S.R. Complexion dark; hair brown; eyes brown; Condition of skin, normal; has a small scar on back; some small bruises on both arms: bodily condition quite clean, behavior is quiet; talks sensibly). Aug. 1. 94. Behavior good. Talks a great deal. Appetite good. Sleeps quite well. Cough none. Bowels regular. Complains of headache. P. 80. R. 25. T. normal. Aug. 2. 94 Very quiet. Goes out walking. Appetite good. Takes med: P. 78. R. 25. T. 98.8 Aug. 3. 94 Very quiet. Wants to go home. Appetite good. P. 77. R. 24. T. 98.8 Aug. 4. 94 Very quiet. Appetite good. Bowels regular. P. 76. Aug. 5. 94 Very quiet. Talks quite sensibly. Appetite good. P. 76. Aug. 6. 94 About the same. Takes medicine. P. 76. Aug. 7. 94 No change in behavior. Talks quite sensibly. Is very anxious to go home.

Aug 8. No change in behavior. Complains of feeling sick at stomach. Takes medicine. Aug. 9. 94 Takes tonic. Eats quite well. Behavior the same. Aug. 10. 94 Helps some in dining room. Aug. 11. 94 Appetite good. Bowels regular. Very quiet and nice. Went out walking. Aug. 12. 94 No change in behavior. Has a very good appetite. Does not work very much but helps some in dining room. Aug. 13. 94 Helps in dining room. Appetite good.

Aug 14. Appetite good. Bowels regular. Takes medicine. Talks a great deal about her home and children.

Summary: Has been very quiet and nice. Talks quite sensibly. Appetite good. Takes medicine. Out walking every day. Helps some in dining room. Is very anxious to go home. Complains of feeling sick at stomach.

Aug 15. 94. Complains of feeling sick at stomach. Appetite good. Very quiet. Helps some in dining room. Takes medicine.

Aug 18. 94 Transf to B1 Aug. 29. 94 Appetite good. Sleeps well. Clean in habits. Goes to dining room. Talks quite sensibly. Quiet in behavior. Seems quite anxious to get well and go home.

Discharged.

Whole No. 3799.
Residence, 809 Martin Street, St. Paul (C & C Hospital)
Date Admission, 31st July 1894.
Admitted by, Dr. Phelps. Hour, 7 P.M.
How Sent, John B. Olivier, Jef P. Ramsey County
Sex, Female
Age, 32
Civil Condition, married
Children, - Two -
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably good
Profession Religion, Presbyterian —
Habits, Good.
Nativity, U.S.
Physicians Committing, A.B. Ancker and Arthur Sweeney
Correspondents, husband's address John H. DeLaughter (890?) 809 Martin Street

No. for Year, 369.
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, previous attack
Form,
Accompanying Bodily Disorder, None.
Suicidal or Not, not.
Date of this Attack, not definitely stated
Duration, probably sometime -
No. of Attack, 2nd
No. of Admissions, 1st here (In St. Peter 6 years ago)
Age First Attack, about 26 —
Time of Leaving, Oct 5 - '94
Time in Hospital, 2 mo. 5 ds.
Result, Improved

EXAMINATION ON ADMISSION.

Aug 1. 94 Dr. S. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: A little dull says head feels
Clear or Confused, } confused
Quick or Sluggish,
MEMORY: Fair says has failed.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive, Correct mostly.
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Fair.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put on tonic

EMOTIONAL STATE: Rather depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Says has various delusive ideas.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: of hearing.
ILLUSIONS:
CONVERSATION: Coherent and talks quite well. Some
Coherent or Incoherent, hesitation, but willing to tell all
Voluble or Reticent, facts concerning her case. Has much headache. Complains of a numb feeling.

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in WEIGHT, 145 pds. NUTRITION, Good Color good
WOUNDS OR ABNORMALITIES, Scars of abscess on neck
TONGUE, Tremors, None Coatings, white. Promptness Movement, Normal
PUPILS, Equality, Eq. Size, Normal
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Eq. 7.
Other Reflexes,
ARTICULATION, Hesitating, a little hesitating Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Normal
LUNGS, seem normal
EXAM. URINE.

GYNAECOLOGICAL EXAM., Very extensive erosion of os, laceration & hypertrophy
MENSTRUATION, Regular - Normal
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Irregular Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 1 month ONSET GRADUAL OR SUDDEN, Gradual
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, healthy
Father or Pat. Relations,
Brothers or Sisters, healthy.

Personal and Medical History of Kate De Laughter

1894

This patient was brought here by Deputy Sheriff Kinney & lady attendant with the following history. There is no history of heredity. Supposed cause of this attack is unknown: form is chronic and depressed; there is no accompanying bodily disorder. She has gradually become confused and depressed: was afraid of losing her mind, and had constant "swearing" in her head. This is probably the second attack: 6 years ago, she was insane and was confined in St. Peter Hospital for 5 months. She is, now, depressed, suspicious, confused & believes she is pregnant, though there is no physical sign of it. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any bodily disease nor of any previous peculiarities &c. She has been at the City and County hospital for a week, under observation.

July 31 On admission, was put on C2. (S.R. Complexion dark; hair brown; eyes brown; Condition of skin normal: some scars on right side of chest; bodily condition very clean; behavior quiet). Remarks seem very sensible.

Aug 1. Quiet. Has delusions. Appetite good. Sleeps very well. Does not cough. Bowels move. Complains of pain in the head. P 90. R 22. T 98 3/5.

" 2 T. 98 3/5. P 88. R. 20. Bowels regular. Appetite good. Sitting up part of the day. Rather quiet.

" 3 T. 98 1/5. P. 88. R 22. Appetite good. Sitting up. Rather quiet and reads part of the time: Complains of pain in the head. Talks rationally part of the time. Bowels move. Aug. 4. 94. T. 98 2/5. P. 90. R 22. Appetite good. Lying down part of the day. Talks about seeing fire. Not as much pain in the head as usual. Reads some. Aug 5. 94. T. 98 2/5. P. 88. R 22. Appetite good. Sat up all day. Complains of pain in the head yet. Quiet most of the time. Reads part of the time.

Aug 6 T. 98 3/5. P. 88. R 22. Appetite good. Reads some during the day. Complains of her head. Very restless at times. Sits up most of the time. Aug 7. 94. Does not sleep very well. Complains of being nervous. Takes tonic.

" 8 Up all day. Quite nervous. Complains of headache. Aug. 9. 94. T. P. & R normal. Appetite very good. Does not sleep well. Bowels regular. Worries all the time. Says she never will get well. Aug 10. 94. Goes out walking. Takes care of herself. Appetite continued good. Aug 11. 94. Patient remains about the same. Aug 12. 94. T. P. & R normal. Is neat. Takes care of herself. Bowels regular. Aug 13. 94. Appetite good. Out walking today. Is quite depressed.

Aug 14 T. P. & R. normal. Bowels regular. Out walking today. Appetite very good.

Summary. T. P. & R. normal all of the time. Appetite very good. Wants to eat between meals, talks sensibly. Goes out walking. Sleeps poorly. Is very nervous. Bowels regular. Takes tonic. Worries most of the time. Says she will never get well and wishes she could die. Has taken a sleeping dose almost every night.

Aug 15 Surgical operation performed for repair of cervix and perineum also curetting. Took ether. After operation patient rested quite well at night, but often was very restless during daytime, appetite was fairly good and bowels moved quite regularly. On Aug 27 94 she was out on ward and felt quite well and slept well and was up on ward Sept 2nd 94. For particulars see nurse's record case No 2.

Sept. 5. 94. Patient improving. Appetite very good. Assists a little with ward work. Is very anxious to go home.

" 26. Behavior quiet. Has delusions. Neat in habits. Appetite good. Complains of headache and pain in stomach. Transf to B1.

" 30. No change. October 5 94. Went home. was unimproved in mental condition.

Discharged (Feb. 6th '95)

Personal and Medical History of Sally M Clay. From Folio 248

1900

Sept 1. Feb 28 '1900. (Dr Beyerdall) Jan 5 Wt. 98# Usually quiet & sullen on ward: Avoids nurses & patients: very irritable & fault fitiding: usually obstinate & profane. Clean but untidy. Is inactive. Bowels require laxatives: sleeps well.

Mch 1 - Oct 14 1900 Menstruates regularly: Sits in room most of time: walks up & down hall scolding to herself: very disagreeable & sarcastic.

July 21 Vaccinated Oct 17 Sent out on trial. Jan. 14 1901 Returned from home.

Feb 28 General health good: complains of being disturbed by other patients. Does not take outdoor exercise: Does no work. neat. Inclined to be nervous at times: Conversation intelligent: reads a good deal: expresses no delusions. Feb 1 was sick in bed with headache - up next day. Feb 28 Wt. 98#

Mar. to June 1901 May 13 transferred to C.3, no change in general condition May 29 Wt. 97#.

June to Sept.

Sept. to Dec. No change, Nov. 30 Wt. 98#.

Up to Feb. 1, 1903. General health good: appetite good: sleeps well: bowels inclined to be constipated: takes no exercise: does no work: is quarrelsome and disagreeable, fault finding without cause; never says anything pleasant of any one. Is intelligent as a rule: does not converse or answer salutations because she does not choose to do so. Nov. 28th. Wt. 95#.

Personal and Medical History of Clothilde A. Matthien

ROBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3802.
Residence, Faribault, Minn.
Date Admission, 3rd August 1894
Admitted by, D. Withrow Hour,
How Sent, R. A. Mott, Jof P. Rice County
Sex, Female.
Age, - 2e -
Civil Condition, single
Children,
Age Youngest Child,
Occupation, Stenographer
Degree Education, probably good
Profession Religion, Roman Catholic
Habits, Good.
Nativity, Faribault, Minnesota.
Physicians Committing, D.R. Jackson and Jno H. Bailey
Correspondents, Hon. A.O. Keyes
(friend of family)

No. for Year, 1.
Insane Relatives, Paternal Grandmother & family; mother is hysterical & melancholic
Cause Exciting, mental excitement.
Cause Predisposing, Heredity -
Form, Acute mania.
Accompanying Bodily Disorder, Endometritis.
Suicidal or Not, not
Date of this Attack, several months ago
Duration, several months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 19.
Time of Leaving, Dec 20 94
Time in Hospital, 4 mo 17 ds.
Result, Recovered

EXAMINATION ON ADMISSION.

Aug 4 94 Drs. P.M. Mc Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, quick
MEMORY:
Past Events,
Recent Events, Can not test.
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Illusive.
REASONING POWER:
Ordinary Subjects,
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Exalted.
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, Many and varied.
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent, mind
Coherent or Incoherent, flies rapidly from one thing
Voluble or Reticent, to another.

Personal and Medical History of Clothilde A. Matthien

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Slightly Coated Promptness Movement,
PUPILS, Equality, Eq. Size,
Response Light, Accommodation,
SIGHT, Good.
HEARING, Good.
COORDINATION, Arms,
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Good. Slurred,
FACIAL EXPRESSION, Good.
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE.

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Medium, Very 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,

1894

This patient was brought here by Hon. A. L. Keyes (a friend of the family) with following history of the case. As to heredity, exact facts not known, though history states, as insane relatives, paternal grand mother & family; also mother hysterical & melancholic. Supposed cause of this attack is mental Excitement: form of attack is acute, depressed; Accompanying bodily disorder Endometritis. The first symptoms of disease were manifested several months ago. This is 1st attack. Insanity is now manifested in regard to money matters and a love affair. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive in her habits. Previously, was high tempered, hysterical, and ambitious. There is no history of any bodily disease, or injury to head. Has not been restrained or confined, until now when she is being watched. Has been under medical treatment by sulfonal, hydrobrom: hyos: cannabis indica; but with no effect. ——— . ———

Aug 3 On admission, was put on C4 (S.R. Complexion light; hair brown; eyes gray; Condition of skin normal; some marks & scars visible; also bruises on forehead; side of face; also both arms & wrist bruised: — bodily condition quite clean. Was very noisy on admission; has a great many delusions).

Aug 4. Very noisy at times. Has delusions. Is very noisy. Drank glass of milk in afternoon. Slept well part of night. Bowels constipated. Complains of being misused by stepmother. P 80. R 20. T 98 6 Aug 5 94. Noisy at times especially when any one was in the room. Refused food. Has delusions. Habits dirty. Slept well latter part of night. Fainted twice during day. T 98 1/2 Aug 6 94 Extremely noisy in the morning. Was in restraint in bed about 4 hrs. during day. More quiet in the evening and appetite quite good. Bowels moved. T 99. P 80. Aug 7 94 Some more quiet in forenoon. Extremely noisy in afternoon. Fought attdts & complains of being handled very roughly. Ate some at each meal. Was out walking. T 98 6 P 78.

Aug 8. Noisy part of the day & fought attdts. Complains of being misused. Says we do not give her any thing to eat. Appetite very good. Aug 9 94 Noisy part of the day. Destructive in the morning. Fought attdts when dressed. Was out walking. Tried to run away. Requires constant watching. Habits dirty at night. T. 98 6 P. 76. Aug 10 94 Some quieter. Appetite good. Very disagreeable at times. Bowels moved. Fought attdts. Was out walking. T 99. P 80. R. 20.

Aug 11. Quieter at times. Appetite good. Habits clean. Has delusions. Aug 12 94 Seems considerable better. Appetite good. Habits clean. Was out walking. Talked quite sensibly at times. T. 99 P 78.

Aug 13 Very noisy. Was destructive during night. Was out walking. Tried to run away. Habits dirty at night. Fought attdts when put to bed. Noisy most of night. P 78. R 18. Aug 14 94. Noisy in forenoon. Fought attdts, when dressed. Was out walking. Requires constant watching. Appetite good. Noisy greater part of night. Habits dirty at night. Bowels moved. T 98 6 Aug 15 94 Noisy part of the day. Has delusions not quite so bad to manage. Appetite very good. Is destructive at times. T. 98 6 P 74 R 18.

Aug 16 Some quieter. Talks quite sensibly at times. Appetite very good. Was out walking. Noisy at night. Habits clean. P. 76 R 18. Aug 17 94. Noisy at times. Appetite very good. Was out walking. Considerably easier to manage. Has delusions. Complains of being very badly treated by attdts. P. 74.

Summary: Behavior very excited and noisy at times. Appetite poor first week. Very good now. Bowels were constipated. Habits dirty part of the time. Very disagreeable and hard to get along with at times. Has delusions. Goes out walking. Tries to run away. Complains of being very badly treated by att. also complains of getting nothing to eat first few days. Bowels constipated. Sleeps quite well part of the night. Talks is incoherent generally, but at times is quite sensible and quiet.

1894

Aug 31. Appetite good. Sleeps but very little. Habits clean usually. Is very noisy most of the time is destructive, violent occasionally. Bowels constipated. Goes walking. Sept 8 94. Appetite quite good. Noisy part of the night. Habits clean. Bowels usually constipated. Sept 9 94. Menstruating. Very noisy. Sept 24 94 Quieter. Appetite not very good. Sleeps well. Bowels regular. Transf to B2 Oct 1 94 Lying down a great deal. Complains of feeling weak. Bowels constipated. Takes medicine. Complains of headache. Appetite quite good.

Oct 18 94 Electrical treatment. Menstruating. Complains of headache & dizzy feeling. Oct 20 Electrical treatment out walking. Oct 23 94 Electrical treatment gave cathartic. Oct 25 94 Electrical treatment. Out walking.

Nov 1. Electrical treatment. Nov 2 94 Went riding. Complains a great deal. Nov 5 94 Went riding tried to run away, talked very saucy and slapped attdt. Talks very impudent. Quite noisy in afternoon. Nov 6 94 Electrical treatment. Menstruating. Nov 10 94 Electrical treatment. Tried to run away.

Nov 12 94 Threw her medicine on floor. Scolding and quite noisy, very saucy. Slapped one of attdts.

15 Very noisy for one hour fought to day. Nov 20 94 Noisy & cross never wants to do as she is told.

30 Appetite good. Sleeps well. Bowels usually constipated. Very much better in her mental condition.

Dec 3. Appetite good. Habits clean. Sleeps well. Bowels usually constipated. Goes walking and riding. Transf to A1 Dec 20 94 Went home to day with her father. Had been very sensible quiet and lady like for several weeks. Was anxious to go.

Discharged Feb. 6th '95

Personal and Medical History of Maggie Kolles

EBBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3805.
Residence, 1094. E 7th St. St Paul. Minn
Date Admission, 7th August 1894.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, John B. Olivier, J.P., Ramsey County
Sex, Female
Age, 29
Civil Condition, single
Children, none
Age Youngest Child, ——
Occupation, General House work.
Degree Education, probably fair.
Profession Religion, German Catholic Church
Habits, Temperate.
Nativity, Germany
Physicians Committing, D.C. Jones and E.H. Whitcomb
Correspondents, her brother John Kolles. 1094 E 7th St St Paul

No. for Year, 4.
Insane Relatives, no heredity known of.
Cause Exciting, a fright about 5 weeks ago.
Cause Predisposing, not definitely stated.
Form, Acute Melancholia
Accompanying Bodily Disorder, not known to be any
Suicidal or Not, not
Date of this Attack, about 5 weeks ago
Duration, about 5 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 29 —
Time of Leaving, Dec 18. 94
Time in Hospital, 4 months 11 days
Result, Died.

Aug. 8. 94 Dr. S. Linton Phelps

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear on ordinary subjects.
Quick or Sluggish,
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: correct
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Thinks not insane
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Rather weak minded in appearance. Physical condition good.

EMOTIONAL STATE: Calm
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, None determined.
Transitory or Not,
HALLUCINATIONS: of hearing.
ILLUSIONS: Hears noises in night.
CONVERSATION: Coherent in talk, rather silly. Answers questions
Coherent or Incoherent, willingly
Voluble or Reticent,

Personal and Medical History of Maggie Kolles

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in WEIGHT, not taken NUTRITION, Good
WOUNDS OR ABNORMALITIES, 1st finger lefthand scar of cut.
TONGUE, Tremors, None. Coatings, None Promptness Movement, Prompt.
PUPILS, Equality, Equal Size, normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, None General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, Rather silly and childish.
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Menstruating on admission
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

1894

This patient was brought here by Deputy-Sheriff Picha, and a lady attendant, with the following history. There is no heredity known of; supposed cause of this attack is a fright about 5 weeks ago; form of attack is acute. There is not known to be any bodily disorder. First symptoms of disease were manifested about 5 weeks ago; she acted foolishly; could not be induced to return to her home and was influenced by a religious mania. This is the 1st attack, though she has acted foolishly all her life. Insanity now manifested on religion; by incoherent language and nonsensical answers to questions. Patient is not disposed to injure others, nor is she suicidal; once, she showed an over-destructive tendency towards her clothing and furniture of house. There is no history of any bodily disease &c or injury to head. She has not been restrained or confined, nor under medical treatment.

Aug 7 On admission, was put on B3 (S.R. Complexion dark; hair light; eyes gray; Condition of skin normal; the second finger of right hand has been cut, and cords seem drawn; bodily condition very dirty. Is quietly behaved. Said she was not crazy; it was only others, who thought her so).

Aug 8. Upon ward Very quiet. Talk coherent. Appetite good Sleep Very restless & awake during night. Cough none. Bowels normal Complains none. P.78. R20. T.98.

Aug 9. Appetite poor. In behavior quiet. Went out riding at P.M. Complained of headache Put to bed. Gave medicine as directed. Very restless during night. Aug. 10.94 Slept about 3 hrs. Had diarrhoea. Med as directed. In bed all day. Medicine given as directed. Drank 2 glasses of milk P88. T100 R20.

Aug 11. Upon ward. Appetite good. Talks incoherently. Has hallucinations. Tried to run away while out walking. Works some on ward P80. T99 R20 Aug 12.94 Appetite good. In behavior very restless. Walking about ward & at times cries. Blames her friends for putting her here. Sleeps quite well

Aug 13. Continues about the same P76. T99. R18. Aug. 14.94 In behavior more quiet. Talks very little. Appetite good Sleeps quite well. Aug 15.94 Continues about the same. Works some on hall. Goes walking. Clean in habits. Takes care of herself Aug 16 & 17.94. About the same

Aug 18: Appetite good Clean in habits In behavior very nervous and mischievous. Will strike other patients if not watched. Aug 19.94 Continues about the same. Very restless. Talks incoherently Sleeps quite well

Aug 20 Has been destructive to clothing and tried to run away while out walking. Talks incoherently, thinks her friends are here.

" 21 Appetite good Untidy in appearance. In behavior at times very contrary & will resists. Talks very little P74 T99 R20

Summary: Appetite good Untidy in appearance. Clean in habits. In behavior very contrary. Tries to run away while out walking. Talks incoherently. At times works in dining room. Gen. health good Sleeps well.

Aug 29.94. Appetite good. Very noisy at times, singing. Talks incoherently. Sleeps quite well at times. Works in dining room. Bowels reg: General health good Menstruated 22nd Sept. 1.94 Fought attdts & extremely noisy talks incoherently.

Sept 6. Destructive and fighting Sept. 24.94 Gen. health good. Appetite good. Clean in habits Is silly and at times violent in behavior Tried to run away when taken out of doors. Oct 2 B.94 Appetite good tidy in habits. Does no work. Very silly in manner and at times violent. Sleeps well. Bowels regular Goes walking and riding Nov. 14.94 Complained of headache and pain in back left side. Constipated. Emesis 10 a.m. Put to bed, gave powders as directed Nov. 15.94

Nov 15.94 Appetite poor Gave cathartic. 11.30 Gave medicine & enema bowels moved freely P100 T102 4/5. R24

" 16. Patient continues about the same P108. T102. R24. Transfd to Infirmary.

Was more or less restless - slept not very well - complained of sore throat, and pain in left side and back of her neck - Nov 22.94 Seemed to grow weaker & talked in delirious manner Nov 25.94. Pulse weak (118) moaning & complained of feeling worse Slept very little all the time and was very restless - Dec 2.94 Asked for something to eat, but took nothing only milk - which formed her food ~~as long as~~ since she came on ward - became more quiet and slept more Dec 8 Complained of feeling cold Seemed to couch slightly during night. Dec 10 Quite restless

Boil under arm [illegible]

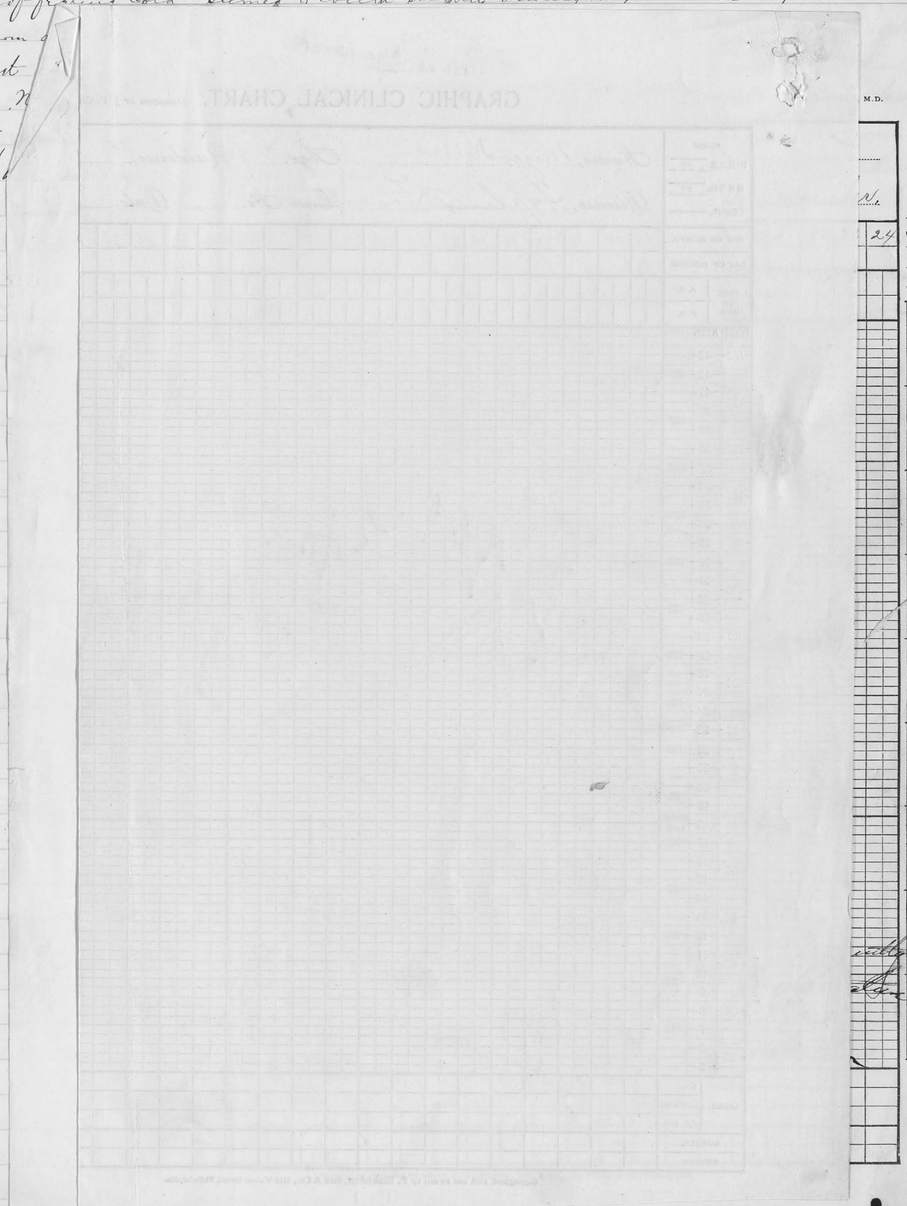
and trying to get [illegible]

irregular. [illegible]

sponge bath, [illegible]

paining - [illegible]

See nurses [illegible]



Personal and Medical History of Maggie Kolles

1894

This patient was brought here by Deputy-Sheriff Picka and a lady attendant, with the following history. There is no heredity known of; supposed cause of this attack
weeks ago; form of attack is acute. There is not known to be any bodily disorde
disease were manifested about 5 weeks ago; she acted foolishly; could not be
before and was influenced by a religious mania. This is the 1st attack, thoug
foolishly all her life. Insanity now manifested as religion; by incoher
nonsensical answers to questions. Patient is not dis
once, she showed an ova- destructive tendency toward he
is no history of any bodily disease or injury to head.
now under medical treatment.

Aug 7 On admission, was put on B3 (S.R. Complexion dar
normal; the second finger of right hand has been cut, and
so quietly behaved. Said she was not crazy; it was o

Aug 8. Upon ward. Very quiet. Talk coherent. Appetite good
Cough none. Bowels normal. Complains none. P
Aug 9. Appetite poor. In behavior quiet. Went out riding
Gave medecine as directed. Very restless during ni
Med as directed. In bed all day. Medecine given a

Aug 11. Up on ward. Appetite good. Talks incoherently. Has
walking. Works some on ward. P80. T99 R20
very restless. Walking about ward & at times cr

Aug 13. Continues about the same. P76. T99. R18. Aug. 14
Appetite good. Sleeps quite well. Aug. 15 94 Conti
Goes walking. Clean pi habits. Takes care of hers

Aug 18: Appetite good. Clean pi habits. In behavior
patients if not watched. Aug 19 94 Continues about the

Aug 20. Has been destructive clothing and tried to run away while out walki
" 21 Appetite good. Untidy pi appearance. In behavior at times very cantery

Summary: Appetite good. Untidy pi appearance. Clea
while out walking. Talks incoherently. At times works pi a

Aug 29 94 Appetite good. Very noisy at times, singing. Talks incoher
Bowels reg: General health good. Menstruated 22nd Sept.

Sept 8. Destructive and fighting. Sept 25 94 Gen health goo
and at times violent pi behavior. Tried to run away
tidy pi habits. Does no work. Very silly in manner a
Bowels regular. Goes walking and riding. Nov 14 94 A
back left side. Constipated. Emesis 10. a.m. Put to Bed

Nov 15 94 Appetite poor. Gave cathartic. 11th gave medecine & enem
" 16. Patient continues about the same. P108. T101. R 24. Transf

Was more or less restless - slept not very well - complained of pain in head, and pain in left side
started in delirious manner
worse. Slept very little all the
rest, but took nothing only milk -
have quiet & slept more Dec 8
night - Dec 10 quite restless

CHART. Designed by J. P. Crozer Griffith, M.D.

Name, Residence,
Case No. Date, December.

15	16	17	18	19	20	21	22	23	24

Centigrade Scale. 43 42 41 40 39 38 37 36 35 34

Sponge bath, nourish, brandy 2 oz
Sponge bath, nourish, brandy 2 oz
Hypod. brandy 2 dr
Brandy 2 oz, water, peas
Hemorrhage of bowels
Enemata of starch and tincture
Sponge bath, brandy 2 oz, nutrient
Sponge bath, brandy 2 oz, nutrient
Beef tea
Brandy 2 oz
Beef tea

Died Dec 11 94

012 Walnut Street, Philadelphia.

DETAILED HISTORY OF SICKNESS OF MR Maggie Kolles
DIAGNOSIS. Syphilis Tumor

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP. AM	RESP. PM	TEMP. AM	TEMP. PM
Dec 7		10		132		32		104 4/5
		11 40						
		12						
		1 15		140		37		103 4/5
		1 20						
		1 40						
		1 45						
		2						
		3		140		42		106
		4						
		5 15						

MARK
PULSE — OR
RESP. ..... OR
TEMP. ——

DAY OF MONTH. 14 15
DAY OF DISEASE. 6

TIME OF DAY. A.M. / P.M.

PULSE	RESP.	TEMP.
170	43	
→	42	100
	41	
160	40	
	39	107
150	38	
	37	106
→	36	→
140	35	
	34	105
130	33	
	32	104
	31	
120	30	
	29	103
110	28	
	27	102
	26	
100	25	
	24	101
90	23	
	22	100
	21	
80	20	
	19	99
70	18	NORMAL LINE
	17	98
	16	
60	15	
	14	97
50	13	→
	12	96
	11	
40	10	
	9	95
30	8	
	7	94
→	6	→
20	5	

URINE. Oz. / Contains / Sp. Gr.
BOWELS.
WEIGHT.

Treatment. Special Notes.

Personal and Medical History of Maggie Kolles

1894

Aug 7

Aug 8.

Aug 9.

Aug 12.

Aug 13.

Aug 18

Aug 20

Aug 29.

Sept 8.

Nov 15 94 a

16. Patient continues about the same P 108. T 101. R 24. Temp

Personal and Medical History of Maggie Kolles.

Was more or less restless - slept not very well - complained of pain in head, and pain in left neck and back of the neck - Nov 22 94 seemed to grow weaker - talked in delirious manner. Nov 26 94. Pulse weak (118) morning - complained of feeling worse - slept very little all the time and was very restless - Dec 2 94 Asked for something to eat, but took nothing only milk - which formed her food ~~so long~~ since she came to ward - became more quiet and slept more Dec 8 Complained of pain in side - seemed to cough during the night - Dec 10 quite restless

Post in Case Book

GRAPHIC CLINICAL CHART. Designed by J. P. Crozer Griffith, M.D.

MARK
PULSE — OR - - -
RESP. OR
TEMP. ——

Name, Maggie Kolles — Age, 7 Residence,
Disease, Typhoid Fever Case No. Date,

DAY OF MONTH: 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4
DAY OF DISEASE: 9

TIME OF DAY: A.M. / P.M.

PULSE	RESP.	TEMP.
170	43	
	42	108
	41	
160	40	107
	39	
150	38	
	37	106
	36	
140	35	
	34	105
130	33	
	32	104
120	31	
	30	103
110	29	
	28	
	27	102
100	26	
	25	101
90	24	
	23	
	22	100
80	21	
	20	99
	19	
70	18	NORMAL LINE
	17	98
60	16	
	15	97
50	14	
	13	
	12	96
40	11	
	10	95
30	9	
	8	
	7	94
20	6	
	5	

Notes. Treatment.

URINE. Oz. / Contains / Sp. Gr.
BOWELS.
WEIGHT.

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GRAPHIC CLINICAL CHART. Designed by J. P. Crozer Griffith, M.D.

Name, Maggie Kolles Age, Residence,
Disease, Typhoid Fever Case No. Date, December.

4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Centigrade Scale. 43 42 41 40 39 38 37 36 35 34

Sponge bath. Grapes more frequently
Milk diet and nourishment
Pulse became so much and irregular
could not quite distinguish

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1894

GARRETT, PIGLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy-Sheriff Picha, and a lady attendant, with the following history. There is no heredity known of; supposed cause of this attack is a fright about 5 weeks ago; form of attack is acute. There is not known to be any bodily disorder. First symptoms of disease were manifested about 5 weeks ago; she acted foolishly; could not be induced to return to her home and was influenced by a religious mania. This is the 1st attack, though she has acted foolishly all her life. Insanity now manifested on religion; by incoherent language and nonsensical answers to questions. Patient is not disposed to injure others, nor is she suicidal; once, she showed an over-destructive tendency towards her clothing and furniture of house. There is no history of any bodily disease &c or injury to head. She has not been restrained or confined, nor under medical treatment.

Aug 7 On admission, was put on B3 (S.R. Complexion dark; hair light; eyes gray; Condition of skin normal; the second finger of right hand has been cut, and cords seem drawn; bodily condition very dirty. Is quietly behaved. Said she was not crazy; it was only others, who thought her so).

Aug 8. Upon ward. Very quiet. Talk coherent. Appetite good. Sleep. Very restless & awake during night. Cough none. Bowels normal. Complains none. P. 78. R 20. T. 98.

Aug 9. Appetite poor. In behavior quiet. Went out riding at P.M. Complained of headache. Put to bed. Gave medicine as directed. Very restless during night. Aug. 10. 94 Slept about 3 hrs. Had diarrhoea. Med as directed. In bed all day. Medicine given as directed. Drank 2 glasses of milk. P 88. T 100. R 20.

Aug 11. Upon ward. Appetite good. Talks incoherently. Has hallucinations. Tried to run away while out walking. Works some on ward. P 80. T 99. R 20. Aug 12. 94 Appetite good. In behavior very restless. Walking about ward & at times cries. Blames her friends for putting her here. Sleeps quite well.

Aug 13. Continues about the same. P 76. T 99. R 18. Aug. 14. 94 In behavior more quiet. Talks very little. Appetite good. Sleeps quite well. Aug 15. 94 Continues about the same. Works some on hall. Goes walking. Clean in habits. Takes care of herself. Aug 16 & 17. 94. About the same.

Aug 18: Appetite good. Clean in habits. In behavior very nervous and mischievous. Will strike other patients if not watched. Aug 19. 94 Continues about the same. Very restless. Talks incoherently. Sleeps quite well.

Aug 20 Has been destructive to clothing and tried to run away while out walking. Talks incoherently, thinks her friends are here.

" 21 Appetite good. Untidy in appearance. In behavior at times very contrary & will resists. Talks very little. P 74. T 99. R 20.

Summary: Appetite good. Untidy in appearance. Clean in habits. In behavior very contrary. Tries to run away while out walking. Talks incoherently. At times works in dining room. Gen. health good. Sleeps well.

Aug 29. 94. Appetite good. Very noisy at times, singing. Talks incoherently. Sleeps quite well at times. Works in dining room. Bowels reg: General health good. Menstruated 22nd. Sept. 1. 94 Fought attdts & extremely noisy. Talks incoherently.

Sept 6. Destructive and fighting. Sept. 24. 94 Gen. health good. Appetite good. Clean in habits. Is silly and at times violent in behavior. Tried to run away when taken out of doors. Oct 2 B. 94 Appetite good. Tidy in habits. Does no work. Very silly in manner and at times violent. Sleeps well. Bowels regular. Goes walking and riding. Nov. 14. 94 Complained of headache and pain in back left side. Constipated. Emesis 10. a.m. Put to bed, gave powders as directed. Nov. 15. 94

Nov 15. 94 Appetite poor. Gave cathartic. 11.30 gave medicine & enema. Bowels moved freely. P 100. T 102 4/5. R 24.

" 16. Patient continues about the same. P 108. T 102. R 24. Transfer to Infirmary.

Was more or less restless - slept not very well - complained of sore throat, and pain in left side and back of her neck - Nov 22 94. Seemed to grow weaker & talked in delirious manner. Nov 25 94. Pulse weak (118) moaning & complained of feeling worse. Slept very little all the time and was very restless - Dec 2 94. Asked for something to eat, but took nothing only milk - which formed her food ~~as long as~~ since she came on ward - became more quiet and slept more. Dec 8 Complained of feeling cold. Seemed to cough slightly during night. - Dec 10 Quite restless. Boil under arm dressed. Dec 13 Pulse weak and irregular at 8 P.M. Nausea. Dec 14 Very restless and trying to get out of bed 6 P.M. Pulse much stronger, but irregular. Dec 15 Pulse weaker & irregular. Nausea. Dec 17 Sponge bath, chipped ice, sponged face, hands & neck 5.30 Alcohol sponge bath, brandy ℥ ij. Slept about 3 hrs. Very restless at times, complains of her arm paining - does not seem as bright as usual. 6 P.M. T. 104 6/5 P. 132 R 30. For particulars see nurses record case.

Died.

Personal and Medical History of Christine Frodeen

CLBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3811.
Residence, Town of Leon, Goodhue Co. Minn
Date Admission, 15th August 1894.
Admitted by, D. Phelps Hour, 7.30 P.M.
How Sent, S. J. Nelson, Court Commr. Goodhue Co.
Sex, Female
Age, Forty-nine (49) Years.
Civil Condition, single
Children, None
Age Youngest Child, —
Occupation, Sewing (homes'-work) -
Degree Education,
Profession Religion, Church member; has not affiliated with any Congregation
Habits, Good
Nativity, Sweden
Physicians Committing, Geo. C. Wellner and J. V. Anderson
Correspondents, Revd. John Frodeen
Wastedo, Goodhue Co. Minn

No. for Year, 10.
Insane Relatives, None
Cause Exciting, chorea & possibly a broken engagement
Cause Predisposing, - Chronic -
Form, Chronic Melancholia
Accompanying Bodily Disorder, chorea since 1870
Suicidal or Not, Suicidal
Date of this Attack, about 1870.
Duration, about 24 years. —
No. of Attack, 1st (continuous since '69 or '70) -
No. of Admissions, 1st
Age First Attack, about 25 years
Time of Leaving, Sept. 25. 1898
Time in Hospital, 4 yr. 1 m. 10 d.
Result, Died. Exhaustion following acute Dysentery.

EXAMINATION ON ADMISSION.

Aug 16 94 Dr. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Confused.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Only partially correct.
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many delusions
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Answers questions fairly well
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Christine Frodeen

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Somewhat impaired
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Some Coatings, Whitish coat Promptness Movement, Hesitates
PUPILS, Equality, Eq. Size,
Response Light, Accommodation,
SIGHT, Good.
HEARING, Good.
COORDINATION, Arms, Has general choreaic movements.
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General, Large or choreaic movements
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Hesitating. Slurred,
FACIAL EXPRESSION, Worried - anxious.
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition.
EXAM. URINE.

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Medium Medium, Poor,
SLEEP, Good, ~~good~~ Poor, Irregular, irregular
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Very long. ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, mother died — 41 - childbirth —
Father or Pat. Relations, Father died at 45 — in army —
Brothers or Sisters,

Personal and Medical History of Christine Frodeen.

1894

This patient was brought here by her brother, Rev. John Frodeen & his wife, with the following history— There is no history of heredity: Supposed cause of this attack is chorea (since 1870) and this probably due also to a broken engagement about 1869. Form of the attack is Chronic, depressed. Accompanying bodily disorder is chorea: first symptoms manifested about 1870; She grew to be eccentric in religious matters & also developed extreme distrust of others. Attack has been continuous since '69 & '70 to the present time. Her condition, during all this time, has been better and worse, at times, but at no time, has she been entirely well. Insanity is now manifested, principally, in religion. Patient is not disposed to injure others, but she is suicidal: attempted to throw herself into a cistern and to hold her head under water to drown herself. Is not filthy or destructive. No actual restraint has been employed, but watchful supervision. Several weeks since, Physician believed the ailment to be mental, in part, and aggravated by the climacteric.

Aug 15 On admission, was put on B.2 (S.R. Complexion light; hair red; eyes blue; Condition of skin normal; no marks, scars or bruises noted; bodily condition quite clean; behavior good; No manifest delusions).

16 Very restless. Walks a great deal. Appetite good. Did not sleep well. Cough none. Bowels constipated. Complains of headache. P. 74. R 20. T. 98.

17 Very restless and nervous. Wants to go home. Ate quite well. Bowels constipated. Gave pills for bowels. Complains of headache. Went out walking.

18 Helped some on ward. Has a good appetite. Went out walking. Very nervous. T. 98°. P 80. R 24

19 Very restless all day. Went out walking. Helps some on hall. Appetite good. Talks not. T. 98. P 80. R 24

20 Very restless all day. Imagines she is not wanted here. Walking up and down hall. Moaning and wringing her hands. Refused medicine. Wants to go home. P. 72.

21 Very nervous and excited. Thinks it is wrong for her to eat. T. 99. P 76. R 20. Out walking. Helps some in hall. Aug 22 94 Restless all day. Does not want to eat. Went out walking. Talks medicine (Very restless all day. Went out walking. Helps on ward. Imagines she makes others suffer. P. 80. Aug 23 94 Does not rest well at night. Very hard to get her to eat anything. Does not want to take medicine. Very restless all day. Went out walking. P. 80. Aug 24 94. Behavior about the same. Went walking. Refused medicine. Does not sleep well. Has many delusions. Talks incoherently. P 79.

Aug 25 Went out walking. Helps some on ward. Refused medicine. Has to be spoon fed. Very restless and does not want to eat still. P. 80. Aug 26 94 Behavior the same. Appetite no better. Still has to be fed. Very restless. Went out walking. Says it is wrong for her to eat.

27 No change in behavior. Bowels constipated. Gave cathartic. Helps on ward. P. 89.

28 Does not seem as restless and uneasy. Still does not want to eat. Refused medicine. Went out riding, also walking. Talks in a wandering manner.

29 Visited by brother. Very restless and excited all day. It is very hard to get her to eat anything. Went walking. Helps some on ward. Summary: Has been very restless and excited most of the time, walks up and down, wringing her hands and crying. Has many delusions. Has to be spoon fed & then it is very hard to get her to eat anything. Says it is wrong for her to eat but it makes others suffer. Talks incoherently. Sept 1 94 Very resistive. Will eat but only anything. Sept 4 94

Sept 4. 94 Has not taken anything the last days. Fed with tube today. Very restless, walking up & down hall, never wants to

Personal and Medical History of Christine Frodeen.

1894

Sept 18. sit down. Very restless at night, out of bed a good deal. Bowels constipated. Gave cathartic. Still has to be fed. Seems quite restless all the time. Worries a great deal. Has many delusions. Imagines it is wrong for her to eat. Seems weak. Bowels usually constipated. Seems quite weak. Looks quite bad. Takes off clothing. Sept 22. 94. Seems quite weak. Very restless, worries a great deal. Fed daily with tube, wastes a good deal more, because of standing constantly than from any lack of food. Her movements do not seem choreic at all. Case agitated melancholia. Sept 24 94 Put to bed in restraint. Moaning & asking to get up. Fed this morning with milk & Egg in it. Fed this afternoon with tea & put to bed. Sept. 28. 94 Visited by brother. Bowels constipated, gave cathartic. Fed three a day milk & Egg in it, in the a.m. greed in the afternoon. Oct 4 94 Has been out of restraint for 3 nights; but is during the day. Oct 18 94 Put in restraint during the afternoon & kept in during night, as she was worrying & very restless. Oct. 31 94 In bed all the time. Eats quite well. Bowels constipated. Does not sleep well. Nov 8 94 In bed all the time. Eats quite well. Bowels regular. Nov 24 94 Upon ward. Appetite good. Nov 30 94 Upon ward. Seems to worry & fret on every little thing. Does not sleep very well.

Dec 17. 94 Appetite good. Works on ward. Worries a great deal and asks to go home. Goes walking. Dec 31 94 Complains of feeling sick, crying and asking to go home. Goes walking & riding. Jany 18. 95 Has a good appetite. In health about the same. Jany 22 95 Went to bed at 7 p.m. T 101 3/5 P 100 R 30. Catharsis followed.

Aug 23 95. T. 97 3/5 P 67. R 27. Upon ward about the. Jany. 24. 95 Went to bed at 6 PM. Has another spell.

Aug 25. Upon ward. Feb. 18. 95 Worries a great deal. Feb. 28. 95 Appetite good. More excited the last few days crying and wringing her hands. Works in dining room, down ward. Mch. 7. 95. 7. 12. 95 Massage given. May 31. 95. Appetite good. Bowels reg. Worries some a great deal. Works on ward and in dining room. Goes walking. April 26 95. Very nervous most of the time. Is say anxious to go home. Appetite good. Bowels regular. Sews and works on ward and in dining room.

May 17 95. No change. May 31 95. In bed complains of headache.

June 30 to July 96 Appetite fair. Sleeps well. Bowels regular. Neat in habits. Quiet, sensible. Works in mending room. Very quiet in behavior. Neat in personal appearance. Appetite fair. Sleeps quite well. Takes out door exercise. Works in mending room. Bowels usually constipated. Feb. 10 97 In bed with severe cold. Mar 15 Very quiet in behavior: neat in appearance: Appetite poor: sleeps fairly well: bowels generally constipated: takes out door exercise. Works in mending room. also on ward.

June Summary Nurse's Notes for Dr. H. E. Parks:- Quiet in behavior: neat in appearance: Appetite poor: works in mending room: Feb 97 Quit health poor: demented: Still works in sewing room: May '97 No change: July '97 Quiet works in mending room: no mental change. Continued by Dr. P. McPhelps. Sept Patient usually quiet & rather dull: somewhat weakly in physical condition but no special complaint: Is melancholy.

Feb 8 98. Wt. 91 lbs. Works some in mending room. July 9 Complains some & does not seem at all strong. She never has been very strong. Sept 15 Patient today complaining much more than usual. Temp. 99. Takes no nourishment. Lies quietly in bed: complains of pain in bowels. Sept 16 Patient still complaining. In the afternoon Temp up to 101. Sep. 17 Trans. to Infirmary. Failed rapidly & died Sept 21. Brief record kept.

Died

Personal and Medical History of Sally M. Clay

GILBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3816.
Residence, St Paul, Minn (174 W. College Ave)
Date Admission, 20th August 1894
Admitted by, W. Phelps Hour, 7.30 P.M.
How Sent, John H. Oliver, Jail, Ramsey County
Sex, Female.
Age, 33 -
Civil Condition, single
Children, -
Age Youngest Child, -
Occupation, None
Degree Education, probably good
Profession Religion, Episcopalian
Habits, Beyond reproach
Nativity, Virginia -
Physicians Committing, A.B. Tucker and A.W. Dunning
Correspondents, (Brother): Olin G. Clay
174 W. College Ave. St Paul

No. for Year, 15
Insane Relatives, a sister now in this hospital.
Cause Exciting, not stated
Cause Predisposing, probably found Security -
Form, Paranoia
Accompanying Bodily Disorder, None -
Suicidal or Not, not -
Date of this Attack, about 18 months ago -
Duration, about 18 months
No. of Attack, probably 1st (continuous) -
No. of Admissions, 1st -
Age First Attack, about 31 -
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Aug 20th Dr Linton Phelps. MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear.
Quick or Sluggish, Quick.
MEMORY: Says good
Past Events,
Recent Events, Good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put on tonic.

EMOTIONAL STATE: Calm
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks her own folks try to impose upon her. Do things to annoy her.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Coherent. Talks quite readily. Says she is very nervous.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Sally M. Clay

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in WEIGHT, 103 pds NUTRITION, Poor, pale
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, None Coatings, thick yellow Promptness Movement, Normal
PUPILS, Equality, Normal Size, Normal
Response Light, little sluggish Accommodation, little sluggish
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs,
TREMORS, Hands, Slight Tongue,
Facial Muscles, General, 0
REFLEXES, Patellar, Both normal
Other Reflexes,
ARTICULATION, Hesitating, Prompt. Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Normal
LUNGS, Seem normal
EXAM. URINE.

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Regular, no pain
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Irregular Medium, ravenous at night Poor,
SLEEP, Good, Irregular 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, Sister insane, brother healthy.

Personal and Medical History of Sally M. Clay.

1894

This patient was brought here by Deputy Sheriff Kinney and a lady attendant with following history. She has been of very good Habits. Has a sister now in this (Rochester) hospital: forms of attack is Chronic and Depressed. There is no accompanying bodily disorder. First symptoms of disease were manifested about 18 months ago, by violent outbursts of temper, without cause; insomnia; imagining the family was against her: sits up all night talking to herself. This is probably the 1st attack, (Continuous). Patient was in St. Lukes Hospital, St. Paul, for 4 months last year. She now has a mania on the subject of going to Richmond, Va. where she is without friends. She upset a table, with a lighted lamp on it, into her sister's lap; no provocation. She is not suicidal, nor filthy, nor destructive. Previously, she was always extremely reserved and fond of being alone. There is no history of any bodily disease or head injury.

Aug 20 On admission, was put in B^d. B.R. Complexion light; hair brown; eyes gray; Condition of skin normal. no marks, scars or bruises noticed. Bodily Condition Clean. Behavior good).

" 21 Has been very quiet and nice. In bed all day. Talks quite sensibly. Reading most of the day. Appetite good. Sleeps quite well. Cough some. Bowels constipated. Gave cathartic. P.M. Reg. Tgt.

" 22 Ate very well for breakfast. Takes medicine. Bowels moved. Is very quiet. Temp 6 P.M. was very quiet in afternoon. Ate a hearty supper. Aug. 23 94. Slept quite well. Appetite fairly good. Was very quiet. Laid on bed in the afternoon. Takes medicine. A few normal movements of bowels.

" 24 Did not sleep very well. Appetite quite good. Read some. Was quiet all day very agreeable. Takes medicine. One movement of bowels. Aug. 25 94. Appetite good today. Walked about the ward. Slept well last night. Quiet in behavior. Aug. 26 94 Quiet today. Appetite good. Talks quite sensibly. Had massage. Aug. 27. 94. Slept well. Appetite good. Went out walking. Quiet today. Aug. 28 94. Quiet today. Seems about the same as yesterday.

" 29 Appetite good. Slept well last night. Had massage. Aug 30. 94. Continues the same as yesterday. Gives no trouble. Takes care of her own room pretty well helps with the other work when asked.

" 31 Quiet today. Appetite good. Had massage. Sept. 1. 94. Seems somewhat dazed. Went walking. Slept well.

Sept 1 Complaining of constipation today. Took pills. Sept 3. 94. Seemed pleasanter records today. Walking up & down the hall. Summary. Patients appetite has been very good. Is quiet. Talks very little, but quite sensibly. Takes care of her room when asked. Always quite pleasant. Troubled somewhat with constipation. Reads & plays the organ. Neat & tidy in her appearance.

Sept 2 Sleeps very well. Appetite good. Is resting & walking, also visiting from other wards. Bowels constipated & seldom move without cathartics. Lies in bed part of the time some days. Took a massage. Does not complain any & very quiet & agreeable.

Menstruated first part of month. Is pleasant. Sept 24 94 Took electrical bath treatment & massage to the back.

Sept 25. No change. Oct. 12 94 Took massage. Is in bed most of the time. Careless in appearance. Appetite fair. Sleeps well. Is troubled a great deal with constipation. Is now menstruating. Occupies most of the time reading or sewing. Takes tonic. Jany 2 1895. Electrical treatment. Jany 27 95. Menstr. Jany. 30. 95. Appetite fair. Sleeps well. Still troubled with constipation. Takes pills every day. Also takes tonic. Feby. 27. 95. Is quiet and usually by herself. Takes no interest in work. Appetite fair. Sleeps well. Still takes tonic. Bowels constipated. Takes pills.

Personal and Medical History of Sally M. Clay.

1895

Mch 22 Menstruating. Mch 30 95. Is quiet on ward. Appetite good. Sleeps well. Is troubled with constipation. Takes cathartic pills every day. Does no work. Careless in personal appearance.

Apl 18. Is menstruating. April 30 95. Continues about the same. May 17 95. Menstruating.

May 31 95. Continues the same. June 28 Quiet & agreeable. Does no work. Appetite good. Sleeps well. Sensible. July 5 Menstr. July 30 Sits quietly about on ward. Appetite good. Does no work but takes out door exercise. Bowels usually constipated. Takes pills every day. Aug 13 Patient made her escape out of ward window intended to go to St Paul. Sept 9 Menstr. Sep. 16 Quiet on ward. Stays in her room most of time, generally reading. Talks sensibly; sleeps well & takes out door exercise. Physical health good. Oct 28 Patient has been troubled a good deal of late

Octo Menstr with boils. Nov 30 Cough very much better, takes tonic. Bowels generally constipated.

Novr Menstr, Jan 2 Feb. 16 Menstr. Feb 27 Careless in appearance. Suitable & takes no interest in work. Talks quite sensibly on ordinary subjects. Appetite fair. Sleeps well. Bowels usually constipated. Takes cathartic pills every day & is also on tonic. Occupies most of her time in reading. Seldom goes out of doors.

1896 Mar 16 Patient is irritable. Stays in her room most of the time. Occupies her time reading. Bowels usually constipated. Takes cathartics nearly every day. Is also on tonic. Appetite fair. Sleeps well. Takes no interest in work. Apr. 10 Menstr. Seems quite nervous restless during period. May 30 Quiet but very fault finding. Appetite fair. Sleeps well; bowels irregular. Takes cathartics nearly every day.

Aug. Summary Nurses Notes by Dr. S.E. Phelps:- Quiet & quite neat in appearance: does a little work in her room: sews a little & reads: Nov 96 No change: Jan 97 Has occasional sick headaches: Is irritable at times: Has no definite delusions: always quiet & uncommunicative: May: No change. Aug 97 Very quiet: usually agreeable: occasionally complains a great deal: no mental change. Continued by Dr. Ruth Phelps. Nov 25 97 Patient in her usual health: manner always rather irritable & patient hard to get along with, usually, however quite quiet.

Feb 1898 Went home on trial Mch 1 Returned, seemingly no better than at time of going; did not get along well with any of the family. May 1 Trans. to A'. Feb 22 99 Trans. to C^3 at her own request. Has been quite untidy in appearance of late & hard to get along with. Is rather morbid & reserved & unwilling to talk. (Cont. by Dr. R.A. Bell.

1899 Mar 1 Dec Good health quite good: appetite good: sleeps well: clean in habits: very careless about appearance: inclined to be constipated: requires laxatives: Apr 9 Very troublesome: transferred to A^2. Apr 10 Very disagreeable refused to go out of doors. Transferred to A^3. Very irritable & fault finding often refuses to go to meals till others are nearly through and then complains of not having time to eat: takes tonic: very sarcastic & disdainful in manner: makes frequent complaints that nurses do not give her due consideration & care: is very nervous & when angry frequently trembles so that she can hardly speak usually unoccupied.

See Folio 232.

Personal and Medical History of Honora Burke

EBBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3820
Residence, 443 Fort St. – St. Paul
Date Admission, 23rd August 1894.
Admitted by, Dr. Phelps – Hour, 7 P.M.
How Sent, John B. Olivier, J. of P., Ramsey County
Sex, Female
Age, – 80 –
Civil Condition, Widow
Children, None
Age Youngest Child, —
Occupation, Housewife
Degree Education, not given
Profession Religion, Roman Catholic
Habits, Good.
Nativity, Ireland
Physicians Committing, Geo. J. Hanley and J. M. A. Gravel
Correspondents, Mrs Bridget Crawley
443 – Fort St.

No. for Year, 19.
Insane Relatives, None
Cause Exciting, old age
Cause Predisposing, old age
Form, Dementia Organic
Accompanying Bodily Disorder, Paralysis of left side.
Suicidal or Not, not
Date of this Attack, 2 years ago
Duration, 2 years –
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 78 –
Time of Leaving, Dec. 16. 1894.
Time in Hospital, 3 months & 24 days.
Result, Died

EXAMINATION ON ADMISSION.

Aug 23.94 Dr Linton Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Very confused.
Quick or Sluggish, Sluggish
MEMORY: Failing
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull.
Correct or Illusive, Correct at times.
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put to bed Very weak and helpless

EMOTIONAL STATE: Exalted noisy calls in a
Normal, Calm, loud noisy way as if being
Indifferent, hurt.
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Partly correct. answers
Coherent or Incoherent, questions slowly.
Voluble or Reticent,

Personal and Medical History of Honora Burke

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, too weak to stand up WEIGHT, too weak to be taken NUTRITION, Very poor
WOUNDS OR ABNORMALITIES, Left leg drawn up, unable to walk
TONGUE, Tremors, Coatings, Heavy & cracked. Promptness Movement,
PUPILS, Equality, Size,
Response Light, Can not test Accommodation, Can not test.
SIGHT, Almost gone.
HEARING, Good.
COORDINATION, Arms, Impaired.
Legs, Can not walk at all Limbs deformed & wasted.
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Very hesitating Slurred,
FACIAL EXPRESSION, Very dull
SENSIBILITY,
HEART, No murmur
LUNGS, Hyperresonance., Respiration impaired
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Irregular Constipated, Irregular,
APPETITE, Good, Quite good Medium, Poor,
SLEEP, Good, Sleeps well 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,

1894

EBERT, FICKAR & CHAMBERS, DAVENPORT, IOWA.

This patient was brought here by Deputy Sheriff F. W. Kinney & attended by Mrs Faucoeur, with the following history of case. No history of any heredity. Supposed cause of this attack is old age; form of the attack is chronic; she has paralysis of left side. First symptoms of disease were manifested 2 years ago; this seems to be the 1st attack; insanity now manifested by senility. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. She has not been restrained or confined; no medical treatment.

Aug 23 On admission, was put on the "Infirmary ward". (S. R. Complexion light; hair gray partly; eyes gray; condition of skin very rough; some small bruises on left arm; bodily condition quite clean; patient is paralyzed on left side & is in a helpless condition. She was quite noisy while being bathed. Was unable to walk and had to be carried up to the ward).

" 24 Noisy at times. Talks sensibly at times. Appetite good. Slept well most of the night. No cough. No movement of bowels. P. 74. R 20. T 98. Aug 25.94. T. 98. P 90. R 20. Very noisy part of the time. Has a good appetite. Has to be fed with a spoon. Sat up most of the day. Gave pills.

" 26 T. 98. P 89. R 20. Gave 2 pills. Noisy part of the day. Sat up until 4 PM. Gave Enema. Bowels moved freely.

" 27 Noisy 4 hrs. Slept very little. T. 97 3/4. P 88. R 20. Appetite very good. Wants to sit up all day.

" 28 Slept very well. Appetite good. T 98. P 88. R 18. Very noisy part of the time. Talks sensibly at times, at other times it wanders. Aug 29.94 Slept quite well. Sat up in chair all day. Appetite good. Noisy at times through the day. Bowels moved. Aug 30.94 Slept quite well. T. P. & R normal. Appetite good. Bowels constipated. Noisy. Is very helpless. Can not feed herself. Aug 31.94 Noisy. Appetite good. Talks quite sensibly at times. T. P. & R. normal. Slept most of the night. Sept 1.94 Slept very little. Noisy at times through the night. Gave enema. Bowels moved. Sept 2.94 Less noisy. Appetite continues good. Sits up all day. Seems to hurt her to move her in any way. Bowels moved very little.

Sept 3. Gave small dose of salts. T. P. & R. normal. Slept poorly. Sat up all day.

" 4 Slept quite well. Appetite good. Slightly noisy. Sat up all day.

" 5 Appetite good. Quiet most of the day. Sat up all day. T. P. & R normal.

" 6 Sitting up. Appetite good. Gave enema. Bowels moved. Visited by her sister.

Summary. Very noisy at first. Is growing more quiet. Appetite very good. Can not feed or help herself in any way. Talks sensibly at times, at other times her mind wanders. Often thinks she is in her own home, talking to her own friends. At other times she thinks she is in a house of a friend. Bowels do not move no more without an enema or cathartic. T. P. & R have been about normal all the time. Is neat in habits.

Sept 7 Visited by her sister. Sept. 9.94 Appetite good. Is very helpless, can't feed herself. Bowels constipated.

Oct. 9. Sick in bed. Does not seem to be anything particular the matter with her only that she is weak and helpless. Appetite very good. Oct. 16.94. Still in bed. Bowels constipated. T. 98. P 80. R 20. Good appetite. Much more quiet of late. Oct. 23.94 In bed since last note. T. 98. P 74. R 25. Has some slight bed sores dusted each day with Bismuth. Appetite good. Oct. 24.94 Visited by priest. T. 98. P 74. R 24. Extremely noisy at times. Nurse's Records: Bed sores very bad. Eyes washed out seem to be quite inflamed. Always ate heartily and then and there slightly noisy. Hemorrhage of bowels on Dec 9. Pulse weak and irregular, lying in an inconscious condition unable to take any nourishment.

Died Dec 16.94 5. a.m. For particulars see nurse's record case.

EBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3821.
Residence, Owatonna, Minn
Date Admission, 25th August 1894.
Admitted by, D. Phelps. Hour, 7 P.M.
How Sent, M. B. Chadwick, J.P., Steele County
Sex, Female.
Age, - 51 -
Civil Condition, married
Children, Yes; one
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably good.
Profession Religion, is a church member
Habits, very correct.
Nativity, - England -
Physicians Committing, W. C. Eustis and H. B. Stewart
Correspondents, E. H. S. Dartt, (her husband). Owatonna. Minn.

No. for Year, 20.
Insane Relatives, a half-sister.
Cause Exciting, Religion
Cause Predisposing, possibly heredity; also previous attacks.
Form, Melancholia Acute Agitated
Accompanying Bodily Disorder, ovarian irritation.
Suicidal or Not, not.
Date of this Attack, of recent date
Duration, probably short
No. of Attack, probably 3rd (had 1st about 18 years ago).
No. of Admissions, 1st
Age First Attack, about 33.
Time of Leaving, Dec. 6 94.
Time in Hospital, 3 months 12 days.
Result, Died

EXAMINATION ON ADMISSION.

Aug 27. 94. Dr S Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: variable, at first rather dull
Clear or Confused, then became very excited; restless
Quick or Sluggish, and noisy.
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER: Much impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Exalted
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many and varied
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent at times talks
Coherent or Incoherent, incessantly, then very reticent
Voluble or Reticent, & refuses to answer simple questions.

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft WEIGHT, 155 pds NUTRITION, Good.
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, None Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Seems good.
HEARING, Do Do
COORDINATION, Arms, Normal
Legs, Normal.
TREMORS, Hands, None. Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Wild.
SENSIBILITY,
HEART, Rather weak and rapid.
LUNGS, Seem normal
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated on admission Constipated, Irregular,
APPETITE, Good, Poor. Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 132 at times 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,

1894 EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

This patient was brought here by Sheriff Barncard & attended by E. H. S. Dartt, her husband, with the following history of case. She has a half-sister insane. Supposed cause of this attack is religion: this present attack is acute, but in a mild form; the condition, however, has been chronic, & depressed. She is troubled with ovarian irritation. First symptoms of disease were manifested some 18 years ago, when her mind became much occupied with the idea that she was sexually diseased. This is not 1st attack; probably 3d; as she also had one 4 months ago, which lasted about one week. Insanity is now shown on religious subjects. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. She has not been restrained or confined: has had a great deal of medical treatment, of various sorts. Patient has appeared to be worse, since she had the measles, two years ago. ——

Aug 25 On admission, was put on B2. (S.R. Complexion light; hair brown; eyes gray; Condition of skin normal; no marks, scars or bruises noticed; bodily condition clean; her body is all broken out, with a rash. Behavior is good; she is very quiet; is quite timid on being taken up to hall).

" 26 Behavior quiet all day until 7 PM when she became very excited had to be put in restraint. Has many delusions. Thinks she killed her husband and son. Ate a good breakfast but not very much for dinner or supper. Quiet most of the night until 5 A.M. when she became quite noisy. No crush. Bowels constipated. Complained of headache & a burning sensation all over body. P. 109. R. 40. T. 105.4 Taken out of restraint. Aug. 27 94. Very noisy from 5 A.M. until 11 PM. Bowels constipated. Gave calomel during night. Gave enema at 10.30 A.M. Bowels moved freely. Gave warm bath with cold cloth to head, quiet since. Asleep. T. 100.8 1 PM until 4.30 PM Ate quite well Drank plenty of milk

28 In bed all day, refused breakfast. Drank 1 cup of milk at 11 A.M. Ate a little pudding and drank 1 glass of milk for dinner (9 A.M. T. 100.8 P. 130. R. 22) Gave sponge bath. Kept cold cloth on head. 5 PM T. 101.4 P. 130 R. 22 Quiet all day. Talked quite sensibly for about 10 minutes. Sleeping the greater part of the day.

29 Quiet. Drank 2 glasses of milk, ate but little solid food 8 A.M. T. 101. P. 120. R. 22 Gave sponge bath. Had cold cloth on head all day. Drank plenty of warm milk. Gave sponge bath 5.30 PM T. 100.3 P. 119 R. 22 Quiet all day

30 8 A.M. Gave sponge bath T. 99. P. 105. R. 22. Ate quite well today. Seems much brighter. Talked quite sensibly this afternoon. Bowels moved. Kept cold cloth on head

31 Gave full bath. Is very quiet. Talks very incoherently. Bowels moved. Takes medicine.

Sept 1. 8 A.M. T. 98.8 P. 100. R. 20. Very quiet all day 5 PM T. 100 P. 105. R. 20. Kept cold cloth on head. Drank two glasses of milk today. Sept. 2. 94. 8 A.M. T. 101.4 P. 115. R. 20. Out of bed nearly all day Ate quite well. Very restless in afternoon talking in a wandering manner. Restless all night.

" 3 8 A.M. T. 100. P. 100. R. 20 Ate quite well. Up on ward since 8 A.M. Went out on lawn. Has many delusions. Takes medicine.

" 4 T. 98.8 P. 80. R. 22. Did not eat well today. Visited by husband. Wants to stand up all the time. P. 85. Bowels constipated. Gave cathartic. Sept. 5. 94. Did not eat well. Bowels constipated. Gave cathartic. Visited by husband. Takes tonic. Talks in a wandering manner. T. 99. P. 85.

" 6 Seems much brighter today. Appetite poor. Wants to stand up all most of the time. Ankles swollen. Takes medicine. Has delusions. Bowels constipated. Sept. 7. 94. Did not eat very much today. Says she is not allowed to. Has many delusions. Bowels constipated. Gave enema after which bowels moved freely. P. 90. Sept. 8 94. Appetite poor. Bowels moved today. Refused medicine. Went walking. Helps some in dining room. P. 90.

Summary. Was very noisy and excited at first, but has been more quiet since. Has many delusions. Has a poor appetite. Wants to remain standing most of the time. Her ankles are

swollen somewhat. Imagines she has to be burned and other delusions. Talks quite sensibly at times. Helps some in dining room. Went out walking a few times. During month of October 94 she was up on the ward all the time. Rather incoherent in speech and restless. Appetite poor. Month of November. Put on tonic & extra diet. She ate very poorly. In restraint 9 days very much agitated during last part of month. Went in washing room and turned on the hot water on her feet & scalded them. Had to be very closely watched. Appetite was very poor. Always very incoherent, agitated and worrying, all the time trying to kill herself in any possible way. Dec. 1 94. In restraint, got out of restraint this PM burned herself on heater.

Dec 2. 94. Bowels constipated. Gave enema. Bowels moved. Dec. 3 94. Appetite poor. Struggles a great deal. Bowels moved. Struggling and asking to get out of restraint says she must get on the heater. Dec. 5 94. Seems very weak today. Fainted while sitting up. Put to bed. Drank one cup of coffee. Brandy given during day. T. 105.6 Pulse quiet part of the night but restless at times. Did not sleep any. Sandbags around her. 8.45 PM. Hyp. given. Pulse very weak. 9 P.M. ax 99.8 R 105.6 2 A.M. ax 99.8 R 107.3 Resp. 52. 5 A.M. R. 107. Resp. 54. Asking for her sister. Sponge bath (alcohol) Brandy ℥ 11/7. Dec. 6. Brandy given. 9 A.M. Died.

Died.

EBBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA



Whole No. 3824. 3.
Residence, 537 Jackson St. None
Date Admission, 27th August "Periodical Insanity"
Admitted by, D. Phelps Hour, previous attacks
How Sent, John B. Olivier, Jof Melancholia Chronic
Sex, Female dily Disorder, irregular heart-action
Age, – 51 – Not.
Civil Condition, Widow k, not definitely stated.
Children, Yes; two living in probably sometime –
Age Youngest Child, probably several
Occupation, House Keeper s, 1st here (was in hosp. at Jamestown N.D.)
Degree Education, not stated about 41. –
Profession Religion, Catholic Dec 20. 94
Habits, Good – Time in Hospital, 3 m 23 ds
Nativity, Germany Result, Rec,
Physicians Committing, L. E. Perry and J. M. A. Gavel
Correspondents, Daughter's address } Mrs J. Delaney 579 Jackson St. St. Paul Minn

EXAMINATION ON ADMISSION.

Aug. 28. 94. Dr R. M. and S. L. Phelps

MENTAL CHARACTERISTICS.



MENTAL ACTIVITY: STATE: Calm.
Clear or Confused, Confused lm,
Quick or Sluggish, Sluggish.
MEMORY: Impaired
Past Events,
Recent Events,
Special Subjects, d or Not, Delusive ideas.
PERCEPTIVITY: jects,
Alert or Dull, Dull or Not,
Correct or Illusive, Illusive. ATIONS:
REASONING POWER: Impaired.
Ordinary Subjects, TION: Partly coherent, answers
Own Mental State, Coherent or Incoherent, questions fairly well
Special Subjects, Voluble or Reticent,
GENERAL DESCRIPTIVE REMARKS:

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 154 pd. NUTRITION, Good
WOUNDS OR ABNORMALITIES, wounds None, Abnormalities: Irregular enlargement of thyroid gland
TONGUE, Tremors, ✓ Coatings, Heavy white coat. Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Accommodation,
SIGHT, Seems good.
HEARING, Impaired.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Good
SENSIBILITY,
HEART, Irregular action, weak
LUNGS,
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, ~~Normal~~, Constipated Constipated, Irregular,
APPETITE, ~~Good~~, poor Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, very irregular. RESP., 22. TEMP.,
CRANIAL MEASUREMENTS,
Put upon tonic

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,

1894

This patient was brought here by a Deputy Sheriff & lady attendant, with following history. Habits have been good. There is no history of heredity. This seems a case of "periodical Insanity". Form of this attack is depressed. She is troubled with irregular heart-action. First symptoms of disease were manifested in 1884, and she has probably had many similar attacks. She was for 7 years in Hospital at Jamestown, North Dakota. Insanity now manifested by Melancholia. She is neither disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any bodily disease &c. Has only had medical treatment, while in above hospital. —

Aug 27 On admission, was put on B2 (S.R. Complexion dark; hair black; eyes brown; Condition of skin normal; no marks scars or bruises noted: bodily condition quite clean. She has a large "growth" on her neck; behavior is good).

28 In bed all day. Very quiet in behavior. Talks in a wandering manner. Appetite poor. Rested quite well. Cough none. Bowels constipated. Gave cathartic. Bowels moved. Complains of feeling sick at stomach. Some emesis. Aug. 29.94 Very quiet. Seems quite weak. Appetite poor. Sick at stomach after meals. Takes med: Up on ward to day. Aug 30.94 Behavior quiet. Some emesis. Appetite poor. Talks incoherently. Lying down most of the day. Takes medicine.

31 Appetite very poor. Sick at stomach most of the time. Lying down most of the time. Takes medicine. Complains of feeling very weak. Went out on lawn for about 1½ hours.

Sept 1. Appetite poor. Seems very weak. Bowels moved this morning. In bed all day. Still complains of sickness at the stomach. Takes medicine. Sept 2.94 Appetite poor. Coughs some. Lying down most of the time. Some emesis. Bowels moved.

" 3 Behavior about the same. Appetite good. Complains of sickness at stomach. Refused medicine as she thought made her sick at stomach. Pulse 70. Sept 4.94 Appetite poor. Lying down most of the time. Complains of sickness at stomach. Sleeps quite well. P. 72.

" 5 About the same. Appetite somewhat better. Rested well at night. Transf to A2

" 6 Quiet on ward. Appetite quite good. Sleeps well. Takes medicine. T. 99. P. 76.

" 7 About the same. Seems to be feeling better. P. 74.

" 8 No change. Does not feel sick lately. Appetite good. P. 72.

" 9 Talks rationally. Bowels regular. Rested well at night. Pulse 74.

" 10 Does not complain of anything. Appetite quite good. Takes her medicine.

Summary. General behavior good. Very quiet on ward. Has been feeling better for the last week. Talks quite rationally.

" 15 Was sick in bed one week. Health is very poor. Appetite poor. Bowels regular. So quiet on ward. Does not sleep well.

23. Took knife & threatened her life this morning. Moved to B2. Is despondent in a demented way.

Oct 1.94 Tried to kill herself in dining room with knife. Very noisy put in seclusion all day. In bed since the first. Had to be kept in seclusion as she would not stay in bed. Oct 16.94 Very restless and excited all day talks of killing herself. Oct. 31.94. Quiet of late not as restless. So very anxious to go home. Takes medicine. Goes walking. Nov 8.94 Complains of flattering of the heart. Seems weak.

Nov 12.94. Visited by daughter. Nov. 24.94 Lying down a great deal. Nov 30.94 Appetite fairly good. Does not sleep well. Dec 4.94 Appetite fair. Complains a great deal of her heart. So very anxious to go home. Seems quite cheerful.

Dec 20.94 Went home to day with Dep'y Sh'ff. Was much improved mentally, but not strong physically.

Discharged

Personal and Medical History of Alma Sophia Cedarblad

EBBERT, PIDLER & CHAMBERS, DAVENPORT, IOWA

Whole No. 3827.
Residence, 874 Dimis St. St Paul. Minn
Date Admission, 1st September 1894. —
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, John B. Oliver, Jof C, Ramsey County
Sex, Female
Age, 30 years
Civil Condition, Married
Children, Yes — 2 —
Age Youngest Child,
Occupation, Housewife
Degree Education, probably fair
Profession Religion, Not a church Member
Habits, Good —
Nativity, Sweden
Physicians Committing, Geo. J. Hanley & H.W. Dunning
Correspondents, Mrs Charles Cedarblad
874 Dimis St St Paul

No. for Year, 26.
Insane Relatives, None
Cause Exciting, Puerperal -
Cause Predisposing, not given
Form, Melancholia Acuta
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, in april last
Duration, about 5 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, abut 30
Time of Leaving, Dec. 10. 94.
Time in Hospital, 3 yrs 10 Mo.
Result, Imp.

EXAMINATION ON ADMISSION.

Sept 1 94. Dr Rm Jud F.S. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Fair
Quick or Sluggish,
MEMORY:
Past Events, good
Recent Events,
Special Subjects,
PERCEPTIVITY: alert.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Fairly correct.
Ordinary Subjects,
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seem quite clear except for
Systematized or Not, hallucinations
Special Subjects,
Transitory or Not,
HALLUCINATIONS: thought voices told her to kill
ILLUSIONS: herself & child. Keeps battering her
all day tapping - Hallucinations as do same
CONVERSATION: Is quite logical laughs at the
Coherent or Incoherent, silliness of such hallucinations
Voluble or Reticent, following her

GENERAL DESCRIPTIVE REMARKS: Patients own statement as follows: Last February a woman whose brother had shot himself had threatened to kill her & children. Her husband went to funeral & while he was gone she had a like impulse to kill child. Told husband & went to Dr Riggs to be treated - No relief - Child born 6 weeks ago, no relief. Wants to throw things out the road & thread of our thought so they could be dead - Headaches for 2 years - not so much now. Pains of rheumatic or neuralgic character, most of in left leg. Re pupil dilated. This thinking is the worst of it. If could only get rid of that.

Personal and Medical History of Alma Sophia Cedarblad

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Slight coat Promptness Movement,
PUPILS, Equality, Unequal Size, R. larger
Response Light, Impaired Accommodation, impaired
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Equal
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred, Good
FACIAL EXPRESSION, Normal. Pleasant.
SENSIBILITY,
HEART, Normal
LUNGS, Normal condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Alma Sophia Cedarblad

EGBERT, FICKAS & CHAMBERS, DAVENPORT, IOWA

1894

This patient was brought here by Deputy Sheriff Kinney & attended by Mrs Rancocus with the following history of her case. There is no hereditary history. Supposed cause of this attack is puerperal; form of attack is acute; there is no accompanying bodily disorder. First Symptoms of disease were manifested in april last. This is 1st attack. Insanity now shown by a desire to injure Children. Is also disposed to injure others, but is not suicidal, nor filthy nor destructive. No peculiarities of disposition & were previously shown. There is no history of any bodily disease & She has not been restrained or confined. Has had some medical treatment by Electricity and Sedatives, but without apparent effect.

Sept. On admission, was put in 13 (S.R. Complexion light; hair light; eyes blue; Condition of teeth normal; no marks scars or bruises noticed; bodily Condition Clean; behaves well; talks quite rationally.)

V In bed all day. Talks quite sensibly. Appetite good. Complains of not being able to sleep. Cough; now. Bowels constipated. Complains of headache. P.70. Rec. 7 gtt Sept 3.94 Up on ward. Appetite good. Gave cathartic for bowels. Helped some in dining room. Went out walking. Talks quite sensibly. Does not sleep well. Gave medicine. Sept 4.94 Eats quite well. Still complains of not sleeping well. Gave sleeping medicine. Talks some. Helped some in dining room. Complains of headache. Sept 6.94 Complains of headache today. Says the noise bothers her. Transf. to a2 Sept 6.94 Quiet on ward. Appetite poor. Complains of not sleeping well. Talks sleeping medicine. P.74 Sept 7.94 Slept about 2 hrs. Appetite some better today. Helped some in the mending room. P.75

Sept. 8.94 Slept well all night. Feels better today. Helped some in the mending room. P.74 Sept. 9.94. Quiet on ward all day. Talks her medicine. Rested quite well all night. P.74. Sept 10.94. Appetite quite poor. Bowels reg: Did not rest well last night. Gave sleeping medicine. P.75. Sept 11.94. Has not eaten much to day. Seems quite melancholy. Awake most of the night.

Sept 12.94 About the same. Appetite some better. Talks some. Awake most of the night. P.70. Sept 13.94 No change. Appetite good. Bowels reg: Gave sleeping med. Slept well all night. Sept 14.94 About the same. Talks some. Gave a sleeping dose. Slept most of the night. P.70. Sept. 15.94. Appetite good. Bowels constipated. Gave a cathartic. Goes out walking. Awake most of the night. P.76. Summary. Behavior good. Quiet on ward. Does not sleep well. Talks some, & sleeping medicine. Appetite better than at first. Helps occasionally in the dining room. Nutrition & Color very good. Neat and clean in personal appearance. Pleasant in manner. Worries because she does not sleep better.

Sept 15 Appetite quite good. Bowels constipated. Does not sleep well at night. Takes medicine. Sept 20.94 Tried to hang herself with a rope. Transf. to B2 Sept 20.94 Fighting very hard. Had to be held. Keeps trying to kill herself. Sept 21.94 Very noisy trying to hang herself, says she must die. Sept 22.94 Very noisy to day. To be held in bed, did not want to keep her clothes on. Threatening to kill herself. In restraint nights. Sept 24.94. Violent in behavior tries to get the keys says she must die. Sept 29.94 Still tries to kill herself. Oct 1.94 Behavior more quiet. Oct 7.94 Eastern quiet. Taken out of restraints nights. Oct 31.94. Appetite good. Bowels constipated. Refuses to take tonic. Wants to go home.

Nov 4.94 Very restless all day always asking to go home. Nov 24.94 Very restless all day, talking & crying.

Nov 30.94 Appetite good. Bowels usually constipated. Always wanting to go home. Dec 1.94 Appetite good. Quiet in behavior. Works on ward. Visited by husband. Went home.

Discharged.

Personal and Medical History of

Personal and Medical History of Emma Siegel

HERBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3828.
Residence, at Waltham, Mower Co. Minn
Date Admission, 14th September 1894.
Admitted by, Dr Kjelbourne Hour, 6 P.M.
How Sent, S. P. Washburn, Jof P, Mower County
Sex, Female
Age, 28 Years
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Dressmaker
Degree Education, Probably good
Profession Religion, is a church member
Habits, Good.
Nativity, Glendale — Mass:-
Physicians Committing, A. W. Allen & E. A. Washburn
Correspondents, John D. Siegel, brother,
Sargent — Minn

No. for Year, 27
Insane Relatives, none.
Cause Exciting, religious Excitement, menstrual Difficulty
Cause Predisposing, not stated.
Form, Melancholia Acute
Accompanying Bodily Disorder, painful menstruation.
Suicidal or Not, not.
Date of this Attack, Sunday 26th August -
Duration, about 10 Days. —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 28 —
Time of Leaving, Oct 1 '94
Time in Hospital, 26 days.
Result, Improved

EXAMINATION ON ADMISSION.

Sept 5. 94 Dr. S. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish,
MEMORY: Says, thinks has failed.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Alert.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Pict or tonic, hypnotic & laxatives

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS: Very reticent. Answers questions only
CONVERSATION: with great urging
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Emma Siegel

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, tho resisting & betaken WEIGHT, Do Do NUTRITION, Fair
WOUNDS OR ABNORMALITIES, none
TONGUE, Tremors, None Coatings, White and heavy Promptness Movement,
PUPILS, Equality, Eq — Size,
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Fair
COORDINATION, Arms,
Legs, Normal
TREMORS, Hands, Small Tongue,
Facial Muscles, None General,
REFLEXES, Patellar, Equal in on scale of 5
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Worried anxious
SENSIBILITY,
HEART, Rapid but no murmur.
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Regular — painful Confined to bed
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Constipated	Constipated,	Irregular,
APPETITE, ~~Good~~,	Poor	Medium,	Poor,
SLEEP, ~~Good~~,	Poorly	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,

1894

This patient was brought here by Deputy Sheriff Jacob Hoff & attended by Charles, George and Mary Siegel (relatives) with the following history. There is no history of any heredity. The supposed cause of this attack is from religious Excitement and menstrual difficulties; very painful: form of attack is acute & paroxysmal; troubled with painful menstruation. First symptoms of the disease were manifested about 10 Days ago. This is the 1st attack. Insanity is now manifested mostly on religious subjects, but she is generally unbalanced mentally. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. Has been strapped to her bed but for a few hours. She has been under medical treatment, but no particulars are known. —

Sept 4 On admission was put on B2 (S.R. Complexion fair; hair dark brown; eyes gray; condition of skin normal; small bruises on both legs & right arm; bodily condition very dirty; while in office, was very excited & resisted removal; had to be carried up to the ward; also resisted when being bathed; her remarks were mostly on religion & religious subjects).

" 5 Very restless. Wants to go home. Did not talk much only answered questions. Appetite poor. Did not rest well. Coughs some. Bowels constipated. Gave cathartic. Complains of headache. P.90. R.28. T.100. Sept 6.94. Appetite poor. Very restless walking up and down hall. Wants to go home. Tries to get out. Takes med. Did not sleep well. T.100 P.99 C.25.

" 7 Did not eat any solid food. Drank 1 cup milk. Bowels constipated. Gave cathartic. Takes tonic. Sleeps on hall and in dining room. T.100. Resists about going to bed. Sept. 8.94. Ate some better to day. Visited by friends. Menstruating. Bowels constipated. Gave cathartic. Rested well all night. Seems more quiet. Not as restless as before. T.99. P.99. R.26. Sept. 9.94. Very quiet all day. Has a poor appetite. Bowels moved this morning. Went out walking. Says she feels better. Wants to go home. Takes medecine. Visited by sister and friends. Sept. 10.94. Ate quite well. Takes med. Visited by sister and friends. Talks sensibly. Bowels moved. Quite restless all day, walking up and down. P.95. Sept. 11.94. Appetite some better. Takes tonic. Bowels regular. Visited by relatives. Went out walking. Seems very homesick. Wants to go home. Very sensitive. Pulse 80. Sept. 12.94. Gave massage, resisted so it was hard to do anything with her. Gave Enema for bowels. Ate some better. Is very resistive. Takes medecine. Pulse 82 —

Sept 13. Seems quite homesick to day. Appetite about the same. Talking more to day than before. Takes tonic. P.82. Very restless. Not as resistive to day. Sept. 14.94. Very restless. Crying most of the time. Appetite fair. Bowels regular. Helps in dining room. P.80. Takes tonic. Sept. 15.94. Very down hearted. Talks about going home when she does speak. Went out walking. Takes medecine. P.80. Takes tonic. Walks up and down mostly.

Sept 16. Visited by friends. Appetite fair. Bowels regular. Works in dining room. Very restless all day. Face broken out with pimples. P.82. Sept. 17.94. Appetite fair. Resisted about going to dining room. Did not talk much to day, would not answer any questions. Seems very homesick. Bowels constipated. Rested well.

Sept. 18.94 Ate quite well but did not want to go to dining room. Bowels constipated. Takes med. P.82. Rested well.

Summary. Has been quiet, but very resistive the first few days about going to bed. Resists about going to dining room. Appetite some better than at first. Does not talk much at times, will not even answer questions. Seems very homesick and asks to go home. Bowels usually constipated. Very restless, hardly ever wants to sit down. Usually find her wandering around in a listless manner and with an anxious and worried look expression. Depressed in spirits. Answers very few questions. Does not seem to realize her condition or where she is, seems afraid and anxious all the time.

1894

Sept 20 Appetite fair. Bowels constipated. Takes tonic. Does not talk much. Resistive at times about going to dining room. 9/23.94. Rather pallid - Anaemic - Depressed and unwilling to stir about or do things. Stands a great deal.

Oct 1.94 Went home.

Discharged (Feb 6th '95)

Personal and Medical History of Gustafva Lindgren

GEBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3829.
Residence, Red Wing, Minn
Date Admission, 4th September 1894.—
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, O.D. Anderson, Jof S, Goodhue County.
Sex, Female
Age, 66
Civil Condition, married
Children, 2
Age Youngest Child, —
Occupation, Housewife
Degree Education, Probably limited
Profession Religion, Has been Lutheran
Habits, Good
Nativity, Sweden
Physicians Committing, N. Juell and N. Nelson
Correspondents, Gustaf Lindgren
Red Wing Minn

No. for Year, 28.
Insane Relatives, Heredity for 5 generations; father & sister.
Cause Exciting, Climacteric
Cause Predisposing, "Chronic"
Form, Mania Chronic
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, not; but homicidal.
Date of this Attack, at about age of 50
Duration, about 16 years.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 50
Time of Leaving, Sept. 10, 1900
Time in Hospital, 6 y. 6 d.
Result, Died Acute tuberculosis

EXAMINATION ON ADMISSION.

Sept 5.94 Dr S Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Can not determine
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull, Illusive
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonic and laxatives

EMOTIONAL STATE: Exalted
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many and varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks incessantly in an incoherent
Coherent or Incoherent, manner. Mind wanders from
Voluble or Reticent, one thing to another.

Personal and Medical History of Gustafva Lindgren

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft WEIGHT, 125 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Some tremor Coatings, yellowish Promptness Movement,
PUPILS, Equality, Equal Size, normal.
Response Light, very sluggish Accommodation, very sluggish.
SIGHT, Says good but uses glasses.
HEARING, Good
COORDINATION, Arms, Impaired.
Legs,
TREMORS, Hands, ~~Fair~~ fine Tongue, fine
Facial Muscles, fine General, of whole body
REFLEXES, Patellar, Both
Other Reflexes,
ARTICULATION, Hesitating, Jerkey movements ~~Slurred~~, in talking
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Tumultous action. No murmur
LUNGS, Seem in good condition
EXAM. URINE.

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

HISTORICAL.

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

Personal and Medical History of Gustafva Lindgren

SUBJECT, PITLER & CHAMBERS, DAVENPORT, IOWA.

1894

This patient was brought here by Deputy Sheriff P. J. Lundquist + attended by Mrs Holgreen. The following is the history of her case. There is hereditary history for glaucoma; father + sister having been insane. Supposed cause of this attack is Climacteric; form of attack, Chronic and elated. There is no accompanying bodily disorder. At about age of 50 She acts childish and foolish. This is 1st attack. Insanity now shown in that She suspects everybody, Especially males, and considers herself persecuted by her neighbors. Has threatened to kill her husband + neighbors, but is not suicidal, nor filthy nor destructive. There is no history of any bodily disease etc. She has not been pregnant or confined. Was treated 18 years ago for supposed catarrh in the middle Ear, without effect. ——

Sep 4 On admission, was put on B1 (S.R. Complexion light; hair light; eyes gray; Condition of skin normal; has a very small hard swelling in lower part of back; bodily condition quite clean. She is very talkative but speaks broken English + it is difficult to understand her.

Sept. 5 Is very talkative, speaks only broken English + is difficult to understand. In bed until 10a, Quite talkative. Appetite good. Did not sleep well last night on account of the noise. Cough none. Bowels regular. Complains of none. Pulse normal. Resp normal. Temp normal

Sept 6 Very talkative. Speak Norwegian language. Good appetite. Bowels regular. P. T. + R. normal

" 7 Quite talkative most of the time. Does not speak English. No complaints of any kind. Bowels reg. P. R. T. normal. Good appetite

" 8 More quiet. Appetite good. Bowels regular. Rests well at nights. P. T. + R normal. Sept 9 94 Quite talkative. Bowels regular. P. T. + R normal. Very good appetite. Rests well nights. Sept 10. 94. Has been very noisy talking continually. Bowels reg. Good appetite. P. T. + R. normal. Sept 11 94. Patient is somewhat quieter, but does not speak a word of English. Good appetite. Bowels somewhat constipated. T. R. + R. normal. Sept 12 94 Talking some. Given bath with no trouble. Good appetite. Bowels + bladder reg.

Sept 13 Very quiet all day. Good appetite. Does walking nearly every day. No trouble. T. P. + R normal. Sept 14 94 Very quiet. Does walking + riding with no trouble. Good appetite. Taking pills for bowels. T. P. + R. normal. Sept 15 94. Is very nice, talks but very little. Good appetite. Sleeps well. Bowels reg: T. P. + R normal. Sept 16 94 Very quiet. Good appetite. Sleeps well. Goes riding + walking. Bowels reg: T. P. + R. normal. Sept 17 94. Talks some. Gives no trouble in any way. Appetite good. Bowels reg: T. P. + R. normal. Sept 18 94 T. P. + R normal. Talked a great deal. Was rather quarrelsome in the evening. Appetite good. Slept well last night. Bowels regular. Summary: Patient is general very talkative + noisy at times. Appetite very good. Sleeps very well. Bowels regular except a few days when somewhat constipated. Very cleanly in habits. Does not complain. Goes riding + walking and reads a great deal. Speaks only her own language. Speaks unusually most of the time when spoken to or questioned. Is not troublesome in general. Neat in her appearance. Visited by sons. Health good

Sept. 21 Patient is a chronic stationary case. Talks only fully in a rather incoherent + deluded way. Slightly exalted. State of chronic mania

" 30 Has been quite most of the time. Appetite good. Sleeps well. Bowels regular. Oct 30 94 Has been quiet + agreeable. Reads a great deal. Goes riding + walking. Helps some in dining room. Appetite good. Sleeps well. Bowels regular.

Was visited by her son the first part of the month. Ordered tonic but refused taking it after first few days.

Nov 28 94 Seems no change in patient since last note. Visited by her husband Nov 25 94.

Dec 27 Quiet + agreeable in behavior. Does riding + walking. Assists with work. Appetite good, at times bowels constipated. Occasionally scolds. Jan 16 95 Has a cold. Complains of her throat. Ate no food all day. Jany 17 95 Ate very little to day. Jany 23 95. Ate only one meal to day. Jany 24 95 Quite noisy talking + scolding. Jany 30 95 Has not been feeling well for some weeks. will not take any med. Appetite fairly good the last few days. Bowels regular

Feb 27 95 Has been more quiet in the last few weeks. Does not complain. Appetite fairly good. Bowels regular. Does no work. Was visited by her husband.

Personal and Medical History of Gustafva Lindgren

1895

March 29 Quite most of the time. Stays in her room. Has delusions. Appetite good. Bowels reg: Does not complain. Goes riding and walking. Does very little work. Nov 29 95 Very quiet and agreeable in behavior. Has delusions. Appetite good. Sleeps well. Bowels regular. Never Complains. Does some work. Goes walking. Neat + clean in habits.

May 21. Visited by her husband - May 29 95. Noisy at times during the last few weeks. Neat and clean in habits. Does very little work. Goes riding and walking. Stays in her room most of the time. Appetite good. Bowels reg. Sleeps well

June 28 Noisy at times. Will not go out unless taken by force. Does little work. Has delusions. Appetite good. Bowels regular. Clean in habits. July 31 No change. Aug 29 Visited by sons.

Sept + Oct + Nov. Gen. behavior good - Talks to herself + is somewhat noisy at times. Clean + neat. Has delusions - refuses to go riding + walking. Appetite good. Bowels regular - Sleeps well. Assists a little with the work. Dec 28 Quiet in behavior. Talks incoherently. Has delusions - Refuses to go out of doors. Works some on ward. Neat in appearance - Clean in habits. Appetite good - Bowels regular. Sleeps well. General health good. May 25 Neat in personal appearance: General health good: Appetite good: bowels regular: sleeps well: Talks a great deal: Does not take out door exercise

1896

Aug Summary Nurses Notes by Dr. S.L. Phelps:- Appetite good: assists with works: takes out door exercise: rather incoherent in talk: Jan 4th Talk + manner about the same as on admission, rambling + incoherent: Has not been sick physically: July 97 Appetite good: no mental change. Continued by Dr. P. Phelps

Nov 1897. General health fairly good. Talks in a somewhat noisy, incoherent way. is restless. Feb 9 Wt. 117# May 17 Visited by son. Feb 7 99 No change in any respect.

1899 Mar. to Sept. Genl health good: appetite good: sleeps well: neat: takes out door exercise does not converse but often talks to herself. incoherent - obscene + noisy at times has delusions: scolds to self: Aug 18 Wt 110#. Sept 1. - Feb 28 1900 Sept 14 Visited by son. Nov 30. Neat. Expresses delusions: quite disagreeable + noisy at times: Appetite good: sleeps well. General health good. Refuses to go out. Wt 112# Feb. 14. Goes riding. March - Aug 31 1900 (Dr Linton) Neat. Is disagreeable, obstinate + noisy at times Has delusions: Does not converse: General health good: Appetite good: Bowels regular Sleeps well. July 20 Vaccinated: Sept 1 - Nov 30 Taken sick + put to bed: Seemed very weak: Movement of bowels frequent. Trans. to Infirmary Sept 9. Put on milk diet + given medicinal treatment to arrest diarrhoea + haemorrhage of bowels Sept 10 Breance very weak: haemorrhages continue also diarrhoea - given hypoo. of strych - also medicine by mouth. Died September 11th.

Died

Personal and Medical History of Carrie A. Rudh

= Transferred from St. Peter =

ROBERT, PIZLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3830.

Residence, St Peter. Minn; formerly of Redwood Co.

Date Admission, here; 5th September 1894.

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

How Sent, John Peterson, Jo of St. Nicollet County. originally from Redwood County

Sex, Female

Age, 46

Civil Condition, Married

Children, - one -

Age Youngest Child, ——

Occupation, Housewife

Degree Education, probably fair -

Profession Religion, Yes; Lutheran

Habits, Good -

Nativity, Norway

Physicians Committing, H W Daniels and D B Holmes

Correspondents, (husband) O. A. Rudh

915 Cascade St. Rochester

No. for Year, 29.

Insane Relatives, One uncle & one aunt

Cause Exciting, Injury to spine

Cause Predisposing, Heredity

Form, Manic Chronic

Accompanying Bodily Disorder, No.

Suicidal or Not, Not

Date of this Attack, July 31st 1893 -

Duration, abnt 7 months (at that time)

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 45

Time of Leaving, May 16 95.

Time in Hospital, here 8 months - 11 Ds

Result, Discharged - Nov 6/95 - Unimproved

EXAMINATION ON ADMISSION.

Sept 7 94 Dr Linton Phelps. MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, Quick

MEMORY: Good.

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: Alert.

Alert or Dull,

Correct or Illusive,

REASONING POWER: Impaired.

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm now excited on admission

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: None determined

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks coherently and answers

Coherent or Incoherent, questions promptly

Voluble or Reticent,

Personal and Medical History of Carrie A. Rudh

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 116 lbs. NUTRITION, Good

WOUNDS OR ABNORMALITIES, Scar on right forearm

TONGUE, Tremors, protrudes unequally Coatings, Promptness Movement,

PUPILS, Equality, Normal Size, Normal

Response Light, Normal Accommodation, Normal

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Good.

Legs, Good.

TREMORS, Hands, None Tongue, None

Facial Muscles, General,

REFLEXES, Patellar, Eq. Normal.

Other Reflexes,

ARTICULATION, Hesitating, Somt Slurred,

FACIAL EXPRESSION, Good

SENSIBILITY, Normal

HEART, Normal

LUNGS, Seem p normal condition

EXAM. URINE.

GYNAECOLOGICAL EXAM.,

MENSTRUATION, Ceased

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean Clean, Careless,

BOWELS, Normal, Normal Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Insanity not right.

Mother or Mat. Relations, Mind not right.

Father or Pat. Relations, Was well until died.

Brothers or Sisters, Sister not well. Nervous & at times mind not right

Personal and Medical History of Carrie A. Rush

Personal and Medical History of

1894

EBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA.

This patient was brought here by Miss Swenson, Attendant at St Peter Hospital. She was committed to St Peter Dec 27th February 1894, and her transfer to this (Rochester) Hospital was asked for by her husband, who comes to Rochester to live. Said transfer was approved of by Trustees J.W. Mason, T. J. Jones, and John Peterson, under date of August 27th 1894. — The following is her history as admission to St Peter. Habits have been good; there is some History of heredity, one uncle and one aunt having been insane. Supposed cause of this attack is injury to spine. There is no accompanying bodily disorder. First Symptoms of disease were manifested Jan 31/93, she then thought she "heard voices" and was sleepless. This is 1st attack. Insanity is now shown by her alleging that her husband is insane. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any severe disease &c. Has been in the Hospital — since last August. (Note. No history of patient, while confined at St Peter, came with her, but came afterwards).

Sep 5 On admission Here, was put on B2.

" 6 Quiet. Talks to herself most of the time. Ate quite well. Did not sleep well. Talking to herself most of the time. Conf[illegible] Bowels reg. Complacent room. P.75. R24. T.98.2 Sept. 7.94 Appetite good. Answers all questions very sensibly. Talks to herself. Went out walking. Helps in the dining room. Bowels reg: P.75. Sept. 8.94 Appetite good. Bowels reg: Went walking. Is very quiet, but talks to herself most of the time. Works in dining room. P.75.

Sept. 9th About the same. Is very quiet. Went walking. Also to chapel. Works in dining room. Talks sensibly. Rested well. P.75. Sept 10.94 Appetite good. Transfer to 2d Sept. 11.94 Appetite good. Bowels regular. Went walking. Slept well P.76. Sept 12.94 Appetite good. Bowels reg. Is very excitable at times. P.76.

Sept 13. About the same. Talks to herself most of the time. Appetite good. Slept well at night. P.75.

" 14 No change. Slept well all night. P.76. Sept. 15.94 About the same. Talks to herself. Was visited by husband P.75.

" 16 Appetite good. Bowels reg. Goes out walking. Also to chapel. Sept. 17.94 No change. Helps some in dining room. Appetite good. Sleeps well. P.75. Sept. 18.94 About the same. Slept well all night P.76.

Sept 19 No change. Appetite good. Bowels reg. Slept well all night. P.74.

Summary. Gen health good. Talks incoherently at times. Is easily excited. Helps some with the dining room work. Goes walking and to chapel. Quiet and pleasant in her manner. Takes care of herself. But is her personal appearance.

Sept 20 94. Appetite good. Sleeps well. Bowels regular. Is very much excited at times. Talks to herself a great deal. Helps in dining room. Patient seems in a chronic stationary mental state, one which is not varying. Though quite intelligent in form yet there is evidently some dementia.

Oct. 15 94 Appetite good. Bowels reg. Sleeps quite well. Is very easily excited. Talks a great deal. Generally some with others. Goes out walking & riding.

Nov 30 94 Appetite Bowels regular. Talks a great deal at night. Is easily excited & very quarrelsome. Goes walking & riding. Was visited by husband. Helps in dining room occasionally. Dec. 22 94. Appetite good. Bowels regular. Complains of not sleeping well. Talks to herself a great deal. Is very easily excited. Jany 28.95. More quiet. Clean in habits. General health good. Goes riding & walking. Moved to B1 Febr. 27.95 Very quiet & agreeable. Talks to herself. Clean in habits. Appetite good. Bowels regular. Goes riding & walking. Does no work.

March 95. Visited by her son. March 29 95. Talks to herself most of the time. When spoken to talks quite sensibly. Quite agreeable in behavior. Neat and clean in habits. Good walking & riding. Does no work. Appetite good. Gen. health good. Sleeps well. Bowels reg. Apr 30.95. Talks to herself most of the time and some as last note.

May 16.95. Went home.

BERRY, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3831.
Residence, unknown
Date Admission, 6th September 1894.
Admitted by, Dr. Phelps. Hour, 7 P.M.
How Sent, John B. Olivier, Jof P. Ramsey County
Sex, Female
Age, 32.
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, unknown
Degree Education, not stated
Profession Religion, not a church member
Habits, unknown
Nativity, Wisconsin (she claims)
Physicians Committing, E. W. Buckley & B. F. Parton
Correspondents,

No. for Year, 30.
Insane Relatives, not known
Cause Exciting, unknown
Cause Predisposing, unknown
Form, Paranoia
Accompanying Bodily Disorder, [illegible]
Suicidal or Not, unknown
Date of this Attack, not kn[illegible]
Duration, not known
No. of Attack, not know
No. of Admissions, 1st (here)
Age First Attack, not k[illegible]
Time of Leaving, Decemb[illegible]
Time in Hospital, 3 month[illegible]
Result, Died.

A PECULIAR CASE.

Secretary Hutchins Orders a Woman Taken to the Jail.

A peculiar case was brought before Relief Agent Hutchins Tuesday afternoon. A woman giving the name of Margaret Blanchard made application to Mr. Hutchins for assistance to get to relatives in Dakota, but refused to tell where they are, stating that she would not wish them to know of her present destitute condition. She further stated that she has wealthy relatives residing in St. Paul, but for the same reason refused to disclose their names.

The woman was of medium height and size, with jet-black hair, dark eyes, and gave her age as thirty-two. She was very poorly clad, and was apparently well educated. Mr. Hutchins found that she has been traveling through the country selling small articles, and came to St. Paul from Prairie du Chien, Wis. She rambled in her talk, and at times made decidedly contradictory statements.

Upon the whole, however, she was very non-committal, and finally decided to remain in St. Paul indefinitely if provided with two small rooms.

Mr. Hutchins became convinced of the woman's insanity and decided to turn her over to the authorities. She declined to leave the relief office in his company, however, and he called the patrol wagon and had the woman taken to the central police station. She remained there until late yesterday evening, when she was remanded to the care of the matron at the county jail until the session of the probate court this afternoon, when she will be examined as to her sanity and steps taken to find her relatives or place of residence.

Sept 7 94 Dr Liston Phelps

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick.
Clear or Confused,
Quick or Sluggish,
MEMORY: Good
Past Events, "
Recent Events, "
Special Subjects, "
PERCEPTIVITY: Alert
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State, Impaired.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonic

EMOTIONAL STATE: Calm
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has delusions of persecution.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Voluble, but does not like to talk about relatives home. &c
Coherent or Incoherent,
Voluble or Reticent,
Left lung invaded by large gurgling rales, small cracking rales. Percussion flat over whole lung. Evidence of cavity in upper third of lung. Complains of some pain under left shoulder plate. Right lung normal. Expectorates freely

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 in. WEIGHT, 116½ pds. NUTRITION, Not good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, yellow Promptness Movement, Prompt
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Not good. Uses glasses
HEARING, Normal
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar, Both eq. 6
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Good
SENSIBILITY,
HEART, Normal
LUNGS, Had pneumonia last winter followed by grippe.
EXAM. URINE.

GYNAECOLOGICAL EXAM., Uterus displaced slightly toward right side
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Regular Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, well 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, Healthy
Father or Pat. Relations, do
Brothers or Sisters, do.

Personal and Medical History of Margaret Blanchard

HERBERT, PUDLAN & CHAMBERS, DAVENPORT, IOWA

Whole No. 3831.

Residence, unknown

Date Admission, 6th September 1894

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

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

Sex, Female

Age, 37.

Civil Condition, single

Children,

Age Youngest Child, —

Occupation, unknown

Degree Education, not stated

Profession Religion, not a church member

Habits, unknown

Nativity, Wisconsin (the claims)

Physicians Committing, E. W. Buckley & B. F. Partin

Correspondents,

No. for Year, 30.

Insane Relatives, not known

Cause Exciting, unknown

Cause Predisposing, unknown

Form, Paranoia

Accompanying Bodily Disorder, none apparent

Suicidal or Not, unknown

Date of this Attack, not known

Duration, not known

No. of Attack, not known

No. of Admissions, 1st (here)

Age First Attack, not known

Time of Leaving, December 16. 1894.

Time in Hospital, 3 months & 10 days.

Result, Died.

EXAMINATION ON ADMISSION.

Sept 7 94 Dr Lisle Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick.

Clear or Confused,

Quick or Sluggish,

MEMORY: Good

Past Events, "

Recent Events, "

Special Subjects, "

PERCEPTIVITY: Alert

Alert or Dull,

Correct or Illusive,

REASONING POWER: Impaired.

Ordinary Subjects,

Own Mental State, Impaired.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Put upon tonic

EMOTIONAL STATE: Calm

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Has delusions of persecution.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Voluble, but does not like to talk

Coherent or Incoherent, about relatives home. re

Voluble or Reticent,

Left lung invaded by large gurgling rales small sub crep rales. Percussion flat over whole lung. Evidence fluid in upper third of lung. Complains of some pain under left shoulder blade. Right lung normal. Expectorates freely

Personal and Medical History of Margaret Blanchard

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

T, 5ft 7in WEIGHT, 116½ lbs. NUTRITION, Not good

OR ABNORMALITIES, None

emors, Coatings, Yellow Promptness Movement, Prompt

ty, Size,

Light, Accommodation,

good. Unequal

nd Good

Good

ond Tongue, Red

es, General, None

ular, Bothney: 6

Other Reflexes,

ARTICULATION, Hesitating, Good Slurred,

FACIAL EXPRESSION, Good

SENSIBILITY,

HEART, Normal

LUNGS, Had pneumonia last winter followed by grippe.

EXAM. URINE.

GYNAECOLOGICAL EXAM., Uterus displaced slightly toward right side

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

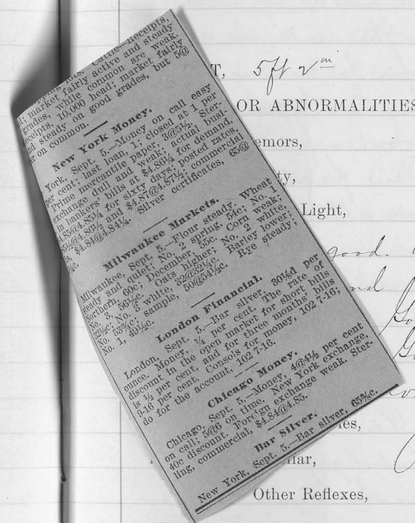
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Healthy

Father or Pat. Relations, "

Brothers or Sisters, "



New York Money.

New York, Sept. 6.—Money on call easy at 2@2½ per cent; last loan 2 per cent; prime mercantile paper, 3@3½ per cent. Sterling exchange firm, with actual business in bankers' bills at $4.86@4.86¼ for demand and at $4.87@4.87¼ for sixty days; posted rates, $4.86½@4.87 and $4.87@4.87½. Commercial bills, $4.85¾@4.86. Silver certificates, 66@67c.

Milwaukee Markets.

Milwaukee, Sept. 6.—Flour steady. Wheat steady; cash, 60c; December, 62½c. Corn weak; No. 3, 36c; white, 36½c. Oats steady; No. 2 white, 26½c; No. 3 white, 26c. Barley weak; No. 2, 50c; sample, 50@54c.

London Financial.

London, Sept. 6.—Bar silver, 30¾d per ounce. Money, 1½ per cent. The rate of discount in the open market for short bills is 1 5-16 per cent, and for three months' bills is 1 7-16 per cent. Consols for money, 102 7-16, and for the account, 102 7-16.

Chicago Money.

Chicago, Sept. 6.—Money on call easy, 2@2½ per cent. Prime paper, 4@5 per cent. Sterling exchange weak. Sixty days' commercial, $4.84@4.85.

Bar Silver.

New York, Sept. 6.—Bar silver, 65¾c.

Personal and Medical History of Margaret Blanchard

1894

This patient was brought here by Deputy Sheriff, M. U. Goss, & attended by Mrs Lochran, with the following history, which is very meagre. Patient seems to be a "transient" (see attached clipping from News paper of 9/6/94) - No information could be obtained from her regarding herself, beyond the fact that she had recently arrived in St. Paul. As to any hereditary history, cause or number of attack, any previous peculiarities being manifested, if suicidal or not or if under medical treatment nothing is known & she has no friends or acquaintances in the City who can furnish any information. - Form of attack is Chronic. There is no accompanying bodily disorder apparent. Insanity is now manifested in religion & a desire to talk irrationally on any subject. —

Sep 6 On admission, was put on B.r (S.R. Complexion dark; hair brown; eyes brown; condition of skin normal; no scars or bruises noted; bodily condition dirty, though no vermin; behavior good; talks quite sensibly). — P.105. R.25 T.100.2

Sept. 7. Quiet, in bed all day. Talks quite sensibly. Appetite good. Rested well. Coughs and expectorates freely. Bowels regular. Complains of backache

" 8 In bed part of the day. Says some on wants to kill her. Coughs & expectorates. Takes medicine. Transf. to Infirmary ward.

" 9 Slept about 2 hrs. coughed hard at times. Appetite good. Takes cough medicine. T. 99. P. 100. R. 20. —

" 10 In bed. Complains of pain in back. T. 100.6. P. 100. R. 24. Bowels moved four times (char. dark green and thin).

" 11 T. 99. P. 96. R. 20. In bed. Bowels better. Has delusions, thinks some one is making faces at her. Imagines her health poor.

" 12 T. 100.2 Sleeps very little during night, but sleeps some during the day. Appetite very good

" 13 Upon ward part of day. Has delusions. Is very disagreeable. On Tonic. Bowels loose.

" 14 Appetite good. Has mania for telling falsehoods. T. 99 4/5. P. 82. R. 20. Slept well during night. T. 101. P. 78. R. 23.

" 15 T. 100. P. 100. R. 26. On tonic. Good appetite. Bowels regular. Upon ward. Rested well during night. T. 98. P. 80. R. 22

" 16 Eats well. Thinks she was brought here by mistake. T. 98.6 P. 80. R. 22. Slept well during night. Very little cough. T. 98 1/5 P. 83. R. 26

" 17 Applied plaster to back. Has good appetite. Reads considerably. Some coughing. Goes out walking. Bowels reg. Slept fairly well. T. 100. P. 80. R. 27

" 18 On tonic. Full bath. Bowels regular. T. 100. P. 80. R. 26. Slept quite well, little coughing. T. 98 1/3 P. 73. R. 18.

" 19 Good appetite. Bowels regular. Refused medicine. Slept rather poorly. Coughed. T. 98. P. 78. R. 25.

" 20 Refuses to take her medicine. Urine examined. Slept well. Complained of pain in chest. T. 98. P. 87. R. 25.

Summary. Patients has some delusions. Has slight cough. Appetite very good. Refuses to take her med. Sleeps quite well. Bowels reg. Is disagreeable in her ways. Always complaining and finding fault.

Oct. 2. 94 In bed all day. Coughs quite hard and expectorates. Complains a great deal. Spits blood.

" 31. Complains almost all the time. Does not eat well. Says she spits blood. Refuses medicine.

Nov. 7. Appetite poor. Goes walking and riding. Has taken medicine since last note. Transf. to Infirmary.

" 14 Had a hemorrhage from lungs, blood coming out of mouth and nose. On Nov 14 was always very restless, slept poorly. Appetite remained fairly good. and Died Dec. 16 94. For particulars see nurse's record case

Died.

Personal and Medical History of Sophronia Hevener

from page 284

Mar 1 - June 1 - 1901 No change. May 29 Wt. 83# June to Sept. No change Sept. 2 Wt. 93 1/2#. Sept. to Dec. Nov. 24 fractured leg. supposed to have occurred during a convulsion in the night, lower third of left femur, taken to Inf. West. and plaster cast applied. Doing nicely, weight not taken.

Up to Feb. 1 1903. Has no especial physical ailment but is rather feeble: appetite good: bowels regular: sleeps well: subject to epileptic convulsions: is unable to converse or to answer questions entirely incoherent: untidy and careless: unable to walk: quite helpless. Nov. 30, Wt. 73#.

Personal and Medical History of Sophronia Hevener

HERBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3834.
Residence, 729 - E 6th St. St Paul Minn
Date Admission, 8th September 1894.
Admitted by, D. Withrow Hour, 7 P.M.
How Sent, John B. Olivier, Jef P. County County
Sex, Female
Age, 44 Years
Civil Condition, single
Children, None
Age Youngest Child, —
Occupation, Has none
Degree Education, probably limited
Profession Religion, Is a church member
Habits, Perfect —
Nativity, Fairfield Pa
Physicians Committing, Park Ritchie & Jas. A. Quinn
Correspondents, brothers address; D R Hevener 729 East 6th St St Paul

No. for Year, 33.
Insane Relatives, None
Cause Exciting, Epilepsy
Cause Predisposing, Epilepsy
Form, Dementia Epileptica
Accompanying Bodily Disorder, Epilepsy
Suicidal or Not, not
Date of this Attack, when at school - (30 years ago)
Duration, Several years.
No. of Attack, 1st (Continuous)
No. of Admissions, 1st
Age First Attack, when at school - about 14.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Sept 9 94 Dr R M Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Sluggish dull (very)
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events, } Blank.
Recent Events,
Special Subjects,
PERCEPTIVITY: Hardly any
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, } none of any account.
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
~~Normal, Calm,~~
Indifferent, Indifferent
~~Exalted,~~
~~Depressed,~~
DELUSIONS:
Systematized or Not, } demented, dull & stupid
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Will tell extreme dementia with epilepsy
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Sophronia Hevener

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, Burn on face. Left leg 4 ins shorter
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Accommodation,
SIGHT, Probably good
HEARING, probably good
COORDINATION, Arms, Can't tell well - has hampered knitting movements
Legs,
TREMORS, Hands, None noticeable Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred, pill ready spoil
FACIAL EXPRESSION, Indifferent
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE.

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

HISTORICAL.

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

Personal and Medical History of Sophronia Hevener

1894

This patient was brought here by Deputy Sheriff J.W. Kinney + lady attendant with following history of case. There is no history of heredity. Cause of this attack is Epilepsy; form is Chronic; at times, has been depressed. She had an epileptic convulsion when at recitation at school. This attack has been continuous for 30 years. Insanity now shown by Complete dementia. Is disposed to injure others from sudden impulse; is childlike; is not suicidal nor filthy nor destructive. Previous to the occasion of the disease patient was unusually bright. She has been confined at home, under the care of an attendant constantly for 20 years; locked in room occasionally. Has been under medical treatment for Epilepsy, but with no apparent benefit. Her is harmless; has no vicious habits, but is hopelessly demented. ———

Sept 8 On admission, was put on B^{s} (S.R. Complexion dark; hair black; eyebrows; Condition of skin normal; no scar inside of her face. Bodily condition quite clean. Patient is unable to used her left foot; cannot walk; had to be carried, on a chair, up to the ward; behavior was good).

" 9 In bed all day. Very quiet. Does not talk much. Very indistinctly & quite stupid & demented. Appetite good. Sleeps quite well. Cough none. Pgo. Rst. T. 98° Sept 10 94 Appetite good. In bed all day. Bowels constipated. Can not understand much what she says. T. 98° P 80 R 24 Sept 11 94 Up on ward. Appetite good. Very quiet. Sits in chair all the time. Will not talk much. Bowels moved this morning T 98° P 74 R 24 Transf to C^{2} Sept 12 94. Appetite good. Behavior quiet. Sleeps well. Does not talk much. Bowels moved. Sept 13 94. Behavior about the same. Very quiet in a dull way. Sits stupidly all day. Sept 14 94 Appetite fair. Sleeps well. Bowels regular. Sits in a chair all the time. Will not talk much. Sept 15 94. Behavior about the same. Bowels moved. Does not use right foot. Appetite good. Sept 16 94 Appetite good. Sleeps well. Quiet in behavior. Does not seem to understand when addressed.

Sept 17 94. Behavior about the same. Sept 18 94. Appetite fairly good. Eats very slowly. Sleeps well. Bowels regular.

" 19. Behavior quiet. Refused dinner. Seems about the same. Bowels moved. Quite constipated. Gave dose of salts.

" 20 Appetite fair. Behavior about the same. Sept 21 94 Quiet in behavior. Appetite good. Does not talk.

" 21 Behavior about the same. Summary. Patients appetite fairly good. Behavior quiet. Sits in a chair all the time, rocking back and forth. Seems quite helpless, does not use her left foot. Talks very indistinctly. Cannot understand much, that she says. Sleeps well. Bowels have been quite regular. Menstruated about the 20th

Oct " 24 25. 26 27. 28. 29. Patient was restless part of the nights. Oct 29 94 Slept fairly well bandages were removed.

" 30 Had nose bleeding very restless, rested about 2 hrs during night. Sept well on Nov 6. The following nights Had convulsions on Nov 11. Menstruated, did not sleep any at all, tried to get out of bed several times was very restless, has been getting out of bed, taking off bandages; very restless, did not sleep any. Slept quite well all the following night. Slept very poorly Dec 1. was very restless during day Same Dec 2. but fairly well on Dec 3 very well on Dec 4. Continued to sleep well on 5. 6 7 8 9. 10 (menstruation 10/11 12 13 14. Sat up in a chair in Sept 15 for 2 hrs. Dressed was up on ward on Dec 16 to 17. For particulars see nurses record. Cause of being transfd to Infirmary: On Oct 29 94 at time of supper was coming up. One nurse was in dining room and one was called to help in a struggle on B^{2}. Patient fell from rocking chair in a hard fit. When found she was on floor, chair also had fallen. Had 5 hard fits that night. On putting her to bed it was noticed that her left ankle was swollen. At first it was thought to be a sprain but upon further examination it was found that left tibia was broken in lower third. Leg was set in anterior & posterior splints and patient kept in bed. Dec. 7 94. In bed sick Dec 17. Had a fit. Dec. 18 94 Up on ward. Appetite good. Bowels regular. Had a fit this a.m. Transfd to C^{2} Dec 22 94 Appetite poor.

Personal and Medical History of Sophronia Hevener.

Does not sleep well. Bowels constipated. Has had no fits yet. Dec 20 94 Had 2 very hard fits. Jan. 1 95 Had 4 fits. Jan. 2 95 Had 3 hard fits. Jany 3 95 Had 1 hard fit. Jany 28 95. Appetite not very good. Sleeps well. Bowels usually constipated. Has had several hard fits during month. Febr 22 95. Menstruating. Had a very hard fit this morning. Appetite good. Bowels regular. Febr 23 95 Had 4 fits during the day & two in the night. Constipated. Mch 16 95. Bowels reg: Appetite very poor. Is very helpless. Has to be dressed & undressed. Mch 22 95 Menstruating. Has been having from 5 to 6 fits every day for a week. Does not sleep well. Appetite good. April 26 95. Appetite good. Bowels reg: Sleeps well. Very quiet in habits. May 28 95 Menstruating. Has been having fits Every day for a week. Appetite good. Gen health poor. Has to be dressed & undressed. Filthy in habits. June 6 Appetite fair. Sleeps well. Has a slight hacking cough. Expectorates considerably. June 10 Menstr. July 30 Slight rise of temp. in P.M. Appetite good. Sleeps well. Incoherent. Menstr. about 15. Aug 5 Four quite hard fits. Aug 26 Menstr. Aug 31 Quiet. Appetite good. Bowels quite reg. Filthy. Does not cough as much. Had several hard fits during month.

Sept 5 Five hard fits during day. At times has a rise of temperature. Sept 21 Menstr.

Oct 4 Visited by friends. Oct 20 Menstr. Nov 1 Had about 7 hard fits during month. Appetite good. Behavior very stupid at times. Dec 6 & 25 Menstr. Dec 30 Had 5 hard fits during month. Jan 31 Had three hard fits during month.

Feb 1 Menstr. Feb 24 Appetite good. Bowels regular. Sleeps well. Talks incoherently. Untidy in habits. Had ten hard fits during month. Mar 13 Menstr.

May 1 Appetite good. Bowels regular. Sleeps well. Untidy in habits. Had several hard fits during month. May 22 Had several hard fits during month. Appetite good. Bowels regular. Summary Nurse's Notes by Dr. S.L. Phelps:- Appetite good: bowels regular: menstr. regular: Has fits quite often: Jan 97 Fits very often: last week 3 or 4 per day: never talks: Sits in rocking chair most of time: quite helpless: Aug 97 Appetite good: bowels regular: does not go out of doors: Has about 12 fits per month. Continued by Dr. Ray Phelps Oct 29 97 Patient has quieted down some: Sits around in a dull, listless way, is thoroughly demented.

Feb 1 98. Wt. 82th, Oct 25 Trans. to B^{2}. Jan 30 Has today a black eye, having been struck by another patient. Feb 1 99 During intervening period always sitting quietly in chair. Has convulsions at times quite frequently. (Cont. by Dr. R.A. Watt) Mar 1 to Sept 1 99 Appetite fairly good. bowels regular. Sleeps well. Is very weak & feeble & unable to walk. Is fed on tray. Very untidy. talks incoherently: quite stupid at times. Has convulsions. May 1 Attack in face by Pauline Teague. Eye bruised badly. Trans. to B^{1}: takes medicine. Sept 1 Feb 28 1900 (Dr Heyerdale) Appetite good. Sleeps well: Dirty & untidy: cannot walk: Talks very little & occasionally converses. Jan 18. Wt. 69th Is crippled & helpless: Gives extra diet Mch 1 - Aug 31 1900 Sits in center bay all day long: Appetite poor: takes tonic: Bowels regular: Sleeps well. June 28 Trans. to Infirmary July 5 Sick in bed with high temperature which gradually became normal. July 25 Trans. to B^{1}. July 16 Vaccinated. Kept in bed until Aug 2, on account of failure in general health. Sept 1. - Nov 30 1900 Appetite fair: Sleeps well: Does not menstruate: Takes no

see page 280.

Personal and Medical History of Lottie Daniels

EBBERT, PIGLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3838.
Residence, West Duluth, Minn.
Date Admission, 12th September 1894.
Admitted by, Dr Withrow Hour, 2.30 P.M.
How Sent, Wm C. McAdam Ct Commr St Louis County
Sex, Female
Age, 40
Civil Condition, Married
Children, none
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, not stated
Profession Religion, Roman Catholic
Habits, Good
Nativity, Louisville, Kentucky
Physicians Committing, J. E. Powers and Frank Lynam
Correspondents, M. B. Daniels
West Duluth -

No. for Year, 37.
Insane Relatives, no history of heredity
Cause Exciting, claims to be result of outrage.
Cause Predisposing, not stated
Form, Melancholia Acute
Accompanying Bodily Disorder, Debility, headache & deafness
Suicidal or Not, — Suicidal —
Date of this Attack, August 1st 1894.
Duration, about 6 weeks —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 40 —
Time of Leaving, Sept 19 '94
Time in Hospital, 7 days.
Result, Improved

EXAMINATION ON ADMISSION.

Ex Sept 12 Dr S. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, Seems good
Recent Events, " "
Special Subjects, " "
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Partially correct
REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Very timid & worries — Frail in physical condition Has been in bed a good deal of late Has been up and down

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Depressed
DELUSIONS:
Systematized or Not, Thinks some one
Special Subjects, is going to skill her
Transitory or Not, in some dreadful
HALLUCINATIONS: Thing is going to happen
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Talks quite coherently
Voluble or Reticent, Worries a great deal and talks about her trouble at home.

Personal and Medical History of Lottie Daniels

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Very poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Normal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Much impaired for several years
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None noted Tongue,
Facial Muscles, None General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Seems normal Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Normal
LUNGS, Seems in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Regular Not painful.
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, loose Constipated, Irregular,
APPETITE, Good, Medium, Very poor Poor, Has refused to eat
SLEEP, Good, Poor, Irregular,
PULSE, 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,
Brothers or Sisters,

Personal and Medical History of Lottie Daniels

1894

This patient was brought here by Deputy Sheriff Ivar Hansen & attended by Mr Sharry, with the following history. There is no history of any heredity: husband claims this attack to be result of outrage; patient denies that she told the story now; form of attack is acute, depressive; melancholia; her right pupil is slightly dilated; there is debility & headache; first symptoms of the disease were manifested about 1st August 1894; husband sent for her to come home, because her neighbors thought her deranged and that she needed his care. This is 1st attack. Insanity is now shown by fears of bodily injury; she claims to see & hear people who want to injure her, to cut her open &c. Has threatened suicide, a knife having been taken from her. She had Typhoid, three years ago. Has had no restraint except being watched by her husband. Patient has been under treatment by nerve tonics; has also travelled for her health. Cause may be climacteric. (The Court Commissioner adds the following note: "The Doctors omit to say this woman is as deaf as an adder & has been, for years & I take the liberty of adding this additional information).

Sep 12 On admission, was put on B2 (S.R. Complexion light; hair red; eyes blue; condition of skin normal; no marks; scars or bruises noticed; bodily condition clean. Behavior is good).

Sept 13. Appetite poor. Very quiet. Seems very homesick. Wants to see her people. Has diarrhoea. Takes medicine. Gave med. for bowels. T: 98° P: 72. R: 22. Sept. 14.94 Appetite fair. Takes tonic. Has diarrhoea. Gave med. for bowels. Says she thinks someone wants to kill her. Visited by brother. P: 72. Menstruating. Sept. 15.94 Visited by brother. Seems very despondent. Crying most of the time. Does not eat well. Takes med. Has delusions. Imagines some one is going to kill her. Sept. 16.94. Appetite fair. Seems about the same in behavior. Very lonesome & sad. Does not talk much. Takes med. Bowels reg. Very restless at night. Sept. 17.94 Sleeps very poorly. Out of bed and trying to get out on hall. Worries a good deal. Thinks she is to be killed. Appetite poor. Very restless all day.

Sept. 18.94 Appetite poor. Bowels regular. Worries a great deal. Takes medicine. Does not talk much. Very restless all night. Slightly noisy. Crying out of bed. Sept. 19.94 Did not eat well today. Visited by brother. Seems very restless. Her brother took her home against the advice of the physicians. She had some very troublesome delusions. Worried and cried a good deal. Thought some one was going to kill her. Was very restless at night. Out of bed. Knocking at the door crying the most of the time. Her appetite was very poor.

Discharged.

Personal and Medical History of Lottie Daniels

From Folio 286

Fed from tray in bay where she sits all day. Careless in appearance: Is crippled & can only walk with assistance & then can only hop. Has epileptic convulsions: eyes weak: frequently washed with boracic acid. Incoherent in speech.

Dec 1 - Feb 28 1901 Appetite good: Sleep well: Bowels regular. Takes no exercise. Is not very intelligent. Wt. 85# Inch 1.

(See Vol 28 fol 344)

pm

Personal and Medical History of Lena Schilling

SIBBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3839
Residence, 130 Colorado St. St Paul.
Date Admission, 12th September 1894.
Admitted by, Dr. Phelps Hour, 3 PM.
How Sent, John. D. Olivier, Jof P, Ramsey County
Sex, Female
Age, 39.
Civil Condition, married
Children, - Six -
Age Youngest Child, —
Occupation, Housewife
Degree Education, not given
Profession Religion, Is a church member
Habits, Good -
Nativity, Milwaukee Wisconsin
Physicians Committing, R. A. Wheaton & Orde Martel
Correspondents, Christian Schilling
130 Colorado St St Paul

No. for Year, 38.
Insane Relatives, not known; Incoherently -
Cause Exciting, Not Known.
Cause Predisposing, previous attack
Form, Melancholia Chronic
Accompanying Bodily Disorder, None.
Suicidal or Not, Not.
Date of this Attack, One Year ago
Duration, one year.
No. of Attack, not 1st
No. of Admissions, 1st
Age First Attack, not given
Time of Leaving, ~~January, 1895~~ Feb. 9 '95
Time in Hospital, 4 m 27 d
Result, Rec.

EXAMINATION ON ADMISSION.

Sept 13 94 W. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish.
MEMORY: Impaired
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive, Illusive
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,

EMOTIONAL STATE: Depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many delusions
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Reticent. answers questions.

GENERAL DESCRIPTIVE REMARKS: Atheroma. Has eaten very little. Put upon massage + electrical treatment daily. Put upon tonic & laxatives. Milk & eggnog for diet. Massage daily a. & M. Electricity a. P.M.

Personal and Medical History of Lena Schilling

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, Too weak & sallow of ~~weight~~, being taken) NUTRITION, Poor. Pale
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Heavily coated brown fur Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Says impaired
HEARING, Good.
COORDINATION, Arms, } Seems weak on her feet, mostly from insufficient food
Legs, }
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, & slow. Slurred,
FACIAL EXPRESSION, Dull & worried.
SENSIBILITY,
HEART, Normal
LUNGS, Seem in fair condition
EXAM. URINE.

GYNAECOLOGICAL EXAM., Uterus bound slightly toward left side by bands of adhesion Senses fundamentals
MENSTRUATION, Normal -
OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

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

1894

This patient was brought here by Deputy-Sheriff Kinney & lady attendant with following history of her case. Habits are good. There is no hereditary history. Cause of this attack is unknown; form of attack is chronic. There is no accompanying bodily disorder. First symptoms of disease were manifested one year ago; said "her neighbors were annoying her"; (not true). This is not 1st attack; but when others occurred is not stated. Insanity now manifested by hallucinations "of sight" and "of hearing"; does not know her husband & children; will not eat. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. No peculiarities were previously shown. There is no history of any severe disease &c or head-injury. She has not been restrained or confined. She has been under treatment with Dr. Wheaton and Dr. Riggs but treatment was unavailing. —

Sep 12 On admission, was put on B.V. (S.R. Complexion dark; hair black; eyes gray; condition of skin normal; no marks scars or bruises noted; bodily condition clean; behavior is good; this very quiet but shows delusions).

Sept. 13 94 Behavior quiet. Has many delusions. Drank a little milk. Did not sleep well. Bowels constipated. Gave Enema bowels did not move. P. 70 R. 15. T. 97² Sept 14.94 Did not sleep after 12 30 A.M. Out of bed several times T. 97⁸ P. 70 R. 17 9 a.m. Milk 2 glasses 12 M. Eggnog 3 P.M. Milk 1 glass 4 30 P.M. 2 glasses milk. 11 a.m. Massage treatment 3 P.M. Electrical treatment T. 98. P. 70 R. 18. Awake about 2 hrs. T. 97⁴ P. 75 R. 17

Sept 15. Thinks some one is trying to kill her. Massage and electrical treatment. Slept well T. 97 P. 77 R. 17. Drank 5 glasses of milk and 2 eggnogs. Bowels constipated. Sept 16.94 T. 97 2/5 P. 78 R. 17. Ontonic. Drank 4 glasses milk and 2 eggnogs. Imagines there is someone in her room. Slept about 4 1/2 hrs. T. 97² P. 80 R. 17.

Sept 17 94 Salts ℥ j. Urine examined. Massage in a.m. Electrical treatment (Galvanic) in P.M. Bowels moved freely. Milk 5 glasses 2 eggnogs. Did not stay in bed very well to day. Slept quite well after 11 30 P.M. T. 97² P. 72 R. 17. Sept 18.94 Full bath. Massage treatment this a.m. Electrical treatment, Galvanic, this P.M. Milk seven glasses, two eggnogs. Slept very well. T. 97³ P. 82 R. 20. Sept 19.94 Massage

Sept. 19 treatment this a.m. Electrical this P.M. (Galvanic) Milk 3 glasses. Eggnog 2 glasses. Restless all day. Slept well after 10 P.M. T. 98. P. 73 R. 20. Sept 20.94 Sponge bath 8 a.m. T. 98. P. 70. R. 20. Slept about 4 1/2 hrs. Up several times T. 98. P. 72. R. 22. Sept. 21.94 8 a.m. T. 98. P. 73. R. 22. Milk 1 glass, 12 M. Eggnog 1/2 glass of milk. Massage treatment. Electricity 2 P.M. 6 P.M. 1 glass milk.

Sept 22 6 P.M. Medicine ℥ss. Massage treatment in a.m. Electric treatment 2 P.M. 2 eggnogs 5 milks. Slept well. T. 98 P. 72 R. 17 ate a pancake. 1/3 glass milk. Awake about 1 1/2 hrs. T. 97³ P. 73 R. 20. Sept 23.94 4 glasses milk 2 eggnog 12 P.M. ate little potatoes and meat, dish of pudding 6 30 P.M. Ate 1 slice soft toast & poached egg. Very quiet, seems to be better. Slept well T. 97. P. 73 R. 18. Sept 24.94 7 a.m. one slice of soft toast, boiled egg 1 glass milk. Took eggnog at 11 o'clock, ate dish of pudding for dinner. Gave electrical treatment at 2 30 P.M. Drank 2 glasses of milk after treatment. Bowels constipated. Sept. 25.94 5 a.m. Up and rapping on door several times at night. Massage treatment. Eggnog taken after treatment 10 P.M. Gave pill T. 97 P. 71. R. 18. 1 glass milk. Slice of toast and 1 fried egg T. 98 P. 72 R. 18

Sept 26 94 One eggnog after electrical treatment 3 P.M. 1 glass of milk 2 P.M. 6 P.M. ate dish of sauce 1 glass milk & piece of cake for supper. Slept well T. 97³ P. 75. R. 24. ~~Summary~~ Ate 1 dish of oatmeal and 1 glass of milk for breakfast. T. 98. P. 76 R. 25. Sept 27.94 5 a.m. T. 97² P. 73. R. 20. Electrical treatment. Eggnog ate a slice of soft toast 1 glass milk for breakfast. T. 97 1/5 P. 74 R. 20. Sponge bath. Summary. Mental condition somewhat improved. Has taken massage treatment every morning. Electrical treatment in P.M. Appetite better. Has a great many delusions.

Jany 26 1895. Patient has nurse's records extending from Sept 25 94 to date, having been upon the infirmary ward all of the while. Her case has been somewhat peculiar, she has shown a listless, neurasthenic turn of mind and a mental state of

which deserves markedly the name "Confusional insanity". At no time has there been prominent delusions; beliefs, although somewhat of hallucinations have appeared at times. The treatment began with an attempt to apply massage and the Wier Mitchell treatment with only a partial success. Later, trying to get her to exercise seemed to make her worse, and she was in bed again. Has been in bed the greater part of the time, up until about January, since which time she has seemed to quite steadily improve, without any very good reasons therefor, at least in the treatment. Brights disease was suggested in her case but no evidence thereof could be obtained. The urin was usually found heavily loaded with urate. Upon leaving for home her general health was fairly good, and her mental state was recovered, although there was to be recognized a possible tendency toward relapse. For full account see nurse's records.

Discharged.

Personal and Medical History of Martha Thompson

BARRETT, PIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3841.
Residence, Rochester. Minn.
Date Admission, 13th September 1894.
Admitted by, D. Phelps Hour, 4 P.M.
How Sent, Thomas Fraser. Jof C, Olmsted County.
Sex, Female
Age, 54 –
Civil Condition, Widowed
Children, Yes; three
Age Youngest Child,
Occupation, Has none –
Degree Education, not given
Profession Religion, not known
Habits, Temperate, so far as known
Nativity, Pennsylvania
Physicians Committing, A.H. Witherstine & Chas. T. Granger
Correspondents, None given in papers.

No. for Year, 40.
Insane Relatives, Not known
Cause Exciting, Loss of Property.
Cause Predisposing, "Chronic"
Form, Paranoia
Accompanying Bodily Disorder, not known
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, ?
Time of Leaving, Sept. 28. 1896
Time in Hospital, 2 yrs. 15 da.
Result, Improved. Disc. Sept 28. 1896.

EXAMINATION ON ADMISSION.

Sept 14 94 Dr. Linton Phelps MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick.
Clear or Confused,
Quick or Sluggish,
MEMORY: Says very good.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Alert.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Inclines to get excited in talking
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks people are trying together property
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Talks very freely, almost constantly
Pleasant in manner

Martha J. Thompson
May 26' 97. Sent here from Omaha Neb. She stayed over night, but, as she had been discharged, left the following morning for La Motte, Ioa. where she stated she had relatives. She is a resident of Iowa.

ISSION.—(Continued.)
TICS.
NUTRITION, Good
Promptness Movement,
Normal
on, Good.

COORDINATION, Arms, Good.
Legs, Good.
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Pleasant.
SENSIBILITY,
HEART, No murmur
LUNGS, Says had pleurisy left side.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ceased.
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Normal	Constipated,	Irregular,
APPETITE, ~~Good~~,	Irregular	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, Deceased
Father or Pat. Relations, Healthy.
Brothers or Sisters,

Personal and Medical History of Martha Thomson

HERBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3841.
Residence, Rochester. Minn.
Date Admission, 13th September 1896.
Admitted by, Dr. Pheelps Hour, 4 P.M.
How Sent, Thomas Fraser, Jail, Olmsted County.
Sex, Female
Age, 54 —
Civil Condition, Widowed
Children, Yes; three.
Age Youngest Child, —
Occupation, Has none —
Degree Education, not given
Profession Religion, not known
Habits, Temperate, so far as known
Nativity, Pennsylvania
Physicians Committing, A. H. Witherstine & Chas. T. Gauger
Correspondents, none given on papers —

No. for
Insane I
Cause E
Cause Pr
Form,
Accompa
Suicidal
Date of t
Duration,
No. of Att
No. of Admissions, 1st —
Age First Attack, ?
Time of Leaving, Sept. 28. 1896
Time in Hospital, 2 yrs. 15 da.
Result, Improved Disc. Sept 28. 1896.

EXAMINATION ON ADMISSION.

Sept 14 96 Dr. Linton Phelps MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick.
Clear or Confused,
Quick or Sluggish,
MEMORY: Says very good.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Alert.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Inclines to get excited in telling
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks people are trying to get her property
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Talks very freely, almost constantly
Pleasant in manner

Personal and Medical History of Martha Thompson

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

EIGHT, 5 ft 4 in WEIGHT, 156 lbs NUTRITION, Good
OUNDS OR ABNORMALITIES, None
ONGUE, Tremors, Coatings, Very much coated Promptness Movement,
UPILS, Equality, Eq. Size, Normal.
Response Light, Good. Accommodation, Good.
GHT, Uses glasses.
EARING, Good.
OORDINATION, Arms, Good.
Legs, Good.
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Pleasant.
SENSIBILITY,
HEART, No murmur
LUNGS, Says had pleurisy left side.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ceased.
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, ~~Good~~, Irregular 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, Delicate
Father or Pat. Relations, Healthy.
Brothers or Sisters,

Personal and Medical History of Martha Thompson.

1894

EBERT, FICKE & CHAMBERS, DAVENPORT, IOWA

This patient was brought here in due form, with the following history of case, though this is rather meagre. Habits are temperate, so far as known. As to any hereditary history, accompanying bodily disorders, when first symptoms appeared, when other attacks occurred, if she has been subject to any bodily disease &c or head injury, nothing is known. Supposed cause of this attack is loss of property. Form of attack is chronic. This is not 1st attack. Insanity is now manifested by delusions. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. She has not been restrained or confined, nor under medical treatment, so far as known. —

Sept 13 On admission, was put on B² (S.C. Complexion light; hair partly gray; eyes gray; Condition of skin normal. Has a few small scars on her back; no bruises noticed. Bodily Condition is very dirty; Behavior quite good, but she talks a great deal).

Sept 14. 94. Behavior quiet. Talks a great deal. Appetite good. Did not sleep well. Bowels regular. P.76. Rst 190[illegible]

" 15. Talks a great deal. Appetite good. Works in dining room. Takes medicine. Went out walking. Bowels regular. P.76

" 16. Behavior the same. Works in dining room. Takes med. Bowels reg: Rested well during night. P.76

" 17. Appetite good. Quiet, but talks a great deal. Works in dining room. Bowels regular. Takes med. P.76

" 18. Appetite good. Talks quite sensibly. Bowels regular. Complains of pain in stomach. Has diarrhoea. Quiet most of night. Sick med.

" 19. Lying down most of the day. Complained of pain in stomach. Gave med. Ate quite well. Sept 20 94 Appetite good. Bowels

" 20. reg: Very quiet and nice. Helps some in dining room. Takes med. Complains of pain in lungs. Sept 21 94 Appetite fair

" 21. Bowels reg. Works some on ward. Complains of the noise a great deal. Wants to leave. Says it is the work of enemies, her daughter

" 22. Appetite fair. Complained of the noise. Worked some in hall. Takes medicine. Transferred to C[illegible]

" 23. Appetite good. Slept most of the night. Talks quite a great deal. Sept 24 94. Appetite good. Bowels regular.

" 24. Very nice on ward. Slept well all night. Sept 25 94 Complains of having some pain in her lungs. Appetite fair. Awake most of the night. P.78. Sept 26 94. About the same. Cough some. Rested quite well at night. P.78.

" 25. Appetite good. Bowels reg. Slept quite well all night. P.76. Summary. Complains of pain in her lungs most of the time. Cough some. Appetite good. Bowels regular. Sleeps better than at first. Talks quite rationally. Very nice on ward, neat in habits as to her personal appearance. Talks a good deal, without saying anything in trying to explain her business affairs & why she was brought here.

Sept 30 94. Appetite good. Bowels regular. Does not rest very well at night. Complained of having pain in her lungs. Helps some with the work. Behavior good. Oct 30 94. Appetite good. Sleeps better than at first. Bowels regular. Has been very much excited for some time. Is very irritable & cross. Goes walking & riding. Takes tonic. Nov 30 94. Appetite quite good. Bowels regular. Does not sleep very well. Is very cross and quarrelsome. Talks a great deal. Takes medicine. Works occasionally in the E.D.R.

Dec 30. 94. Appetite very good. Bowels regular. Complains of not sleeping well. Worked for a few days in the E.D.R. Has considerable trouble with her lungs. Takes med most of the time. Jany 17. 95. Sick in bed a few days. Very cross & quarrelsome. Moved to C[illegible] Jany 19. 95. Transf to B[illegible] to make room for a violent patient.

Jany 28 95. Appetite quite good. Quiet in behavior. Wants to stay a bed during the day. Does not work any. Is quite cross at times. Bowels regular. Febr. 1. 95. Sick in bed 3 days. Very cross & troublesome.

Febr 18 95. Transf to Annex. Febr 20. 95. Very disagreeable. Complaining of something most of the time.

April 5. 95. Appetite good. Clean & tidy in habits. Is rather noisy. Talks a great deal about going home. Talks incoherently and has delusions. Is rather disagreeable. General health good. Will not go riding or walking. April 19. 95. Sick in bed. Complains of

Personal and Medical History of Martha Thompson.

head and limbs aching. April 20. 95. Up in ward to day. April 30. 95. Sick in bed. Complains of rheumatism in her hip. May 3. 95. Upon ward. May 18. 95. Visited by a friend.

July 10 Appetite good. Clean & tidy. Noisy, incoherent & has delusions. Complains of rheumatism. Will not go riding or walking. Aug 10 Sick in bed. Complains of pain in stomach. Vomited. Aug 11 Up on ward. Sept 30 Appetite good. Clean & tidy in habits. Quiet in behavior. Very disagreeable, always complaining. Talks incoherently & has delusions. Gen. health good. Goes riding & walking. Oct 24 Has grown very untidy in personal appearance. No other change. Nov 30 No change since last note

1895

Feb 18 Had a bad cold. In bed. Feb 20 Upon ward. Took sleeping dose at night.

" 21 Appetite good. Clean & tidy in habits. Noisy in behavior. Very disagreeable. Talks incoherently & has delusions. General health good. Will not go out of doors.

Apr 9 Appetite good. Clean & tidy in habits. Noisy; talks incoherently; has delusions. General health good; is very disagreeable. Will not go out of doors. Apr 26 Complains of toothache. Apr 27 Face is swollen from toothache. Apr 29 Took sleeping dose.

Aug. Sept. 29 Appetite good; clean & neat; quite noisy; has delusions; gen. health good. Taken out by Mrs. Alice B. Russell.

Physician's Note. Patient taken by Mrs. Alice Bingham Russell of Excelsior, Minn. who received a letter from her, immediately decided she was sane & able to take care of herself & asked for her. On presentation of bonds she was sent to Mrs. Russell.

Patient is a defective, quite irritable, very voluble in her talk, yet difficult to get any definite information from. In all her stay evaded giving information about a single one of her relatives, at times getting very angry if asked. From some information it is probable that her relatives wish to keep her here. It was also reported by a lady in town that this is the best place for her. It was said she bothered some Rochester people nearly six months with her complaints, until they complained & sent her here. Her ideas are that she was wronged years ago of some property & is going to get it back. Is going to charge us for stay here. Her judgements are all childish & feeble. Has lived some of the time by peddling. It is just possible she might again.

Dr. R. M. Phelps.

Discharged

Personal and Medical History of Anna Maria Swenson

HABERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3842.
Residence, Belvidere, Goodhue County, Minnesota
Date Admission, 13th September 1894.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, O. D. Anderson, Jo. Co., Goodhue County
Sex, Female
Age, 64 years
Civil Condition, Widow
Children, Five.
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, not given
Profession Religion, Has attended Church
Habits, no bad habits, now.
Nativity, Norway (Europe).
Physicians Committing, Geo. C. Willner and J. W. Dinnimitt
Correspondents, Mr. John. A. Swanson
Belvidere Mills, Goodhue Co. Minn.

No. for Year, 41.
Insane Relatives, none known.
Cause Exciting, Unknown —
Cause Predisposing, "chronic"
Form, Dementia Senilis
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, 10 or 12 years ago
Duration, 10 or 12 years —
No. of Attack, 1st (Continuous)
No. of Admissions, 1st
Age First Attack, about 52.
Time of Leaving, February 26. 1895.
Time in Hospital, 5 months 13 days.
Result, Died.

EXAMINATION ON ADMISSION.

Sept 14. 94 Dr. Linton Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Can't test, as talks only Norwegian
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull and demented.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Dull and quiet
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: None determined.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks when addressed
Coherent or Incoherent, but speaks Norwegian
Voluble or Reticent,

Personal and Medical History of Anna Maria Swenson

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 9 in. WEIGHT, 116 lbs. NUTRITION, Good
WOUNDS OR ABNORMALITIES, Scars on back.
TONGUE, Tremors, Slight. Coatings, Yellow. Promptness Movement,
PUPILS, Equality, Eq. Size,
Response Light, Normal. Accommodation,
SIGHT, Good.
HEARING, Good.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar, Eq. 10 on scale of 5 normal
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Muffled sounds and weak
LUNGS, Seem in good condition.
EXAM. URINE.

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

HISTORICAL.

Can't get history.

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,

1894

COBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy-Sheriff, Alex. C. Anderson & lady attendant, with the following history. She has not been able to do much of anything for 8 or 10 years. She used to smoke, but has not done so for some years; smoking advised by physician; never used liquors of any description; no bad habits. No relatives known to have been insane; cause of this attack is unknown; form is chronic & depressed to this time. There is no accompanying bodily disorder. First symptoms of disease were manifested some 10 to 12 years ago, by irritability & mental idiosyncrasies. This attack has continued from its inception; there were no separate & distinct attacks; the case grew gradually into the present condition. Insanity now manifested by her being irrational on subjects; is unable to dress herself or to perform the commonest hand-service for herself. She has offered violence to children when irritated. Is not suicidal. She is of filthy habits and destroys clothing. There is no history of any bodily disease nor of any injury to head. She has had to be restrained and watched to prevent her from wandering off. If she has been under medical treatment, is not stated. ——

Sep 13 On admission, was put on C² (S.R. Complexion dark; hair partly gray; eyes brown; condition of skin very dark. No marks scars or bruises noticed. Bodily condition clean; behavior good. She is quite feeble).

Sept 14.94 In bed ½ day. Very quiet. Does not talk much. Appetite good. Sleep good. Cough none. Bowels constipated. P 87. R 20. T 99. No complaints.

" 15. Appetite fairly good. Sleeps well. Does not talk much. Bowels constipated. Seems quite feeble. Sept 16.94. Behavior quiet. Appetite good. Bowels moved this morning. Goes out walking. T. 98⁵ P. 73 R. 24. Sept 17.94. Behavior quiet ~~and~~. Sleeps well, does not talk, when spoken to. Went out walking today. Bowels constipated. P. 74 R. 24. Sept 18.94. Behavior about the same. T. 99. P. 74 R. 24. Sept 19.94. Goes out walking. Complains of headache. Appetite fair. Bowels constipated. Has been walking up and down the hall all day.

Sept 20. Seems quite restless. Walks up and down hall. Bowels moved this morning. Sept 21.94. Appetite good. Sleeps well. Behavior

" 22. Behavior about the same. Bowels regular, went out walking today. Sept 23.94. Behavior restless. Is very untidy in habits. Appetite good. Bowels moved. Has spells of crying. Sept 24.94. Appetite good. Sleeps well. Seems quite restless.

Sept 25. About the same. Would eat no dinner. Bowels moved this morning. Sept 26.94. Behavior restless. Appetite good. Can not speak English. Sept 27.94. About the same. Summary. Patient's appetite good. Sleeps well. Behavior restless. Noisy at times. Seems quite feeble. Has spells of crying and talking. Is very untidy in habits. Goes out walking. Bowels constipated. Refused medicine.

September 94. Appetite good. Sleeps well. Is quite feeble. Very untidy in habits. Goes out walking. Talks a great deal. Is noisy at times. Bowels constipated. Oct. 8.94. Appetite good. Sleeps well. Untidy in habits. Noisy at times. Seems very restless. Usually walking around. Bowels constipated. Oct 10.94. In seclusion.

Nov 30. 94. Appetite good. Sleeps well. Very restless in behavior. Untidy in habits. Does not speak English. Seems quite feeble. Bowels usually constipated.

Dec 94. Appetite fairly good. Sleeps well. Behavior is very restless, is quite feeble, untidy in habits. Bowels usually constipated. Dec. Transf to B³. Dec 27 94. Patient about the same. Jany 28.95. General health good. Quite nervous during the day. Sleeps well. Appetite good. Febr. 7.95. Put to bed. Seems very feeble. Appetite poor. Coughs some. Febry 21.95. Has been in bed 9 days, has to be fed. Sleeps most of the time. Transf to sick ward. Febr. 22.95. Patient has been failing somewhat and recently was put to bed, now moved to the sick ward. T. 99. P. 100. R. 20. Is rather restless, yet lies in weak, paretic sort of a way. Has seemed very paretic all through having reflexes and other symptoms which suggest a paretic character. Her failure, moreover, at this time seems to be somewhat like that of a paretic. Febr. 23-95. Lies quietly in bed, restless and

awake somewhat during the night, ate soft food, but not very much, seems to be gradually growing weaker, without any special symptoms. Febry 25.95. Remains about the same, except growing weaker. Kept about 5 hrs last night, eats nothing but liquid food. Febr. 26.95. Has been having about normal pulse and temp. but somewhat suddenly last night temp. went down to 97.2 and the pulse up to 138. Her bowels moved very freely, was rather stupid. At 10³⁰ this morning she died. Her Temp at 7³⁰ being 96⁸ and pulse 140. For particulars see nurses records.

Died February 26th 1895 at 10³⁰ P.M.

Personal and Medical History of Louisa Koust
(Louisa Coonst)

EBERT, FIGLAS & CHAMBERS, DAVENPORT, IOWA

Whole No. 3845.
Residence, Red Wing, Minn
Date Admission, 17th September 1894.—
Admitted by, Dr Phelps Hour, 7 PM.
How Sent, John G. Olivier, Jo P, Lamsey County
Sex, — Female —
Age, 54 —
Civil Condition, Widow
Children, Three (3)
Age Youngest Child, —
Occupation, Farming —
Degree Education, not given
Profession Religion, Lutheran
Habits, Temperate —
Nativity, Sweden
Physicians Committing, F. McDonald & G. S. Hanley
Correspondents, none given in papers
(words underlined — from previous histories)

No. for Year, 444
Insane Relatives, Unknown. (mother)
Cause Exciting, Unknown.
Cause Predisposing, unknown (heredity)
Form, Chronic Recurrent mania.
Accompanying Bodily Disorder, none (chronic ulcer valeg)
Suicidal or Not, Unknown.
Date of this Attack, Unknown
Duration, probably short —
No. of Attack, 1st (5th)
No. of Admissions, 1st (4th)
Age First Attack, unknown (?) — 20 —
Time of Leaving, May 8. 1895.
Time in Hospital, 7m 21ds
Result, Rec.

EXAMINATION ON ADMISSION.

Sept 1894 Dr. Linton Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear mind
Quick or Sluggish, Quick
MEMORY: Seems good.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Alert
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Bodily condition very good in every respect. No special treatment is needed. Bodily functions seem normal. Appetite good. Bowels regular. Needs no tonic.
Signed L. L. Phelps.

EMOTIONAL STATE: Inclined to be exalted
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have delusive ideas.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Mostly coherent talks almost continually, at times
Coherent or Incoherent, expressing delusive manner.
Voluble or Reticent,

Personal and Medical History of Louisa Koust

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 9 in WEIGHT, 165 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Heavily coated Promptness Movement, Normal
PUPILS, Equality, Eq. Size,
Response Light, Normal Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Slight Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, Depressed, worried.
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean — Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, 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,

1894

This patient was brought here by Deputy-Sheriff M.N. Goss & attended by Miss Swartz, with the following history. Habits are temperate. If any hereditary history is unknown. Cause of attack is unknown; probably of short duration; form of attack is acute. There is no accompanying bodily disorder. When first symptoms were manifested is unknown. This is 1st attack. Insanity is now shown by a general confusion of ideas. Patient is not disposed to injure others; if suicidal, is unknown. Is not filthy or destructive. If any peculiarities of disposition &c were previously manifested, is unknown. There is no history of any bodily disease &c, nor of any injury to head. She has not been constrained or confined, nor under medical treatment.

Sep 17 On admission, was put on B2. (S.R. complexion light; hair light brown; eyes blue; condition of skin normal; no bruises noticed; bodily condition clean. Behavior good). This is the patient's 4th admission here. —

Note. 1st time: (Vol 2. page 63 No 243): was then transferred from St Peter, to which hospital she was admitted Feby 21/80. While there, she was, for a good part of the time, noisy & troublesome & at times, violent, requiring restraint; had delusions; talked to herself a great deal. After coming to Rochester hospital, she became quiet & very industrious (having a child, some months old, to take care of); worked well on ward; also in laundry. — At time of 2nd coming (Vol 6 page 99. No 999), she was profane, obscene, irritable & full of delusions; also dirty in her habits & destructive. A few weeks after this admission, she began working in laundry; was still destructive, when not at work, & showed many delusions. During May, of following year (1886), she much improved in language, habits & mind; became neat & worked in sewing room. Delusions were less marked; temper good; kept on steadily improving, until she was taken home. On 3rd admission, she was irritable; much prone to scolding; was destructive but not violent; could not get along either in laundry or sewing-room on account of her crankiness & ill-temper; afterwards became more quiet & helped at other work. Was much improved when leaving. (History of 3d admission in Vol 14 page 194 No 2534) — On first 3 admissions, was from Goodhue County.

Sept 28.94 Appetite quite good. Noisy part of the night & greater part of the day. Habits clean. Goes riding and walking. Helps work on the ward. Bowels quite regular. Oct 30.94 Very noisy usually. Habits dirty part of the time. Appetite good. Works some on the ward. Is quarrelsome and hard to please. Always accusing others of taking her clothing. Nov 30.94 Patient just the same as she has been for the past month. Dec. 31.94. Noisy most of the time. Works on ward some. Appetite good. Bowels regular. Jany 31.95 Appetite good. Quite noisy at times. Works in laundry. Bowels regular. Febr. 26.95 Quiet most of the time; works on the hall & in the laundry occasionally. Appetite good. Sleeps quite well. Complains of left leg from knee down aching, bowels constipated.

Mch 14.95. Recd on ward. Mch 23.95 Appetite good. Clean & tidy in habits. Is quiet in behavior. Talks a good deal of going home and seems quite anxious to go. Works in dining room. Gen health good. Goes riding and walking. Menstruated March 29.95. May 8.1895. Went home. Fairly well recovered. Somewhat dull and feeble in mind but not very noticeable so.

Discharged.

Personal and Medical History of Martha Johnsrud

EBERT, PIGLER & CHAMBERS, DAVENPORT, IOWA

Whole No. 3847.
Residence, Tp. of Arlington, Houston Co. Minn.
Date Admission, 18th September 1894.
Admitted by, Dr. Kilbourne Hour, 4:30 P.M.
How Sent, Thomas Ryan, Jof P. Houston County
Sex, Female
Age, 29 years
Civil Condition, single
Children, — one —
Age Youngest Child, —
Occupation, House keeper
Degree Education, not given
Profession Religion, In a church member
Habits, Temperate + moral, Prior to Sickness.
Nativity, Town of Arlington, Houston Co. Minn.
Physicians Committing, J. Jenson M.D. + L. Budell.
Correspondents, Nord P. Johnsrud, Springgrove P.O. Houston Co. Minn



No. for Year, 46.
Insane Relatives, None
Cause Exciting, Disappointment in love.
Cause Predisposing, previous attacks.
Form, Dementia Terminal
Accompanying Bodily Disorder, None known of.
Suicidal or Not, not; but homicidal(?)
Date of this Attack, 1st at time of Child birth (about 10 years ago?).
Duration, probably long
No. of Attack, 2nd (Continuous)
No. of Admissions, 3rd
Age First Attack, about 18.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Impaired
Recent Events, "
Special Subjects, "
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects, "
Own Mental State, "
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Very dull and disinclined to talk or manifest any interest in anything

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indifferent and dull
Exalted,
Depressed,
DELUSIONS: None determined
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Partially incoherent
Voluble or Reticent,
Rather reticent and dull

Personal and Medical History of Martha Johnsrud

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good but is pale
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Unnoticed Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Very dull and indifferent
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE.

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

HISTORICAL.

LENGTH OF INVASION, 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 Martha Johnsrud

1894

This patient was brought here by Geo. M. Bleesrud, Sheriff, and Cady attendant, with the following history. (She has been here, twice before; see note below). She was temperate & moral, prior to sickness; - There is no history of heredity. Disappointment in love, & giving birth to a child are the supposed causes of this attack: form of present mind is acute & paroxysmal. There is no bodily disorder known of. - Symptoms of disease were first manifested at time of Childbirth. This is 2nd attack, Centennious. first occurring abt 10 years ago. Insanity now manifested as the delusion of Young men. Patient has threatened to injure her parents; but is not suicidal, nor filthy nor destructive. - There is no history of any bodily disease nor of any injury to head. She has had medical treatment only while at this Hospital. Note. During her first stay here (for details see Vol 11. p 120. No 1920) she was very dull & stupid; habits were dirty; and she was not much improved when leaving her. During her 2nd stay (see Vol 24 p 397 No 35249) she was quiet; would not talk any; wandered aimlessly about the hall; indifferent to her surroundings. Did not seem to improve in any respect; was sent home, having been illegally committed here under "Law of 1893", on June 10/94. -

Sep 18 On admission, was put on B2 (S.R. Complexion light; hair light brown; eyes blue; Condition of skin, normal; no marks scars or bruises noticed; bodily Condition Clean. Behavior is good). P75. R18 T98

" 19 Quiet. In bed all day. Did not talk much: Appetite good. Rested well. Cough none. Bowels regular. Complaints none.

" 20 Up in ward. Seems quite dull. Will not talk much "when she does it is in a wandering manner. Rested well. Ate quite well. Transf to Annex. Sept 21 94 Is quite dull does not notice much that is going on around her. Appetite fair. Went out walking. Rested well. Sept 22 94 Talked very little. Complained of headache. Bowels constipated. Gave her a dose of salts. Sept 23 94 Still quiet. Sits around in a listless way. Bowels constipated. Gave her a cathartic. Sept 24 94 Seems to have a slight cold. No change in behavior. Will not talk much. Rested well. Gave her a cathartic. Appetite poor. Sept 26 94 Still very dull. Will not talk any unless spoken to & then very little. Sept 28 94 Is very quiet in behavior. Has a light headache. Appetite fair. Rested well. Went riding. Sept 29 94 Has recovered from her cold. Is very quiet. Does not seem to notice any thing that is said or done around her. Sept 30 94 Appetite fair. Rested well. No change in behavior. Bowels Constipated. Gave her a cathartic. Oct 1 94 Bowels moved. Rested well. Appetite improving. Only speaks when spoken to & then not in an intelligent manner. Oct 2 94 Appetite quite good. Rested well. Still very quiet in behavior. Inquired for a letter this morning.

Summary: Has rested well. Appetite has been poor till within the last 2 days. Bowels inclined to Constipation. Head aches quite often. Has been quite dull. Takes no notice of any thing that happens. Will go riding & walking. Makes no complaints. Will not talk any unless spoken to & then will scarcely talk. Oct 11 94 Appetite fair. Clean & tidy in habits. Is very quiet. Will not talk. Coughs some. Does not look well. Goes riding & walking. Transf to B1. Oct 30 94 Improved mentally last few weeks. Appetite good. Sleeps quite well, but coughs some during night. Goes riding & walking. Talks some & is quite cheerful at times. Bowels usually regular. Nov 10 94 Quiet. Appetite good. Menstr in part week. Nov 28 94 Very quiet. Neat in habits. Appetite good. Bowels regular. Dec 2 94 Quiet & agreeable in behavior. Is somewhat stupid. Talks very little. Goes riding and walking. Assists some with work. Appetite fairly good. Bowels regular. Menstruated.

Dec 31 95: Appetite fairly good - Bowels regular. Is very stupid. Talks very little. Goes riding & walking. Assists some with the work. Quiet in behavior. Feb 22 95 No change since last note.

Personal and Medical History of Martha Johnsrud.

Feb 22 95 Transf to Annex. Feb 23 95. Received on ward. Mch 23 95. Appetite fair. Clean & tidy in habits. Very quiet in behavior. Seldom speaks. Is rather thin in flesh & looks pale but does not complain of being sick. Goes riding and walking. May 27 95 Is very restless. Looks pale and is growing thin in flesh. Coughs some. Appetite fair.

July 4 Appetite good. Clean & tidy. Not noisy but restless runs around ward. Does not talk. Looks pale. Gen health good. Goes riding & walking. Augt No change

Sept 24 Menstr. Sept Oct & Nov. Appetite good. Clean & tidy in habits. Very quiet in behavior. Talks very little. Thin in flesh & has bad color. Works some on ward. Gen. health good. Goes riding & walking. Jan. 29 Appetite fair. Clean & tidy in habits. Quiet in behavior. Talks but little. Works in laundry. Thin in flesh. Color pale. General health poor. Takes out door exercise. Feb. 16 Is failing in health. Cleans. to a.v. Feb. 15 Lungs examined today. Respiration labored & painful. Prolonged expiratory murmur. Breath sounds roughened. Percussion note higher than normal & flat over both lungs. Some moist rales in both apices. Chest very hollow. Has a hard deep cough. Very pale & is losing flesh the last few weeks. Feb 15 Temp. 98.8 P. 84 R 22. Takes tonic. Mar 3 Medicine commenced 3/17 increased rapidly to 64 grains daily - to date.

1896 May Quiet in behavior: neat in habits: seldom speaks: appetite quite good: sleeps well: bowels regular: Takes out door exercise: Takes tonic: Does no work.

May Medicine Hypodermics given daily from March 4 to Apr 30. Dose gradually increased to LXXV M. Patient seemed to gain some flesh under the treatment. - Massage Treatments given. Mar 23 - Apr 27 Menstr. May 30 Patient is quiet. Does no work. Takes out door exercise. Appetite fair. Bowels regular. Sleeps well.

July Summary Nurses Notes by Dr. SS Phelps. - Usually quiet but at times quite disturbed: gen health good: assists with work occasionally: no change: Feb '97 rather sickly a year ago. better now. Apr '97 Menstr regular: no special change: Aug '97 Lungs & heart examined: - Resp. 18: chest expansion good: breath sounds fairly good: heart sounds normal: Pulse 56 to 60 and weak. Continued by Dr. Phelps. Oct 31 Seems comparatively healthy of late: Works some & goes out for exercise. Feb 9 Wt. 126 lbs. Coughs some at times. Jan 25 99

1899 Mar. 4 General health good. Appetite fairly good. Is rather dull & demented in all her ways. Sept. (Cont. by Dr A A Bell) Gen'l health fair: appetite good: sleeps well: takes out door exercise: neat in habits: untidy in appearance: becomes very excited at times & scolds: dresses correct: has many delusions: works in dining room.

Aug 18 Wt. 145 lbs Sept 1 - Feb 28 1900 (Dr Heyerdale) Neat. Expresses delusions: Noisy & excited at times. Helps in dining room. Does not converse: Eats & sleeps well: Menstruates regularly: Takes out door exercise: Jan 1 - 150 lbs Mch 1 - Aug 31 1900 (Dr Linton) Usually quiet but at times disturbed & obstinate: Talks very little: General health good. Eats & sleeps well: Attends chapel & works in dining room. Menstr. Apr 3. May 1 - May 21. Aug 26-27 Sick in bed. Aug 31. Up on ward: Appetite good.

See 316.

Personal and Medical History of Frederika Mussehl

EBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3853.
Residence, Faribault, Minn.
Date Admission, 26th September 1894.
Admitted by, Dr Phelps Hour, 5.30 P.M.
How Sent, R. A. M. H. J. of P. Rice County.
Sex, Female.
Age, 43 years
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, nothing regular.
Degree Education, probably fair
Profession Religion, not a church member
Habits, Good.
Nativity, In Prussia
Physicians Committing, D. McCook and J. S. Seeley
Correspondents, none given in "papers" —

No. for Year, 52.
Insane Relatives, yes; father; perhaps more.
Cause Exciting, Brain fever at 6 years of age
Cause Predisposing, Hereditary tendency.
Form, Imbecility
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, since childhood
Duration, several years —
No. of Attack, 1st (continuous)
No. of Admissions, 2nd
Age First Attack, about 6 years probably.
Time of Leaving, Feb. 14. 1899
Time in Hospital, 4 yr. 4 m. 19 d
Result, Transferred to Fergus Falls.

ok Fin

EXAMINATION ON ADMISSION.

Sept 28. 94 Dr Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Fairly clear
Quick or Sluggish, sluggish
MEMORY: Probably impaired.
Past Events, " "
Recent Events,
Special Subjects, Talks a very broken English.
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Partially correct
REASONING POWER:
Ordinary Subjects,
Own Mental State, Prob impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS: Can not determine
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks a very poor German & speaks very
Coherent or Incoherent, little English. Very simple
Voluble or Reticent, mindedness childish

Personal and Medical History of Frederika Mussehl

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ WEIGHT, 127 pds NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Pale & flabby Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Fair
Legs, Fairly good
TREMORS, Hands, Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Pleasant
SENSIBILITY,
HEART, No murmur
LUNGS, seem in good condition
EXAM. URINE.

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

HISTORICAL.

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

Personal and Medical History of Frederika Mussehl

EBERT, FIDLER & OSMBERG, DAVENPORT, IOWA

1894

This patient was brought here, (this second time) by a Deputy Sheriff and her sister, with the following history of her case. There is history of heredity; her father was insane; perhaps more; cause of this attack is brain fever at 6 years of age and hereditary tendency; form of attack is chronic; there is no accompanying bodily disorder. Attack began with her fever, in childhood, and has grown into a chronic condition of dementia. This is 1st attack, continuous. Insanity is now manifested in all subjects, without any particular way. Patient is not suicidal. Theirs, however, filthy in her habit, but not destructive. There is no history of any bodily disease to or injury to head (except as above mentioned). This is a clear case of loss of mental power and we (Examining Physicians) recommend her commitment on the ground that we know of no other place for her and she cannot be cared for by her friends. Note. This woman was here before, from Dec 22/92 to June 18/93, when she was taken home by relatives. On her then first coming here was kept in bed, with "sick ward" on account of having had her fingers & toes badly frozen previous to coming here. She was, also, a couple of times confined to her bed, afterward, for a few days each time on account of headaches, and severe pains in stomach. She soon began to make improvement, both mentally & physically; helped with the work; was quite contented here; kept on improving until she was taken home. — (For further details of her history on 1st Commitment see Vol 21. Page 209. No 3214) —

Sept 26 On admission, examination B.P. (S.R. Complexion light; hair light; eyes blue; Condition of skin normal; no marks, scars or bruises noticed; bodily condition clean: behavior good, cried when being taken to ward). —

Proposed treatment: Patient a chronic case. No special treatment is indicated; such a feeble minded case being perfectly manageable and her present condition seeming up to average.

Sept 27th Very quiet. Does not talk much. Appetite very good. Slept well at night. Bowels constipated. P 82. R 22. T 98.4

" 28 Appears well. Appetite very good. Slept well. Given cathartic. P 74 R 20. T 98.4

" 29 Very quiet. Appetite good. Slept most of the night. Has diarrhoea. P 74 R 22. T 98.4

" 30 Is very quiet, talks very little, works in dining room. Appetite good. Slept well

Oct. 1. Appetite good. Slept well. Works in dining room. Bowels regular. Oct 2 94. Appetite good. Slept poorly. Had diarrhoea. Works in dining room & on ward. Oct 3 94 Appetite good. Has diarrhoea. Slept well. Very quiet. Works in D.R.

Oct. 4 Diarrhoea much better, takes med for bowels, drank scalded milk, did not eat. Slept well, works in hall & in dining room

" 5 Appetite good. Slept well. Had med for bowels, diarrhoea better, works in hall & in dining room. Oct 6 94 Appetite good. Slept well; diarrhoea much better, takes scalded milk & med for bowels out walking to day. Oct 7 94 Appetite good. Slept well. Diarrhoea better. Worked in dining room. Oct 8 94 Patient feels much better. Appetite good. Slept well. Worked in dining room. Out walking to day. Oct 9 94 Patient has diarrhoea, took scalded milk for meals to day. Slept well.

Oct 10th Patient's appetite good. Slept well, diarrhoea better. Worked in dining room

Summary. Has been very quiet. Works in dining room and on ward. Goes out walking. Bowels constipated at first. Has had diarrhoea. Talks quite sensibly. Appetite good. Rests well at night.

Oct 11 94 Had diarrhoea. Gave medicine. Works in dining room. Is very quiet. Appetite good.

" 31 Appetite good. Has diarrhoea a great deal. Works in dining room. Goes walking.

Nov 8 94 Fought with L. Thompson. Nov 20 94 Fought with B. Hibbets. Rec'd a cut on head about an inch & a half long, with the heel of a shoe. Dec 2 94 Complains of ear & head-ache. Works in dining room. Dec 9 94 Dec 22 94. Complains of toothache. Jany 1 95. In bed all day. Jany 6 95 Fought with Peterson & B. Hibbets. Jany 27 95. Complains of headache & toothache. Has a good appetite. Works in dining room

Personal and Medical History of Frederika Mussehl.

Feb 9 95 Complains of feeling sick. In bed most of the day. Feb 17 95 In bed. Complains of sore throat & headache. Feb 28 95 Appetite quite good. Bowels regular. Works in dining room. Mch 12 95 Complains of headache. Lying down most of day. Works in dining room. Mch 21 95 Appetite good. Bowels reg. Quiet in behavior. Complains of being sick a great deal. Works in dining room. Goes walking & riding. April 2 95 In bed complains of headache, toothache. Has diarrhoea. Med given as directed. April 29 95 Complains of pain in chest. Med given. Plaster applied. May 17 95 Appetite good. Bowels reg: No change in behavior.

June 5 Appetite good. Bowels regular. Works in d.r. Quarrelsome at times. Goes riding & walking. Not feeling well for some time. June 11 Trans. to D. N. Asyl. Appetite good. Works in d.r. Gen. health fair.

Sept 26 Appetite good. Clean in habits. Untidy in appearance. Noisy at times. Takes quiet exercise. Works in dining room. Rather disagreeable in her manner. Gen. health fair. Will not go riding & walking. Oct 26 Not feeling well of late. No other change.

Nov 28 Appetite good. Works in dining room. Feeling better lately. Jan. 14 Menses.

1896 Jan 8 Is not feeling well. Went to bed this A.M. Jan 21 Up on ward. Feb 3 Appetite good. Clean in habits. Untidy in personal appearance. Quiet in behavior. Works in dining room. General health fair. Takes out door exercise.

March Appetite good: clean in habits but untidy in appearance. Quiet: complains a great deal of neuralgia in face. Works in dining room. General health fair. Takes out door exercise. May 5 Menses. May 22 Sick in bed 4 day. Complains of headache.

May 26 Dressed & up on ward. Summary Nurse's Notes by Dr. S.L. Phelps:-

July Complains a good deal of neuralgia in face: works in dining room. Gen'l health fairly good: demented: Nov. Generally feeble minded & talks very poorly: May 97 No change: Aug 97 Gen'l health fairly good: no mental change. Continued by Dr. B.M. Phelps. Dec 97 Patient about the same in every way. Very imbecile in manner. Is feebleminded & complaints are of a hypochondriacal character.

Feb 9 98. Wt. 153 lbs. Feb 14 99 Trans. to Fergus Falls. During intervening period has been fairly quiet & well-behaved.

Personal and Medical History of Nattie McHenry

EBBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3857

Residence, Chatfield, Minn

Date Admission, 29th September 1894

Admitted by, Dr Kilbourne Hour, 3.30 P.M.

How Sent, E. V. Farrington, J.P. Fillmore County

Sex, Female

Age, 30 years

Civil Condition, married

Children, none

Age Youngest Child, —

Occupation, Housewife

Degree Education, not given

Profession Religion, has belonged to M. E. Church.

Habits, Temperate & moral

Nativity, Illinois

Physicians Committing, C. M. Cooper and F. J. Halloran

Correspondents, Elias Williams, Chatfield, Minn.
Dr J. C. Dickson, Chatfield, Minn.

No. for Year, 56.

Insane Relatives, None known of

Cause Exciting, thought to be some ovarian difficulty —

Cause Predisposing, previous attack ? (Continuous)

Form, Paranoia

Accompanying Bodily Disorder, probably ovarian trouble

Suicidal or Not, not.

Date of this Attack, 1st symptoms in July 1892.

Duration, nearly 2 years + a quarter.

No. of Attack, 1st (continuous probably) —

No. of Admissions, 1st (has been in St Peter) —

Age First Attack, about 28 —

Time of Leaving, July 30. 95.

Time in Hospital, 10 months and 1 day

Result, Transf to Fergus Falls.

ok pm

Octs. 94 D. Linton Phelps.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused, somewhat

Quick or Sluggish, Quick.

MEMORY: Good

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: Alert.

Alert or Dull,

Correct or Illusive, Illusive

REASONING POWER:

Ordinary Subjects, Fair

Own Mental State, Impaired.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Calm

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, thinks she is pregnant.

Transitory or Not,

HALLUCINATIONS: Has delusive ideas.

ILLUSIONS:

CONVERSATION: Coherent on ordinary subjects. Thinks

Coherent or Incoherent, nothing the matter with her and she ought

Voluble or Reticent, not to have been sent here.

Personal and Medical History of Nattie McHenry

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ WEIGHT, 125 pds NUTRITION, Good

WOUNDS OR ABNORMALITIES, None.

TONGUE, Tremors, Slight Coatings, None Promptness Movement,

PUPILS, Equality, Eq Size, Normal

Response Light, Normal Accommodation, Normal

SIGHT, says impaired in right eye

HEARING, Good

COORDINATION, Arms, Good

Legs, do

TREMORS, Hands, None Tongue, Slight.

Facial Muscles, General,

REFLEXES, Patellar, Eq. both about 5

Other Reflexes,

ARTICULATION, Hesitating, Normal Slurred,

FACIAL EXPRESSION, Normal

SENSIBILITY,

HEART, Normal

LUNGS, seem in good condition

EXAM. URINE.

GYNAECOLOGICAL EXAM., Not examined

MENSTRUATION, Irregular and profuse

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean Clean, Careless,

BOWELS, Normal, Normal Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Good. Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual

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

Mother or Mat. Relations, died consumption

Father or Pat. Relations,

Brothers or Sisters,

1894

EGBERT, FISCHER & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by the City Marshall of Chatfield, J. Sawyer and Miss French, with the following history of the case. Habits have been temperate & moral. No hereditary history known of. Cause of this attack is unknown; was thought to be some ovarian difficulty; form of attack is chronic, depressed. First symptoms of disease were manifested in July 1892: 1st attack, seemingly continuous. Insanity is now shown by delusions; thinks she is pregnant and in the 8th month. Thinks husband, neighbors & all natural friends are against her. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any severe bodily disease &c nor of any injury to head. She was confined at St Peter Insane Asylum, Minnesota, for 5 weeks; came away 23d Feby. 1893; was much better when she left that hospital.

Sep 29 On admission, was put on A2 (5th) Complexion light; hair auburn; eyes brown; condition of skin very fair; no marks, scars or bruises noticed. Bodily condition clean; no bodily peculiarities noted; is very quiet. Talks quite sensibly).

Proposed treatment: Put upon tonic, but says she does not want to take any medicine.

Sept 30 94 Very quiet. Has delusions. Appetite good. Slept well at night. Has no cough. Bowels regular. Complains of headache. P.94 R.18 T.99

Oct 1 94 Behavior quiet. Lying down most of the day. Appetite good. Bowels regular. Slept well all night. T. 99 P.72 R.18

Oct 2 94 About the same. Has delusions. Helped in the dining room. Was in her room most of the day. Slept well most of the night. T.98 P.90

Oct 3 94 Appetite good. Behavior quiet. Refuses any med. Slept about 5 hrs. during the night. P.86

" 4. Appetite good. Bowels regular. Has been very nervous all day. Had some trouble to give her a bath. Refused med. Slept well all night. P.84

" 5. More quiet to day. Appetite good. Bowels regular. Slept well all night. Went walking. P.82.

" 6 Quiet all day. Helped some in the dining room. Appetite good. Refused med. Slept well all night. P.76

" 7 Behavior quiet. Appetite good. Slept well all night. Complained of headache. Went walking. Pulse 74

" 8 No change. Very quiet. Appetite good. Slept well all night. P.75

" 9 Behavior good. Appetite good. Bowels regular. Helps in dining room. Slept well all night. P.74

" 10 More restless than usual to day. In her room part of the time. Appetite good. Slept 4 hrs. during night. T.99 P.76

" 11 Quiet all day. Ate well. Slept well all night. Went walking. Refused medicine. P.74

" 12 Quite excited all day. Appetite good. Slept well during the night. Was visited by her uncle. Refused to have conversation with him. P.74 Oct. 13 94. Quiet all day. Appetite good. Slept well most of the night. Helped in the dining room. P.74 Summary Behavior quite good. Has delusions. Is very excitable. Talks sensibly. Appetite very good. Bowels regular. Sleeps quite well. Goes walking. Refuses any medicine. Complains occasionally of headache.

Oct 1 to 4 94 Menstruated. Behavior quiet. Has delusions. Appetite very good. Bowels regular. Sleeps well. Helps occasionally in the dining room. Refuses to take medicine.

Oct 20 94 Appetite good. Sleeps well. Is very cross and irritable. Oct 29 to Nov. 3 94 Menstruated.

Nov 27 " Appetite very good. Bowels regular. Sleeps well. Has many delusions. Goes walking. Is very cross and quarrelsome with the other ladies. Nov. 28 to Dec. 3 94. Menstruated.

Dec 15 94. Quiet in behavior. Appetite good. Moved to A2. Still holds to her delusions. Thinks she is very unjustly kept here. Sleeps well. Bowels reg: Jan. 20 95 Moved to A1. Jany 28 95 Menstr.

Jany 30 95. Is quite nervous. Appetite fair. Does no work. Still has delusions. Feb 14 95 Menstr.

Feb 16 95. Appetite good. Sleeps well. Somewhat careless in personal appearance. Takes no interest in work.

Mch 24 95. Appetite fair. Sleeps well. Is at times very impudent, careless and somewhat untidy

in habits. Also has delusions. Transf to C2. Growing more incoherent and deluded of late.

April 12. Menstruating. Has a cough, is very noisy at times. Goes walking and riding. Appetite good. Bowels reg. Sleeps well. May 25 95. Bowels reg. Appetite good. Untidy in habits. Has delusions. Sleeps well. Goes riding and walking. May 29 95. Menstruating. June 7 95 Menstruating. Appetite good. Sleeps quite good. Behavior quiet most of the time. Has delusions. Talks incoherently. Works in dining room. Goes out walking and riding. Bowels regular. July 10 95 Menstruating.

July 30 95 Appetite fairly good. Sleeps well. Quiet in behavior.

Transf to Fergus Falls.

Martha Johnsrud. From Folio 308.

Sept 1 - Feb 26 1901 No change in patient. Usually quiet. Wt. Feb 28 152½#. Dec. Feb 28

Little Mar 1 - June 1 - 1901 Works in dining room. May 31 Wt. 151½#

June to Sept. Assists with work, takes out door exercise, is neat and clean, Sept. 2 Wt. 163#. Sept. to Dec. No change. Nov. 30 Wt. 166#.

Up to Feb. 1, 1903. General health good: appetite good: bowels regular sleeps well: attends amusements: takes exercise: works occasionally: does not converse or answer questions: is tidy and clean: at times violent and disagreeable.

Personal and Medical History of Ellen Morgan

GEBERT, PIGLER & CHAMBERS, DAVENPORT, IOWA

Whole No. 3860
Residence, Winona, Minn
Date Admission, 3rd October 1894.
Admitted by, D. Kilbourne Hour, 4 30 P.M.
How Sent, H. L. Duck. J of P, Winona County
Sex, Female.
Age, 70 years
Civil Condition, widow
Children, 2 children
Age Youngest Child, —
Occupation, Housewife
Degree Education, not stated
Profession Religion, Is a church member
Habits, Good until recently; somewhat intemperate of late.
Nativity, Ireland -
Physicians Committing, J. B. McGaughey and J. S. Tracy
Correspondents, Jas. J. Morgan, 529 W. Sarnia St. Winona. Minn

No. for Year, 59.
Insane Relatives, no history of heredity.
Cause Exciting, change of residence & senility.
Cause Predisposing, probably old age.
Form, Dementia Senile
Accompanying Bodily Disorder, none
Suicidal or Not, not.
Date of this Attack, prior to her coming to America.
Duration, probably some time
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, (?)
Time of Leaving, Aug. 26 '95
Time in Hospital, 10 mo. 23 da.
Result, Unimproved 2/5/96

EXAMINATION ON ADMISSION.

Oct - 94 Dr S Lintra Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, sluggish.
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Illusive
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: calm, but easily excited.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Incoherent very talkative
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Ellen Morgan

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, ✓ NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, none. Promptness Movement, normal
PUPILS, Equality, Normal Size,
Response Light, do Accommodation, normal
SIGHT, Sums good
HEARING, very deaf
COORDINATION, Arms, Good.
Legs, Good
TREMORS, Hands, none Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal. Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Normal arteries normal
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM., Slight laceration of as otherwise normal
MENSTRUATION, Ceased.
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty,~~ Clean Clean, Careless,
BOWELS, ~~Normal,~~ Constipated Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, ~~Good,~~ Poor Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Ellen Morgan

1894

This woman was brought here by Sheriff E.V. Bogart and Mrs James Morgan, her daughter-in-law, with the following history of case. Her habits have been good, until recently; somewhat intemperate, of late. Supposed cause of this attack is change of residence & senility; form of attack is chronic and paroxysmal. No accompanying bodily disorder. First symptoms occurred prior to her coming to America; would leave home; beg without cause. This is her 1st attack. Insanity is now manifested by the thought that her son's wife is trying to poison him. She leaves home, begs and steals without cause. Patient is not disposed to injure others, nor is she suicidal, nor filthy nor destructive. There is no history of any bodily disease &c nor of any injury to her head. She has not been restrained or confined, nor under medical treatment.—

Oct 3 On admission, was put on B2 (S.R. Complexion dark; hair partly gray; eyes brown; condition of skin normal; one scar on right leg; a few small bruises on body; bodily condition dirty: Is quite noisy).

Oct 4. 94 Very noisy at times. Talks most of the time quite sensibly. Appetite very good. Did not sleep very well. Bowels constipated, gave carthatic P. 84 R 20 T. 98.4 Oct 5. 94. Very noisy. Appetite good. Did not sleep well. Bowels reg P 82 R 18.

Oct 6. 94 Quieter than usual. Appetite good. Slept pretty well. Has diarrhoea. Has been out walking to day.

Oct 7. 94. Quite noisy all day. Appetite not as good as usual. Slept well. Vomited several times during day.

Oct 8 " Does not feel very well. Vomited several times. Keeps calling for water. Appetite poor. Slept well.

" 9 " Appetite poor. Slept well. Has diarrhoea. In bed most of the day. Temp. 97.6 Resisted about temperature taken.

" 10 " Appetite poor. Slept well. Noisier than usual. Talks about her daughter and home. Oct 11. 94 Appetite some better. Slept well. Quite noisy at times. Bowels constipated. Oct 12. 94 Appetite fair. Talks a great deal about her home. Seems quite homesick. Bowels constipated. Gave carthatic. Talks quite sensibly. Wants her tobacco to smoke.

Oct 13. 94 Appetite about the same. Crying some, says she wants to go home. Says she feels better since she has her tobacco.

" 14 " Very quiet. Appetite fair. Bowels constipated. Gave carthatic. Went walking. Oct 15. 94. Behavior about the same. Went out walking. Ate quite well. Complains of bowels being constipated most of the time. Goes walking and riding.

Oct 16. 94. Appetite fair. Bowels constipated. Talks a great deal about going home and also of her children. Went walking. Sleeps well.

" 17 " Appetite some better. Bowels constipated. Talks about home. Lies down a great deal in day time. Sleeps quite well. Talks sensibly.

Summary. Quiet, but talks a great deal. Appetite fair, much better than at first. Talks quite sensibly. Goes walking and riding.

Oct. 15. 94 Behavior quiet, but talks a great deal. Appetite fair, talks quite sensibly. Goes out walking and riding. Smokes, keeps her pipe and tobacco. Usually constipated. Oct 23. 94 Transferred to B3

Oct 27. 94 Appetite fair. Habits clean. Talks quite sensibly. Smokes a great deal. Quiet. Cares for herself.

Nov 12. 94 Visited by daughter. Nov 29. 94 Appetite fair. At times quite noisy and troublesome, will find faults. Seems discontented, goes out walking and riding. Complains of being constipated.

Dec 27. 94. Gen. health good. More quiet than usual. Clean in habits. Bowels constipated. Talk sensible.

Jany 19. 95. Quiet in behavior and not as troublesome. Removed to A2 Febr 15. 95 Appetite good. Sleeps well. Bowels constipated. Takes med: Neat in habits. Febr 25. 95 Much more noisy the past week. Has delusions. Gen. health quite good. Febr 27. 95 Moved to Annex.

Mch 23. 95 Gen. health good. Clean in habits. Is quite noisy and troublesome at times. Bowels constipated. Transf to C2

April 22. Appetite very poor. Does not sleep well. Has a bad cough. Has been sick in bed for 2 days.

May 25 Appetite good. Bowels constipated. Untidy in habits. Gen. health good. Does not sleep well.

Personal and Medical History of Ellen Morgan

June 8 Appetite fair. Sleeps well. Rather noisy & occasionally violent. Incoherent. Has many delusions. Thinks some one killed her daughter. Wants to go home. Bowels very constipated.

June 11 Visited by daughter. June 22 Fought nurses. June 26 Getting more disagreeable. Fights with patients. Very noisy - talks out of windows. June 28 Fought nurses. Trans to B3 July 10 Fought.

July 28 Appetite good. Bowels constipated. Quite noisy & restless at times, very troublesome.

Aug 10 Fought nurses. Very noisy. Has been picking her face quite badly.

Aug 26 Appetite good. Noisy during day. Bowels constipated. Sleeps well. Aug 26 Went home. Very noisy childish incoherent & deluded.

Discharged.

Personal and Medical History of Charlotte Burns

EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3864.
Residence, Owatonna, Minn
Date Admission, 10th October 1894.
Admitted by, Dr Phelps Hour, 12 M.
How Sent, H.B. Chadwick, Jos P, Steele County
Sex, Female.
Age, 71
Civil Condition, Widow
Children, Yes; 3 living
Age Youngest Child, —
Occupation, Housewife
Degree Education, Probably limited
Profession Religion, Universalist.
Habits, — Good —
Nativity, New York.
Physicians Committing, F.M. Smersh and J.H. Adair
Correspondents, Theodore Chambers
H. B. Chambers, Havana Berlin P.O. Minn

No. for Year, 63.
Insane Relatives, none
Cause Exciting, old Age
Cause Predisposing, previous attack
Form, Dementia, Senile
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, attempted it, by hanging.
Date of this Attack, first symptoms June '92
Duration, Some 2 years or more
No. of Attack, 1st Continuous
No. of Admissions, 2nd (1st illegal comt.).
Age First Attack, 69.
Time of Leaving, Sept. 27. 1896.
Time in Hospital, 1 yr. 11 mo. 19 da.
Result, Died.
Exhaustion in Senile Dementia.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Oct 11 94 Dr S. Linton Phelps

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, sluggish
MEMORY:
Past Events, Poor
Recent Events, Poor.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, illusive.
REASONING POWER: Much impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: very easily excited.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, Has many and varied
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Incoherent Talks along to herself in a noisy
Coherent or Incoherent, incoherent manner
Voluble or Reticent,

Personal and Medical History of Charlotte Burns

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in WEIGHT, 114½ pds NUTRITION, Poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement, Very hesitating
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Impaired
HEARING, much impaired.
COORDINATION, Arms, Impaired
Legs, impaired very difficult for her to walk
TREMORS, Hands, Very unsteady in all her movements Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Demented
SENSIBILITY,
HEART,
LUNGS, Seen in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty,~~ Clean Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Fairly good Poor, Irregular,
PULSE, 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,
Brothers or Sisters,

Personal and Medical History of *Charlotte Burns*

EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

1894

This patient was brought here by Deputy-Sheriff M. A. McAndrews & attended by Theodore Chambers & his wife, with the following history. There is no hereditary history. Cause of attack is supposed to be old age; form of attack chronic, and exalted; there is no accompanying bodily disorder. First symptoms of disease were manifested in June 1892, by acute mania, with "delusions of grandeur" - This seems to be the 1st attack. Continues. Insanity now manifested by a strong desire to marry, and she is inclined to wander away from home. Patient is not disposed to injure others; but she has attempted suicide by hanging: She is not filthy or destructive. There is no history of any bodily disease or injury to her. She was in Rochester hospital before: Has had the usual medical treatment given in such cases. Note. Was here before from June 10/93 to Feby 24/94, when she was allowed to go home, having been illegally committed here. On her 1st coming, she was very nervous; noisy & restless & at times, quarrelsome & fighting the attendants; continued this way for some time. She complained a good deal of weakness; also quite frequently ate sparingly & refused some meals. - Was incoherent in talk & foolish in manner. Shortly before going home, was in bed for a week or so suffering from weakness & dizzy headache. Was all the time talking about going home. Her habits, unclean for some time, were quite clean, when she was leaving (See Vol 24. p 29. No 3371)

Oct 10 On admission, Was put on B1. / S.R. Complexion light; hair gray; eyes gray; condition of skin normal; has a scar on back of her head & a burn on the back of her right hand; bruises on front of her head. Right eye seems smaller than left. She is very restless & noisy; complains of being abused by her friends & said her daughter cut her head). Oct 11. 94 Is very restless & weak. Lies down most of the time. P 54 R 20. Normal

Oct 12. 94 Does not talk much. No delusions. Appetite quite good. Did not sleep well. Cough none. Bowels regular. Comp'd me.

Oct 13. 94 Was in bed most of the time. Went into dining room for meals. Appetite quite good. Slept better than night before. P 55 R 22.

Oct 14. 94 Was in bed nearly all day. Appetite fairly good. Slept quite well. Was not as restless as usual. Took tonic. Complained of pain in her right side. P 54. R 20. T normal Oct 14. 94 Appetite quite good. Slept well. Bowels regular. Was in bed most of the time. Was not very very nervous. Did not complain any. T. normal. P. 52. R 19.

Oct 15. 94 Was in bed part of the time. Appetite good. Slept well. Bowels regular. Was very quiet. Did not complain. Took tonic. P. 55. R 20. Oct. 16. 94 Slept well. Appetite good. Was in bed part of the day. Took tonic. Was very quiet. Bowels constipated. Did not complain. Pulse 56. R. 19. Oct 17. 94 Slept well. Appetite good. Bowels constipated. Took tonic. Was in bed most of the day. Was real quiet. P. 58. R 20.

Oct 18. 94 Was in bed part of the day. Slept well. Appetite good. Refused to take tonic. Bowels regular. Was restless. Had delusions. P. 59. R. 20. Oct. 19. 94 Was restless & rather contrary today. Appetite good. Slept well. Bowels regular. Oct 20. 94 Slept well. Appetite good. Refused to take tonic. Bowels constipated. Was very quiet today. No delusions. P & R the same. Oct. 21. 94 Appetite good. Slept quite well. Was restless & in bed most of the time. Refused to take tonic. P & R the same. Oct 22. 94. Did not sleep very well. Appetite good. Bowels regular. P 61. R 20. Was rather quiet today. Refused her tonic.

Oct 23. 94 Slept quite well. Appetite good. Not very restless. Bowels regular. Was in bed most of the time. Pulse same

" 24 " Was in bed most of the time. Appetite good. Slept well. Bowels regular. P. 61. R 19. No complaints.

Summary: Patient was restless most of the time by lying down & walking about changing places & positions very frequently. Appetite very good. Slept quite well excepting a few nights when she was restless after midnight. Bowels usually regular. Complained once of pain in her right side. No other complaints. Took tonic a few days and then refused to take it. General health good.

Oct 25. 94 Is quite restless at times lying down the greatest part of the day. Appetite very good. Sleeps quite well

Personal and Medical History of *Charlotte Burns*.

Bowels constipated at times. Needs watching. Does not complain. Does not go riding or walking

Nov 18. 94 No change in patient. Very often chokes eating her meals. Has to be watched very closely while eating

Dec 29. 94 Quiet. Lying in bed most of the day. Has to have a great deal of care. Appetite good. Bowels regular

Jany 20. 95 Seems to be failing, seems very weak. Has a very bad cough. Will not take medicine. Want a great deal of care, falls whenever she tries to walk alone. Appetite fairly good. Jany 31. 95 Seems very much better. Coughs a great deal. Appetite fairly good. Bowels reg. Lying on the bed most of the day. Febr 20. 95 Does not seem very well. Coughs will not take med. Lying in bed most of day. Chokes very easy, has to be watched closely at meals. Appetite fairly good. Bowels regular. Needs a great deal of care. Dan of U.S. Febr 28. 95 Complains of head & back ache. Coughs very hard at times. Lies down part of the day. Mch 6. 95. Quite feeble & wanders around the ward. Appetite fairly good. Bowels constipated. Cathartic given every few days. Sleeps quite well & very restless at times. Mch 9. 95 Sick in bed. Coughs quite hard after, taking medicine for cough. Mch 11. 95

Mch 11 Sick in bed. Very constipated. Enema: soap water & glycerine. Mch 15. 95. Dressed & upon ward. Appetite good. April 1. 95. Appetite fairly good. Bowels quite regular. April 18. 95. Fell down & struck her eye against a seat & caused it to get black & swollen. Warm applications of water applied until the swelling subsided. April 21. 95. Sick in bed. Appetite good. Bowels constipated. April 22. 95. Takes cathartics. Seems to be very feeble & restless. April 26. 95. Gets up out of bed & wanders around the room. Does not seem to be sick. but too weak to dress & stay upon the ward. May 2. 95. Appetite good. Bowels moved. Urination reg. May 5. 95. Dressed, up on ward. Appetite good. May 9. 95. Appetite good. Bowels regular. Very restless. May 20. 95 No change. May 31. 95. Lies in bed part of the day. Gets up & wanders around the ward & falls down quite often.

June 8 Very feeble. Wanders around a great deal & frequently falls & bruises herself. Appetite good. Bowels constipated. Takes Cathartics. Sick in bed. June 20 Trans. to Infirmary.

June 20 Temp. 99.2 Pulse 89. Resp. 20. Bowels constipated. Cathartics given also enemas. Arm bandaged but could not be kept so. June 24 Quite restless during day. Sleeps well. Bowels moved freely.

June 30 Still in bed. Has a good appetite. Bowels usually constipated. Restless & noisy during day. Takes Cathartics. July 3 Appetite good. Bowels constipated. In bed. Restless & wants to get up.

Aug 15 Has diarrhoea. Castor oil given. Medicine 3ij after each movement. Boiled milk given. Pulse 78 Resp. 22. 10 A.M. Morphine gr. ½ Hypo. Bowels moved 8 times during forenoon. Char. thin yellowish in color. Temp 99. Aug 31 Appetite fair. Has diarrhoea a great deal of late. Very feeble. Given water daily. Appetite fair. Bowels regular. Tub baths given. Oct 31 Has diarrhoea

Sept 15 a great deal of late. In bed all the time. Seems much stronger than in part month. Very untidy in habits. Nov 21 Appetite good. Bowels quite regular. Out of bed a great deal. Untidy in habits. Temp. about normal. Dec 29 Still in bed. Untidy in habits. Appetite quite good. Bowels irregular. Very feeble. Can not walk about. Jan 1 1900 80 R 26 8 30 P.M. 100. P. 60 - R 30. Appetite poor today. Seems quite stupid. Has not complained any. Pulse weak & intermittent. Slept well during night. Jan 12 Seems much better today. Bowels moved. Jan. 27 Pills given. Bowels moved freely. Feb 28 Still in bed. Bowels usually constipated. Untidy in habits. Fed by nurse. Too feeble to feed herself.

Mar 30 Has to be fed by nurse. Appetite good. Bowels usually constipated. Up out of bed a great deal

See Page 348

Personal and Medical History of Grace Ramaley

SEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3871.
Residence, 366½ Selby Ave St Paul
Date Admission, 15th October 1894. —
Admitted by, Dr. Phelps Hour, 2:30 Pm
How Sent, John B. Oliver, Jof P., Ramsey County.
Sex, Female
Age, 32
Civil Condition, married
Children, One
Age Youngest Child,
Occupation, Housewife
Degree Education, probably Good
Profession Religion, Congregationalist
Habits, Good
Nativity, Minnesota
Physicians Committing, Albert E. Senkler and Arthur Sweny
Correspondents, Husband's name Florence W. Ramaley
The Albion St Paul as per his business Card } Dakota Flats St Paul

No. for Year, 70
Insane Relatives, none
Cause Exciting, Childbirth
Cause Predisposing, none given
Form, Melancholia Acute
Accompanying Bodily Disorder, none.
Suicidal or Not, not.
Date of this Attack, about Sep 27/94.
Duration, about 3 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack,
Time of Leaving, Dec. 16th '94
Time in Hospital, 2 mo.
Result, Rec.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Oct 16. M. S. Linton Phelps

MENTAL ACTIVITY:
Clear or Confused, very confused
Quick or Sluggish,
MEMORY: Seems much impaired
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive, very illusive
REASONING POWER: Much impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Ob. ad. (O.P.) any nervous or mental influences denied.

EMOTIONAL STATE: much depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many very troublesome ones.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent all the time.
Coherent or Incoherent, Never says anything sensible
Voluble or Reticent, Seems depressed and worried all the time

CHAPTER 218—H. F. NO. 130.
AN ACT for the relief of Grace Ramaley and Florence W. Ramaley, and to appropriate money therefor.
Be it enacted by the Legislature of the State of Minnesota:
Section 1. That the sum of three thousand (3,000) dollars be and the same is hereby appropriated out of any moneys in the state treasury not otherwise appropriated for the relief of Grace Ramaley and Florence W. Ramaley, her husband, for personal injuries sustained by said Grace Ramaley while an inmate of the state hospital for the insane at Rochester on the fifteenth (15th) day of October, eighteen hundred and ninety-four (1894) by having her feet and arms burned to the bone, whereby she suffered permanent and incurable injuries, and for expenses incurred and paid by them in efforts to heal such wounds, and the state auditor is hereby instructed to draw his warrant in their favor upon the state treasurer for said amount and deliver the same to them, and the state treasurer is hereby directed to pay the same.
Sec. 2. This act shall take effect and be in force from and after its passage.
Approved April 14th, 1899.

Medical History of Grace Ramaley

EXAMINATION ON ADMISSION.—(Continued.) Not good Very weak

PHYSICAL CHARACTERISTICS.

WEIGHT, not taken NUTRITION, Not good Very weak.
ORMALITIES, None
Coatings, Very thick dirty yellow Promptness Movement,
Eq. Size, Slightly dilated
Response Light, Accommodation,
SIGHT, Good.
HEARING, Good
COORDINATION, Arms, Very weak
Legs, not able to walk
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Equal about normal 5.
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Worried.
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
EXAM. URINE.

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

HISTORICAL.

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

Personal and Medical History of Grace Ramaley

HERBERT, FULLER & CHAMBERS, DAVENPORT, IOWA

Whole No. 3871

Residence, 366½ Selby Ave St Paul

Date Admission, 15th October 1894. —

Admitted by, Dr. Phelps Hour, 2:30 PM

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

Sex, Female

Age, 24

Civil Condition, married

Children, one

Age Youngest Child,

Occupation, Housewife

Degree Education, probably Good

Profession Religion, Congregationalist

Habits, Good

Nativity, Minnesota

Physicians Committing, Albert C. Senkler and Arthur Sweeny

Correspondents, Husband's name Florence W. Ramaley

The Albion St Paul Dakota Flats St Paul

as per his business Card

No. for Year, 70

Insane Relatives, none

Cause Exciting, Childbirth

Cause Predisposing, none given

Form, Melancholia Acute

Accompanying Bodily Disorder, none.

Suicidal or Not, not

Date of this Attack, about Sep 27/94.

Duration, about 3 weeks

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack,

Time of Leaving, Dec. 16th '94

Time in Hospital, 2 mo.

Result, Rec.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Oct 16. Dr. S. Linton Phelps

MENTAL ACTIVITY:

Clear or Confused, very confused

Quick or Sluggish,

MEMORY: Seems much impaired

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: Dull

Alert or Dull,

Correct or Illusive, very illusive

REASONING POWER: Much impaired

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

On ad. (O.P.) any nervous or mental influences denied.

EMOTIONAL STATE: much depressed.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Has many very troublesome ones.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Very incoherent all the time.

Coherent or Incoherent, Never says anything sensible

Voluble or Reticent, Seems depressed and worried all the time

Personal and Medical History of Grace Ramaley

EXAMINATION ON ADMISSION.—(Continued.) Not good Very weak

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Not good Very weak.

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Coatings, Very thick & yellow Promptness Movement,

PUPILS, Equality, Eq. Size, Slightly dilated

Response Light, Accommodation,

SIGHT, Good.

HEARING, Good

COORDINATION, Arms, Very weak

Legs, not able to walk

TREMORS, Hands, None Tongue, None

Facial Muscles, General,

REFLEXES, Patellar, Equal about normal 5.

Other Reflexes,

ARTICULATION, Hesitating, Hesitating Slurred,

FACIAL EXPRESSION, Worried.

SENSIBILITY,

HEART, Normal

LUNGS, Seem in good condition

EXAM. URINE.

GYNAECOLOGICAL EXAM.,

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty,~~ Clean Clean, Careless,

BOWELS, ~~Normal,~~ Very constipated Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, ~~Good,~~ Very poor Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

1894

EBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by her husband & attended by a nurse, with following history. There is no history of any heredity. Supposed cause of attack, which is acute & exalted, is childbirth. The child was born Sept 6/94 and about 3 weeks after, (Sep 27/94), she had delusions in regard to husband and child. This is the 1st attack. Insanity now shown by general delusions of blood-poisoning and of suspicion against husband & child. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. No peculiarities of temper &c were previously shown. She has not been subject to any bodily disease &c, nor had any injury to head. She has not been restrained or confined. Has been under medical treatment at her home for 2 weeks, by sedatives & food, but with little result.

Oct 15 On admission, was put on B2 (S.R. Complexion fair; hair light; eyes gray; condition of skin normal; no marks scars or bruises noticed; bodily condition very clean. Is quietly behaved; remarks are incoherent. Patient was in a very weak condition on arrival here & had to be carried, in a chair, to ward).

Oct. 16.94 Quiet but out of bed most of day. Very noisy in evening. Talks about killing herself. Says she wants to die. Appetite poor. Drank milk and chocolate for supper. Ate but little solid food. Did not rest well. Out of bed nearly all night. Moaning. Cough: none. Bowels constipated. Gave enema. Bowels moved. Complains of pain in stomach. Tongue coated. P. 96 R 24. T 98 8 Oct. 17.94 Feet and arms burned on heater. Does not eat hardly any solid food but takes liquid food. Very restless & uneasy all day. Moaning and crying. Oct. 18.94 Very restless & nervous. Complains of the noise. Takes a good deal of nourishment. Gave seidlitz powder. Bowels moved. Talks sensibly at times.

Oct. 19.94 Quite restless all day. Bowels moved, char. thin and yellowish. Slept about 1½ hrs to day. Takes nourishment. Quiet but did not sleep much during night. Takes tonic. Oct. 20.94 Asleep about 2 hrs to day. Very quiet all day. Takes plenty of nourishment. Did not rest well at night. Talking a great deal & quite noisy.

Oct. 21.94. Quite restless all day. Complained of limbs asking. Moaning and crying. Asks for her mother & baby. Talked real sensibly at times to day. Oct. 22.94 Quiet but restless. Complains of the noise a great deal. Takes plenty of nourishment. Complains of limbs paining her. Transf to Infirmary. Oct. 23.94 Very quiet all day. Did not complain any about limbs paining. Slept about one hour to day. Resists about taking nourishment. Slept about 4 hrs. during night. Oct. 24.94. Very quiet all day. Slept about 1 hr. Resists about taking nourishment. Enema given. Bowels moved. Visited by husband. Did not complain any to day. Slept about 4 hrs.

Oct. 25.94 Refused food. Had to be fed with tube. Has taken more nourishment since. Bowels moved freely. Very quiet. Asleep about one hour to day. Face quite flushed. Perspires a good deal. Oct. 26.94 Takes nourishment better. Quiet all day until abt 5 o'clock, when she became quite restless. Rested well during night. Slept about 7 hours. Asks for her mother and baby. Oct. 27.94 Complains of limbs paining. Took more nourishment to day. Very quiet. Slept about 1 hr to day. Dressed burns. Takes med. Transf to B2. Oct. 28.94. Face looks quite flushed at times. Very resistive about taking food or medicine. Talks quite sensibly at times. Bowels constipated. Burns dressed twice a day. Rested fairly well. Oct. 29.94. Still resists about taking nourishment. Bowels constipated. Slept some during day. Rested quite well during night but would take no nourishment. Seems quite weak.

Summary: Appetite very poor. Bowels constipated. Talks quite sensibly at times. Has delusions, imagines her people are in the next room. Quite noisy at times calling for her mother and father. Complains a great deal of the noise. Says she knows her mind is not right at times. Asks a great deal for her mother and baby.

Nurse's Records: from Oct 15 to Dec 16.94 that patient was very restless up to Oct 17.94. Her pulse was stronger on Oct 18 8 30 A.M. and but became noisy and restless again. Slept most of the time, awake a few minutes occasionally. Pulse quite weak 11 45 P.M. and again stronger 2 15 A.M. Was quiet all day Oct 20. and resisting and restless again Oct 21

From this time she was quiet oftener. Seemed quite weak, always eats only with great urging. Has had a hectic flush, quickened breathing ever since the temperature went down (about 23 h) as the burns seem very easy and she keeps very quiet, this is unusual, she appears like an consumptive, but there are no lung signs. This continued until Nov 4. 10 a.m. where she seemed to be brighter & very quiet. From this she appeared to be improving although she complained sometimes of limb-aching and then there restless and crying she continued to improve & was on Dec 16.94 by her husband transfered to St Mary's Hospital. For particulars see Nurse's record case.

Discharged.

Personal and Medical History of Mercy Quimby

GIBBART, PUGLAR & CRAWFORDS, DAVENPORT, IOWA

Whole No. 3873.
Residence, Kenyon, Goodhue Co. Minn
Date Admission, 16th October 1894
Admitted by, D. Phelps Hour, 7 PM
How Sent, O.D. Anderson Jr. P. Goodhue County
Sex, Female
Age, 25 Years
Civil Condition, single
Children, none
Age Youngest Child,
Occupation, Dressmaker
Degree Education, probably good
Profession Religion, not a church member
Habits, Good
Nativity, Pine Island Goodhue Co, Minn
Physicians Committing, B. Jacking & B. Dearborn
Correspondents, Miss Mercinda Quimby
Skyberg, Kenyon. Minn

No. for Year, 72.
Insane Relatives, no hereditary history
Cause Exciting, Influenza (probably head injury)
Cause Predisposing, Chronic
Form, Manic Chronic
Accompanying Bodily Disorder, Some Female Disease
Suicidal or Not, Threatened Suicide
Date of this Attack, about 3 Years ago
Duration, Some 3 Years, off + on
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 22 Years.
Time of Leaving, Nov. 1 1900
Time in Hospital, 5 yr. 5 mo. 13 d.
Result, Died. Tuberculosis Pul.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Oct 18 94 Dr S Linton Phelps.

MENTAL ACTIVITY:
Clear or Confused, ~~Clear~~ apparent
Quick or Sluggish, ~~Sluggish~~.
MEMORY: apparently good
Past Events, ~~Good~~
Recent Events, ~~Good~~
Special Subjects,
PERCEPTIVITY: Seems to understand questions but answers
Alert or Dull, ~~Alert~~ slowly as if unwilling
Correct or Illusive, ~~correct~~
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm, Rather indifferent
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: None determined Seems to have many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks freely when asked
Coherent or Incoherent, ~~Coherent~~ answers appropriate
Voluble or Reticent, ~~Voluble~~ Seems to talk ~~very good~~ Very reticent, answers questions unwillingly. Inclined to be rather surly or irritable

In case of illness or death of Mercy Quimby send telephone message for H. B. Quimby Fairpoint, Dodge Co., to Chas. W. Jones (livery man) West Concord - who will see that same is delivered.

Mercy Quimby

ADMISSION.—(Continued.)

ERISTICS.

NUTRITION, Good: Color good

Promptness Movement, Normal
Size, Normal
modation,

Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, ~~Listless~~ normal
SENSIBILITY,
HEART, Seems Normal
LUNGS, Normal Seems in good condition.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, ~~Abnormal~~ normal
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, Normal, ~~Constipated~~ Constipated, Irregular,
APPETITE, Good, ~~Good~~ Poor Medium, Poor,
SLEEP, Good, Sleeps well Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ~~somewhat short~~. ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy
Father or Pat. Relations, "
Brothers or Sisters, ~~Brother healthy Brother died in infancy from Brain trouble~~

Whole No. 3873.
Residence, Kenyon, Goodhue Co. Minn
Date Admission, 16th October 1894
Admitted by, D. Phelps Hour, 7 PM.
How Sent, O. D. Anderson J. of P. Goodhue County
Sex, Female
Age, 25 Years
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Dressmaker
Degree Education, Probably good
Profession Religion, not a church member
Habits, Good
Nativity, Pine Island, Goodhue Co., Minn
Physicians Committing, B. Jaehing & B. Dearborn
Correspondents, Miss Merrinda Quimby
Skyberg, ~~Kenyon~~. Minn

No. for Y
Insane R
Cause Ex
Cause Pr
Form,
Accomp
Suicidal
Date of
Duration,
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 22 Years.
Time of Leaving, Mar. 1. 1900
Time in Hospital, 5 yr. 5. mo. 13 d.
Result, Died. Tuberculosis Pul.

EXAMINATION ON ADMISSION.

Oct 18 94 Jno S Linton Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, ~~Clear~~ confused
Quick or Sluggish, ~~Sluggish~~.
MEMORY: apparently good
Past Events, ~~Good~~
Recent Events, ~~Good~~
Special Subjects,
PERCEPTIVITY: Seems to understand questions but answers
Alert or Dull, ~~Alert~~ slowly as if unwillingly
Correct or Illusive, ~~correct~~
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, ~~Impaired~~
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm, Rather indifferent
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: ~~None~~ ~~determined~~ seems to have many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: ~~Talks freely, incoherently~~
Coherent or Incoherent, ~~childish manner appearance~~
Voluble or Reticent, ~~friendly. General health~~ ~~very good~~ very reticent, answers questions unwillingly. Inclines to be rather surly or irritable

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good; Color good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Promptness Movement, Normal
PUPILS, Equality, Eq Normal Size, Normal
Response Light, Normal Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, ~~Childish~~ normal
SENSIBILITY,
HEART, Seems Normal
LUNGS, ~~Normal~~ seems in good condition.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, ~~Chronic or absent~~
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, ~~Good~~, ~~Good~~ Poor Medium, Poor,
SLEEP, Good, Sleeps well Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ~~[illegible]~~. ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy
Father or Pat. Relations, do
Brothers or Sisters, ~~[illegible]~~

Personal and Medical History of Mercy Quimby

1894 LEBERT, PICKAS & SCHARBERG, DAVENPORT, IOWA.

This patient was brought here by Deputy Sheriff Arthur L. Jewell + attended by Herbert B. Quimby and Mervinda Quimby, with the following history of Case. Habits have been good. There is no history of heredity. Supposed cause of this attack is influenza: form of attack, chronic + paroxysmal. She has been treated for female disease. First symptoms of disease were manifested about 3 years ago; She then talked strangely. This is the first attack, seemingly Continuous. Insanity is now shown in no subject in particular; she talks incoherently. Patient is not disposed to injure others, but she has threatened suicide. Is not filthy or destructive in habits. She has not been subject to any, except some female disease. She claims to have fallen from a buggy + injured her head, but will not give date or particulars. Patient has not been restrained or confined. Has been under treatment only for extreme trouble; particulars not known. (D. C. W. McDade + Dr. Banks, Faribault, treated her). Examining Physicians could not get any information from the patient She refused to answer direct questions.

Oct 16 On admission, was put on B^{ks} (SA. Complexion dark; hair dark brown; eyes blue; Condition of Skin, normal. remarks + scars noticed. Bodily Condition clean. She was very obstinate on admission. Would not talk, except to call help. Sight seems somewhat defective, as she wears now glasses).

P.T. Patient in good flesh + color needs bed tic

Oct 19 94. In bed all day. Very obstinate. Appetite fair. Quiet but did not sleep well. Anything. Bowels constipated Complains of pain. P. 80. R. 26. T. 99. Oct 20 94 Appetite fair. Bowels constipated. Gave enema. Bowels moved quite freely. Upon ward. Very resistive does not want to go to dining room.

Oct 21 94 Behavior resistive about going to dining room. Ate quite well. Wants to stay in room all the time

" 22 " Appetite some better. Stays in room most of the time. Will not talk very much to any one, will hardly answer questions

" 23 " Ate quite well. Behavior about the same. Wants to stay in room all the time. Very quiet

" 24 " Appetite fair. Bowels constipated. Wants to stay in room, very resistive when brought out of room

" 25 " Appetite some better. Slept well. Quiet. Does not talk much.

" 26 " Quiet. Rested well — Appetite fair — Struggled when brought out of room

" 27 " About the same. Bowels constipated. Rested fairly well. Out on ward most of day

" 28 " Appetite good. Sitting down on ball most of time. Talking to self very loud for about 1 hr. Sleeps well. Out walking

" 29 " Quite noisy for one half hour talking + scolding. Eats quite well. Bowels regular. Slept well

" 30 " Quiet all day. Ate well. Bowels regular. Could not answer when spoken to all day. Slept well

" 31 " Behavior about the same. Appetite good. Bowels regular. Oct 30 94 Appetite good. Improved when spoken to some better today. Does not work.

Summary:— Has been quiet most of the time although at times talks and scolds a great deal. Will not always answer when spoken to. Was quite resistive at first but is much better now. Did not eat well at first but her appetite is some better. Goes walking + riding.

Nov 2 94 Noisy for about 1 hr. talking + scolding. Nov 24 94 Resists about going walking, threatens to fight.

Nov 25 " Very noisy this morning. Appetite good. Sleeps well. Dec 17 94 Quite noisy at times during day. Appetite good. Dec 31 94 General health about the same. Behavior about the same

Jan 1 95. Noisy at times. Transfd to A^{2} Jan 19 95 Appetite good. Talks + scolds a great deal. Talks some at night. Helps some in the dining room. Feb 25 95 General health good. Neat in habits. Talks to herself. Scolds occasionally.

Personal and Medical History of Mary Quimby.

1895 Mch Has a good appetite. Bowels reg. Does not sleep very well. Some noisy at night. Talks incoherently. Noisy most of the time. Mch 22 95 Has been very noisy all day. Tonight this P.M. was excitedly Moved to B 2. Mch 31 95 Has been very noisy most of the time, sleeps rest on ward. Appetite good. Bowels regular. Talks incoherently. Has delusions. Apr 20 95 Transfd from B 2 to A 2. May 29 95 Talks incoherently. Noisy at times. Has delusions. Neat + tidy in habits. Appetite good. Bowels regular. Does not complain. Does no work. Goes out walking.

June 14 Visited by friends. June 20 Very noisy of late. June 29 Noisy at times. Does no work. Goes walking + riding. Never complains. Has delusions. Appetite fair. Bowels regular. Sleeps well. Clean in habits. Neat

July 2 Minute. Very noisy. July 4 Fought. Noisy + disagreeable. July 28 Noisy at times. Incoherent. Has delusions. Appetite good. Bowels regular. Goes walking + riding. Does no work.

Aug 7 Trans. to Annex. Aug 12 Visited by friends, would not talk with them. Aug 17 Has been quiet in behavior since coming on ward. Sept 28 Appetite good. Clean + tidy in habits — Usually quiet in behavior. Talks incoherently + has delusions. Gen. health good. Does not like to go riding or walking. Oct 10 Visited by father, Mother + sister. Nov 24 Appetite good. Usually quiet, but at times very noisy. Talks incoherently. Uses profane + obscene language. Gen. health good. Jan 22 Visited by Uncle. Feb. 16 Appetite good. Clean + tidy in habits. Rather noisy in behavior. Talks incoherently + has delusions. Occasionally violent. Gnneal health good. Takes out door exercise.

Mar 24 Minute. Apr. 6 Appetite good. Clean + tidy in habits. Noisy. Talks incoherently. Has delusions. Occasionally violent. Gneral health good. Will not take out door exercise. Apr. 28 Minute. Apr. 30 Visited by her father. May 1st Fought. Broke a window light + chewed + swallowed glass.

May 1 Went Home with her father. Returned July 29. 1896

Aug Summary Nurse's Notes by Dr. S. L. Phelps:— Habits very untidy: demented: never talks: Jan '97 Appetite good: bowels irregular: Very dull + sits in about same place on hall looking down: scolds at times: takes no interest in anything: May '97 No change: June '97 Fed on tray: refuses to walk: sleeps well: genl health seems good.

Continued by Dr. W. M. Phelps. Nov 29 '97 Dirty in habits: at times noisy: + refuses to walk + is usually found sitting in the same place. Is very demented in appearance.

July '98 Visited by friends July 15 Visited by relatives Dec 29 98 Visited by relatives

Feb 1 '99 Patients health about same in every way: Very dirty + demented in appearance.

Mar 6 Sept '99: Report by Dr. P. A. Bibb: Appetite good: sleeps well: bowels regular: untidy in habits: quite noisy, but not so constantly so as she was a few months ago: violent at times: seldom moves or walks about: never stands on feet except when fighting: always necessary to assist her: Sep 11 Visited by sister in law. Sept 1. Mch 1 1900. Sept 1. Does not walk. Scolds a great deal. Untidy: Eats + sleeps well. Bowels regular: Dec. 1 Sits in bay all day: Expectorates on dress: Expresses many delusions. Thinks she is at home. Jan 12 1901 Has been failing for about two weeks. Sick in bed since Jan 10 2 PM. 10 + 6 Jan 13 Trans. to Infirmary Jan 16 Visited by relatives Mch 1 No change since last note. Died at 10:50 AM. Cause of death. Tuberculosis Pulmonalis.

Died

Personal and Medical History of Jennie Tooley

EGBERT, FISCAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3878.
Residence, 720 Armstrong St. St Paul, Minn
Date Admission, 19th October 1894. —
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, John B. Olivier, Jof P. Ramsey County.
Sex, Female
Age, 24 Years
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, has lived at home & done no work.
Degree Education, probably limited.
Profession Religion, not a church member
Habits, strictly temperate but seeks men's company.
Nativity, Milwaukee Wisconsin
Physicians Committing, E. W. McCord and Arthur Sweeney
Correspondents, William Tooley
(Father) — 720 Armstrong St. St Paul Minn
Jan. 97 Miss Valesca B Tooley 260 Farrington Ave. St. Paul.



No. for Year, 77.
Insane Relatives, none.
Cause Exciting, some defectiveness
Cause Predisposing, not definitely stated.
Form, Imbecile
Accompanying Bodily Disorder, none
Suicidal or Not, not.
Date of this Attack, Childhood; worse the past 10 years.
Duration, since childhood.
No. of Attack, 1st continuous since childhood
No. of Admissions, 1st
Age First Attack, when a child.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Oct 20. 94 Dr S Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, clear
Quick or Sluggish, sluggish
MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, correct
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, do
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: None determined
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Talks freely & coherently, childish in manner appearance of imbecile. Gen health very good

Personal and Medical History of Jennie Tooley

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 109 pds NUTRITION, Good, color good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Promptness Movement, Normal
PUPILS, Equality, Eq Size, Normal
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, childish
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE.

GYNAECOLOGICAL EXAM., Sinus in normal condition
MENSTRUATION, Always absent
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty,~~ Clean Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, since childhood ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy
Father or Pat. Relations, do
Brothers or Sisters, Brother sister healthy, her brother thinks her trouble dates from att. of typhoid fever

Personal and Medical History of Jennie Tooley

EBERT, FIGLER & CHAMBERS, DAVENPORT, IOWA

1898

This patient was brought here by Deputy Sheriff W. H. Goss + attended by Miss J. Akers and Guy Tooley, with the following history of case. Habits are strictly temperate, but in the last 6 months she has shown a desire to seek the company of men. There is no history of heredity. Cause of attack is not known; She has been worse, since the death of her mother, 10 years ago. Form of attack is Chronic. There is no accompanying bodily disorder. She has been defective since her childhood, but, after the death of her mother has been unable to remember, would not do any work, + would run away very often from home. There has been one continual attack. Insanity is now manifested by talking foolishly, running away from home, being dirty in her person, + constantly trying to attract the attention of men and going with them. Patient is neither dispos'd to injure others, nor suicidal, but is filthy in her habits, also destructive. She is very stubborn + has a violent temper. There is no history of any bodily disease &c or injury to head. She has not been restrained or confined, nor under medical treatment.

Oct 19 **On admission**, was put on W.3 (S.R. Complexion fair; hair light brown; eyes gray; condition of skin normal; + Dark spots or moles on abdomen; bodily condition clean; behavior quiet; talks rather silly).

20. Quiet. Upon ward. Appetite good. Rested well. Cough nond. Complaint &c none. P.76 R.23 T.98.2

21. Quiet. Does not talk much. Appetite good. Sleeps quite well. Oct 22 94 Very quiet. Appetite good. Works in Employes dining room. Out walking today. Sleeps quite well. Oct 23 94 Quiet. Appetite good. Works in Employes dining room. Out walking. Oct 24 94 Quiet. Appetite about the same. Out walking. Sleeps quite well. Oct 25 94 Quiet. Appetite about the same. Out walking. Sleeps well. Bowels constipated.

Oct 26 94 Behavior the same. Is very quiet & nice. Goes walking. Oct 27 94 Appetite good. Bowels regular. Behavior quiet. Works on ward & in dining room. Oct. 28 94 Appetite good. Talks about going home & says she will run away. Works in dining room. Bowels constipated most of time. Rested well.

Oct 29 94 Appetite good. Worked in Employes dining room today. Talks silly. Bowels moved today.

" 30 " On ward today. Worked in dining room. Appetite good. Bowels regular. Always laughing & talks silly.

" 31 " Appetite good. Bowels regular. Behavior the same. Nov 1 94 Worked in Employes dining room today. Appetite good. Bowels regular. Nov 2 94 On ward. Out all day riding. Bowels regular. Says she would like to go home.

Nov 3 94 Crying & seems homesick. Nov 12 94 Complains of headache. Says her head has ached her for a week.

" 15 " Visited by father Nov 30 94. Appetite good. Sleeps well. Helps a little in dining room. Dec 2 94 Appetite good. Works in dining room. Quite impudent at times. Dec 20 94 Crying most of the day. Says she is insane.

Dec 30 94 Gen health about the same. Works in dining room. Goes riding + walking. Jany 9 95 Not to be out.

Jany 15 95 Appetite good. Clean & tidy in habits. Sometimes works in dining room. Gen health good.

April 4 95 Appetite good. Clean & tidy in habits. Quiet in behavior. Laughs a great deal, but does not talk but very little. Gen health good. Goes riding & walking.

July 10 Appetite good. Clean + tidy. Quiet. Talks very little but laughs a good deal in an imbecile way. Assists in den. Gen. health good. Goes riding + walking. Aug 12 No change.

Sept 30 Appetite good. Clean + tidy in habits. Quiet in behavior. Talks quite sensibly. Acts rather silly. Works in dining room part of time. Gen. health good. Goes riding + walking. Oct 29 Patient eats fairly well but has very bad cold. Takes medicine. Works in dining room. Nov 30 Cough + cold some better.

Personal and Medical History of Jennie Tooley.

Takes medicine. Works in dining room. Dec 31 Feb 17 Menstr. Feb 21 Appetite good. Clean + tidy in habits. Quiet in behavior. Impudent + silly. Works part of time in dining room. General health good. Takes out door exercise. Apr 9 Appetite good; clean + tidy in habits; quiet; rather obstinate. Works in dining room part of time. Is troubled with sore eyes. General health good. Takes out door exercise. May 20 Menstr. regularly.

1896 Aug Summary Nurses Notes by Dr. S. L. Phelps:- Menstr. regularly; genl health good; imbecile; silly in manner; Mar. '97 Imbecile in appearance; No change of any kind in condition since coming; genl health good; May '97 No change; Aug 1897 Appetite good; Habits neat; talks and acts silly; genl health good; takes out door exercise. Continued by Dr. P. M. Phelps. Nov 24 97 Patient quite imbecile in behavior usually rather quiet + laughing in a silly way. Feb 9 98 Wt 119# Feb 12 99 General health good. Goes out for exercise. Always rather quiet + makes no trouble. Report by Dr. P. M. Phelps

1899 Mar 1 to Sept. Appetite good; general health good; sleeps well. Takes out door exercise; neat in habits; usually careless in appearance; quiet. Seldom speaks unless addressed; quite silly + incoherent; expresses many delusions. Much regular. Weight 114# Sept 1 - Feb 28 1900 Dr. Reynolds' Asst. Talks + laughs & hurriedly; answers questions quite sensibly; Eats + sleeps well. Takes out door exercise. Does no work. Sits quietly about ward; Menstruation regular; Wt. 112½# March 1 - Aug 31 1900 Clean - but careless in appearance. Is quite silly at times. Does not converse much. Is stubborn; General health good. Appetite good. Bowels regular. Sleeps well. Menstruates regularly. July 20 Vaccinated. Sept 1 - Nov 30 No change. Nov 24 Wt. 115# Dec 1 - Feb 28 1901 - Appetite good. bowels regular. Sleeps well. Takes out door exercise. attends amusements occasionally. Speech incoherent. March 4 Wt. 110# Mar 1 - June 1 - 1901 No change. May 30 Wt. 104#. June to Sept. June 5, July 17, Aug. 7. menstruating. does no work, takes out door exercise, attends chapel and amusements, Sept. 1 Wt. 107#. Sept. to Dec. Nov. 30 Wt. 103½#. to Feb 1 1902 General health good; appetite good; bowels regular; sleeps well; takes exercise; attends amusements; does no work; is neat and clean; genrally agreeable and quiet; answers questions quite intelligently; expresses some delusions. Dec. 1st. Wt. 108#.

Personal and Medical History of Annie Perret

Whole No. 3883

Residence, Wanamingo Tp. Goodhue Co. Minn

Date Admission, 22nd October 1894.

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

How Sent, O. D. Anderson J of P. Goodhue County

Sex, Female

Age, 30

Civil Condition, married

Children, Three (3) living; one (1) Dead.

Age Youngest Child, —

Occupation, Housewife

Degree Education, probably fair

Profession Religion, Is a church member

Habits, always temperate & moral

Nativity, In Norway

Physicians Committing, B. Dearborn and F. W. Dimmitt

Correspondents, Fritz Perret

(her husband) Wanamingo P.O. Goodhue Co. Minn

No. for Year, 82

Insane Relatives, none as far as can be ascertained

Cause Exciting, probably some uterine or ovarian trouble

Cause Predisposing, previous attack

Form, Paranoia

Accompanying Bodily Disorder, some female trouble?

Suicidal or Not, Contemplates suicide(?)

Date of this Attack, not stated

Duration, probably some time.

No. of Attack, 2nd probably. (1st - 5 years ago).

No. of Admissions, 1st

Age First Attack, about 25.

Time of Leaving, Oct 29 - '94

Time in Hospital, 7 days.

Result, Improved

EXAMINATION ON ADMISSION.

Oct 23 94. Drs. R. M. & S. L. Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Fairly clear on ordinary subjects

Quick or Sluggish, Quick

MEMORY:

Past Events,

Recent Events, Fair

Special Subjects, Fair

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Partially correct

REASONING POWER:

Ordinary Subjects,

Own Mental State, Much impaired

Special Subjects, Fairly good

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Depressed.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Thinks she has sinned against

Systematized or Not, the holy ghost, so that she does

Special Subjects, not care for her husband or

Transitory or Not, children

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks freely and mostly coherent.

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Annie Perret

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 128 pds NUTRITION, Good, slightly jaundiced

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, slight Coatings, None Promptness Movement, Normal

PUPILS, Equality, Uneq. Size, dilated, lepslightly larger

Response Light, normal Accommodation, Normal

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue, Slight

Facial Muscles, General,

REFLEXES, Patellar, R-3-4 L5.

Other Reflexes,

ARTICULATION, Hesitating, Normal Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

EXAM. URINE.

GYNAECOLOGICAL EXAM. Position of uterus normal but erosion & laceration - Endo-

MENSTRUATION, mentitus pretty discharge

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty,~~ Clean Clean, Careless,

BOWELS, Normal, Says inclined to diarrhoea Constipated, Irregular,

APPETITE, ~~Good,~~ Poor Medium, Poor,

SLEEP, ~~Good,~~ Poorly Poor, Irregular,

PULSE, Some atheroma RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, has rheumatism.

Father or Pat. Relations, says was healthy so now old.

Brothers or Sisters, 5 bros. 1 sister dead, brother are healthy.

Personal and Medical History of Annie Perret

1894

This patient was brought here, this evening, by her husband, with following history of case. She has always been temperate & moral. There is no history of heredity, as far as can be ascertained. Cant tell, from history, supposed cause of the attack, but suspect some uterine or ovarian trouble. Form of attack is depressed, with short periods of exaltation, and with destructive tendencies toward persons. No bodily disorder definitely known of. First symptoms of disease were manifested 5 years ago, (2 days after marriage), by depression & delusions. This present is probably the 2nd attack. (The first attack lasted about 6 months). Insanity is now manifested on religious subjects. Says: "She has committed the unpardonable sin against the Holy Ghost". She has sudden attacks of passion; then strikes & pinches her husband & children. Suicide has not been attempted, so far as known of, but she says: "that, if Eternity was not so long, she would kill herself". Patient is not filthy or destructive. Cannot discover that she has been subject to any bodily disease &c or has had any injury to head. She has to be held when in sudden passion; sometimes for half an hour. She has been under medical treatment for puerperal septicaemia & phlegmasia alba dolens; results of former satisfactory; latter not so. —

Oct 22 On admission, was put on B.Z. (S.R. Complexion dark; hair dark-brown; eyes light blue; Condition of skin normal. No marks scars or bruises noticed. Bodily condition quite clean. Is quietly behaved and talks quite sensibly.

Oct 23 94. Quiet Upon ward Appetite poor. Bowels moved twice this morning

" 24 " Appetite some better. Talks sensibly. Crying some, says she is lonesome. Rested fairly well Out walking.

" 25 " Quiet. Appetite fair. Bowels regular. Went walking. Very lonesome Cries and worries a great deal about home

" 26 " Appetite fair. Bowels regular. Is very anxious to go home. Went walking. Rested well. Complained of headache

" 27 " Complains of pain in stomach & headache. Seems very homesick. Ate quite well. Bowels reg. Went walking.

" 28 " Very quiet and nice. Appetite fair. Bowels regular. Cries a great deal & asks to go home. Rested well

" 29 " Very anxious to go home. Went walking. Talks sensibly. Went home with husband to day.

Discharged Feb. 6th '95.

Personal and Medical History of

Personal and Medical History of Augusta Groth

HERBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3884.
Residence, Winona County, Minn
Date Admission, 23rd October 1896.
Admitted by, D. Herzog Hour, 4:30 P.M.
How Sent, H. L. Buck, Jof C. Winona County
Sex, Female
Age, 55
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, House keeper
Degree Education, not given
Profession Religion, Lutheran
Habits, Good
Nativity, Germany
Physicians Committing, E. D. Keyes & Franklin Staples
Correspondents, Wm Mielke, Dakota, Minn

No. for Year, 83.
Insane Relatives, Thinks her eldest sister was affected.
Cause Exciting, No external cause known
Cause Predisposing, Some cerebral degeneration probably
Form, Dementia Senilis
Accompanying Bodily Disorder, Symptoms indicate cerebral degeneration
Suicidal or Not, Suicidally inclined
Date of this Attack, 5 weeks ago
Duration, 5 weeks or so.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 55
Time of Leaving, July 15 - '96
Time in Hospital, 1 yr. 8 mo. 23 da.
Result, Discharged Nov. 10-'96 Imp.

EXAMINATION ON ADMISSION.

Oct 25 9th A M J L Phelps. MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Sluggish.
MEMORY: Impaired.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Partially correct.
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Impaired.
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has money. Thinks her mother and sisters are here
Systematized or Not, crying up stairs.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent at times. Talks other
Voluble or Reticent, questioned. Cries and is depressed.

Personal and Medical History of Augusta Groth

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in WEIGHT, 121 lbs. NUTRITION, Good
WOUNDS OR ABNORMALITIES, Varicose veins, right leg.
TONGUE, Tremors, Coatings, Slight coating. Promptness Movement,
PUPILS, Equality, Eq. Size, normal
Response Light, Accommodation,
SIGHT, Uses glasses.
HEARING, Seems good
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, Sad & anxious.
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM. Uterus retroverted + atrophied
MENSTRUATION, Ceased 11 yrs ago
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean. Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, ~~Good~~ Poorly Poor, Irregular,
PULSE, 108. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Augusta Groth

1894

This patient was brought here by John Gay, Sheriff & attended by Mrs Mielke (sister in law), with the following history of case. Habits have been good. Patient thinks her eldest sister was affected. No external cause known for this attack; form of attack is depressed. The symptoms indicate some cerebral degeneration. First symptoms were manifested 5 weeks ago, by running away from home; fear of danger; hallucinations. This is 1st attack. Insanity is now shown by melancholia, hallucinations, fear of personal injury &c. She is not disposed to injure others. At first, she asked for a knife & said she wanted to kill herself. Is not filthy or destructive. She has had, for years, an ulcer of the leg, which is now healed. She has been confined at home, by family, for five weeks. Has not been under medical treatment.

Oct 23 On admission, was put on B2 (S.R. Complexion dark; hair dark brown; eyes blue; Condition of skin normal. Several small scars on right leg, from varicose veins: bodily condition clean. Behavior is quiet. She talks quite sensibly). Had a great deal of headache for past 6 weeks.

24. Very quiet. In bed. Has delusions. She imagines her mother is calling her. Appetite quite good. Rested well. Cough none. Bowels constipated, gave cathartic. Oct. 25.94 Quite noisy at times. Cries and scolds. Rested well. Put in restraint at night. Appetite good. Bowels constipated.

Oct 26.94 Ate quite well. Takes tonic. Quite noisy, cries and scolds a great deal. Imagines she must get out. Says some one is calling her.

" 27. Ate well. More quiet to day. Sitting down most of the day. Bowels constipated. Oct. 28.94. Appetite good. Is very quiet. Does not talk much. Quite restless. Bowels constipated. Gave cathartic. Has delusions. Slept quite well. In restraint night.

Oct 29. Behavior quiet. Appetite good. Bowels constipated. Gave cathartic. Takes tonic. Oct. 30.94 Appetite good. Behavior quiet. Complains of bowels being constipated. Gave cathartic. Oct. 31.94 Appetite not as good as before. Has not talked hardly any to day & when she did, very incoherently. Quiet. Sitting down on ward most of day.

Nov. 1.94 Did not eat very well to day. Very quiet. Takes tonic. Gave cathartic for bowels. Slept about 5 hours.

" 2 " Ate some better to day. Taken out of restraint nights. Is very quiet. Slept about 7 hrs. Takes medicine.

" 3 " Did not eat well to day. Seems quite weak and looks bad. Very restless, worries a great deal. Says she must get out as some one wants her. Takes tonic. Nov. 4.94. Did not eat any better to day. Quite hard to get her to eat anything. Bowels constipated. Gave cathartic. Takes tonic. Talks in a wandering way. Nov. 5.94 Very restless all day. Complains of pain in stomach. Appetite poor. Wants to stand up all the time. Rested quite well. Nov. 6.94 Appetite poor. Very restless. Bowels constipated. Gave cathartic. Takes tonic. Talks in a wandering manner. Nov. 1.94. Appetite poor. Takes tonic. Complains of pain in side. Always wants to get out, when door is opened. Nov. 30.94 Appetite poor. Has to be fed. Takes tonic. Seems to be failing. Dec. 17.94. Always asking to get out & tries to get out whenever the door is opened. Worries a great deal. Dec. 20.94 Has to be spoon fed, resists quite a little. Dec. 31.94 Very resistive about going to dining room also about eating. Goes walking & riding. Jany. 18.95 Behavior about the same. Still resists. Very sad most the time, cries a great deal. Febr 24.95. Appetite quite good. Bowels regular. Febr 28.95 Behavior about the same. Gen health about the same.

Mch 12.94. Appetite good. Very resistive at times. Will not stay in bed, lies on floor. Mch 31.95 Has a good appetite. Has delusions. Wants to go home. Works in dining room at times. Bowels reg. Goes walkg & rdg.

April 26 Behavior about the same. Talks sensibly. May 17.95. No change in behavior. Appetite good. Bowels regular. Very quiet. Works some in d.r. Goes riding & walking. Talks rationally.

June 5 Sleeps on floor part of night. June 6 Trans to A. 2.

June 12 Appetite good. Sleeps better of late. Works in mending room. June 14 Jumped out of window this A.M. & was moved to B.2. Back seemed lame & left side was injured.

Personal and Medical History of Augusta Groth

July 18 Very much disturbed. Noisy & tries to get out of door whenever it is opened. Imagines she hears voices talking to her. Aug 20 Quieter of late. Sept 4 Quite noisy at times. Refuses to go walking. Sleeps on floor. Appetite fair. Bowels regular. Has delusions.

Sept 24 Appetite good. Has many delusions. Nov 8 Bowels regular. Sleeps on floor. Has many delusions. Appetite good. Dec 20 Has many delusions. Jan 10 Limbs swollen. Cries at times. Mends clothes most of time. Feb 29.96 No change in behavior. Appetite good. Bowels regular. Sleeps fairly well. Quite noisy at times.

Mar 17 Assists some with work: Sleeps fairly well: Appetite good: Bowels regular: Very noisy at times. Apr. 10 Assists some with work: Has delusions. Sleeps very poorly: Appetite good. Bowels regular. May 30 No change. June 1st 96 Appetite quite good. Bowels regular: Is very noisy at times: Talking & crying in an agitated way.

June 12. Appetite good: Bowels regular. July 6. No change in health or behavior. Trans. to Annex. July 13 Very noisy during night.

July 15 Went Home.

Discharged

Personal and Medical History of Sesine Miller

HERBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3886.
Residence, Waseca, Minn
Date Admission, 23rd October 1894
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, E.B. Collister, Jail, Waseca County
Sex, Female
Age, 25 Years
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, Housewife
Degree Education, Probably fair
Profession Religion, Church member
Habits, Good
Nativity, Freeborn, Minn
Physicians Committing, F.A. Swartwood and J.B. Lewis
Correspondents, Mrs Lewis Bonnerjen Waseca, Minn

No. for Year, 85.
Insane Relatives, none
Cause Exciting, Abortion, from Typhoid fever
Cause Predisposing, not given
Form, Melancholia Acute
Accompanying Bodily Disorder, None
Suicidal or Not, has suicidal tendencies.
Date of this Attack, about June 15/94
Duration, about 4 months —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 25
Time of Leaving, Nov. 7' 94
Time in Hospital, 14 ds.
Result, Imp.

EXAMINATION ON ADMISSION.

— Dr. J. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear.
Quick or Sluggish, Quick.
MEMORY: Good
Past Events, "
Recent Events, "
Special Subjects, "
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive, Correct.
REASONING POWER:
Ordinary Subjects, Fairly good.
Own Mental State, Fair.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm.
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent.
Voluble or Reticent, Talks freely & quite sensibly

Personal and Medical History of Sesine Miller

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ WEIGHT, 110 lbs. NUTRITION, Fair, face flushed
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, yellowish white. Promptness Movement, Normal
PUPILS, Equality, Eq. Size, Normal.
Response Light, Normal Accommodation, Normal.
SIGHT, Says improved of late.
HEARING, Good.
COORDINATION, Arms, Normal
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Both ds
Other Reflexes,
ARTICULATION, Hesitating, Normal. Slurred,
FACIAL EXPRESSION, Normal.
SENSIBILITY,
HEART, No murmurs, a little rapid.
LUNGS, Seem pr good cond. Has a cold
EXAM. URINE.

GYNAECOLOGICAL EXAM., Extreme tenderness in ovarian region Profuse discharge
MENSTRUATION, Very painful.
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, ~~Normal~~, Constipated Constipated, Irregular,
APPETITE, ~~Good~~, Poor. Medium, Poor,
SLEEP, ~~Good~~, Fairly well. 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, Healthy.
Father or Pat. Relations, Healthy.
Brothers or Sisters, 1 unhealthy. other brother sister healthy

Personal and Medical History of Sesine Miller

1894

This patient was brought here by Deputy-Sheriff Henry Reynolds & Herman Miller (a relative) with the following history. Habits have been good. There is no history of Heredity. Supposed cause of attack is abortion from Typhoid fever. Form of this attack is acute hysterical Insanity (Paroxysmal). There is no accompanying bodily disorder. First symptoms of disease manifested about June 15/94, by symptoms of Typhoid fever. This is the 1st attack. There is now, a constant fear of death & a disposition to wander about day and night. She is not disposed to injure others, but has suicidal tendencies. Is not filthy or destructive. For the past 3 months, home-restraint only has been Employed, but to no effect.

Oct 23 On admission, was put on 73 (S.R. Complexion light; hair light; eyes blue; Condition of skin normal; no marks, scars or bruises noted. Bodily Condition Clear. Is very nervous. Talks quite sensibly).

Prop. Tred. Says was well until about 3 mos ago. Has had a good deal of headache. Of late has had rheumatism a good deal in different joints of her body.

Oct. 24. 94. Quiet. Up on ward. Appetite poor. Rested quite well. Coughed frequently during day. Bowels constipated gave cathartic.

" 25. Quiet. Up on ward. Bowels moved. Appetite poor. Coughed several times. Out walking. Rested quite well.

" 26. Appetite poor. Bowels moved. Went walking. Works in dining room. Seems quite sad and wants to go home. Coughs some.

" 27. Appetite poor. Still asks about going home. Went walking. Works in dining room. Talks quite sensibly.

" 28. Appetite poor. Very quiet. Talks quite sensibly - seems quite homesick & wants to go home. Rested quite well. Helps in dining room. Takes medecine. Oct. 29. 94. Appetite very poor. Very quiet and nice. Is very home sick. Bowels constipated. Takes medecine. Slept quite well. Oct. 30. 94. Has a poor appetite. Very homesick to day. Cried a great deal. Takes medecine. Asks to go home. Oct. 31. 94. Has a poor appetite. Very Bowels regular. Takes tonic. Very homesick. Asks to go home. Talks quite sensibly. Nov. 1. 94. Ate some better to day. Worked in dining room. Talks sensibly. Works on ward. Bowels regular. Nov. 2. 94. Appetite some better. Takes tonic and cough medecine. Very sad and home sick. Works in dining room. Sleeps quite well. Nov. 3. 94. Appetite fair. Bowels regular. Coughs some. Very sad. Works in dining room. Went riding. Takes medecine.

Nov. 4. 94. Crying some to day, talks about home & quite sensibly. Appetite fair. Bowels regular. Went walking.

" 5. Appetite fair. Works in dining room. Behavior the same. Takes medecine. Says she feels stronger than when she

" 6. came. Appetite fair. Went walking. Talks sensibly, wants to go home. Bowels regular. Takes tonic. Coughs some.

Summary: Has been very quiet and nice. Is very homesick, talks a great deal about going home, talks very sensibly. Did not eat well at first but her appetite some better. Works in dining room. Goes out walking & riding. Coughs some. Nov. 7 Went home

Discharged.

Personal and Medical History of Charlotte Burns

1896 From Page 324

Apr 8 Still fed by nurse. Appetite good: chokes easily - Bowels constipated. Stays in bed better of late: seems to grow slowly weaker. Apr 30 Patient remains just about the same as at time of last note. May 15 Is slowly failing. Appetite fair: fed by nurse. Bowels usually constipated: Cathartics given. Untidy in habits.

June Summary Nurse's Notes by Dr. J. L. Phelps:- In bed all the time: bowels usually constipated: Appetite fair: Habits untidy: July '97 Appetite fair: Very difficult for her to swallow: seems quite weak: very helpless: T. 100.8. R. 32. Aug. 10 T. 101. R. 25: Aug 31: Has difficulty in swallowing: bowels usually constipated: Gradually growing more feeble: Sept. 27 For nearly a year she has lain in bed because too feeble to be about: no special disease has shown itself. Failed steadily till she died to-day.

Died.

Personal and Medical History of Flora Lovell

ERBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

⊕ Examination of Physicians is dated Oct 26/94.

Whole No. 3890
Residence, St Paul. Minn
Date Admission, 25th October 1894.
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, John B. Olivier, J of P. Ramsey County
Sex, Female
Age, about 31 —
Civil Condition, married.
Children, — One —
Age Youngest Child, —
Occupation, Housework
Degree Education, good
Profession Religion, not a church member
Habits, Temperate & moral
Nativity, St Paul, Minnesota.
Physicians Committing, ⊕ C. A. Wheaton and Edgar F. Schmidt
Correspondents, Mrs C. A. B. Weide
508 Canada St. St Paul Minn



No. for Year, 89.
Insane Relatives, Father here, now
Cause Exciting, Mental worry
Cause Predisposing, Heredity.
Form, Mania Acuta
Accompanying Bodily Disorder, some uterine disease
Suicidal or Not, not.
Date of this Attack, about 2 weeks ago
Duration, about 2 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 25.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Oct 26. 94 Dr S. Linton Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick but confused.
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events, Good
Recent Events, Seems good.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive, at times correct, other times illusive.
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: exalted.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many and varied delusions.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Hallucinations of sight.
ILLUSIONS:
CONVERSATION: Very talkative
Coherent or Incoherent, at times fairly coherent then
Voluble or Reticent, mind wanders into delusions trains of thought

Personal and Medical History of Flora Lovell

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Impaired, skin yellow
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None. Coatings, heavy yellowish white Promptness Movement, Normal
PUPILS, Equality, Eq Size, slightly dilated.
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None. Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, somewhat anxious.
SENSIBILITY,
HEART, Quick. Suspicion of a murmur.
LUNGS, Seems in good condition.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Menstruating on admission
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, ~~Normal~~, Constipated Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, ~~Good~~, Poorly 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, Says her grandmother was insane
Father or Pat. Relations, insane now in this hospital.
Brothers or Sisters,

Personal and Medical History of Flora Lovell

EBERT, PIDLAR & WHARBURG, DAVENPORT, IOWA

1894

This patient was brought here by Deputy Sheriff Kinney & lady attendant; patient's brother also accompanied her. There is some hereditary history; Her father (C.A.B. Wride) being, at present, an inmate of this Hospital. Supposed cause of this attack is mental worry. Form of attack is acute, Excited. She has some uterine disease. First symptoms of disease were manifested about 2 weeks ago, by religious & musical hallucinations. This is the 1st attack. Insanity now manifested on religion & music. Patient is probably not disposed to injure others. She is not suicidal, nor filthy nor destructive. No peculiarities of disposition etc were previously shown. She has not been restrained or confined, nor under medical treatment. Has been under care of a nurse, at home.

Oct 25 On admission, was put on B.2 (S.R.. Complexion dark; hair dark brown; eyes brown; Condition of skin normal; small scar on left side of face: bodily condition very clean. Was very excited on admission; thought, at times, she talked quite sensibly). Proposed Treatment. Says she has been very nervous for past 2 years since the separation & trouble with the husband. Patient anaemic & rather thin. Send out the meds. with bath & massage.

Oct. 26 '94 Appetite fair. Did not rest well. Cough none. Bowels regular. No complaints etc

" 27 " Very noisy had to be held in bay about 2 hrs. Bowels regular. Talks to mind. Does not eat well

" 28 " Very noisy. Appetite fair. Very noisy in dining room. Bowels regular. Talks to mind. Slept about 2 hours. Noisy the remainder of night. Gave sleeping dose Oct. 29 '94 Appetite fair. Threw dishes in dining room. Very noisy. Talks to mind. Talks quite sensibly at times. Oct. 30 '94 Appetite fair. Very noisy. Fought with attendants. Bowels moved, character very thin, greenish color. Walking & singing most of the night.

Oct. 31 '94 Quite noisy all day. Did not sleep well at night. Singing most of the night. Appetite fair. Threw dishes in dining room.

Nov. 1 '94 Appetite fair. Threw dishes in dining room. Quite noisy at times. Singing & jumping on floor. Bowels regular.

" 2 " Appetite some better. Very noisy most of time. Fought this morning. Bowels constipated. Refused medicine. Has to be held most of the time.

Nov. 3 '94 Ate quite well. Bowels constipated. Gave cathartic. Bowels moved since. Quite noisy. Gave sleeping dose.

Nov. 4 '94 Ate well. Very noisy in afternoon. Was in dining room. Had to be held almost all afternoon. Gave sleeping dose but was very noisy all night.

Nov. 5 '94. Appetite good. Bowels moved. Went riding. Quite noisy all day. Talks obscenely.

" 6 " Appetite good. Quite noisy most of the time. Has to be held in bay part of time. Does not sleep well. Bowels moved. Refused to eat. Says we want to poison her.

Nov. 7 '94 Appetite good. Bowels regular. Quite noisy all day. Singing and dancing, pounding on floor when not held. Rested quite well.

Nov. 8 '94 Threw dishes in dining room. Ate well. Very noisy. Fought with patients. Has to be held most of the time. Did not rest well. Talks obscene language.

Summary. Has been very noisy most of time. Strikes patients would run up & down hall if not held. Appetite fair at first but very much better. Refuses medicine. Went riding once, vomited a great deal as she did not want to go. Talks in a wandering manner. Singing most of time.

Nov. 9 '94 Fought during night with attdts, extremely noisy all night pounding on door and screen.

" 12 " In restraint at night. Put in restraint Nov. 13 '94 Gave hot bath with cold cloth applied to head. Very noisy all day Nov. 26 '94 Has been in restraint day & night Nov. 30 '94 Taken out for 2 hrs today. Behaved very bad, had to be put back in rest. Appetite good. Sleeps poorly

Dec 5 '94. Has a good appetite. Bowels constipated. Gave salts. Complains of nausea & headache. Taken out of restraint. Bowels moved some. Dec. 8 '94 In restraint very noisy most of day. Dec. 12 '94 Taken out of restraint

Personal and Medical History of Flora Lovell.

in morning. Complained of nausea T. 100 ½ P. 100. R. 24. Brandy given. Appetite fair. Enema given for bowels. Slept well. Bowels moved. Eggnog given twice a day. Dec. 13 '94 Put in restraint at 5:30 PM. Takes some eggnog. Appetite poor. Dec. 16 '94 Appetite some better. Out of restraint part of day. Salts given also enema. Dec. 21 '94 Bowels constipated. Enema given. Fought when taken out of restraint. Bowels moved freely. Quite noisy part of day. Dec. 27 '94 Enema given for bowels, also dose salts.

Jany 2 '95 Menstruating, quite noisy. Jan. 7 '94 Powder given for bowels. Bowels moved. Jan. 9 '95 Sitting up part of day. Bowels moved freely. Appetite quite good. Jany 10 '95 Appetite good. Ward. Bowels usually constipated. Transfer to C.4. Jany 31 '95 Very noisy most of the time. Habits clean. Appetite good. Bowels constipated. Feb 2 '95. Menstruating. Very noisy. Mch 30 '95 Appetite good. Sleeps quite well usually. Is very noisy during the day. Violent at times. Bowels constipated.

Apr 30 '95 Appetite very good. Noisy day & night. Violent at times, very stubborn & hard to manage. Bowels usually constipated during menstruation. Is very cross & extremely noisy. May 22 '95 Changed

June 30 '95 Appetite good. Noisy most of the time. Violent at times. Habits clean. Goes riding & walking. July 30 '95 No change. Sept 30 '95 Appetite good. Sleeps quite well. Works on ward some. Habits clean usually. Goes riding & walking. Bowels usually constipated. Violent at times. Nov 25 Jany. to B.2. Dec 6 - & Jan 4 Fought nurses. Jan 8 Menstr. Jan. 16 & 25 Fought nurses. Feb 17 Works on ward. May 19 Neat in habits; sleeps well. appetite very good. Noisy at times. Apr 16 Very noisy at times. Has delusions. Sleeps well. Appetite good. Goes walking & riding. May 30 Neat in habits. Works some on ward. Appetite good. Goes riding & walking.

1896 July Summary Nurse's Notes by Dr. S.L. Phelps:- Noisy at times; fights occasionally; appetite good; bowels regular; physical health good; Jan 97 Rather excitable; always a little mischievous on hall; behavior quiet usually; genl health good;

1897 May No change. Aug 97 Appetite good; genl health good; no mental change. Continued by Dr. Wm Phelps. Nov 20 97 Visited by friends today; usually quiet at times laughs & acts somewhat boisterous at times. Not especially violent. June Visited by friends.

Feb 4 '98 M. 163rd. June 31 '99 Visited by friends. Aug M. 161st. Sept 16 Trans. to C3. Jan 28 99 No special change in habits or condition during intervening period. (Cont. by Dr. R.A. Hall)

1899 Mar to Dec. Genl health good; appetite good; sleeps well; takes out door exercise; neat in appearance; nuj talkative but incoherent; works on ward; violent occasionally. Sept 15 Went to Fair. July 22 Visited by mother & sister. Aug 22 Visited by friend. Dec 1 - Feb 28 1900 Appetite good. Bowels regular. Is very incoherent. Works on ward. Menstruates regularly. Takes out of door exercise. Dec. 8 Fought nurses. Jan 12 159 ft. Feb 9. Tooth extracted.

Mch 1 - Aug 31 1900. Apr. 17 Menstruates regularly; very irritable during period & is inclined to be violent at times. Assists with work; Neat & clean; appetite fair. July 1 - Attacked patient in dining room. July 21 Vaccinated. Aug 5 Struck on forehead by Mrs Norris - no injury. Oct. 1 Visited by mother. Nov 4. Wt 149¼ lbs. Feb 28 1901. No change since above notes. Genl health good. Wt. 153 lbs.

Mar to June 1901. No change in mental or physical condition. May 30 Wt. 151½ lbs.

See 368.

Personal and Medical History of Julia Kolstad
Committed as "Julia Holstad"

GEBERT, PICKLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3893.
Residence, Kenyon, Goodhue County, Minn.
Date Admission, 29th October 1894.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, O.D. Anderson, J. of P. Goodhue County
Sex, Female
Age, 28
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Housework
Degree Education, probably fair
Profession Religion, church member
Habits, Good
Nativity, Norway
Physicians Committing, B. Jaehnig and B. Dearborn
Correspondents, K. A. Hilstad, Kenyon Goodhue Co. Minn

No. for Year, 92.
Insane Relatives, Aunt & several Cousins
Cause Exciting, probably menstrual disturbance
Cause Predisposing, Heredity
Form, Melancholia acute
Accompanying Bodily Disorder, as above stated
Suicidal or Not, Threatened suicide
Date of this Attack, about 6 weeks ago
Duration, about 6 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 28
Time of Leaving, January 23 '96.
Time in Hospital, 1 yr. 2 mo. 25 da.
Result, Died Tuberculosis Pulmonalis

EXAMINATION ON ADMISSION.

Nov. 5. 94 Drs R.M. & S.L. Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Very confused
Clear or Confused,
Quick or Sluggish,
MEMORY: Can not test
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER: Much impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Trembles all over with fear

EMOTIONAL STATE: Very depressed and agitated.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to think she has done a
Systematized or Not, great deal of wrong.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Answers very reluctantly and
Coherent or Incoherent, only at times. Delusive ideas
Voluble or Reticent, says she can not talk.

Personal and Medical History of Julia Kolstad

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 150 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Some from general tremor Coatings, Slight coat & normal Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Seems good
HEARING, do do
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, Tongue,
Facial Muscles, General, tremor from fear.
REFLEXES, Patellar, Eq 8.
Other Reflexes,
ARTICULATION, Hesitating, Very hesitating Slurred,
FACIAL EXPRESSION, Distressed
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE. Nov 9/95 Color. Yellow red. Character White flakish dep. Sp. Gr. 1024. Reaction Acid. Sediments triple phosphates amor urates.
GYNAECOLOGICAL EXAM. Uterus in normal position Slight erosion of os
MENSTRUATION, Painful and scanty
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, ~~Normal~~, Constipated Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 95. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 6 or 8 weeks. ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Aunts and cousins insane
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Julia Kolstad

1895

This patient was brought here by K. A. Kolstad, deputy Sheriff + accompanied by K. H. Kolstad and Johanni Jensi with the following history. Habits have been good. There is history of heredity; an Aunt + several Cousins having been insane. Cause of this attack is probably menstrual disturbance; form is Chronic, Depressed. First symptoms of disease were manifested about 6 weeks ago; imagining that life + liberty were in danger. This is 1st attack. Insanity is now shown by thinking she has done wrongs and she is afraid of being arrested. Patient is not disposed to injure others; but she has threatened Suicide. Is not filthy or destructive. Patient always has much distress during menstruation; scarcity in quantity + irregular. She has not been restrained or confined. Has been under medical treatment with Dr. Gronvold of Kenyon: results not stated.

Oct 29 On admission, was put on Bd. S.R. Complexion light; hair brown; eyes gray; condition of skin normal; no marks, scars or bruises noted: bodily condition clean. Behavior good).

30 Will not talk much. Behavior quiet. Upon ward p.m. 3 PM. Ate quite well. Did not sleep well. Cough none. Bowels constipated. No complaints &c. P. 79. R. 23. T. 99. Oct. 31. 94. Very quiet. Resisted about going to dining room. Did not talk much, only answered questions. Refused tonic. Bowels moved to day.

Nov. 1 Appetite fair. Does not talk much. Refused medicine. Stays in room most of time.

" 2 Appetite fair. Will not talk much. Is very quiet, sitting down most of time in room. Bowels regular.

" 3 Did not eat well to day. Wants to stay in room all the time. Resisted some as she did not want to stay on hall. Bowels constipated. Takes tonic. Nov 4 94. Quiet but seems quite sad. Appetite fair. Bowels constipated. Refused to go walking. Tried to choke herself with apron in her room p.m. Evening. Nov 5 94 Appetite fair. Bowels constipated. Crying some to day. Refuses to go walking or riding. Takes tonic. Crying most of the day.

Nov 6. Appetite fair. Bowels constipated. Gave Cathartic. Resisted about going to dining room. Sits on hall with head hanging down + seems very down hearted.

Nov 7. Resists about going to dining room. also about going walking. Wants to stay in room all day. Does not talk hardly any. Crying for about 1/2 hr. Nov 8 94 Appetite poor, has to be spoon fed. Resists about going to dining room. Seems very sad. Scarcely ever speaks. Says she knows she can not get well. Slept 6 hrs. Nov 9 94. Did not eat well to day. Takes tonic. Bowels regular. Crying some to day. Takes tonic. Resisted about going walking. Slept two hours &c.

Nov 10. Appetite poor. Resists all the time about going to dining room. Says she has done some terrible wrong. Takes tonic. Crying most of the day. Nov 11 94. Appetite poor. Has to be fed with spoon + then takes but little. Resists all the time about eating + going to dining room. Bowels regular. Has to be fed &c.

Nov 12 Still resists about going. Eating and taking medicine. Sitting down most of the time with her head hanging down. Crying a great deal of the day.

Summary. Has been quiet sitting down most of the time, but very resistive. Seems very sad and cries a great deal. Talks about some wrong that she has done. Has to be fed with a spoon + resists about taking any food. Bowels regular but constipated at times.

Nov 13 94 Fed with tube as she refuses to eat. Nov 14 94 Fed with tube. Gave cathartic for bowels.

Nov 16. 17. 19. 21. 22. 24. 25. 26. 27. Fed with tube. Treatment and douches given. Nov 30 94 Appetite poor. Refuses to eat. has to be fed. Bowels usually constipated. Very resistive in going to bed or dining room.

Dec 2 94. Fed with tube, resists about going to dining room and about eating. Tries to get out.

Personal and Medical History of Julia Kolstad.

Dec 4 94. Fed with tube. Bowels constipated. Dec 7 94. Cathartic given. Tries to commit suicide a good deal.

" 20 - 24. 94. Will not stay in bed or floor every night. Jany 2. 95 Still fed with tube. Refuses to eat.

Jan 3. 95. Cathartic given. Jany 27. 95. Appetite good. Has to be held + fed with spoon. Bowels regular.

Feb 1. 95. Resists more about eating. Feb 15 95. Has to be spoon fed. Resisting a great deal. Feb 28 95 Appetite quite good. Bowels regular. Sleeps on floor, will not stay in bed. Quite excited most of time, crying + wringing her hands. Mch 31. 95. Appetite good. Bowels reg: Cries a great deal. Tries to get out when door is open. Very resistive at times. Goes riding. Apr 28 95. Still very resistive has to be spoon fed most of time. Bowels reg. May 10 95. Will not keep on her stockings or dress. Put on strong dress and shoes. Still fed with spoon. Appetite fair. May 17 95. Visited by brother.

June 5 Appetite poor. Bowels regular very sad. Has to be forced to do it. Spoon fed. Resists when put to bed, gets up + sleeps on floor. July 26 to Aug 8 Fed daily with tube. Aug 30 Appetite very poor. Has to be forced to eat. Sept 6 Very quiet. Says rationally. Has delusions. Will not eat. Fed by nurse. Sept 14 Put in restraint to-night. Sept 15 Appetite fair. In restraint 23 hrs. Sep 16 Temp 99.2 In restraint 22 hrs. Sept 19 Has cough + expectorates. Temp. 102 Sept 23 In restraint 12 hrs. Visited by friend. Sept 24 Fed with tube + with gruel + eggnog in forenoon beef juice in P.M. In restraint

Sept " 26 Fed with tube + with gruel + eggnog in forenoon beef juice in P.M. In restraint

" 27 Fed in A.M. Drank 1½ cups beef juice in afternoon. Sept 28 Ate this A.M. Drank beef juice in P.M.

" 29 + Oct 3. In restraint short day + night. Oct 3 Visited by sister. Oct 4 Fed gruel A.M. Drank 9 of beef juice P.M. Oct 5 Out of restraint short today. In at night. Oct 6 + 7 Out of restraint. Ate meals

Oct 10 Out of restraint - Learns to sing. Put to bed in restraint. Appetite quite good - Has to be spoon fed. Takes tonic. Bowels constipated. Sick record kept. Nov 30 Has to be spoon fed. Resists about eating. Bowels usually constipated. In restraint part of time.

Phys note - Patient put on sick ward on Oct 10 + in restraint so that she could be kept on this ward. To given tonic + nourishing treatment. Nov 1 Patient has been kept in bed. Temp. varies from 99 to 100 R. 22 + 23. Cough not expectorates. is emaciated. Nov 14

Nov 18 Visited by Brother. Temp. running a little higher. R. 26-28. Behavior the same. Has to be kept in restraint most of time. Jan 1 Resp. runs from 28-30 T. 100-102. Jan 23 Patient died at 2:30 P.M. Record during month shows nothing new but an intensification of the old symptoms. R. from 26-38 Temp. rarely over 102. There were no especial symptoms toward the last. failure being steady + quiet.

Died - Jan. 23' 96. at 2:30 P.M.

Personal and Medical History of Mary Lofgren

EBERT, PICKLER & CHAMBERS, DAVENPORT, IOWA

Whole No. 3895

Residence, 1012 Euclid St. St. Paul.

Date Admission, 1st November 1894. —

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

How Sent, John B. Olivier, Jof S. Ramsey County

Sex, Female

Age, 26 —

Civil Condition, married

Children, two

Age Youngest Child, —

Occupation, Housewife

Degree Education, probably fair

Profession Religion, Swedish Baptist

Habits, Good

Nativity, Denmark

Physicians Committing, Geo. J. Hanley and B. F. Paxton

Correspondents, (Husband) John Lofgren
1012 Euclid St. - St Paul

No. for Year, 94.

Insane Relatives, None

Cause Exciting, gradual since birth of child, a year ago.

Cause Predisposing, "chronic"

Form, Melancholia, chronic

Accompanying Bodily Disorder, Unknown.

Suicidal or Not, not.

Date of this Attack, about a year ago

Duration, about a year.

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 25 -

Time of Leaving, July 25 '95

Time in Hospital, 8 mo. 25 da.

Result, Improved 7/5/96

EXAMINATION ON ADMISSION.

Nov 2 94 Dr S Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused about something

Quick or Sluggish, Quick.

MEMORY:

Past Events,

Recent Events, Good

Special Subjects, Good.

PERCEPTIVITY:

Alert or Dull, Alert.

Correct or Illusive,

REASONING POWER: Impaired.

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm but excitable

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Says does not love husband. Seems to

Systematized or Not, have delusive ideas about some other

Special Subjects, man in St Paul

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks and answers all questions willingly

Coherent or Incoherent, and quite intelligently

Voluble or Reticent,

Personal and Medical History of Mary Lofgren

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, None Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT, Good.

HEARING, Good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue,

Facial Muscles, General, None

REFLEXES, Patellar, Equal about 5.

Other Reflexes,

ARTICULATION, Hesitating, Normal Slurred,

FACIAL EXPRESSION, Normal.

SENSIBILITY,

HEART, Normal

LUNGS, Normal

EXAM. URINE.

GYNAECOLOGICAL EXAM., Retroversion of uterus

MENSTRUATION, Regular and painless.

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~, Clean Clean, Careless,

BOWELS, ~~Normal~~, Constipated Constipated, Irregular,

APPETITE, ~~Good~~, Very poor. 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, healthy.

Father or Pat. Relations, healthy.

Brothers or Sisters, 2 . 1 had nervous prostration at one time

Personal and Medical History of Mary Lofgren

FOREST, FICKLE & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by Deputy-Sheriff Goss + accompanied by her husband, John Lofgren, with the following history. There are no insane relatives. This attack has been coming on gradually since birth of child, a year ago: form of attack is paroxysmal. If any accompanying bodily disorder is unknown. First symptoms were manifested by irritable temper, and dislike for husband. This is 1st attack. She, now, refuses to recognize her husband as such + thinks another man is. She is neither disposed to injure others, nor suicidal, nor filthy nor destructive. No peculiarities +c were previously shown. There is no history of any bodily disease +c or injury to head; she has not been restrained or confined, nor under medical treatment.

Nov. 1 On admission, was put on B[d] (S.I. Complexion light, hair brown; eyes gray; condition of skin normal; no marks scars or bruises noticed; bodily condition clean. Behavior is quiet and good)-
. 2 In bed the greater part of day pounding on door, wants to get up. Has delusions imagines some one is being killed. Appetite poor. Did not sleep much. Cough none. Bowels regular. Menstruating
. 3 Does not eat well Very restless & excited. Says some little children are being killed. Bowels regular Talks some. Rests quite well Nov 4 94 Very restless Talks in a delusive manner. Appetite fair Bowels constipated. Gave cathartic Did not rest well
Nov 5. Appetite fair Went riding tried to jump out, had to be held Very restless. Has many delusions Wants to run up & down Hall Did not sleep well, very restless, out of bed often.
. 6 Very restless & excited 3rd day Appetite fair Talks some. Has to be held at times Wants to run up & down hall
. 7 Ate quite well Talks very incoherently has many delusions Bowels reg. Very restless & excited.
. 8 Did not eat well today. Bowels constipated Tries to get out when ever the door is opened Talks some Imagines that some one is killing children. Nov 9 94 Talks about some one being killed Says she is very wicked. Did not eat well Bowels constipated. Gave cathartic Very restless all night.
Nov 10. Wants to run up & down hall Resists about playing in bed. Did not eat any better Talks some.
. 11 Very restless & excited all day Appetite poor. Bowels constipated Gave cathartic Crying & talking very loud Had to be held some times. Nov 12 94 Seems more quiet today, although she does not want to sit down Did not eat well Talks some Bowels moved this a.m. but little.
Nov 13. Appetite some better Bowels constipated More quiet today Eat walking. Rolled in dining room has delusions Talks some Quiet today
. 14 Ate some better today. Bowels constipated Gave salts Pace walking Helped women in dining room
. 15 Very restless and excited all day Crying & wringing up and down Still talks in a delusive manner Pace walking. Bowels moved today. Kept her very restless & hot

Summary. Very restless and excited most of the time. Did not eat well at first but her appetite is some better now. Has delusions Works in dining room Goes pacing & walking & riding. Tried to jump when out riding. Bowels usually constipated.

Nov. 23 94 Crying hard all day, worries a great deal Nov 24 94 Resisted about going riding Nov 26 94 Resisted when put to treatment room very excited, hard to do anything with Nov 30 94 Fed with tube Resisted while being fed. Bowels usually regular Dec 1 94 Appetite quite good Tries continually to get out when the door is opened Dec 4 94 Crying and quite noisy for about ½ hr Resists about going to dining room Dec 5 94
Dec 6 94. Resists about going to dining room Does not want to sit down when in dining room Dec 25 94 Very excited, crying and throwing herself on floor. Dec 31 94 Has been very restless & excited most of the time Will not eat at times, because others do not. Has many delusions Jany 10 95 More quiet the past few

Personal and Medical History of Mary Lofgren.

days Works in dining room Jany 25 95 Very excited will not keep clothes on has to be held most of time. Refuses to eat Jany 29 95 Still refuses to eat. Fed with tube Jany 30 95 Fed with tube Cathartic given for bowels Febr 8 95 Still fed with tube. Bowels constipated. Complains of pain in abdomen. Dose of croton oil given. Bowels moved freely once. Destroyed clothing.
Febr 11 95. Fed with tube. Very excited + noisy. Destroyed clothing, put in restraint. Destroyed 2 restraint sheets. Hypo given at 3[15] P.M. Febr 18 95 Still has to be fed. Cathartic given for bowels. Bowels moved Pulse weak, will not talk any. Febr 19 95 Bowels moved freely.
Febr 28 95. No change. Still resistive. Bowels usually constipated. Mch 10 95 Fed with tube every day. Bowels usually constipated. In restraint day + night. Very resistive when taken out, destroys clothing.
Mch 12 95. Visited by brother in law. Mch 13 95. Visited by husband. Mch 14 95. Cathartic given for bowels. Bowels moved freely Mch 18 95 Quite noisy at times today, crying and very restless. Still has to be fed
Mch 23. Cathartic given for bowels. Bowels moved once Mch 27 95. Quite noisy most of day. Bowels constipated Cathartic given. Mch 29 95. Taken out of restraint today, impossible to keep her sitting up, wants to lie on floor. Put in restraint at night. Struggles a great deal when out. Her struggling is hysterical in form, rather than purposeless Apr 2 95 Out of restraint. Bowels moved Apr 9 95. Salt injection given. Apr 10 11 12 13 15. the same. Apr 22 95. Out of all day but will not walk or sit up. Apr 25 95 Out of restraint Apr 28 95 Bowels moved
Apr 29 95 Fed with tube every day. Bowels usually constipated. Does not sleep hardly any. Moaning and restless. May 15 95 Fed with tube daily. Bowels usually moved by cathartic
May 16 95 Up on ward. Dressed + ate a good supper May 16 95. Fed and struggled to get up. Taken out of restraint. Dressed Gave wine 7 to 9. Very weak, walked a little at very opportunity - out of restraint all night, did not sleep. Complains how bad she is wants to see husband + children. May 17 95 Up and dressed Out walked fair well. Sat on the floor from 8 30 to 10 P.M. + in bed the balance of night Very quiet, but did not sleep. May 18 95. Ate well Up on ward. May 24 95 Sat on floor all night but did not sleep. Refuses breakfast. May 26 95 Bowels constipated Cathartic given Appetite good May 31 95 Patient undressed herself. Put in restraint.
June 1 95. In restraint today. Refuses food. Taken up and dressed this eve. At supper Talks + seems quite rational June 2 95 Up on ward since 1st. Eats well Appetite good Bowels regular. Sleeps quite well Slept on floor part of night June 7 95 Sleeps well June 16 95 Appetite very good Bowels reg. Sleeps well Anxious to see her folks. Has many delusions Works in dining room.
July 20 95 Is talking about her folks and crying for them, is very sad today July 22 95 Sleeps on floor all night July 23 95 Put in restraint sheet today July 24 95 Out of restraint and working.
July 26 95. WENT home with her husband on trial. Was improved though very excited and changeable in her behavior. Most of the time was quite depressed.

Discharged.

Personal and Medical History of Adelaide. R. Barlow.

ERBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3897.
Residence, Dundas, Rice County, Minnesota.
Date Admission, 7th November 1894.
Admitted by, Dr. Phelps Hour, 12.30 P.M.
How Sent, R. A. Mott. Jo P. Rice County
Sex, Female
Age, - 27 -
Civil Condition, Single
Children, none -
Age Youngest Child, —
Occupation, has none
Degree Education, not stated
Profession Religion, not a church member
Habits, Good
Nativity, Rice County, Minnesota.
Physicians Committing, D. M. Cool and C. W. McDade
Correspondents, (Father) S. B. Barlow
Dundas, Minn

No. for Year, 90
Insane Relatives, none
Cause Exciting, Injury to her head.
Cause Predisposing, previous attacks
Form, Mania, Acute.
Accompanying Bodily Disorder, none
Suicidal or Not, not.
Date of this Attack, first symptoms over 10 years ago.
Duration, over 10 years (off and on) —
No. of Attack, 3rd (probably more)
No. of Admissions, 2nd
Age First Attack, about 16.
Time of Leaving, May 21 '95
Time in Hospital, 6 m 14 ds
Result, Rec.

EXAMINATION ON ADMISSION.

Nov 8 94. Dr. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Quick.
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Illusive.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired much.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Much exalted. Restless & noisy.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have many.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent and loud in talk
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Adelaide. R. Barlow

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ WEIGHT, 135 pds. NUTRITION, Very good. Color good.
WOUNDS OR ABNORMALITIES, A lump on side of the left thumb & the left thumb smaller
TONGUE, Tremors, None Coatings, None. Promptness Movement, Normal
PUPILS, Equality, Equal Size, Normal.
Response Light, Normal. Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Normal.
Legs, Normal
TREMORS, Hands, None. Tongue, None.
Facial Muscles, Silly. General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Silly.
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Menstruating on admission.
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, ~~Normal~~, Constipated Constipated, Irregular,
APPETITE, ~~Good~~, Poor. Medium, Poor,
SLEEP, ~~Good~~, Poor. Noisy & Restless Poor, Irregular,
PULSE, 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,
Brothers or Sisters,

1894

EBBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here by her father S.B. Barlow, and her sister, with following history of the case. Her habits have been good. There is no hereditary history. Supposed cause of this attack is injury to her head by being thrown from a horse (this also was given as "cause" in 1st Commitment here). Form is chronic & acute. There is no accompanying bodily disorder. First symptoms of disease were manifested over ten years ago, & she has probably had several attacks; insanity now manifested by being wild generally. She is not disposed to injure others, nor suicidal. Is somewhat filthy and destructive. There is no history of any severe bodily disease; only the injury to head, as above.—

Note. This patient was here before from Nov 20/84 to Sep 29/85. On admission, at that time, had had a previous attack; was hysterically inclined, noisy by night & day, singing & dancing, making grimaces &c. and she continued, in this way, for several weeks; gradually, however, becoming quieter. She had 3 "Excited Spells" while here; during these attacks "seemed to have no sense" & was quarrelsome. During May & June 1885, she became very quiet, industrious, working on ward, and, at times, also in sewing-room, laundry & doing a good deal of fancy-work. Improved slowly up to time she was taken home by father. (Vol 5. Page 15. No 735)

Nov 7 On admission, was put on B2. (S.R. hair brown; light brown; condition of skin normal; a few small scars on right side & back: a small bruise on right leg. Bodily condition clean. Is very nervous. Threatened, a number of times, to slap the nurses, while she was being bathed).

Proposed treatment: Patient strong and fleshy, good color and nutrition. No special physical treatment needed, excepting laxatives and sedatives. Hypnotics also needed.

Nov 8. (Very nervous, threatened a number of times to slap the nurses, while being bathed) In bed part of the day. Slapped patients. Had to be held. Talks very obscene language. Did not eat well. Out of bed the greater part of night. Sleeping dose given at 1 to 4 A.M. Cough none. Bowels constipated. Nov. 9. 94 Transf. to C3. In seclusion 3 hrs., taken out and held 2 hrs. Restless most of the night. Noisy at times. Nov. 10. 94 Behavior mischievous, threatens attdts & patients. Out of bed all night. Noisy 4 hrs. Extremely noisy 1 hr. Appetite good. Nov. 11. 94 — Nov. 12. 94 Behavior still very mischievous. Slept about 4 hrs. Extremely noisy 1 hr. Nov. 13. 94 Behavior about the same. Gave cathartic & bowels moved freely. Slept about 4 hrs. Extremely noisy 1 hr. Nov. 14. 94 Behavior very mischievous. Talk very profane. Appetite good. Slept about 4 hrs.

Nov 15. No change in behavior during day. Rested well at night. Nov. 16. 94 Transf. to C1. Very noisy, laughing and talking.

Nov 17. Appetite good. Seems obstinate and willful. Bowels moved. Slept part of the night. Nov 18. 94 Very much the same. Her talk is silly and incoherent. Nov. 19. 94 Eats well. Has been quite quarrelsome with the other patients. Slipped on the floor this a.m. received a slight bruise on face. Nov. 20. 94 Taken with diarrhoea. No other change apparent. Nov. 21. 94 She has been quite noisy all morning. Taken out for a walk, behaved well. Needs constant watching.

Summary. Appetite fairly good. Behavior noisy and mischievous. Needs constant watching. Talks profanely and obscenely. Very nervous. Sleeps poorly. Bowels constipated. Keeps threatening attdts and patients. Clean and tidy in habits. Her talk is very incoherent. Has some delusions. Nov. 25. 94 Appetite good. Bowels regular. Does no work. Behavior noisy and violent. Talks silly and has delusions. Fought today. In seclusion 10 hrs.

Nov 30. Needs constant watching. In seclusion at mealtime. Clean and tidy in habits. In seclusion 12 hrs this month.

Dec 3. 94. Appetite good. Does no work. Behavior noisy and violent. Her talk is very silly & incoherent. Keeps poorly.

4. Fought to day. Dec 15. 94 Menstruating. Very disturbed during period. Dec 23. 94 In bed this a.m. complains of her limb paining her. She has been quiet all day. Dec. 26. 94 Still in bed

Very restless all morning. She has a scarlet eruption on her lower limbs, her ankles are badly swollen. Appetite good. Bowels regular. Jany 4. 95 Is about the ward again. Very disturbed all day.

Jany 14. 95. Has been very disturbed all day. She struck E. Bates in the face & blacked her eye.

Jany 18. Extremely noisy all day. Jany 31. 95 Menstruating. Noisy and mischievous during period. She is very quarrelsome. May 21 95 Went home.

Discharged.

Personal and Medical History of Julia Barnum

GILBERT, FICLAS & CHAMBERS, DAVENPORT, IOWA

Whole No. 3898.
Residence, Sheldon, Minn.
Date Admission, 6th November 1894 —
Admitted by, Dr. Herzog Hour, 4:30 PM
How Sent, Thos Ryan Sh'ff, Houston County
Sex, Female
Age, — 38 —
Civil Condition, Married
Children, Two dead
Age Youngest Child, —
Occupation, Housewife
Degree Education, not stated
Profession Religion, Not a church member
Habits, Strictly temperate —
Nativity, — Wisconsin —
Physicians Committing, E. B. Johnston and W. W. Freeman
Correspondents, A. M. Barnum (husband)
Sheldon Houston County, Minn

No. for Year, 97.
Insane Relatives, Father and brother
Cause Exciting, Loss of child & supposed pregnancy: worry
Cause Predisposing, Nervosity
Form, Acute mania. (Delirious)
Accompanying Bodily Disorder, Dyspepsia; nervousness; sleeplessness
Suicidal or Not, Not —
Date of this Attack, about 4 weeks ago
Duration, about 4 weeks.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 38. about.
Time of Leaving, Dec. 3/94
Time in Hospital, 24 days.
Result, Died.

EXAMINATION ON ADMISSION.

Nov 10 94 Dr Linton Phelps. MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Very confused
Quick or Sluggish, Quick
MEMORY: Can not test, mind seems blank.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Very illusive
Alert or Dull,
Correct or Illusive,
REASONING POWER: None present
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put to bed in restraint shirt

EMOTIONAL STATE: Very excited, wild & violent
Normal, Calm, Required 3 or four to hold her when
Indifferent, admitted.
Exalted,
Depressed,
DELUSIONS: Has many & varied delusions.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent not sensible at all.
Coherent or Incoherent, Talks to herself.
Voluble or Reticent,
P.

Personal and Medical History of Julia Barnum

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 117 lbs NUTRITION, Poor pale & bloodless
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Red & cracked Promptness Movement,
PUPILS, Equality, Eq Size, dilated
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Dull
COORDINATION, Arms, } can not test seems good
Legs, }
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Can not test.
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Anxious & sad
SENSIBILITY,
HEART, Seems normal
LUNGS, Hyperresonance over both lungs.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 4 weeks or so ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, } Father & brother both insane
Brothers or Sisters, }

Personal and Medical History of Julia Barnum

1894

This patient was brought here by George W Blexrud, Sheriff & accompanied by A. M. Barnum, her husband, with the following history. There is history of heredity; father & brother having been insane. Supposed cause of this attack is loss of child in August last and worry; (she is supposed to be pregnant). Form of attack is acute, paroxysmal; accompanying bodily disorder, dyspepsia, nervousness, sleeplessness. First symptoms of disease were manifested about 4 weeks ago. This is 1st attack. Insanity is now manifested on the subject of religion, losing her husband, & loss of child. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any severe bodily disease &c or injury to head. She has not been restrained or confined, nor under medical treatment.

Nov 9 On admission, was put on B2. (S.R. Complexion dark, hair black, eyes brown, Condition of skin, normal. has several bruises on her arms. Bodily Condition quite dirty. Fought attendants, when first taken on ward.

P.T. Patient thin pale emaciated. Appears as if she had some tendencies to Tuberculosis. Put upon tonic and laxatives. Put upon to bed.

Nov. 10 Quiet. Talks quite frequently. Confined in bed. Appetite good. Bowels constipated.

" 11 Appetite good. Noisy at times. Nov. 12. 94 Noisy and restless. Appetite very good. Temperature: Normal.

" 13 Noisy during daytime. Appetite quite good. Temp. normal. Bowels constipated. Nov. 14. 94 Appetite good, quiet all day. Pulse 80. T 100. R. 19. Nov. 15. 94 Appetite not as good as it has been for the past few days. Noisy & restless to day. T. 100 in the morning 100 in the Eve. Bowels not regular. Nov. 16. 94 Appetite not very good and quite noisy and restless. Bowels not regular. T 99 2/5 Morning, ~~100 Eve~~. Nov. 17. 94 Noisy and restless. Appetite some better to day. Bowels not regular. T. 99 morning, 100 Eve. Nov. 18. 94. Appetite not very good at breakfast and dinner time, but quite good at supper. Bowels not regular. T 100 morning, Evening 99 2/5.

Nov. 19 Appetite good in the Evening, very noisy part of the day. Bowels not regular. T. a.m. 100. P.M. 99.

" 20 Noisy during a greater part of the day. Appetite not good. Bowels not reg. T. a.m. 99. P.M. 100.

" 21 Noisy & restless. Appetite not good. Bowels not regular. T. a.m. 99 3/5. P.M. 98

" 22 Very quiet all day, did not take any breakfast or dinner, had to be fed with tube, ate a good supper. T. a.m. 98. ~~P.M.~~ Nov. 23. 94. Noisy and restless. Appetite not very good. Bowels irregular. T. a.m. 99. P.M. 100 — Summary. Very noisy and restless, has been sick in bed since coming down from B2. Appetite very good at times, while at other times it is not as good. Bowels irregular. Pulse very weak.

Died Dec. 3/94.

Personal and Medical History of Flora Lovell From 352

June to Sept. Patient shows no change in general condition Aug. 30 Wt. 151#.

Sept. to Dec. Oct. 18 visited by mother, patient is physically well, eats & sleeps well, assists with the work, menstruates regularly, takes out door exercise. Mentally is delusional and incoherent. Nov. 25. Wt. 152#.

Dec. 31 - st 01 No change. March to Aug. 23rd Wt 145#. Gen'l health good, No change. ~~March to Aug. 23~~ incoherent.

Sept. 17th. Visited by mother. Dec. 31st No change.

Personal and Medical History of Lizzie Casey

SARGENT, FICKLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3900.
Residence, Faribault Co Rice County.
Date Admission, 10th November 1894.
Admitted by, D. Eby — Hour, 4 PM.
How Sent, R. A. Mott, Jo B, Rice County
Sex, Female
Age, about 30.
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Dressmaker (Has been).
Degree Education, probably fair
Profession Religion, not a church member
Habits, morals questionable.
Nativity, Shieldsville, Rice County.
Physicians Committing, Rosco N. Jackson & W. A. Lang
Correspondents, Mrs Swain in "papers"

No. for Year, 99.
Insane Relatives, None
Cause Exciting, Sickness in 1891: Suffered La Grippe.
Cause Predisposing, previous attacks.
Form, Paranoia
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not, but threatens all her friends.
Date of this Attack, in 1891 (probably Continuous)
Duration, somewhat over 3 years.
No. of Attack, 4th (probably more)
No. of Admissions, 2nd here (three in St Peter)
Age First Attack, about 27 years.
Time of Leaving, July 30 '95
Time in Hospital, 8 mo 20 da.
Result, Trans to Fergus Falls

EXAMINATION ON ADMISSION.

Nov. 12 94 Dr Linton Phelps. MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Apparently clear.
Quick or Sluggish, Quick
MEMORY:
Past Events, Good.
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Impaired.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:



EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has delusive trains of thought.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Says her name is not as on the
Coherent or Incoherent, paper says she came here to
Voluble or Reticent, visit but not to stay.

Personal and Medical History of Lizzie Casey

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, not taken NUTRITION, Fair.
WOUNDS OR ABNORMALITIES, Has scar on abdomen from an operation.
TONGUE, Tremors, Coatings, Promptness Movement, Normal
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Normal, Test, normal
Legs,
TREMORS, Hands, Normal Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, Sarcastic and disagreeable.
SENSIBILITY,
HEART, Seems in good condition.
LUNGS, Dr Dr Dr
EXAM. URINE.

GYNAECOLOGICAL EXAM., Some retroversion of uterus
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Untidy Clean, Low in normal character 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 Lizzie Casey

1894

This patient was brought here by Sheriff C. N. Stewart & his wife, with following history. This is about the same as on her previous Commitment here. Morals & habits are bad; there is no hereditary history. Probable cause of this attack is sickness in 1891. (Supposed LaGrippe). Form of attack is chronic, Exalted. There is no bodily disorder mentioned. First symptoms of disease were manifested in 1891. This is not the 1st attack: She had them in 1891, 1893 & ever since. Insanity now shown by Continual wandering, and Constant abuse of friends. She threatens all her friends, but is not suicidal. - Is not filthy or destructive in her habits. Before symptoms of insanity appeared, she was loquacious, abusive and obscene; she charges others of seeking her for immoral purposes. There is no history of any severe bodily disease or injury to head. She was committed to St Peter in 1891 and to this (Rochester) Hospital in 1893: was confined several months in each of these hospitals. - Testimony all agrees that she is a dangerous person. ——— .

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NOTE. Patient was here before, from Sept 13/93 to Feb 17/94, when she was permitted to leave on account of having been illegally committed, (under "Law of 1893"); She came here, at that time, with a very "unsavory" history, bad habits; a street-walker &c. During the first months of her then stay, She complained of some local trouble, for which she was treated; also of headaches: and, though Complaining of having been unjustly brought here, Yet she was quiet, causing no special trouble meward, tidy in habits & helped with work. After a while, She became impudent and saucy, saying "I didn't come here to work" inclined to pick at and make trouble with the patients; talked obscenely; called the attendants "her" "Kids"; was quarrelsome. Complained of pruritis; treated for same & given gynecological treatment also. During December, She became somewhat more quiet, & also better-behaved. Was allowed to attend the patients' Dances & other entertainments, tho' still inclined to make some trouble, at times.

Nov 10 On admission, quiet while first in office; afterward somewhat obstinate; saying "there must be some mistake; she did not come here to stay; merely came with the Sheriff to visit home former friends here". after a time, was induced to go up to the Ward to see them friends of hers. Was pictured C.2 (S.R. Complexion fair; hair dark brown; eyes blue; Condition of skin normal; long scar on abdomen from an ovariotomy - Bodily Condition very dirty; has vermin when. Talked quite sensibly for a time, after admission).

Nov 11. Quiet. Talks about going home. Appetite good. Sleep good Cough none. Bowels constipated.
" 12 Appetite good Sleeps quite well. Quiet in behavior Talks sensibly Bowels moved.
" 13 Behavior quiet Appetite good Sleeps well Nov 14 94 No change in behavior Sleeps well but very irritable at times Nov 15 94 Quiet in behavior Appetite fair. Sleeps well. Complains of headache today.
Nov 16 Appetite fairly good Sleeps well Talks quite disagreeably to other patients Bowels constipated.
" 17 Behavior about the same Nov 18 94 Appetite good Sleeps well Behavior quiet Talks quite sensibly at times
" 19 Behavior the same Does not work any. Wants some one to visit on her. Does not want to get up in the morning Nov 20 94 Quiet in behavior Has delusions, talks to herself a great deal Bowels moved.
Nov 21. No change in behavior Nov 22 94 Talks of going home most of the time. Behavior the same
" 23 Sleeps quite well Behavior has been quiet. Bowels moved. Nov 24 94 Appetite good Sleeps well Quiet in behavior Wants to go home. Summary Appetite fair to good Sleeps well Behavior quiet Has a scar on abdomen from an ovariotomy. Talks sensibly at times. Is quite disagreeable at times Talks to herself a great deal Has delusions, varied in character. Complained of headache some Bowels possibly constipated. Jany 30 95. Appetite good. Clean & tidy in

Personal and Medical History of Lizzie Casey.

habits. Is quiet in behavior. Works in sewing room. Goes riding & walking. Gen. health good.
Mch 18 95. Appetite good. Clean in habits but rather untidy in personal appearance. Works in sewing room. Is quiet. Talks a good deal about going home. Has delusions. Quiet in behavior. Gen. health good. Goes riding and walking. June 16 Appetite good. Clean but rather careless in appearance. Quiet. Has delusions. Goes riding & walking. Gen. health good. July 29 No change. July 30 Trans. to Fergus Falls.

Kate Schaffer

From p. 380.
1899 Sept. Dept (Cont. by Dr P.A. Bibb) Gen'l health & appetite good: sleeps well: bowels regular: refuses out door exercise: neat in habits & appearance: remains in her room most of time: has many delusions: scolds a great deal: sometimes is very disagreeable: uses profane language: somewhat better of late: quieter & more agreeable: reads some & does a little work. Aug 29 Wt 116 #
Sept. Feb 28 1900 No change mentally or physically; Nov 27 Transferred to Annex Wt 114½ #
Mch - Aug 31 1900 (Dr Linton) Neat & clean & generally agreeable in manner but at times irritable & cross: Has delusions: General health good: Appetite fair: Sleep well: Takes out door exercise: Reads a great deal.
July 23 Vaccinated. Sept 1 - Nov 30 (Dr Linton) Nov 7 Visited by states: General health good: Eats & sleeps well: Bowels regular: Answers questions but not always intelligently. Nov 23 Wt. 119 #. Dec 1 - Feb 28 01 No change: General health good. Wt. Mch 3 132
Mar & June 1 - 1901 No change. May 31 Wt. 132 #. June to Sept. No change
Sept. 3. Wt. 130 #. Sept. to Dec. No change in mental condition
Nov. 30 Wt. 141 #,
To Feb 1, 1903. General health good: appetite good: sleeps well: exercises does her own room work: otherwise takes no interest in things: spends most of her time in her room: is neat and clean: very delusional: doesn't as a rule voluntarily converse: is quite sarcastic: sometimes vulgar and profane in answers to questions.
Dec. 1 st. Wt. 141 ¾ #.

Personal and Medical History of Melina Gunderson

ROBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3901.
Residence, 957 Mendota St. St. Paul Minn
Date Admission, 12th November 1894.
Admitted by, D. Phelps Hour, 7 P.M.
How Sent, John B. Olivier, Jos P. Ramsey County
Sex, Female
Age, 30 years
Civil Condition, married
Children, - 5 -
Age Youngest Child, —
Occupation, Housewife
Degree Education, Probably limited
Profession Religion, Norwegian Lutheran
Habits, Temperate; no filthy habits
Nativity, Norway —
Physicians Committing, J. B. Brimhall and J. M. A. Gravel
Correspondents, John Gunderson
957 Mendota Street

No. for Year, 100.
Insane Relatives, Husband & Children
Cause Exciting, not known
Cause Predisposing, Chronic (?)
Form, Melancholia, Chronic
Accompanying Bodily Disorder, None visible
Suicidal or Not, not.
Date of this Attack, 2 years ago, last July
Duration, over 2 years.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 28.
Time of Leaving, Oct. 3 '95
Time in Hospital, 10 mo. 21 da
Result, Died Tuberculosis Pul.

EXAMINATION ON ADMISSION.

Drs. R. M. and J. L. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
~~Clear or~~ Confused,
~~Quick or~~ Sluggish,
MEMORY: silly & wont talk probably fair.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Poor
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Slightly exalted & silly.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: not known
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
~~Coherent or~~ Incoherent, trifle.
Voluble or Reticent, wont talk much

Personal and Medical History of Melina Gunderson

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 125 lbs NUTRITION, Good a little pale
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Will not show Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Do
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, trifle silly
SENSIBILITY,
HEART, Normal
LUNGS, Good
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, ~~Normal~~, Constipated. Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 75. 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 Melvira Gunderson.

ABBEY, PIGLER & CHAMBERS, DAVENPORT, IOWA

1894

This patient was brought here by Deputy Sheriff Kinney + a lady attendant with the following history. Insane relatives are stated to be Husband + Children. Cause of this attack is not known; form of attack is paroxysmal. No accompanying bodily disorder visible. First symptoms of the disease were manifested 2 years ago, in July; began to talk in the night of unpleasant happenings; this is 1st attack. She now manifests Confusional insanity. Is disposed to injure others; liable to throw dangerous missiles; has not attempted Suicide; sometimes tears her clothing. No peculiarities of disposition &c were previously shown. There is no history of any severe disease &c or head injury. She has not been restrained or confined, nor under medical treatment. No further particulars are given. —

Nov 14 On admission, was put on B.2. (S.R. Complexion light; hair brown; eyes gray; Condition of skin good; normal. one scar on right side of face; no bruises noticed; bodily Condition dirty, but not vermin. Behavior good: she talked a great deal in her own language).

Nov. 13. Quiet. Can not talk much English. Ate quite well. Rested well. Cough none. Bowels constipated. Complains of Nose. Has galled breast. P 76. R 24. Tgo.

" 14 Ate quite well. Bowels constipated. Gave cathartic. Talks some. Very quietly sitting down most of time. P 76. Slept 3 hrs. Nov 15 94 Appetite fair. Quite restless walking up and down hall. Talks some. Slept 8 hrs, quiet all night. P 76. Nov 16 94 Very quiet. Ate quite well. Bowels regular. sitting down most of day. Slept 8 hrs. Quiet all night. Talks some. P 76.

Nov 17 Ate well. Bowels regular. Quiet all day. Applied ointment to breast and bandaged. Slept quiet all night.

" 18 Appetite good. Behavior quiet. Answers quite sensibly but can not talk much English. Cough less.

" 19 Appetite good. Very quiet. Goes walking. Applied ointment to breast and bandaged. P 76.

" 20 Behavior about same. Ate well. Walks up and down hall. Goes walking. Does no work. Slept quiet all night. P 76.

" 21 Appetite good. Bowels constipated. Gave cathartic. Talks a great deal in her own language. Slept quiet all night. P 76.

" 22 Appetite good. Bowels moved. No change in behavior. Laughing and talking a great deal. Takes tonic. Slept quite well. Nov 23 94 Appetite good. Very quiet. Breast looks better. Applied ointment as directed. Went riding. Takes medicine. P 76. Slept quite well. Nov 24 94 Ate well. Quiet in behavior. Ointment applied to breast and bandaged. Bowels regular. Does no work. Slept well.

Nov 25. Ate well. Bowels regular. Takes medicine. Ointment used as directed. Went walking. Talks a great deal. Slept quite well. Nov 26 94 Appetite good. Bowels regular. Went walking. Takes tonic. Behavior the same.

Summary Has been very quiet, talks some but not English. Bowels very constipated but are more regular now. Sleeps quite well. Goes walking.

Nov 30 Appetite good. Sleeps well. Usually very quite. Breasts better. Helps a little in dining room.

Dec 1 94. Appetite good. Bowels regular. Works in dining room. Goes walking.

31. Works in dining room. Behavior quiet. Jany. 25 95. No change. Laugh + talks.

Feb 24 95. Appetite good. Clean in habits. Is rather restless. Talks but little.

Mch 21 95. Appetite good. Clean in habits but untidy in personal appearance. Is very restless. wants to be running up and down the ward all the time. Acts silly. Laughs a good deal and talks incoherently. Helps a little occasionally a the day. Gen health good. Goes riding & walking.

May 17. 95. Menstruating.

Personal and Medical History of Melvina Gunderson

3901

1895

Sept 22 Patient still in bed. Appetite fair. bowells regular. expectorates very much. sick record kept.

" 26 " seems to be failing rapidly. Pulse very weak.

Oct 3 " died. had been failing steadily. Husband visited a few days before her death. No special complications or symptoms. Jane Zo Brewster.

June 30 Appetite good. Clean but untidy in appearance. Noisy. Talks + laughs a good deal. Pottters around on ward a good deal. Works on day feat. Gen. health good. Goes riding + walking.

Aug 3 Failing in health. Thin in flesh. Appetite poor. 5 P.M. Pulse 92. Temp. 100. Resp. 22.

Aug 4. Pulse 109. Temp. 100 4/10 Aug 5 " 100 " 100 Resp 24 3 30 P.M.

Aug 6 " 100 " 100 Resp. 26 4 30 P.M. Aug 7 " 100 " 101 6/10 " 26 5 30 "

Pulse quite weak + she is coughing Aug 8 " 100 " 103 1/10 " 26 5 30 "

Aug 9 Trans. to Inf. Ward. Aug 10 " 100 " 103 4/10 " 26 A.M. Appetite fair

Aug 11 Slept well during night. Temp. 103. Pulse 90 Resp. 24 Aug 12 Appetite poor. Bowels moved. Coughs a great deal. Aug 12 Lungs examined. Marked dullness over back lung areas. Rales heard all over: moist + dry. - most marked in sub-clavicular right ant., external portion of sub clavicular left ant + posterior right apex. Tubular breathing everywhere, but most marked in apices - poor expiration - expectorates a good deal - Put on treatment Salicylic acid gro. X at night + sol. of pot. permanganate, a wine glass t.i.d. p.c. T. 103 - P. 100 - R 20. Appetite poor. Put to bed on supinary Aug 14 Repeats medicine Alcohol bath given: took glass eggnog: coughs + expectorates a great deal.

Aug 13 T. 102 P 101 R 26 Appetite very poor. Takes eggnog: coughs during night.

" 23 Slept very fairly during night; vomited; coughed a great deal. Aug 24 Expectorates a great deal: Eats very poorly. Aug. 29 T. 101. R. 25 P. 97. Seems quite weak. Slept most of night. Coughed a great deal during day. September 2 Coughed a great deal during night. Ate very little breakfast. T. 103.2 P. 106 R 26.

Sept 6 T 103 P. 105 R 26. Coughs night + day: awake a great deal during night. Appetite poor.

" 15 Coughs + expectorates most of day. rested a little. Sept 18. A.M. T. 101 P 100 R 24. P.M. 103.4 P. 104 R. 26. Coughs a great deal. Ate very little during day.

" 27 Has a bed sore which is dressed daily. coughs a good deal during night. Sept 28 Seems failing: awake all night: coughed considerably. Takes milk. At 6 P.M. pulse very weak: coughs a great deal: is lying in stupor this morning.

" 29 Did not sleep during night: very restless + talked considerably. Pulse very weak. Seems very cold: complains of being very cold. Sand bags applied. Seems to be in stupor. Visited by husband: failing rapidly: Slept a great deal during night. Moaning + coughing. Oct 3 Morphia given to relieve pain. Seems to rest a great deal.

Died October 3rd '95 8:15 A.M.

Personal and Medical History of Kate Chaffee.

EBERT, FICLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3903.
Residence, St Paul. Minn
Date Admission, 13th November 1894.
Admitted by, D. Phelps Hour, 7 PM.
How Sent, John B. Olivier, Jr. Ramsey County
Sex, Female
Age, 36 years
Civil Condition, Widow
Children, none
Age Youngest Child, —
Occupation, Light
Degree Education, Probably good
Profession Religion, Ex church member.
Habits, Good, as far as known
Nativity, Canada —
Physicians Committing, Chas Griswold & L. G. MacNaman
Correspondents, Roy Grant (brother)
Lowell. Wisconsin

No. for Year, 102.
Insane Relatives, None.
Cause Exciting, mental & physical exhaustion.
Cause Predisposing, not given
Form, Melancholia Acute
Accompanying Bodily Disorder, apparently none
Suicidal or Not, not.
Date of this Attack, 2 or 3 mos after death of husband (May 1/94)
Duration, about 5 months
No. of Attack, 1st (Continuous probably).
No. of Admissions, 1st here (has just been in Nor. Ins. Hosp.)
Age First Attack, about 35+.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Nov 13.94 Dr. S. Linton Philp

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Confused
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events, Fair
Recent Events, Good.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive.
REASONING POWER:
Ordinary Subjects, Impaired.
Own Mental State, Nil
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Indifferent & depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Partly coherent Talks very reluctantly
Coherent or Incoherent, Very indifferent & rather
Voluble or Reticent, crabbed in manner
Put on tonics & laxatives

Personal and Medical History of Kate Chaffee

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 1 in WEIGHT, 110 lbs. NUTRITION, Fair, but pale.
WOUNDS OR ABNORMALITIES, Has a large knee joint.
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good.
HEARING, Good
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Hesitates to answer Slurred,
FACIAL EXPRESSION, Depressed
SENSIBILITY,
HEART, Normal.
LUNGS, Seem in good condition.
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Normal
OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~, Clean	Clean,	Careless,
BOWELS, ~~Normal~~, Constipated	Constipated,	Irregular,
APPETITE, ~~Good~~, Fair	Medium,	Poor,
SLEEP, ~~Good~~, fairly well.	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, healthy
Father or Pat. Relations, healthy
Brothers (healthy) or Sisters, One sister somewhat nervous.

Personal and Medical History of **Kate Chaffee.**

LOBERT, FOLAN & CHAMBERS, DAVENPORT, IOWA

1894

This patient was brought here by Deputy-Sheriff M. McGoss & attended by Mrs. G.H. Gallagan, who also comes here to visit her husband (patient). Habits good, so far as known; there are no insane relatives; supposed cause of this attack is mental & physical exhaustion; form of attack is acute Apparently no bodily disorder. First symptoms of disease were manifested 2 or 3 months after the death of her husband in March 1894. She imagined she was being constantly courted by a married man, and three single ones. This is the first attack (seemingly fatuitous). Now, she is under the delusion that she is being constantly courted by men. They talk love to her, at all times and places. Patient is neither disposed to injure others nor suicidal, nor of filthy or destructive habits. No peculiarities &c were previously manifested, so far as known. She claims that Dr. Wheaton, of St. Paul, removed a tumor from her breast, some years ago. Has just arrived here (St. Paul) from Northern Wisconsin Asylum, to which place she was committed 5 or 6 weeks ago, from Columbia, Wis. Has been under medical treatment but with no patticular effects. ——

Nov 13 On admission, Was put on B1. (S.K. Complexion fair; hair brown; eyes blue; condition of skin normal one long scar on left leg: left leg very much curved below the knee & quite swollen at the knee joint. Patient is very quiet and talks quite sensibly.).

" 14 Appetite good. In bed all day. Has delusions. Thought the ladies down stairs were talking to her brother's sister. Does not cough. Took an enema. Very constipated. Bowels moved 4 PM. P 86. R 18. Tgo.

" 15 At times quite talkative, has delusions. Quiet in her room. Ate very little breakfast, ate no dinner, but supper. No movement of bowels. P 76. R 16. Tg 1/2 Nov 16 94 Very quiet in her room most of the day. Talked very little. Appetite good. Bowels constipated took enema. Bowels moved 4 P.M. P 72. R 16. Tg 0 1/2

" 17 Very quiet in her room most of the day. Appetite good. Takes med. No movement of bowels. Talked quite sensibly. 4 30 P.M. P. 76. R. 18. Tg 0. Nov 18 94 Quiet. Spends more of her time on the bed. Talks very little. Appetite good. Bowels moved. P 86. R. 16. Takes medicine.

" 19 Appetite good. Quiet. Bowels moved. Talks very little but quite sensibly. 4 P.M. P 72. R 18.

" 20 Very quiet. Appetite good. Bowels moved. At times talks quite sensibly other times very incoherently. P 82. R 16.

" 21 Quite noisy during forenoon, talking about the injustice done her by keeping her here. Appetite good. Movement of bowels, quiet in afternoon. P 78. R 16. Nov 22 94 Very quiet. Appetite good. No movement of bowels. Stays in her room most of the time. 5 P.M. P 78. R 18.

" 23 Just about the same. Talks most of the time of her delusive ideas, when spoken to. P 76. R 16.

" 24 No change. No movement of bowels. Appetite good. D 82. R 20. Takes tonic.

" 25 Noisy during forenoon, in her room the rest of the day. No movement of bowels. Appetite good. P 82. R 18.

" 26 Very quiet. Appetite good. Bowels moved. P 76. R 18.

" 27 Quiet & agreeable at times. Appetite good. Bowels moved. Neat in person. Talks very little. Bowels moved most of the time. P. 70. R 16. Summary Usually noisy & restless mornings after rising. Stays in her room most of the time, occasionally walks the hall & sits down among the ladies for a little while. Talks quite sensibly at times when spoken to, but has a great many different delusions at other times. Appetite quite poorly first few days. Has improved and is fairly good now. Bowels very constipated and only move by cathartics or enema. Is agreeable & tidy in habits & personal appearance. Does not attend to her own bed & room. General health quite good.

" 28 Patient noisy at times. Has delusions. Appetite good. Bowels not regular. Very constipated at times.

Personal and Medical History of **Kate Chaffee.**

In her room most of the time, does no work, neat and tidy about her person. Dec 5 94 Quiet in behavior. Has delusions. Appetite good. Bowels constipated most of the time. Bowels seldom move without a cathartic or taking an enema. Menstruating. Dec 8 94. Improved so much during the last few weeks mentally and physically. Apparently has no delusions in the last few days. Talk sensible. Moved to 1st. this a.m. Dec 28 94. Appears quite well both physically & mentally. Appetite good. Sleeps well. Is somewhat troubled with constipation. Works on ward a little. Takes tonic.

Jany 3 95. Has much improved both physically and mentally. Appetite good. Sleeps well. Very pleasant in appearance. Works some on ward. Feb 9 95 Menstruating. Feb 16 95 Appetite very good. Sleeps well. Seems to be quite contented and pleasant in appearance. Works on ward. Still takes tonic. April 2 95 Ready to go for some time now. Probably will go to town soon. Is pleasant and agreeable on ward, at times assists with ward work. Appetite very good. Sleeps well. Still takes tonic. Talks sensibly and now on parole. April 12 95 Not feeling well. Complains of headache and has many delusions. April 16 95 Has been growing worse for the last 3 or 4 days. Has delusions. Appetite poor. Is nervous and restless during night. Transf. to B 2.

April 25. Appetite poor. Has many delusions. Does not sleep well. May 16 95. Appetite some better. Sleeps better. Bowels usually constipated. In general seems much better. May 26 95 Has delusions.

May 31 95. No change in patient. June 5 Appetite fair. Bowels usually constipated. Takes cathartics. Stays in room most of time. Has delusions. Sleeps poorly. June 16 No change.

July 8 Trans to B. 1. July 12 Menst. Aug 4 Menst. Aug 31 Has delusions. Does not go riding or walking. Sensible on some subjects. Physical health good. Sleeps fairly well. Bowels irregular. Takes cathartics. Assists with work. Does some needle work for herself. Neat & clean.

Sept. Oct & Nov. Gen. behavior good. Quiet. Has many delusions. Neat & Clean in habits & appearance. Talks sensibly on most subjects. Refuses to go walking or riding. Appetite good. Bowels irregular. Takes cathartics. Sleeps quite well. Dec 9 Menstr. Jan 7 Menstr. Has been quieting down some of late. Does not speak to physicians. Letters show her to be full of delusions concerning people - as at first coming. Feb 5 Menstr. Feb 28 Quiet in behavior. Has many delusions about physicians & people outside. Talks sensibly on some subjects. Works for herself but does none on ward. Refuses to take out door exercise.

1896

Mar. 1 General health good - Appetite fair. Bowels irregular. Sleeps well. Neat in appearance. Patient in bed - Menstruating. Mar. 27 + Apr 27 Menstr. May 30 Appetite fair; bowels irregular. Does not sleep very well: Assists some with the work. Does not take out door exercise. Has delusions. Refuses to speak to the physicians. Menstr. regularly.

July Summary Nurse's Notes by Dr. S.L. Phelps:- Quiet: neat in personal appearance: Quit health good: Has many delusions: refuses to speak to physicians: does fancy work: Nov 96 No change: May 97: Has many delusion: talks to herself a great deal: refuses to take out door exercise: Clean in habits & appearance: menstr. regular. Out on ward most of time: Very disagreeable: talks to self most of time: has many delusions continued by Dr. Wm. Phelps Nov 8 Has been quite resistive & troublesome of late - to day fed by tube.

1897

July Is always irritable & scolding & abusive. Feb 14 W. 107# Apr 17 Trans to 6. Feb 1 99 Patient's condition remains about the same. Usually secludes herself in her room & if visited scolds noisily altho quiet if left alone.

(See p. 372)

Personal and Medical History of Martha Kuester

BABERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3906.
Residence, Comes from Minnesota State-Prison
Date Admission, 16th November 1894.
Admitted by, Dr. Phelps Hour, 2.15 P.M.
How Sent, by Governor Nelson (from Blue-Earth Coy)
Sex, Female.
Age, 24 years (when sentenced); 26 now:
Civil Condition, Married.
Children, —
Age Youngest Child, —
Occupation, Dressmaker
Degree Education, Common School education
Profession Religion, Catholic
Habits, Temperate -
Nativity, Minnesota -
Physicians Committing, B J Merrill and Thos C Clark
Correspondents, none given in "Papers".

No. for Year, 105.
Insane Relatives, no particulars given
Cause Exciting, " "
Cause Predisposing, " "
Form, ~~Defective Mental condition~~ Melancholia chronic
Accompanying Bodily Disorder, " "
Suicidal or Not, " "
Date of this Attack, " "
Duration, — " "
No. of Attack, — " "
No. of Admissions, 1st here
Age First Attack, not given
Time of Leaving,
Time in Hospital,
Result,

Telephone from Warden Wolfer - Nov 28/02.
"Sentence Expired August 10-1899" D.K.

EXAMINATION ON ADMISSION.

Nov 17 94 Drs. RM and S Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Very sluggish.
Clear or Confused,
Quick or Sluggish,
MEMORY: Can not test.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Very dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS: Quite stubborn stands or looks sits looking in a staring manner straight ahead

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Can not determine
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Refuses to answer questions
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Martha Kuester

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 172 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Tremulous Coatings, Indented sluggish Promptness Movement Refuses to talk
PUPILS, Equality, Eq. Size,
Response Light, Normal Accommodation, Normal
SIGHT, Seems good
HEARING, Do Do.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Eq. Normal
Other Reflexes,
ARTICULATION, Hesitating, Slurred, Talks very little.
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition.
EXAM. URINE. Aug/22/95 - Color yellow. Character Flaky dep. SG 1005. Reaction Neutral. Few pus cells # Bladder & vaginal cells
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, ~~Normal~~, Constipated Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 85. RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

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

Personal and Medical History of Martha Kuester

1894

This patient was brought here from the Minnesota State-Prison, by J. H. Lemon, the Deputy-Warden and accompanied by Mr. Lemon. The only accompanying papers are (1) the order (signed by Edwin Dunn, President Board of Managers) directing Doctors B. J. Menill and J. C. Clark to make an examination of her, concerning the charge of insanity; (2) The finding & report of said Physicians; and (3) A Transcript of Prison record of the said Martha Kuester. These documents bear date of November 9/94. Proceeding approved of, and the Warden directed by Governor Nelson to send patient here, on November 14/94. —

Nov 16 On admission, was put on Ward 3 (S. H.). Complexion dark; hair brown; eyebrown; condition of skin very rough. No scars or bruises noticed. Bodily condition quite clean. Behavior (very good)

Note. The prison-records further show that her crime was Murder in the 3° degree; term of imprisonment 9 years and 6 months. She was received at the Prison on Dec. 23° 1892; her parentage is german, and complexion medium. Killed her 2 children

17 Quiet in behavior. Talks very little. Appetite fair. Slept about 2 hrs. Cough none. Bowels constipated. Pos. P. to 39°

18 Quiet, almost to stupidity, would not dress herself. Appetite good. Slept very little during night.

19 Behavior still quiet & apparently notices very little. Nov 20 94 Seems to have roused up a little & tried to get out when company were going out. Nov 21 94 Behavior still quiet, is reported as sleeping about 2 hrs.

22 No change apparently. Rested the doors several times, says she wants to go home

23 Behavior quiet, seldom speaks to anyone. Appetite very good. Nov 24 94 No change noticeable.

25 Works some on ward occasionally, but only for a short time & while at a time. Nov 26 94 Has tried to get out several different times. Nov 27 94 Behavior about the same. Nov 28 94 Works on ward at times. Appetite good. Habits dirty. Nov 29 94 Has been quiet in behavior all day. Appetite good. Bowels reg.

30 Behavior violent this forenoon, slapped several of the other patients.

Summary: Quiet in behavior until this afternoon, when she became noisy & violent & had to be put in seclusion. Talks very little, but when disturbed is very profane & vulgar. Tries to get out frequently, when people are passing through. General health good.

Dec. 30. 94. Listless & indifferent. Will not speak unless spoken to. Has been violent in behavior at times. Appetite good. Bowels regular. Complains of headache occasionally. Jany 30 95 Quite disorderly & inclined to be quarrelsome. Appetite good. Bowels regular. Febr 20 95 Appetite good. Bowels regular. Works in dining room. Goes riding & walking. Behavior quiet. Complains of backache, also headache. Gen. health good. Mch 31. 95 Works quite steadily on ward. Appetite good. Bowels constipated. In bed a few days during the month. Talks sensibly on most subjects. April 27 95 Works on ward very steadily. Appetite good. Bowels constipated. Goes riding & walking. May 17 95 Patient works steadily on ward. Talks sensibly. Appetite good. Bowels reg. Menses regularly. Goes riding & walking.

June 2 '95 Quiet. Talks sensibly. Appetite good. Bowels regular. July 22 Transf. to Infirmary July 23. '95. Operated upon. Curettage — Amputation of cervix and Hysterectomy — Took ether. Reaction good — Dressings changed ~~system~~ ten days — Sept 25 Very quiet & agreeable in behavior. Complains of not feeling well. Gets out often. Goes walking & riding. Assists with work. Appetite good. Sleeps quite well. Bowels regular. Neat in personal appearance. Clean in habits. Talks sensibly on all subjects. Oct 7 Transf. to Infirmary

Personal and Medical History of Martha Kuester

Oct 7 Trans. to B1. Nov. 10 Patient quiet. Appetite good. Talks quite sensibly. Goes out riding & walking. Neat & tidy in all respects. Works on ward & dining room.

Nov 7 Appetite good. Bowels regular. Sleeps quite well. Neat in appearance & cleanin habits. Talks very little. Is very quiet & rather stupid of late & has manifested some delusions. Feb 13 Seems dull-or rather melancholy. Sits about. Don't want to talk. won't talk much. Does not say anything that is deluded. (Phys note)

Feb 14 Very quiet in behavior. Very dull or melancholy. Assists some with bed-making. mornings. Refuses to go out of doors. Seldom speaks even to answer questions. General health good. Appetite fair. Bowels regular. Sleeps well. Clean in habits. Neat in personal appearance. Mar 6 Dull & rather melancholy. Seldom speaks. Does not seem to want to talk or has anyone talk to her. Seems discouraged. Has delusions. Assists some with work. Refuses to take out door exercise: appetite fair; bowels regular; sleeps well. Trans. to B 2. Apr 10 Patient very stupid & quiet. Appetite good; bowels regular. Menstruates regularly.

Summary Nurse's Notes by Dr. E. E. Phelps:- Aug 96 Has many delusions: takes out door exercise: very stupid in manner: appetite good: does no work:

1896 Dec. Has been very quiet & sullen in manner for a long time: physical health good: Mar '97 No change: June '97 Still remains sullen & quiet: genl health good. Continued by Dr. W. Phelps Nov 27 At times noisy & inclined to be violent & destructive.

Jan '98. Visited by son. refused to speak to him. Feb 28 Mr. 189# Feb 1899 Patients' condition

1899 Mar. appears unchanged: is perhaps a little more quiet in behavior than six months ago. to Dec. (cont. by Dr R. A. Bell) Genl health very good: appetite variable - occasionally refuses to eat a few meals. bowels regular: goes walking & riding: neat: quiet: usually sits unoccupied in one part or leg after day.

Nov 29 Refused all meals. fed with tube: resisted strenuously & put in restraint for few days: menstr. regular: seldom speaks & usually refuses to answer if addressed: is quite stubborn. Sept 1 - Feb 28 1900 (Dr Reynolds) Nov 29 & 30 Refused to eat - fed by tube

Dec 1. Generally quiet: Stubborn at times & inclined to fight. Appetite fair: Bowels regular: In restraint during day. Always has a dull & depressed expression

Dec 7. Taken out of restraint. Trans to B 3. Jan 19 Assists with dining room work. Wt. 152#. Jan 24 Refused nourishment. 25 Fed by tube. Mch 1 - Nov 30 Quite stupid at times: Does not respond when spoken to: Has delusions. Talks incoherently. Takes outdoor exercise: Requires occasional cathartics: July 21. Vaccinated

Aug 31. Red about umbilicus. bathed with bichloride & boric acid. Sept 1 - Nov 30 1900. Clean & quiet. General health good. Nov 20. 151# Dec. 1 - Feb 28 No change. Mr 157# General health good: Assists with ward work. Mar. to June 1901 Patient is delusional and stubborn, attacks nurses & other patients, is violent and destructive, throws and breaks dishes. June to Sept no change in general condition. Aug 31 Wt. 143#. Sept. to Dec. General health good, takes out of door exercise, neat in habits, menstruates regularly very treacherous, is violent at times, breaks articles and injures other patients. Has to be secluded at times on account of violence. Nov. 15 Wt. 141½#.

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Personal and Medical History of Margaret. J. Brodie

GIBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3911.
Residence, 260 Farrington Ave. St. Paul
Date Admission, 19th November 1896.
Admitted by, D. Phelps. Hour, 7 P.M.
How Sent, John B. Oliver. Jail P. Ramsey County
Sex, Female.
Age, 43
Civil Condition, married
Children, — Five —
Age Youngest Child,
Occupation, Housewife
Degree Education, probably good
Profession Religion, Church member
Habits, — Ecellent —
Nativity, Scotland
Physicians Committing, Chas. E. Lee and A. McLaren
Correspondents, James Brodie (Husband) (above address)

No. for Year, 110.
Insane Relatives, None, so far as known
Cause Exciting, Shock from double operation for cancer
Cause Predisposing, not given
Form, Melancholia Acuta
Accompanying Bodily Disorder, None manifest
Suicidal or Not, not
Date of this Attack, 2 months since
Duration, 2 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 43 —
Time of Leaving, March 29'96.
Time in Hospital, 5 mo. 10 das.
Result, Died Exhaustion in Chron. Mel.

EXAMINATION ON ADMISSION.

Nov 20th. Dr. S. J. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear on most subjects.
Quick or Sluggish, Quick.
MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct on ordinary subjects
REASONING POWER:
Ordinary Subjects, Fairly good.
Own Mental State, Impaired.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Much depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks she has done wrong against law
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks quite freely: worries and
Coherent or Incoherent, talks about her wicked
Voluble or Reticent, Conscience

Personal and Medical History of Margaret. J. Brodie

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 117 lbs. NUTRITION, Good
WOUNDS OR ABNORMALITIES, Has had double operation of breast for cancer
TONGUE, Tremors, None Coatings, Slightly coated Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation, Normal.
SIGHT, Has used glasses for years.
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Some tremor Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Eq. about 0.
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Worried and anxious.
SENSIBILITY,
HEART, Seems normal
LUNGS, Seem in normal condition
EXAM. URINE.

GYNAECOLOGICAL EXAM. Slight specimen endometritis & discharge
MENSTRUATION, Some laceration.
OPHTHALMOSCOPIC EXAM.,
HABITS, Tidy, Clean & neat Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Fair Medium, Poor,
SLEEP, Good, Irregular for past 10 wks Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Short ONSET GRADUAL OR SUDDEN, Rather sudden
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, healthy
Father or Pat. Relations, healthy
Brothers or Sisters, 1 sister had nervous prostration

Personal and Medical History of Margaret J. Brodie

HERBERT, FUDLAH & CHAMBERS, DAVENPORT, IOWA

1894

This patient was brought here by Deputy Sheriff Geo. L. Rockat and accompanied by James Brodie, her husband, with the following history. There is no hereditary history, so far as known. Supposed cause of this attack is shock from double operation for cancer; form of attack, depressed. No accompanying bodily disorder manifest. First symptoms of disease manifested 2 months since, by insomnia & religious doubts; this is the 1st attack. Insanity now shown on religious subjects only; lyself-reproach and despair. Patient is not disposed to injure others, nor suicidal, nor of filthy or destructive habits. Previous to accession of the disease, she was rather inclined to depression & strong religious convictions. There is no history of any severe bodily disease or injury to head, so far as known. She has been no confinement & kept her room, for 2 or 3 days. (Dr. Chas E. Lee) States he has been his physician for years & has always regarded her as a healthy woman) - No further particulars. -

Nov 19 On admission, was put on B2. (S.L. Complexion light; hair brown; eyes gray; condition of skin normal. Two scars noticed, where there has been a double operation for cancer, or breast. No bruises noted. Bodily condition quite clean - Resisted going in ward. Talks quite rationally;

20 Quiet, in bed all day. Talks sensibly. Ate quite well. Quite restless did not sleep well night now. Bowels not very regular. Complains of being nervous. Pyg. Rx. J. gtt.

21. Ate quite well. Takes medicine. Talks sensibly. Went walking. Walks up & down hall. Says she is nervous & can not sit still. Restless at night. Nov 22.94 Went walking. Appetite fair. Bowels not regular. Talks sensibly. Gave sleeping dose 11:15 PM. but very restless & nervous most of night. Takes medicine.

23. Ate quite well. Complains of being nervous, walks up & down. Does not sleep well nights, very restless & nervous. Takes tonic also sleeping dose at night. P.to Nov 24.94 Very restless & nervous does not want to sit down. Appetite fair. Bowels moved. Helps some on ward. Slept about 6 hrs. Went walking.

25. Appetite fair. Went walking. Bowels moved. Very nervous all day. Transf'd to Infirmary.

26 Very nervous & excited, crying & wringing her hands. Appetite fair. Bowels not reg. Takes tonic. Treatment not given. Slept quite well about 6 hrs. Went walking. Nov. 27.94 Appetite fair. Bowels constipated. Douche given. Went walking. Has delusions. Helps on ward. Very nervous, moaning & crying for hr. this morning. Nov 28.94 Ate quite well. Went walking. Helps some on ward. Very nervous & excited all day. Has delusions. Slept fairly well. Nov. 29.94 Appetite fair. Very nervous in morning. Crying & moaning. Bowels constipated. Gave enema. Slept quite well. Nov 30.94 More quiet, not as nervous today. Went walking. Treatment given. Bowels constipated. Gave cascara. Bowels moved since. Takes tonic. Helps some on ward. Dec. 1.94 Quite restless in the morning moaning & wringing her hands. Takes medicine. Went walking. Helps on ward. Rested fairly well. Made gain.

Dec 2 Does not eat very well. More quiet today. Went walking. Talks about home & very anxious to see her husband. Rested quite well. Summary. Has been very nervous & restless most of the time. Does walking & riding. Has delusions but talks quite sensibly most of the time. Helps on ward. More quiet the past few days. Bowels usually constipated.

Dec 6 & 7. Extremely nervous at times. She walks up & down the ward wringing her hands.

Dec 14. Appetite quite fair (poor) Bowels regular. Sleeps very little. Very nervous.

Dec 18. Attempted to conceal a knife while assisting with dining room work. Transf'd to C.

Jany 15. Has been very nervous and excited most of time since she came on ward.

Personal and Medical History of Margaret J. Brodie -

Has to be held a great deal, crying and wringing her hands. Does not sleep well.

Jany 31.95. No change in behavior, most of the time quite excited. Appetite poor. Tries to get out when door is opened. Feb. 5.95 Very excited all day. Insisted about going to dining room. Crying & walking up and down. Has many delusions. Appetite very poor. Does not sleep well.

Feb 10 95 Very excited today. Feb. 14.95 Quite excited & noisy most of day. Crying & walking up & down ward. Has bad habits. Feb. 22.95 Very restless & excited most of time. Feb 23.95 More quiet today, worked some on ward. Feb. 28 95 Seems more quiet the past few days. Bowels usually constipated. Appetite very poor. Does not sleep well.

Mch 1 95. Appetite very poor, also resistive about going to dining room. Does not want to eat. Takes tonic. Bowels usually constipated. Egg Nog given twice a day, when she will take it. Mch 6 & 8 95 Fed with tube. Refuses to eat. Quite excited the past few days. Mch 9 10 11. Fed with tube. Cathartic given for bowels. Mch 14 15 Fed with tube.

Mch 20 Appetite some better. Has many delusions. Takes tonic most of the time. Talks voice, also eggnog. Mch 31 95. Quite excited the last week. Has bad habits. Appetite about the same. Talks sensibly at times. Growing more emaciated.

April 12 95. Appetite poor. Bowels constipated. Very resistive, tries to get out when door opens. Apr 29 95 Appetite about the same. Has many delusions. May 6 95 Visited by husband & friend. Appetite some better.

May 26 95. Patient looks much better. Appetite good. No change in behavior.

June 6 Quite nervous. Appetite good. Bowels regular. Takes tonic. Goes riding & walking. Does not exercise.

June 15 Very nervous. Appetite fair. Sleeps fairly well. Wants a little tea &c. Aug 6 Gave sleeping dose. Gradually growing worse. Sept 7 Visited by a friend. Sept 9 Quite sensible at times. Has delusions. Sleeps fairly well. Appetite fair. Dirty in habits. Goes walking & riding.

Oct 3 Some emesis during night. Very nervous. Appetite poor. Oct 14 Right hand & wollen.

Nov 16 Visited by friends. Dec 6 & 9 27-30 Gym. treatments given. Jan 3-6-8-10-13-15 Gym. treatments given. Jan 25 Very nervous & excited - takes off her clothing.

Jan 26 & 27 Sleeping dose given. Slept 3 hrs. Very nervous most of time. Takes off her clothing - Bowels irregular. Sleeps poorly. Goes riding & walking. Dirty in habits. Jan 28 Trans. to C. 3. 28 & 30 Sleeping dose given. 29 & 30 Raved all night. Feb. Very nervous had to be fed with tube part of time - Bowels irregular. Sleeps poorly. Never sits down during day & is constantly asking to be put in restraint. March 4 Patient gradually failing, was taken quite ill & put to bed; transferred to the infirmary ward. Was so agitated that it was necessary to put her in restraint sheet; failing in strength very rapidly. Mar 13 Visited by husband; sat up most of day & put in restraint sheet at night. Mar 17 Very restless; walking around the room most of day; pulse very weak; obliged to put her in restraint sheet during afternoon; slept about six hrs. during night. Refused food; drank glass of milk in morning. Mar 20 Out of bed most of day. Very restless & agitated - Refused breakfast & dinner. Taking a little milk at night. Mar 21 Very weak; fed by tube - Vomited after feeding. Mar 22 Fed by tube & again vomited. Mar 23 Sponge bath given; out of bed most of day. Seems quite weak; slept 5 hrs. during night. Refused breakfast & dinner, ate supper. Mar 24 Steadily failing; quite weak. Unable to stand alone; slept about 4 hrs. during night. Refused dinner & supper. Took a glass of milk during evening. Very restless & trying to get out of bed; talking & crying. Slept about 3 hrs. during night. Sponge bath given in morning. Mar 25 Pulse intermittent & very weak. Hands cold. Skilled quite sensibly at 5 P.M. Steadily failed from that time until 10:30 When she died.

Died March 29 96 10:30 P.M.

Personal and Medical History of Maria Vine

EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3912.
Residence, Viola, Minn.
Date Admission, 22nd November 1894.
Admitted by, D. Kilbourne Hour, 4 30 P.M.
How Sent, Thomas Fraser, Jo. Co, Olmsted County
Sex, Female.
Age, 68 years
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Housework.
Degree Education, probably limited.
Profession Religion, Not a church-member
Habits, Temperate
Nativity, Albany County. NY.
Physicians Committing, F.K. Mosse and Chas T. Granger
Correspondents, William Vine, Viola, Minn (brother)
Wardell Vine, Rochester Minn.

No. for Year, 111.
Insane Relatives, None
Cause Exciting, Despondency, the result of deafness
Cause Predisposing, Seemingly a previous attack (in 62)
Form, Dementia, terminal
Accompanying Bodily Disorder, Deafness; Trichiasis
Suicidal or Not, attempted to get drown (30 years ago).
Date of this Attack, in 1862.
Duration, Some 32 years.
No. of Attack, 1st (?)
No. of Admissions, 1st
Age First Attack, 36 years (about).
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Dr. S.L. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish,
MEMORY: Impaired.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Partly correct
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, } Impaired.
Own Mental State, }
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Exalted part of time
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Some delusions
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks fairly well but is a bit
Coherent or Incoherent, it is hard to carry on a
Voluble or Reticent, Conversation with her

Personal and Medical History of Maria Vine

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, Too excited to weight ~~WEIGHT~~, to allow there by later NUTRITION, Fair
WOUNDS OR ABNORMALITIES, deaf and nearly blind.
TONGUE, Tremors, none Coatings, Slight Promptness Movement,
PUPILS, Equality, Can not see Size,
Response Light, Has ulceration of both corneas Accommodation,
SIGHT, Nearly blind.
HEARING, Very deaf
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, dull General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Respiration harsh
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty,~~ Clean Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, ~~Good,~~ Poor Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 96 some atheroma 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 Maria Vine

LEBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA

This patient was brought here, in due form, by Wendell Vine brother + niece, with following history of her case. There is no history of heredity. Supposed cause of this attack is despondency, the result of deafness; form of attack is chronic, depressed - Accompanying bodily disorder, deafness and Trichiasis - First symptoms of disease were manifested in 1862; she then left her home; consultment & then none necessary, at that time - This is first attack, (seemingly Continuous) - Insanity now shown by incoherency, screaming, noisy + sleepless all night - Has, attempted injuring another, from sudden passion; Attempted to get to the river, to commit suicide, 30 years ago. She has no filthy or destructive habits. Has not been subject to any bodily disease or disorder, except as above stated - has had no injury to head. She has not been under medical treatment.

Nov 22 On admission, was put on B½ (S.R. Complexion light; hair brown; eyes gray; Condition of skin normal. no marks, scars or bruises noted. Bodily Condition clean. Is almost blind + quite deaf. Was very noisy + resisted going to the ward).

23. In bed until 6 P.M. Quiet. Talks sensibly. Visited by relatives. Ate quite well. Slept about 3 hrs. Quite restless most of time. Cough none. Bowels regular. Complains of feeling nervous. P 76 A 22. T 98.6

24 Ate well. Bowels regular. Seems quite restless. Talks sensibly. Slept quite well. P 76 Nov 25 94. Appetite quite good

25 Sitting down most of the day but quite restless at times. Does not talk much. Slept 7 hrs, restless 2 hrs

26 Ate quite well. Very restless but quiet. Talks sensibly, but not much. Very hard to make her hear. Slept 7 hrs. Restless 4 hrs.

27 Ate well. Behavior quiet. Quite restless at times. Talks in a pondering manner. Bowels regular. P 76

28 Ate well. Slept quite well. Very quiet. Does not talk much, laughs to herself. Visited by niece & friend today

29 Ate well. Bowels regular. Rested fairly well. Talks quite sensibly. Nov 30 94. Ate quite well. Very quiet. Seems very sad. Sits down most of the time. Dec 1 94. Ate well. Very quiet, but talks in a wandering manner. Very hard to make her hear also hard for her to see. Bowels regular. Rested well

Dec 2 Appetite good. Rested fairly well. Visited by friends. Dec 3 94. Very quiet. Complains of eyes being sore, stays in room a good deal. Dec 4 94. Had her eyes treated seems quite sensibly. Rested fairly well. Eyes bathed with medecine. Dec 5 94 Eyes bathed with medecine. Visited by friends. Very quiet; does not talk much. Dec 6 94 Appetite good. Rested fairly well. Eyes bathed with medecine. Bowels regular. Summary: Patients appetite good. Rested quite well. Very quiet but talks in a wandering manner part of the time. Complains of being nervous. Eyes treated, bathed daily with medecine. Seems some better. Bowels reg. Stays in room part of time

Dec 16 94. Appetite good. Bowels regular. Eyes inflamed some. Medecine used as directed

January 2 95 Transf to B1 Jan 30 95. Eyes somewhat better. Appetite fair. Sleeps well. Has incoherence of speech, also delusions. Is at times quite irritable and scolds a good deal. Is on tonic. Feb 26 95. Appetite good. Eyes still sore but seems to be able to see quite well. Still takes tonic. Otherwise about the same.

March 30 95. Eyesight seems to be much better, is now able to see quite well. Appetite fair. Sleeps well. Quite often talks and scolds to herself. Is quite often visited by friends and relatives. Apr 9 95 Visited by her brother & his wife.

Apr 30 Talks incoherently and quite often talks to herself. May 22 95 Visited by mother & sister in law. May 26 visited by sister and friends. May 27 95. Visited by friends. May 31 95 There seems to be no change, her eyesight is about the same and her physical health quite good. June 29 Quiet on ward. Talks + laughs to herself at times. Appetite fair. Still takes tonic. Goes riding + walking

Personal and Medical History of Maria Vine

Aug 1 Visited by brother Aug 29 Visited by brother + friends Sept Oct + Nov At times quite noisy. Scolds + talks incoherently. Appetite fair. Usually sleeps well. Goes riding + walking. Receives treatment for eyes; also takes tonic Nov 3 Visited by mother + sister-in-law Dec. 29 Usually quiet on ward. At times talks + laughs to herself. Appetite fair. Sleeps well. Talks incoherently. Goes riding + walking. Takes tonic also treatment for eyes. Jan 1 Visited by friends. Jan 22 Visited by relatives May 26 Is at times very noisy. Talks incoherently. Physical health good Is at times wakeful + noisy during night. Appetite good. Takes outdoor exercise Occasionally works a little on ward.

1896 Aug. Summary Nurse's Notes by Dr. E.T. Phelps:- At times very noisy + talks incoherently: Sight very poor + is hard of hearing; Appetite fair: does some work: Genl health fairly good: no mental change: Feb 97 Genl Health as good as usual: always helps with dusting &c: eyes trouble her: Has ingrowing eye lashes: talks to herself: has delusions: May no change: Aug 26 97 Visited by brother: very noisy at times: talks incoherently to self: neat + clean in habits: does some work: continued by Dr. W.M. Phelps Sept 2 97 Visited by niece + Sept 4 by friend. Always quiet: talks to herself in a wandering, sarcastic way. Mch 1 Wt. 87# Mch 13 Trans to A2

Aug 26 Fell + bruised her nose. Sept 22 Went home to spend day. Oct 20 Went home for the day. Jan 5 Visited by brother. Jany Home for the day. Feb 16 Visited by brother: Patient in fair health + is usually quiet + makes no trouble. (Rep't by Dr. B.A. Bek.)

1899 Sept. Advanced in years + very feeble: sight + hearing very poor: appetite good: sleeps well: neat: bowels regular: talks to self a great deal: noisy at times: often answers voices which she hears talking to her: assists some with work: Mar. 3: Visited by friends: Visited by brother on Apr. 7th + 11th - also June 22nd 23: July 22nd: Sept. 12 + 27th. Dec 1 - Feb 28 1900 Neat. Does not see or hear well. Occasionally noisy: Appetite fair: Bowels regular: Dec 23: Visited by brother: Jan 14 Wt. 90# Mch 1 - Nov. 30 1900 May 17. Visited by brother: Neat + clean: noisy at times: Talks to himself: Appetite fair: June 5. Visited by sister + niece: June 16. by lady friend. July 17 Vaccinated unsuccessfully. Aug 30 Visited by brother + niece: Oct 13. While out walking was run into by man riding a bicycle: did not hear him on account of deafness: Thrown to ground + left eye badly bruised also left hip: Put to bed: Recovered without any bad results: Nov. 16 87# Nov 24 Visited by relatives. Dec 1 - Feb 28 1901 Wt 85# Old + feeble: General health good.

Mar. to June 1901 No change in either physical or mental condition, May 24 Wt. 88#.

June to Sept. Aug. 1st. visited by relatives, ingrowing eyelash removed and eyes treated. Aug 17 visited by brother. Aug. 25 Wt. 88#.

Sept. to Dec Sept. 5 visited by relatives, Oct. 11 visited by brother, general health good, patient does not see well, talks to herself a great deal, has ingrowing eyelashes which irritate the eyes and have to be removed every little while, at times is rather vulgar in her language. Nov. 30 Wt. 87#.

See 396.

Personal and Medical History of Stephena (G) Olson (Olesen)

ROBERT, FISLAR & DRAMBERG, DAVENPORT, IOWA

Whole No. 3916
Residence, Adams, Minn.
Date Admission, 26th November 1894.
Admitted by, D. Herzog Hour, 11:30 P.M.
How Sent, S. S. Washburn, Jof C. Mower County
Sex, Female.
Age, 26 Years old
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably fair
Profession Religion, Yes (Lutheran)
Habits, — Good —
Nativity, Minnesota — U.S. —
Physicians Committing, E. A. Washburn & A. W. Allen
Correspondents, John. D. Olson and Ben. J. Knutson
Adams, Mower Co. Minn

No. for Year, 115.
Insane Relatives, Father, aunt & brother.
Cause Exciting, Heredity.
Cause Predisposing, Heredity & prev. attack
Form, Mania, acute
Accompanying Bodily Disorder, none
Suicidal or Not, not.
Date of this Attack, probably recent
Duration, probably short — (acute)
No. of Attack, 3rd (probably more).
No. of Admissions, 3rd.
Age First Attack, 17 years
Time of Leaving, March-2-95.
Time in Hospital, 3 mos. 26 ds.
Result, Rec.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Very confused
Quick or Sluggish, Quick
MEMORY:
Past Events, Very confused
Recent Events, Can not test
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Illusive
REASONING POWER: Much impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Very maniacal, wild and destructive.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Very exalted
Depressed,
DELUSIONS:
Systematized or Not, Has many
Special Subjects, and varied
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Very incoherent
Voluble or Reticent, Talks constantly
Very noisy

Personal and Medical History of Stephena Olson

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Mild and excited
SENSIBILITY,
HEART,
LUNGS, Seem in good condition
EXAM. URINE.

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless, Careless & destructive
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, 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,
Father or Pat. Relations,
Brothers or Sisters,

1894

This patient was brought here by John C. Johnson Jr. Deputy Sheriff (uncle of patient) and Miss Julia Sluidee. The following is the history of the case. There is very strong history of heredity, an aunt, her father & brother having been found insane - and heredity is given as the cause. Form of this attack is acute. There is no accompanying bodily disorder - This is the 3rd attack; (probably more). Had 2 attacks before, of about 9 months each (see note below)*. Insanity now manifested on all subjects - Patient is not disposed to injure others, nor is she suicidal. She tears out her hair, bites her lips &c - There is no history of any bodily disease &c or injury to head - The only confinement or restraint she has had has been in hospital here.

*Note. Patient has been here twice before; 1st time, from May 24/89 to Oct 30/89. During the two months after the date of this, her first admission, she was very excited & had frequent "violent spells" had to be kept in a chair & with a camisole on; yet, even then, she caused frequent bruises to herself - During the succeeding 3 months she quieted down; continued quiet (with only one "disturbed pell"), and was improved when taken home by relatives. (For details, see Vol 12. page 89. No 2069. Her 2nd time was from Feb 21/91 to Apl 30/91. At time of that, her 2nd admission, behavior was extremely maniacal; was also noisy a good part of each night. There seemed to be a malicious hysterical element in her violence; she was frequently destructive of clothing. During last month of this stay, she quieted down into a pleasant & pleasing patient & seemed quite recovered on going home. (For details of this history, see Vol 15. page 313. No 2617).

Nov 26 On admission, was put on B2 (S.R. Complexion light; hair light; eyes blue; condition of skin normal, no marks scars or bruises noticed. Bodily condition clean; is very noisy & violent).

" 27 Very much disturbed, noisy and violent. Talks continually. Has delusions. Appetite good. Bowels constipated

" 28 Has not been as noisy and violent today as yesterday. Appetite good. Very untidy in her habits, does not sleep well

" 29 Very noisy and restless. Appetite good, destroys clothing. Nov. 30. 94. Noisy and very destructive. Does not sleep well. Appetite good. Bowels irregular. Dec. 1. 94 Noisy and very destructive. Appetite good. Very untidy in her habits. Bowels irregular. Dec. 2. 94 Noisy and destructive. Appetite good. Very untidy in her habits. Bowels irregular

Dec 3 Very noisy, destroys clothing. Appetite good. Very untidy in her habits. Dec. 4. 94 Noisy most of the time, destructive and violent. Habits untidy. Appetite good. Dec. 5. 94 Noisy and destructive. Habits untidy, violent, complains of all dts & roughness. Pulse 84. Dec. 6. 94 Very destructive. Appetite good. Habits untidy. Has delusions. Bowels constipated P. 82. Dec. 7. 94 Very noisy all day. Appetite good. Habits untidy. Has delusions. Bowels constipated P. 74. Dec. 8. 94 Some quieter. Appetite good. Habits untidy. Noisy part of night P. 74

Dec 9 Noisy part of day. Was out riding. Appetite good. Habits untidy. Bowels constipated P. 76

" 10 Noisy and destructive. Appetite good. Habits untidy. Complains of pain in head P. 76

Summary. Behavior very noisy most of the time, violent at times & very destructive, especially during the night. Habits very untidy. Appetite good. Bowels constipated. Complains of pain in head.

Dec. 30. 94. Patient very noisy & destructive night and day. Appetite good. Habits dirty. Bowels constipated.

Jany 31. 95 Some quieter. Is very destructive. In restraint at night. Habits dirty occasionally. Bowels regular.

Febry 2. Is quieter. Febr. 4. 95 Quiet. Works on the ward & cares for herself. Transf to B2

Febr 9. Quiet in behavior. Works in dining room. Coughs some. Very anxious to go home.

Febr 15. Crying seems very down hearted. Febr. 23. 95. Transf. to C2

1895 March 2. Quiet in behavior. Seems very down hearted. Cries occasionally. Appetite fair. Bowels regular. Sleeps quite well. March. 2. 95. Went home this P.M. Had fairly recovered her normal mental condition.

Discharged.

Maria Vine from 392.

Feb. 22 1902 Visited by brother. July 28-02 by brother. Wt 91#. Sept 27 by brother. Feb 23 by brother & relatives. No change.

Martha Kuester.

No change. Wt 142#. Mar. to Aug. Wt 135# No change. Patient very delusional: at times noisy & violent: assists some with the ward work: very treacherous: at times destructive: Gent health good. Menstruates regularly: Oct. 1902 patient began to fail. put to bed. has pulmonary tuberculosis; failing gradually. Nov. 28 th. visited by brothers & sister. Nov 24 by brother & sister. Nov 29 taken home by brother, very weak: will not live long.

Personal and Medical History of Emma Kaeding

ROBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA

Whole No. 3919.
Residence, Jayesville, Mareca County, Minn.
Date Admission, 1st December 1894.
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, E. D. Latham Court Com. Mareca County
Sex, Female
Age, 21
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Has none —
Degree Education, probably fair
Profession Religion, Church member
Habits, very good
Nativity, Germany
Physicians Committing, J B. Lewis and W. L. Stevens
Correspondents, Wilhelm Blasing



No. for Year, 118.
Insane Relatives, Two Sisters there.
Cause Exciting, Menstrual Disorders.
Cause Predisposing, Heredity & previous attacks
Form, Mania, chronic
Accompanying Bodily Disorder, Menstrual troubles
Suicidal or Not, Not.
Date of this Attack, for 6 Years, off & on.
Duration, Some 6 years. —
No. of Attack, 4th (probably more).
No. of Admissions, 3rd here. (was at St. Peters, also)
Age First Attack, 14 Years.
Time of Leaving, ~~March 95~~ Sept 13. 1895
Time in Hospital, 3 yrs. 9 mo. 12 da.
Result, Died Tuberculosis

EXAMINATION ON ADMISSION.

Dec 1. 94. J. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Very quick, but much confused
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events, Can not test.
Recent Events,
Special Subjects,
PERCEPTIVITY: Partly correct.
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Do.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Violent and restless in actions.

EMOTIONAL STATE: Exalted.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Incoherent noisy and talkative
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Emma Kaeding

EXAMINATION ON ADMISSION.—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Good. Good color.
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Promptness Movement, Normal
PUPILS, Equality, Equal. Size, dilated
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Good
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Rather staring & wild.
SENSIBILITY,
HEART,
LUNGS, Seems in good condition.
EXAM. URINE.

GYNAECOLOGICAL EXAM., Same by former notes
MENSTRUATION, Irregular and scanty
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, clean but mischievous & Clean, rather destructive Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, ~~Good~~, Very poor Medium, Poor,
SLEEP, ~~Good~~, Very poor Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Gradual 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 here now This is 4th Confinement.

Personal and Medical History of Emma Kading

EGBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

189x

This patient was brought here by Sheriff Reynolds + accompanied by patient's mother, with the following history. Habits, regarding temperance + morality, very good. There is hereditary history; two sisters are insane (here). Supposed cause of this attack is menstrual disorder; form of attack is chronic. First symptoms of disease were manifested about 6 years ago; then being destructive + very violent. She has had many similar attacks; has had three attacks about every year since; the now has attacks when she is very destructive. Is disposed to injure others, but is not suicidal. To some extent, is filthy in her habits. Troubled with suppressed menstruation. She has had Hospital treatment here (Rochester) as per note below, but there seem to have been no permanent effects. Patient here twice before—

NOTE. 1st admission (see Vol 14. Page 7th No 2414) from June 6th 1890 to July 3d 1890.—
2nd " (" Vol 21 Page 9 No 3073) " July 11th 1892 to October 17th 1892.

During such first stay, patient was, for 1st week, quite incoherent and wild in behavior, but soon became quieter; worked in sewing-room + seemed quite recovered, when taken home by her sister.—
During first 2 months of her second residence here, she was much disturbed, violent restless + very noisy; also destructive, at times. Refused medicine. During her menstrual periods, she acted quite an hysterical mania. Special internal examination was made during September, when she had become more quiet. Patient continued to improve; had less trouble during her menstrual periods and seemed quite well, upon her leaving for home. ——— " " ———

Dec 1 On admission, was put on B3 (S.R. Complexion light; hair brown; eyes gray; condition of skin, normal; no scars, marks or bruises noted. Bodily condition clean. Behavior is good; talks quite rationally).

Dec. 2. Very excitable. Was kept in bed. Talks in a religious strain. Has very little cough now. Bowels reg. Complains of nausea. Ofo Jopk

3. Talks and sings noisily. Appetite fair. Fainted this afternoon. Was put to bed. Dec 4 94 Still in bed. Noisy + excitable. Has to be fed. Bitdaring also at times

5 Talks in bed. Noisy + excitable. Gave an enema + bowels moved freely. Dec 6 94 Noisy nearly all day. Appetite fair.

7 Noisy + excitable in behavior. Is still in bed. Face flushed but no rise in temperature. Dec 8 94. Behavior quiet until this morning. Slept the greater part of the day but has been very noisy since. Appetite fair. Dec 9 94 Quiet in behavior all day. Talks quite rationally. Appetite rather poor. Bowels regular. Dec 10 94 Quiet in behavior + neat in appearance. Recognizes talks to her sister. Dec 11 94 No change apparent. Dec 12 94. Transf to B2 this A.M. Dec 13 94 Appetite fair. Bowels reg: Works on hall. Talks sensibly. Eats walking. Slept well. Dec 14 94 Does not eat very well. Behavior the same. Walks

Dec 15 Seems about the same. Appetite fair. Summary: Has been quiet + talks sensibly. Bowels reg: Works a good deal. Does walking. Appetite fair. Dec 28. 94 Has a good appetite. Works on ward. Does nicely. Jany 3. 95. Quite noisy to day. Jany 6. 95. Very noisy. Fought with ladies. Jany 9. 95 Transf to B. Jany 17. 95 Transferred to Feby 2. 95 Appetite good. Bowels regular. Sleeps well. Neat in habits. Quiet most of the time. Helps with the work. Does nicely.

Feby 28. 95: Has been working in the E. D. R. the past 2 days.

Mch 1. 95. Appetite good. Bowels reg. Does not sleep well. Out of bed several times during the night for the first week. Quite noisy at times. Moved to C.3. Mch. 29 95. Behavior jubilant at times. but has been quite well for the past week. Transf to A 2 Mch 29 95.

April 30 95. Appetite good. Sleeps well. Coughs some. Behavior quiet. Talks quite rationally. Does walking & riding.

May 4. Behavior quiet. Gen. health good. Talks sensibly. Visited by her mother. Went home May 4. 95

July 8 Resides on ward. Appetite fair. Sleeps fairly well. Usually quiet. Seems melancholy at times. Has spells of crying + wants to go home. Bowels regular. Refused medicine. Aug 3 Quite noisy all day. ate no dinner. Aug 7 Fought in D.R. On seclusion 1 hr. Transf to C.3. Aug 10 Noisy + violent. Fought one attendant. Appetite very poor. Bowels constipated. Aug 30 Quiet most in sewing room. Appetite good. Bowels regular. Gen. health apparently good. Sept 11 Quiet in behavior. Sleeps quite well. Appetite poor. Works in Centre dining room occasionally. Violent + quite noisy at times. Very careless in appearance. Transf to B 3 on Sept 16.

Emma Kading

Bowels constipated. Gen. health apparently good. Nov 17 Behavior quiet the last few weeks. Works quite steadily in centre dining room.

Dec 73 Violent + noisy at times. Works in Centre dining room. Appetite good. Bowels regular. Goes riding + walking. Apr 1 Patient has been very ill mentally for past two months or more. Works off ward.

Apr 5 Was taken to church. Apr 12 Fought + was very obstinate all day. Apr 22 Improved mentally + works in E.D.R. May 4 Very agreeable + talks sensibly. Neat + tidy. Menstuates regularly. Appetite fair. Bowels regular.

May 23 Patient noisy, dirty + violent. May 30 Continues in bad spell. Very quarrelsome. Appetite poor.

Summary Nurses Notes by Dr. S.L. Phelps:- June 96: Has spells quite frequently; gets quite violent + silly: when out is quite sober and reserved: works in Centre Dining room when she is well. Nov 96 No change.

Mar 97 Gen. health good. Spells come on more frequently: very noisy + violent much of time: when quiet talks sensibly + works in dining room. Aug 11 Complains of pain in leg: put to bed this morning: put upon medicine. Aug 11 Transf. to Inf. Aug 30 Left hip swollen quite badly: very untidy: constantly in bed. Daily sick record kept: Stools very little, moans a great deal: Alcohol baths given. Temp 105 to 105½ Pulse 106 to 118 Resp 26 to 30: Appetite has been poor: Sept 1 Left leg almost entirely helpless: Sept 5 Temp 102 in A.M. 103 P.M. Respiration 30: Appetite very poor. Alcohol baths given: Sept. 13 Has gradually failed + had become very much emaciated until today when she died: Temp 106 Resp 30 Pulse 104.

Died