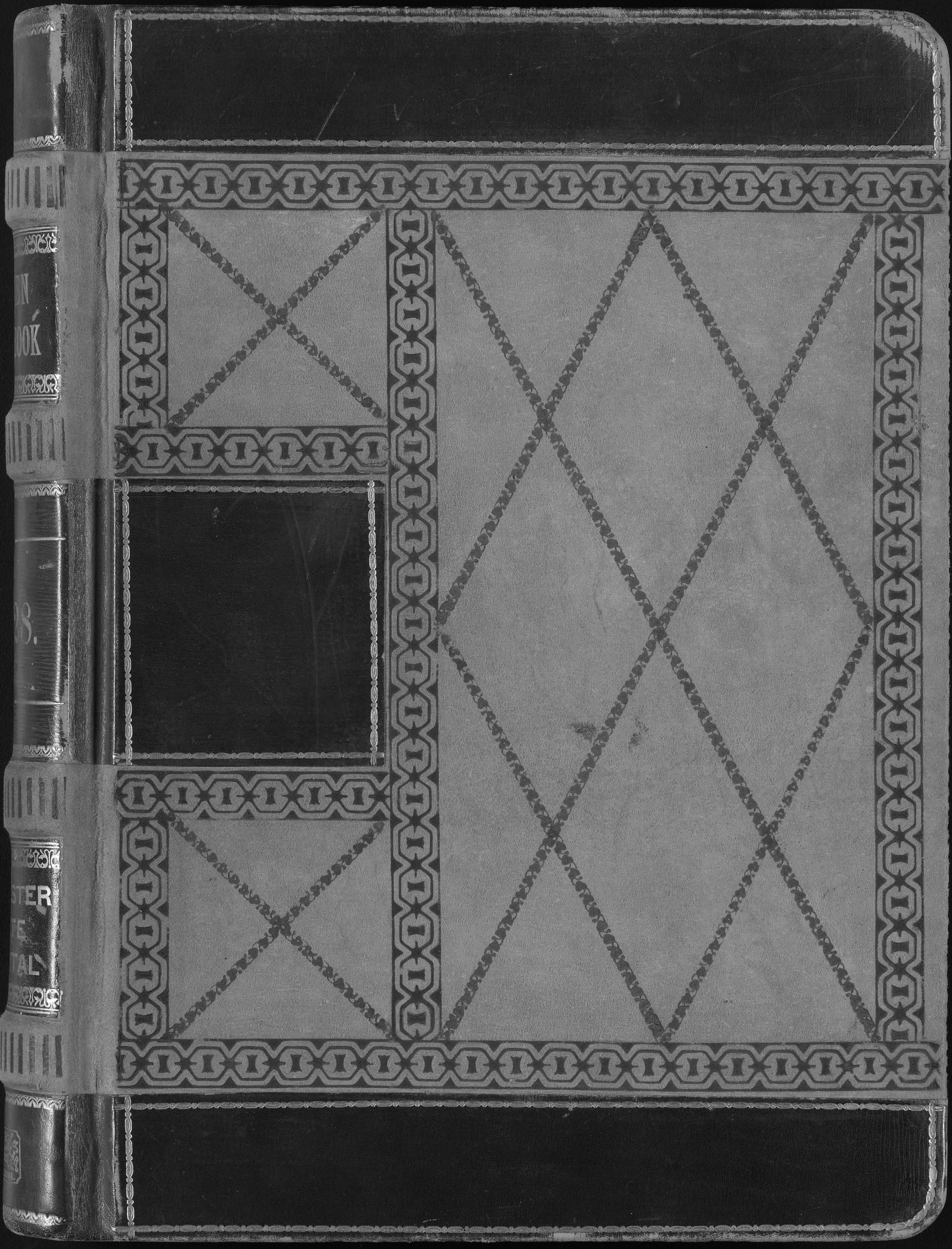
Rochester State Hospital (Minn.). Patient Case Books.

Copyright Notice:

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit www.mnhs.org/copyright.

Version 3
August 20, 2018



PLEASE TAKE NOTICE.

THIS BOOK is made of first-class material and by first-class workmen. In order to insure a good book until used up observe the following: Do not open in the center, but from either the front or back, running the leaves over until you come to the place you want; and in closing it do just the reverse, running the leaves back to the cover. All new books will be more or less stiff in the back until used a while, and this manner of using will make them limber and still not strain them. When the book is not in use, and at night, keep another book or weight on it so that the covers will not curl, as all new books are liable to do, especially if kept in a very warm room.

Respectfully,

Egbert Fidlar & Chambers.

Anderson	Hannah	93	
Anderson	Annie "anna"	245	
Anderson	Christine	333	Iowa C & C Hospital St Paul —
Anderson	Mabel	385	
Ackman (ackerman)	Mary	113	
Alm	Christine	173	
Almberg	Matilda	189	
Argue	Lydia B		

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

Benson	Lena (2nd ad.)	49		
Bolz	Mrs Kate (2d ad.)	85		
Baker	Melinda	161		
Borgeson	Carolina	229		
Bergen	Josie (al. Johanna)	249		
Brekke	Mary (w Bertha Nelson)	241		
Benson	Gunild	253	from County Poor farm (Goodhue Co)	
Brayton	Amanda	269		
Beebe	Mary	297		
Borchert	Lucy	313		
Beregan	Julia	341		
Bean	Ella J. (2nd d. Here)	349		
Beisser	Veronica	377		

Casti	Magdalena 1st ad here	1.	was in Hospital in Switzerland 10 years ago
Clark	Amna 2nd ad here	5	has been in various asylums
Christoph	Bertha	61	
Carmody	Susan	77	
Cartigny	Marie L.	101	don came here abt 1/95
Carlson	Albertina	165	
Cowing	Kate	177	
Currier	Lucy A.	233	
Cole	Myrtle F.	337	
Campbell	Mary J.	397	

Daly	Mrs. Mary	145	
Daniels	Lottie	361	2nd ad.

C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

Elsworth	Kittie	17	
Egan	Mary	33	
Evenson	Anna	169	
Evenson	Olena	261	
Edwards	Lottie 2nd ad.	361	here before Sept 19 - 1894

Fitzpatrick	Mary A. #1	209	
Fretteim	Inga A. Fretteim - Fretham	277	3rd ad. here
Fisher	Ida M	309	
Forrester	Maggie	365	
Fitzpatrick	Mary Ann #2	381	

Goddard	Martha A.	117	
Graham	Mary C.	317	(has been in Denver (Colo) Hospital)
Griese	Mary 3d ad	353	
Gross	Barbara	389	

Hansen	Mrs Ellen	273	
Helmeke	maggie 2d ad	285	
Hoffmann	Elizabeth	329	

Johnson	Gertrude 2nd ad.	97
Johnson	Mrs Sophie Sophia	109
Johnson	Julia	325
James	Hannah J.	141

Kingsley	Elizabeth	105
Kluge	Mary	153
Kelly	Annie Mrs	157
Kuehn	Katie	289
Kachel	Anna	321
Knair	Agnes	369

Lockery	A. J. Mrs	53
Lucas	Eliza Mrs	73
Liberko	Katie	237
Linberg	Johanna	301
Larson	Petra	373

Matterson	Fannie	13	
Morris	Claudina	25	
Mobery	Ida	37	
Maney Meany	Johannah	41	
Murphy	Nellie #2	137	
Meyers	Anna M.	201	
Mcadleton	Minnie	205	(mother here for sometime past)
Monson	Martha	221	
Mcloch	Mary	225	

Mc Cann	Mary	21		
Mc Eachron	Abigail	257		
Mc Elligott	Nora	265		
McClung	Julia Lee 2d ad.	393	Mu before May 5/93 — May 6/93	

O'Connor	Mary[sr]	197	
Olson	Clara	293	from Hospital at Mpls

Pfund	Ragab. F.	9	
Porter	Mary E.	133	

Rabel	Rosie	81
Ramberg	Anna	129
Rybka v. Rypka	Sarah	181
Ruzichka v. Ruzichka	Anna	281

Strutzel	Mary	29		
Stebbins	Nancy A.	57		
Stoe	Anna J.	69		
Smith	Martha J.	193	2nd ad – bur before Apl 1894 — bur – 6 Jly 94	
Schmelzer	Louisa	217		
Sieverts	Betsy 2d	357	bur before Mar 1881 — bur 10 Oct (came from Alms House)	

Thierres	Magdalene	45.
Trout	Sarah	65.
Tschide (Tscheida)	Theresia	89
Thelander	Eva Fredrika	125

Valentine	Mary. D.	185					
				Walter	Mary Annie	121	
				Wold	Mathea	149	from C & C Hospital St. Paul
				Warren	Cynthia 2nd ad	305	here before Febr 3/91 – Apl 18/91
				Wattenmaker (Wittenmyer)	Annie	345	

Personal and Medical History of Magdalena Casti

LEIGHT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3923.
Residence, Stillwater, Minn.
Date Admission, 5th December 1895.
Admitted by, Dr. Phelps Hour, 2.30 P.M.
How Sent, A.E. Doe, Court Commr, Washington County
Sex, Female
Age, 39 years
Civil Condition, Widow.
Children, None
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, not stated
Profession Religion, Lutheran
Habits, Good —
Nativity, Switzerland
Physicians Committing, O.S. Watkins and W.C. Voigt
Correspondents, Julius Janett, Stillwater, Minn — (brother in law). —

No. for Year, 122.
Insane Relatives, None
Cause Exciting, unknown
Cause Predisposing, previous attack
Form, Melancholia Acuta
Accompanying Bodily Disorder, Eczematous condition of hands
Suicidal or Not, Not. —
Date of this Attack, 2 or 3 months ago.
Duration, 2 or 3 months.
No. of Attack, 2nd (probably more) —
No. of Admissions, 1st here (was in hospital in Switzerland).
Age First Attack, about 29.
Time of Leaving, Aug. 24 '95
Time in Hospital, 8 mo. 19 da.
Result, Imp. 7/5/96.

Order for hearing petition for guardian, Julius Janett at Court house in Stillwater on March 4/95. (Service made 3/13/95) —

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Dr Sheldon Phelps

MENTAL ACTIVITY:
Clear or Confused, Seems clear
Quick or Sluggish, Seems quick
MEMORY: Seems good
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Alert
Alert or Dull,
Correct or Illusive, Mostly correct
REASONING POWER: Somewhat impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Find no definite delusions.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None determined
ILLUSIONS:
CONVERSATION: Talks quite well, says is not quite right by
Coherent or Incoherent, has a peculiar dull manner
Voluble or Reticent,
Put upon tonics and laxatives.

Personal and Medical History of Magdalena Casti

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, 110½ pds NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Normal.
SENSIBILITY,
HEART, Normal.
LUNGS, Seem in good condition Says was sick with bad cough in old country.
GYNAECOLOGICAL EXAM., Retroversion of uterus and some laceration. Needs treatment.
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

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,

Personal and Medical History of Magdalena Casti

1894

This patient was brought here with the following history of case. Habits have been good. There is no history of heredity. Supposed cause of this attack is unknown: form of attack talked; there is an Eczematous condition of hands. First symptoms manifested 2 or 3 months ago. This is not the first attack. About 10 years ago her husband suicided by drowning and she was in a Hospital in Switzerland for 9 months. Insanity now shown in no particular way; on subjects generally. Patient is not disposed to injure others, nor is she suicidal, nor of filthy or destructive habits. There is no history of any severe bodily disease or injury to head. She has not been restrained or confined. Has had no special treatment in this Country. Has taken hypnotics, some lately, but no effect was produced.

Dec 5 On admission was put on B.Z. (S.R. Hair partly gray; eyebrows; several bruises on her back; bodily condition not very clean. Behavior is very quiet).

" 6 Very quiet. Quite sensibly. Appetite good. Slept most all night. Bowels moved freely. Hands chapped very sore P.78. R18. T98.2

" 7 Appetite good. Slept 6 hrs. Talks rationally. Bowels regular. Very quiet. Asks for snuff.

" 8 Very quiet. Talks sensibly. Slept 6 hrs. Bowels moved. Has snuff taken away. Keeps continually asking for it.

" 9 Sang very loud to day. Talks considerably, but very sensibly. Appetite good. Bowels reg. Did not sleep well.

" 10 Appetite good. Quite noisy singing & talking. Asking for snuff. Bowels regular. Takes tonic. Slept 4 hrs out of bed & noisy at times. Dec. 11. 94 Appetite good. Bowels reg. Quite noisy to day. Walking up & down. Helps some on board. Slept 4 hrs; talking most of time while awake & sang. Dec. 12. 94 Appetite good.

" 12 Bowels reg. Talked sensably, but quite noisy at times. Slept 6 hrs. Out on hall several times.

" 13 Ate quite well. Bowels reg. More quiet to day. Takes med. Asking for her snuff. Slept 7 hrs. out on hall several times.

" 14 Appetite good, quiet to day. Helps in dining room. Bowels regular. Slept well at night. Went walking.

" 15 Appetite good. Quiet in behavior. Works in dining room. Bowels reg. Went walking. Complains of headache. Slept most of night.

" 16 Very quiet most of day. Ate quite well. Asks for her snuff. Works in dining room. Slept all night.

" 17 Complains of headache. Works in dining room. Went walking. Talks sensibly. Asks to go home. Slept well. P 85. Coughs & Expectorates. Dec. 18. 94 T 101. P 100. R 26. Complains of being weak. In bed all day. Has headache & pain in stomach. Take med as directed. Bowels moved. Slept 7 hrs. Appetite poor.

" 19 T 99. P 98. R 24. Appetite some better. Bowels reg. Seems to be feeling some better, but still complains of pain in bowels. Awake most of the night. Summary. Talks quite sensibly. Quiet in behavior most of time but noisy at times for about 4 days. Works in dining room. Goes riding & walking.

Dec. 26. 94. Quiet in behavior. Coughs a great deal. Complains of headache. Appetite fair. Talks sensibly. Jany 4. 95 Menstruating. Very noisy most of the day also destroys clothing. Has delusions, imagines she has committed some great sin.

Jany 1895. Appetite poor. Very sad most of the time, cries and worries a great deal. Takes tonic. Jany 29. 95 Very stupid. Untidy in personal appearance. Goes riding and walking. Feb 6. 95 Appetite no better. Coughs a great deal. Takes tonic. Pulse weak. Feb 28. 95 Appetite some better. Bowels regular. Very noisy at times also destroys clothing. March 10 95. Appetite very much better. Bowels regular. Destroys clothing. Quite excited most of time. March 31. 95. Seems some quieter. Appetite quite good. Bowels reg. Works some in dining room. Goes walking & riding. April 26 95 Very destructive at times. Appetite good. Bowels reg. May 31. 95. No change in behavior.

June Quiet. Appetite fair. Bowels regular. Goes riding & walking. June 12 Has sore throat. Refuses to take med. for it. July 1 Menstr. Very quiet. July 10 Trans. to B. 1. July 24 Menstr.

July 31 Quiet & agreable. Assists with work on ward. Has worked in mending room the last week.

Goes riding or walking. Appetite good. Bowels regular. Sleeps well. Talks sensibly. Gen. health good.

Aug 7 Trans. to A. 2. Aug 29 Went Home

Discharged.

Personal and Medical History of Amna Clark

LEBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3928.
Residence, South St Paul, Minn.
Date Admission, 6th December 1895.
Admitted by, Dr. Phelps — Hour, 7 PM.
How Sent, Thos P. Moran Jopl, Dakota County
Sex, Female
Age, 65.
Civil Condition, Widowed
Children, Three
Age Youngest Child, —
Occupation, Housewife
Degree Education, Probably Good
Profession Religion, Yes; Congregational
Habits, Total abstainer; moral.
Nativity, Hartford, Connecticut
Physicians Committing, H.M. Hoxie and H.G. VanBeeck
Correspondents, (Son)

No. for Year, 127.
Insane Relatives, Mother said to have mental derangement.
Cause Exciting, not known; has periodical attacks
Cause Predisposing, heredity & previous attacks
Form, Manic Acute (Recurrent)
Accompanying Bodily Disorder, None known of
Suicidal or Not, — not.
Date of this Attack, 45 years ago, following maternity
Duration, 45 years, off and on —
No. of Attack, Several
No. of Admissions, 2nd here, (has been in various Asylums)
Age First Attack, about 20 —
Time of Leaving, April 29. '95. Ret July 13'95. Left May 9'96.
Time in Hospital, 9mo. 26 da.
Result, Discharged Nov. 10'96. Improved

Dec 7 94 Dr Hinton Phelps

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Very sluggish.
MEMORY: Much impaired
Past Events, D
Recent Events,
Special Subjects,
PERCEPTIVITY: Very dull, illusive
Alert or Dull, D
Correct or Illusive,
REASONING POWER: much impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonic & special diet.

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have many & varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent. Talks quite a good
Coherent or Incoherent, deal, but not sensibly
Voluble or Reticent,

Personal and Medical History of Amna Clark

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, 110 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None; Coatings, Coated. Promptness Movement,
PUPILS, Equality, Eq. Size, dilated
Response Light, Accommodation,
SIGHT, Impaired Uses glasses
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, Very dull on admission General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,

TAKEN,

HABITS, Dirty, Rather dirty & Careless Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good, Medium, Poor,
SLEEP, Good, Well Poor, Irregular,
PULSE, Norm Resp., Norm Temp., Norm
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN, Long, many years.
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Anna Clark.

1894

This patient was brought here by her son, A. D. Clark, with the following history. There is a history of heredity; mother is said to have mental derangement. Supposed cause of this attack is not known: she has periodical attacks: form of attack is chronic. There is no accompanying bodily disorder. First symptoms of disease were manifested 15 years ago, following maternity; and she has had many similar attacks, at various times since, from 1 to 6 months. Now, excitement & depression vary. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. Dont know of any peculiarities having been shown, previously. No history of any bodily disease or head-injury. She has been confined in various asylums, from 1 to 6 months. Patient has had no treatment, except at Asylums. After leaving the Hartford Asylum, she was perfectly sane; for last 20 years, has not been perfectly sane. (Note by Dr. Phelps: Son states that, for 10 years she was steadily melancholy, ending about 9 years ago; before that, periodical; also since then).

Note. Patient was firstly here from Jany 5/94 to March 15/94, when she was allowed to go home, having been illegally committed under "Law of 1893". For some time after their coming, she was very restless at night; at times, noisy, and slept poorly; talking & crying by spells. When in conversation with any one, she talked quite rationally. Complained a good deal of catarrhal trouble, for which she was given a spray. During latter part of February & also in March she was, seemingly, very much improved. Helped in sewing room; quiet & lady-like & apparently quite cheerful. This improvement kept up until she was taken home by her relatives. (See Vol M. p 357 No 3612).

Dec 6 On admission, was put on T 98° (S.R. Hair gray; eyes gray; bodily condition quite clean: no bruises noticed. Is very stupid; seems in one of her "melancholy spells"; talks rationally however).

7 Quite noisy. Appetite poor. Sleep: 1 hr very restless most of time. In bed all day. Bowels moved several times during day. P 74. R 18. T 99. Dec 8 94. Appetite poor. Slept 4 hrs. Very noisy part of time, part of time stupid. In bed to day. Dec. 9. 94. Appetite fair. Bowels moved. Noisy part of time, talked & sang very loud this morning. Slept 3 hrs. Noisy 2 hrs. Dec. 10. 94. Appetite fair. Bowels moved. Takes medecine. In bed all day. Dirty in habits. Quite noisy for 1 hr. in morning. Slept about 5 hrs. Talked at times.

Dec 11 94. Appetite about the same. Bowels moved. Asking to get up. Quiet most of the day but very restless. Slept about 4 hrs. Talking most of the time while awake. Dec. 12. 94. Did not eat very well to day. Talking most of the time to day. Bowels moved this morning. In bed all day. Takes medecine. Slept 5 hrs. Talked 2 hrs. Dec. 13. 94. Ate some better to day. Still in bed. Bowels regular. Talked quite rationally to day. Takes medecine. Slept 5 hrs. talked and sang 2 hrs. Dec. 14. 94. Ate quite well. Upon ward. Very quiet. Talked quite sensibly. Slept most of night. Dec. 15. 94. Appetite good. Very quiet and nice. Personal appearance neat. Talked real sensibly. Bowels regular. Took medecine. Slept 6 hrs.

Dec 16. 94. Very quiet all day. Takes medecine. Appetite fairly good. Bowels regular. Slept most of night.

" 17. Very quiet and nice. Talks sensibly. Bowels regular. Takes medecine. Went down to sewing room in afternoon. Slept well. Dec. 18. 94. Appetite good. Very quiet. Went to sewing room. Bowels regular. Talks sensibly. Slept 7 hrs. Dec. 19. 94. Has a good appetite. Bowels regular. Talks sensibly. Went to sewing room. Slept well. Went riding. Dec. 20. 94. Appetite quite good. Bowels regular. Takes tonic. Went to sewing room. Talks sensibly. Slept well.

Summary. Quite noisy at first but more quiet of late, talks rationally. Went to sewing room the past few days. Goes riding.

Personal and Medical History of Anna Clark.

1894

Dec 24. Appetite fair. Takes tonic. Goes to sewing room most of the time. Transf'd to A.

Jany 30. 95. Very talkative. Works in the sewing room most of the time. Appetite fair. Sleeps well. Still takes tonic. Feb 26. 95. Appetite fair. Sleeps well. Still works in the sewing room. Tidy in personal appearance. Takes tonic. April 29 95. Patient is quite tremulous on excitement. Fairly well mentally, but shows instability of emotional state. Knows her own state quite clearly and cheerfully. Is talkative and pleasant in appearance. At times works in the sewing room. General health good. Is allowed to go out by herself.

April 29. 95. Went home.

July 13 Returned. July 14 Is bed in afternoon. Noisy. Appetite poor.

July 15 & 16 Noisy & quarrelsome. July 17 More quiet in behaviour. July 19 Quiet & agreeable. Appetite fair. Bowels constipated. Given cathartic. July 30. Trans. to A. 1. July 30 At times excited. Does not sleep well. Appetite fair. Bowels regular. Is on tonic. Aug 30 Somewhat improved in last three or four weeks. Quiet & pleasant. Talks sensible. Appetite fair. Sleeps well. Works for self. Goes riding & walking.

Sept 28 Patient has improved within the past month or more. Is quiet & agreeable on ward. Occupies most of her time reading & working for herself. Takes out door exercise. Physical health good. Oct 31 Patient still remains quiet & pleasant on ward. Physical health good. Nov 30 Appetite quite good. Sleeps well. Reads & works for herself most of time. Takes out door exercise. Feb 10 Became very restless & nervous during night. Appetite poor. Is very talkative. Apr 29 Quiet & agreeable on ward. Spends most of the time working for herself. Physical health good. Appetite fair. Talks quite sensibly. Wants very much to go home. May 2 Went Home.

Discharged.

Personal and Medical History of Ragal. F. Pfund.

LEBERT, PICLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3931.
Residence, Dodge County.
Date Admission, 10th December 1894.
Admitted by, D. Phelps. — Hour, 3 P.M.
How Sent, E. F. Way, Jof P. Dodge County
Sex, Female
Age, 37.
Civil Condition, Widow
Children, — five.
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably limited
Profession Religion, Not a church member
Habits, Bad morality.
Nativity, — Switzerland.
Physicians Committing, J. A. Vaulleve and P. J. Schwarz
Correspondents, John Andrist
Mantorville Minn.

No. for Year, 130
Insane Relatives, Not known.
Cause Exciting, Friends say she never was right, Mentally.
Cause Predisposing, — Chronic —
Form, Dementia, terminal
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, not stated
Duration, Probably long.
No. of Attack, not 1st
No. of Admissions, 1st
Age First Attack, not given
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Dec 10 94 Dr Kenta Phelps

MENTAL ACTIVITY:
Clear or Confused, confused
Quick or Sluggish, Sluggish.
MEMORY: Impaired.
Past Events, Impaired.
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, illusive.
REASONING POWER:
Ordinary Subjects, Impaired.
Own Mental State, No
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Only laxatives needed.

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

Personal and Medical History of Ragal. F. Pfund.

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 in WEIGHT, 126½ pds NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Cracked Promptness Movement,
PUPILS, Equality, Unequ. Size, left larger
Response Light, Accommodation,
SIGHT, Impaired
HEARING, Good.
COORDINATION, Arms, Seems normal
Legs,
TREMORS, Hands, None noted Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Hesitating as if unwilling
Slurred,
Hesitating,
FACIAL EXPRESSION, Dull & almost demented
SENSIBILITY,
HEART, Slight murmur noted.
LUNGS, Seems in good condition
TAKEN,

GYNAECOLOGICAL EXAM., Some laceration of cervix - normal position
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean	Clean,	Careless,
BOWELS, Normal, Constipated	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good, Fairly.	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 Ragal. F. Pfund

1894

This patient was brought here by Christ Schletty, Overseer Dodge County Poor Farm, and accompanied by Magdalena Endrust, with the following history of case, which is rather meagre. She has shown bad morality. As to any hereditary history, nothing is known. Friends say she never was right mentally. Form of attack is chronic. There is no accompanying bodily disorder. When first symptoms were manifested is not stated. This is not the 1st attack; (further particulars in this case not given); patient is disposed to injure others, but is not suicidal, nor filthy nor destructive in her habits. There is no history of any bodily disease or or head-injury. She has not been restrained or confined, nor under medical treatment. No further particulars bearing on the case, given. —

Dec 10 On admission, was put in Bd — (S.R. Fair brown hair; gray eyes; bodily constitution quite clean; no bruises or scars noticed; is very quiet; does not talk much) —

Dec 11 Quiet in behavior, in bed during forenoon. Talk incoherent. Appetite good. Does not cough. Bowels constipated, took a cathartic. Bowels moved. Does not complain. Pbo. R20. T 98½.

" 12 Quiet in behavior. Talk incoherent. Appetite good Bowels moved. P70 R18. T98.

" 13 Very quiet in behavior, cried some during day Appetite good Bowels reg. P70. R20. T 97½

" 14 Quiet in behavior. Talk incoherent, talks very little. Appetite good. Bowels reg. P75. R16

15 Cried a part of the day. Appetite good Bowels reg. P75. R16.

16 Seems no change in patient since last note P75 R18.

17 Quiet in behavior. Appetite good. Cries at times and is very contrary. P75. R18.

18 Quiet. Appetite good Bowels reg. Very contrary. P70. R. 16.

19 Cried part of the day. Appetite good. Bowels reg. Neat in habits P72. R18.

20 Quiet in behavior. Talks very little. Appetite good Bowels reg. Neat in habits P80. R16

21. Quiet in behavior. Incoherent in talk Appetite good Bowels reg. P76. R. 18.

22 Appetite good Bowels reg. Patient seems to take more interest

23. Appetite good Bowels reg. Quiet in behavior (very contrary P80. R in Dec 24 quiet in behavior) Cried some during day Restless at times. Appetite good. Assists some with ward work.

Summary. Quiet in behavior Very contrary at times. First week cried most of the time, during last week seemed more contented, takes more interest & in the last few days assisted with ward work. Talks very little. Neat & tidy in habits. Appetite good Bowels regular

Dec 28 94. Quiet in behavior Talks very little. Sits and cries part of the time some days. In past week seemed more contented and in the last few days helped with ward work Very contrary at times. Menstruates Appetite good Bowels regular Neat and tidy in habits. Jany 11 95 Menstruating Jany 30 95 Quiet in behavior Gen health good. Bowels regular. Appetite fairly good. Some days very discontented and wants to go home Very contrary. Neat and tidy in habits. Feb 6 95 Menstruating.

Feb 28 95. Has been quite noisy some days, crying and scolding. Talks to herself a great deal. Is very discontented. Neat and clean in habits. Appetite good Bowels regular. Sleeps well Does no work

Feb 28 95. Visited by ladies this afternoon. Mch 6 95 Menstruating. Mch 28 95 Very noisy at times. Talks to herself. Scolds. Neat & clean in habits. Goes walking and riding. Gen health good. Bowels regular Appetite good Does no work. Has to be watched very closely when out. April 29 95 Has been more quiet. Has not talked so much to herself. Neat and clean in habits. Does no work. Goes riding & walking Appetite good. Bowels regular. Never complains. April 31 95. Menstruating. May 31 95 Noisy at

Personal and Medical History of Ragal F. Pfund.

5/13/95 times. Talks to herself. Clean in habits. Does no work. Goes riding & walking. Sleeps well. Bowels regular. Appetite good. June 14 Works in laundry. Quiet. Appetite good. Bowels regular. Sleeps well. Gen. health good. Trans. to Annex. June 16 Menstr. July 6 Does not work in laundry as other changes.

July 11 Menstr. Aug 11 Menstr. Aug 11 Noisy & restless. Sept 20 Menstr. Sept. 27 Appetite fair. Clean & tidy in habits. Noisy & restless in behavior. Talks incoherently. Gen. health good. Goes riding & walking. Oct 20 Menstr. Nov 29 Appetite fair. Noisy most of time; walks back & forth & wrings & cries a good deal. Gen. health seems good. Feb 4 Menstr.

1896 Feb 8 Appetite good. Clean & tidy in habits. Noisy & restless in behavior. Talks incoherently. General health good. Takes out door exercise. Feb 11 Visited by friends.

Feb 15 Sick in bed. 8:50 A.M. Pulse 104. T. 104. R. 24. Trans. to Inf. Feb 26 Sick record kept up to date. Had lung trouble — a mild pneumonia — see sick record.

Feb 27 Seems quiet. Feb 28 Trans. to Annex (Phys note) Feb 15 Patient taken sick suddenly at Annex. P. 104 T. 104 R. 24 Trans to Infirmary. dose of calomel given. Put upon an expectorant & milk one glass every two hours. Feb 16 Slept three hours; coughed most of night A.M. Temp. 98. P90 R. 20 4:30 PM. T 101-2 R 24. Has taken milk every two hours. Feb 17 Temp 101.2 R 24 Looks a little nourishment in morning refused everything in afternoon. Sponge bath given: medicine every two hours. Feb 18 Slept about 2 hrs. Expectorates a good deal: refuses her medicine. Feb 21 Has been steadily improving since last note. T. 98 P 80 R. 20. light diet. Eats regular meals; sleeps most of night. Feb 26 Has been steadily improving last few days coughs a little yet: appetite has improved: able to sit up: eats regular meals. Sleeps nurses recommends

March Visited by a friend: would not talk to him. Mar. 30 Visited by friends. Apr. 3 Appetite good. Clean & tidy in habits. Noisy & restless: talks incoherently: has delusions. General health good. Takes out door exercise. Menstruates regularly.

Aug. Summary Nurse's Notes by Dr. G.L. Phelps. Appetite good: Habits clean: At times violent & obstinate: talks incoherently: menstr. regularly: Gen'l health good:

Nov. Restless at night: no special change: Jan '97 Restless at times: noisy & cries: demented: May '97 No change: Aug '97 Fights at times: Appetite good: bowels regular: takes out door exercise. Continued by Ruth Phelps. Sept 23 '97 General health good. always rather noisy & restless in behavior. Trans. to Annex Feb. 9. Wt. 105# May 28 Has not eaten well of late. Today fed by tube. June 1 Visited by friend. June 28 Trans. to Bx. Still fed with tube. Aug 15 Trans. to Annex. is now eating. Nov 3 Visited by friends. Dec. 10 Is somewhat irritable at times but on the whole is comparatively quiet of late. (Cont. by Dr. R.L. Bebb) Mar. to Sept. '98 Gen'l health & appetite good sleeps well. Takes out door exercise: menstr. regular untidy: noisy disagreeable & violent at times: sometimes strikes other patients & nurses: Mar. 8. Trans. to Bx: May 16 Visited by friends: July 29 Tried to escape while out on farm fought nurses. Wt. 115# Sept 1 - Feb 28 1900 (Dr Weyerdale) Neat but rather careless in appearance Violent at times: Restless: scolds: Eats & sleeps well. General health good. Takes outdoor exercise Menstruates regularly: Jan 12. 110# on bore 1 & 23 Violent in seclusion.

See Folio 20.

Personal and Medical History of Fannie Matterson

LABLEY, FISCHER & GRAMBERG, DAVENPORT, IOWA.

Whole No. 3932.
Residence, St Paul, (City & County Hospital).
Date Admission, 10th December 1899.
Admitted by, D. Linton-Phelps Hour, 7 P.M.
How Sent, John M. Oliver, Jo P. Ramsey County.
Sex, -Female-
Age, 21
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, servant
Degree Education, not given
Profession Religion, Yes, Episcopal
Habits, -good-
Nativity, England —
Physicians Committing, Arthur Sweeney & A.B. Aucker
Correspondents, Mrs F.P. Ryder
(friend's address) 462 Hewitt Ave St Paul

No. for Year, 131.
Insane Relatives, unknown
Cause Exciting, unknown
Cause Predisposing, "chronic"
Form, Mania, chronic
Accompanying Bodily Disorder, headache & weakness of face & hands
Suicidal or Not, not
Date of this Attack, some time last June
Duration, some 6 months —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, not given (?)
Time of Leaving, Feb. 14. 1899
Time in Hospital, 4yr. 2 m. 4 d.
Result, Transferred to Fergus Falls

Dec 10 9p. D. L. Phelps.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, seems clear
Quick or Sluggish, quick
MEMORY: seems good
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Alert to questions
Alert or Dull,
Correct or Illusive,
REASONING POWER: somewhat impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put on tonic & laxatives

EMOTIONAL STATE: Walks up & down in a preoccupied
Normal, Calm, manner but when addressed will
Indifferent, stop & talk quite well.
Exalted,
Depressed,
DELUSIONS: No delusions determined
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks mostly in a sensible manner
Coherent or Incoherent, Complains of headache a good
Voluble or Reticent, deal.

Personal and Medical History of Fannie Matterson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3in WEIGHT, 112 lbs NUTRITION, Impaired, Pale
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, Coatings, slight Promptness Movement,
PUPILS, Equality, Eq. Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, In right Ear impaired, thinks from catarrh
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, None noted. Tongue,
Facial Muscles, General, Good.
REFLEXES, Patellar, EXAM. URINE,
Other .
ARTICULATION, Prompt
Slurred,
Hesitating,
FACIAL EXPRESSION,

TAKEN,

SENSIBILITY,
HEART, Sounds normal
LUNGS, Not very strong. Normal Condition.
GYNAECOLOGICAL EXAM.,
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, 80.	Resp.,	Temp.,

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

Personal and Medical History of Fannie Matherson

1894

This patient was brought here by Deputy-Sheriff Goss + accompanied by Mr Sauter (who comes to visit her husband, John P. Sauter, a patient here), with the following history. Habits + morals good; if any hereditary history, unknown. Supposed cause of this attack is unknown; form of attack is chronic, exalted. She has some headache + weakness of one limb. Worried a great deal over a trial, last June, + then began to act strangely; would sit and scowl, or laugh, without reason. Has a habit of frightening patients, for fun. Is generally irresponsible. This is the 1st attack. Insanity is now manifested by general silliness, lack of interest in things about her. She laughs and scowls + gesticulates to herself. Patient has shown no disposition to injure others, nor is she suicidal; no filthy or destructive habits. If any peculiarities to be previously shown, is unknown. She had an operation for Sarcoma 4 years ago (abdominal); she has now been at C + C Hospital, St Paul, about a month. No results from treatment there. ———

Dec 10 On admission, was put on B.I.C.R. - Was light brown hair; blue eyes; bodily condition quite clean; no lunacies noticed; talks a great deal but quite sensibly.

" 11. In bed part of the day. Very quiet. Talks quite sensibly. Appetite good. Slept 6 hrs, quiet all night. Cough; none. Bowels constipated. Complains of pain in stomach. P. 80. R 24. T 97 4/5.

" 12 Up on ward. Quiet in behavior. Appetite good. Gave cathartic. Bowels moved. Take tonic. Slept 7 hrs. Quiet all night. Talks sensibly. Dec. 13. 94. Appetite good. Behavior quiet. Takes tonic. Bowels moved. Complains of headache. Does no work. P 80. Slept 9 hrs.

" 14 Appetite good. Imagines sees people around her, walks up and down shaking her head + hands. Bowels constipated. Takes medicine. P 80. Slept most of night.

" 15. Appetite good. Very restless, walks up and down. Bowels moved. Took tonic. Asks to go home. P 80. Slept all night.

" 16 Very restless + quite noisy most of day. Walks up + down hall. Takes med. Bowels regular. Slept well. P 80

" 17 Appetite good. Behavior very restless. Bowels regular. Talks sensibly. Slept all night.

" 18 Very noisy all day. Personal appearance very untidy. Appetite good. Talks sensibly, went walking. Talks about going home. Slept 9 hrs. Dec. 19. 94. Has a good appetite. Bowels constipated. Very noisy most of day. Went riding. Walks up and down hall. Slept well. Dec. 20. 94. Quite noisy today. Talks sensibly. Appetite good. Very restless, walks up and down the hall. Went walking. Slept well.

Dec 21 Appetite good. Noisy most of day. Went walking. Talks about going home. Very restless. Takes tonic. Slept well. Dec. 22. 94. Appetite good. More quiet today. Bowels constipated. Gave cathartic. Went walking. Slept quite well. Dec. 23. 94. Singing and quite noisy today. Has a good appetite. Bowels moved today. Slept well. Asks to go home. Dec. 24. 94. Behavior about the same, still quite noisy, wants to walk up and down hall singing + shaking her hands. Slept well. Summary: Quiet in behavior the first few days; but more noisy of late. Talks quite sensibly. Goes walking + riding. Does no work. Has a good appetite.

Dec 26. 94. Walking up + down hall most of the time. Quite noisy today. Appetite good.

" 31. Noisy most of time. Very untidy in personal appearance. Goes walking + riding.

Jany 20 95. Menstruating. Is very absent minded. Does not eat very well. Takes tonic. Bowels usually constipated. Feb. 15. 95 Menstruating. Feb. 23. 95 Transf'd to 2d Fl. Feb. 28. 95 Has a good appetite. Sleeps well. Bowels constipated most of the time. Noisy most of the time. Untidy in appearance. Does no work.

Personal and Medical History of Fannie Matherson.

1895

Mch 5. Has a good appetite. Sleeps well. Bowels reg. Mch 17. Menstruating. Quite noisy at times.

" 25 Taught this morning and was moved to 2 d. Mch 31. 95 Quite noisy the past few days. Has a good appetite. Bowels reg. Sleeps well. In general is silly + somewhat demented. Sits about in a quiet, careless way, answers questions fairly well. April 3. 95 Threw dishes in the dining room. April 29. 95. Appetite good. Bowels reg. Noisy at times. Goes walking + riding. Talks quite sensibly. May 15. 95. No change in behavior

May 21. In bed 2 days with sore throat. May 24. 95. Menstruating. May 27. 95. Transf'd to 2d Fl.

July 5 Appetite good. Clean but untidy in appearance. Quiet. Incoherent. Looks pale but does not complain of being sick. Gen. health good. July 16 Menstr. Aug 11 Noisy + restless. occasionally violent

Aug 1 Menstr. Sept 26 Appetite good. Clean but untidy in habits. Not noisy but very restless in behavior. Talks incoherently + has delusions. Talks a good deal of going home. Is violent. Gen. health good; Color pale. Goes riding + walking. Oct 7 Nov Appetite good. Clean in habits. Not very quiet in behavior. Sings a good deal. Sometimes violent. Gen. health good. Dec 30. Jan 22 Menstr. Appetite good. Dirty + untidy in habits. Is not noisy but restless. Acts very silly. Talks incoherently. Skin is flush. General health good. Takes out door exercise. Feb 17 Menstr.

May 30 Appetite good. Clean in habits but careless in appearance. Is not noisy but very restless; talks very little; acts silly. General health good. Takes out door exercise

May 1 Menstr. regularly. Summary Nurse's Notes by Dr. S. L. Phelps: Aug 97 Genl health good: At times quite violent: talks incoherently: Habits untidy: Nov 9. No change: Feb 98 Violent at times: Failing mentally: May 98 No change: Aug 98 Menstr. regular: Appetete good: Genl Health good: No mental change. Continued by Dr. P. M. Phelps. Nov 11 97 General health good. Is occasionally very violent altho usually quiet. Feb 9 98 Wt. 176 lbs. Feb 14 99 Trans. to Fergus Falls, Patients Condition + behavior unchanged during intervening period.

Personal and Medical History of Kittie Elsworth

LEBERT, FIDLAR & SCHNEBERG, DAVENPORT, IOWA.

Whole No. 3937.
Residence, Rochester, Minnesota
Date Admission, 11th December 1894.
Admitted by, Dr Phelps Hour, 5.15 P.M.
How Sent, Thos Fraser, Jail, Olmsted County
Sex, Female
Age, 25 Years
Civil Condition, Married
Children, one Child
Age Youngest Child,
Occupation, Housewife
Degree Education, probably good
Profession Religion, Church member
Habits, Temperate & of good morals
Nativity, Olmsted County, Minnesota
Physicians Committing, F. L. Mosier and Chas J. Granger
Correspondents, J.B. Bassett, Genoa, Minn

No. for Year, 136.
Insane Relatives, Mother
Cause Exciting, Family trouble
Cause Predisposing, Heredity
Form, Melancholia, Acute
Accompanying Bodily Disorder, Pulmonary Tuberculosis
Suicidal or Not, Not.
Date of this Attack, 6th December 1894
Duration, about 5 Days –
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, – 25 –
Time of Leaving, Dec. 21 94.
Time in Hospital, – 10 days.
Result, Died.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Dr Clinton Phelps.

Entered in a very weak physical condition. Very wild & excited mentally. Put to bed in restraint sheet

MENTAL ACTIVITY: Quick but very confused.
Clear or Confused,
Quick or Sluggish,
MEMORY: Can not test.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Very wild and incoherent, talking constantly
Alert or Dull, to herself
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have 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 Kittie Elsworth

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken (patient too violent) WEIGHT, Not taken (patient too violent) NUTRITION, Very poor.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, dilated
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Do
COORDINATION, Arms, Jerking about constantly from side to side
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Can not test
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, Wild
SENSIBILITY,
HEART,
LUNGS, Tuberculosis in last stage on admission
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,
TAKEN,

HABITS, Dirty, Dirty Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Refuses to eat Requires feeding by tube daily. Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 101. 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, Says healthy
Father or Pat. Relations, Do
Brothers or Sisters,

Personal and Medical History of *Kittie Elsworth.*

This patient was brought here by C.S. Stewart, Sheriff & accompanied by Mrs E. J. Lamb and three other friends, with the following history of case. Habits are temperate; morals good; there is history of insanity, her mother having been insane. She has had domestic trouble; separation from husband. Form of attack is acute. She is suffering from pulmonary tuberculosis, for which she has been under treatment several years. First symptoms of disease were manifested Dec 9 94, by incoherent talk & violence towards others. This is 1st attack. Insanity now shown by incoherence, obscenity, and indecent exposure of her person. Patient is disposed to injure others, from sudden passion, but not suicidal. Is destructive of clothing. She has not been restrained or confined; only under medical treatment, as above.

Dec 11 On admission, was put to bed (S.R. has light hair; blue eyes; several bruises on body; very noisy & violent, had to be carried up stairs; fought while being bathed; was put in restraint).

" 12 In restraint, quite noisy most of the day. Talks incoherently. Appetite poor. Slept 4 hrs. Very restless while awake & noisy at times. Coughs & expectorates. Bowels constipated, gave powder. Complains of pain in bowels. Ice. Pg 7 3/4

" 13 Did not take any solid food & not much nourishment. Bowels constipated. Gave enema. Very restless & quite noisy most of the day. Restless all night. Bowels moved T. 103. Dec 14 94 Very hard to get her to take any nourishment. Bowels moved T. 100 2/5 P. 80. R 26. Slept 7 hrs. noisy 2 hrs. Dec 15 94 Refused nourishment had to be fed with tube 9 a.m. T 100 2/5 P 100. 5 P.M. 102 3/4 P. 102. Visited. Quite noisy most of day Lemonade 1 glass. Slept 5 1/2 hrs. Dec 16 94 Very hard to get her to take any nourishment. Complains of pain in bowels. Quite noisy most of day. T. 102 1/5. P 90 R 26 Slept about 3 hrs. Fed with tube. Dec. 17 94. 8 a.m. T. 100. P. 99. R 25. Took but little nourishment. Out of restraint since 2. P.M. Very quiet. Visited by father. 4 3/2 P.M. T. 102 2/5. One glass milk and grape juice 2 11/17 the nourishment taken to day. Bowels constipated. Powder given for bowels.

Dec 18. Out of restraint all day. Bowels constipated. Gruel 1 1/2 glasses 1 1/2 glasses grape juice. Quiet most of day. Trans. to Infirmary. Temp in morning 101. Enema. Ate toast. Dec 19 94

" 19 Slept 1 hr. Extremely restless, bowels moved very freely. T. 99.2. P 82. R 18. In restraint 3 P.M. T 100 & 100 P 80. R 18. Appears unable to swallow. Dec 20 94 Slept about 1 1/2 hrs. Noisy & restless during night. Ate 1/2 dish cornmeal mush 1/2 glass of milk. 3 P.M. taken out of restraint at 12. M. T 100 P 100 R 24 Very restless at 4 3/2 P. 124. R 30. T 101 4/5 Gave brandy & strychnine 5 P.M. R 40. Dec 21 94. Very restless & complains of feeling cold P 124 R 40. Took very little nourishment. Took brandy but did not retain it. Patient grew weaker since 5 3/2 A.M. Visited by relatives. Died at 5 3/2 P.M.

Nurses Records: Dec. 18 94 4 P.M. Received on infirmary sick in bed. 4 3/2 Enema, did not retain it. 5 P.M. Chipped ice and cold cloths on head. 6 P.M. Ate small piece of toast & 1/2 glass of milk 7 P.M. P. 96. R 18. T. 99 2/5 very restless Dec 19 94 5 3/2 A.M. P 82. R 18. T. 99 1/2 Slept about 1 hr during night tossing bed clothes around almost continually all night long. Bowels moved quite freely during night.

Dec 20. 5 3/2 P. 100. R 28. T. 99 3/5 A Slept about 2 1/2 hrs. noisy & very restless while awake. 8 A.M. P. 96 R 24 T. 99 4/5 R Ate dish of cornmeal mush. Drank 1/2 glass milk. In restraint. Chipped ice given often. 12 M. P 100. R 24 T. 99 4/5 R Seemed unable to swallow. 3 P.M. Visited by sister & brother, taken out of restraint 4 3/0 P.M. P 124 R 30. T. 101.4 Pulse very weak. Brandy 2/11 j. Strychnine Hypodermically. 5 P.M. P 122 R 40. Brandy 2/11 j. Strychnine hypodermically. 5 P.M. P. 120. R 36. Hand sent bag. 5 3/2 P.M. R 34. brandy 2/11 j. chipped ice. 6 3/2 P.M. P. 122. R. 40. T. 101. drank half glass of milk, chipped ice. Brandy 10 P.M. Brandy 2/11 j. Pulse weak. 11 P.M. P. 123. R 40. T 99. Gave hypodermic. chipped ice

Personal and Medical History of *Kittie Elsworth.*

Brandy 2/11 j. 5 3/0 a.m. P 123 T. 40 R 40 Slept about 3 hrs. was very restless first part of night and slightly noisy at times; seems to be more quiet this morning took 1/2 glass of milk during night T 7 A.M. took very little milk, brandy a few swallows 10 a.m. P 128 R 40 10 3/0 A.M. 9 45 Very restless & complains of feeling cold Hot sand bag to feet 11 A.M. R 50. 12 M P. 128. R 50. Took very little milk. Seems unable to swallow. 10 P.M. Brandy very little. Slept about 15 min. Tosses around. Hard to keep in bed. 1 3/0 P.M. Dec 21 94 R 48 T 98 4/5 Appears to be sleeping. 2 3/0 P.M. R 52. 3 P.M. Visited by sister & other relatives 3 3/0 P.M. P 50 Drank some water & some brandy 4 P.M. R 52. Hot sand bag to feet. 4 3/0 R 54 Pulse very weak, can not be counted. 5 3/0 P.M. Died.

Died.

Nagal Pfund From Folio 12.

Mch 1- Aug 31 1900 (Dr Lentos) Neat in habits but careless in appearance: Restless, violent & very obstinate: Talks to herself. Appetite fair: Sleeps well: Takes out of door exercise: Mch 27. Menstruated: Mch 28. Visited by friends: July 23 Vaccinated. Aug 4 Face badly swollen: Aug 5 Three teeth extracted: Face better: Aug 20 Visited by friends.

Sept 1- Nov 30. Gneral health good: At times very disagreeable & aggressive: Oct 9-10. Fought nurses: in seclusion: Nov 28 Wt. 108 lbs. Dec 1- Feb 28. Appetite good: no change in behavior scolds a great deal: Feb 20 Visited by two men. Feb 16 by friend: Mch 3 Wt 111 lbs

Mar 1- 1901 - June 1- 1901 No change in general condition. April 2. patient fought nurses; is destructive and violent at times: scolds a great deal: walks the floor continually. April 2 transferred to C 1. April 8 was struck in the eye by another patient, eye much blackened and swollen, also slight gash cut in head by tin cup. April 20. transferred to D. 3. somewhat quieter. May 31 Wt. 111#. June to Sept. No change. July 31 menstruating. Sept. 1st. Wt. 114#. Sept. to Dec Nov. 21 visited by husband. Nov. 28 menstruating. Nov. 30 Wt. 113#

Dec 1 to Feb 1 1903. General health good: appetite good: sleeps well: bowels regular: takes exercise occasionally: does no work: is untidy and rather careless: sometimes is quite noisy and violent: attacks other patients. Dec 1st. Wt. 123#.

Personal and Medical History of Mary McCann

LEIGHT, FOLKS & GOARDERS, DAVENPORT, IOWA.

Whole No. 3918.
Residence, Okamow, Minn
Date Admission, 24th December 1894.
Admitted by, D. Kilbourne Hour, 7 P.M.
How Sent, E. B. Collister, Jo. P. Itasca County
Sex, Female.
Age, 67
Civil Condition, Widow
Children, none
Age Youngest Child,
Occupation, Housewife
Degree Education, not stated
Profession Religion, Roman Catholic
Habits, very good.
Nativity, Ireland
Physicians Committing, D. Lewis & W. L. Sterud
Correspondents, John Morgan
Dolly (?) Leka.

No. for Year, 1147.
Insane Relatives, niece
Cause Exciting, Cannot assign any cause
Cause Predisposing, probably old age.
Form, Dementia Senilis
Accompanying Bodily Disorder, None
Suicidal or Not, not.
Date of this Attack, about 6 weeks ago
Duration, about 6 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, - 67 -
Time of Leaving, January 26 1895.
Time in Hospital, 1 month 2 days.
Result, Died.

EXAMINATION ON ADMISSION

Dec 24-94 D. S. Linton Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Sluggish and at times confused.
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull, very illusive almost nihil
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Patient put to bed and put upon tonic of beef, wine & iron 3 times a day
Laxatives given for bowels.

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

Personal and Medical History of Mary McCann

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Good but very pale
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, pale white Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Accommodation,
SIGHT, Seems good.
HEARING, Says good in both ears
COORDINATION, Arms, Not good Taste impaired
Legs,
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Hesitating
Slurred,
Hesitating,
FACIAL EXPRESSION,

SENSIBILITY,

HEART, Murmur.

LUNGS, Has a cough at present

TAKEN,

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ceased.
OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~,	Clean		Careless,
BOWELS, ~~Normal~~, Constipated	Constipated,		Irregular,
APPETITE, Good, Good	Medium,		Poor,
SLEEP, Good, 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,

Personal and Medical History of Mary McCann

1894

This patient was brought here by Henry Reynolds, Sheriff, and attended by Aggie McCann, with the following History. Habits have been very good. Diet has been insane. Cannot assign any cause for this attack, which has the form of acute insanity. There is no accompanying bodily disorder. First symptoms of disease were manifested about 6 weeks ago. This is 1st attack. Insanity now shown by her attempts to undress herself; continually talking on imaginary subjects. Patient is not disposed 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 under home treatment, medicine & neighborly assistance, this weeks; also under medical treatment, but no improvement noted. No other particulars known. —

Dec 24 On admission, was put on I.W. (S.P. Complexion light; Hair part gray; eyes gray; Condition of skin good; She has some bruises on knee. Bodily Condition clean. Behavior good. Patient is unable to walk and was carried to the Infirmary Ward).

" 25 Quite good. Did not want to stay in bed. Talks a great deal. Has a very good appetite. Did not sleep much during night. Has no cough. Bowels have not moved. Complains of a general bad feeling. P 98. R 18. T 98° Dec 26 94 Ate heartily all day. Very quiet in forenoon. Talked a great deal in the Evening. Quite restless during night. Did not sleep much. P 80. R 19. T 99 4. Gave 2 pills. Bowels have not moved since admission.

Dec 27 Sleeping most of the A.M. Ate well all day. Has delusions, but does not talk as much as usual. T 99 4 P 80. R 18. Gave enema of oil, Glycerine & soap suds. Bowels moved very freely. Patient quite helpless when out of bed. Dec 28 94. More quiet to day. Slept part of night. Has many delusions. Good appetite. Tonic 3 times a day. Bowels moved freely. P 89 R 19 T 98 4

" 29 Wanted to get out of bed but too weak to stand. Appetite good. Talks a great deal. Slept about 4 hrs during night. Bowels moved freely. T. 98 4 P 84 R 19.

" 30 Very restless and noisy all day. Appetite very good. Did not sleep much during night. Bowels moved. Took tonic 3 times. P 80 R 22 T. 98. Dec 31 94 Very restless & noisy. Did not want to stay in bed. Appetite good. Seems quite strong. Bowels moved. Tonic 3 times. Slept part of night. R 21 P 80 T 98. Jany 1 95. Patient difficult to keep in bed. Very noisy. Slept most of day. Talks a great deal. Did not sleep much during night. Bowels moved T 98. P 80. R 20. Jany 2 95. More quiet than usual. Appetite good. Slept half of P.M. Tonic 3 times. Epistaxis about 3 P.M. Talks a great deal this Eve. P 80 R 20 T 98 3/5 Very quiet. Slept most of day. Appetite good. Bowels moved freely. Restless during night. T 98 4 P 80 R 19. Jany 4 95. Restless & noisy. Tonic 3 times a day. Appetite good. Restless during night. Slept about 6 hrs. T 98 2 P 80. R 19. Jany 5 95 Has been very quiet. Kept a greater part of the day. Seems weaker than before. Appetite good. Tonic 3 t.d. P 80 R 19 T 98 6

Jan 6 95 Quite restless all day. Appetite fair. Seems quite faint when sitting up. Tonic 3 t.d. Kept a greater part of day. T. 98 2 P 80. R 22 Jan 7 95. Quite restless and noisy all day. Seems much weaker than usual. Appetite quite good. Tonic 3 times. Sleeps part of day. T. 98 6 P 80 R 19 Visited by priest. Clemmons: Has been confined to bed since admission. Has sat up each of the first 13 days long enough to have bed made. Seems to be much weaker than when first entered. Appetite being fairly good. Bowels quite regular. Has taken tonic 3 times a day. Seems faint & exhausted when attempting to arise. Has been very talkative & noisy during day & very restless & does not sleep much during night. T. P & R. has been nearly normal. Does not talk sensibly any of the time.

Personal and Medical History of Mary McCann

1894 Dec 24 Received on infirmary ward. 1895 Jany 1st Has been very restless, coughs a little, received sponge baths, has been quite weak and has necessarily stayed in bed. Her appetite has been fairly good. Jany 15 95 Has been quite restless, Kept steadily in bed, her heart weakness has been very evident and the extreme pallor, together with oedema of the face has been very evident. She has eaten tolerably well, has been restless, moaning and groaning a part of the time although seeming to have no very well-defined pain; the trouble being chiefly a restlessness. Jany 18 95 Patient has diarrhoea although she has been eating considerably of late yet is not so well and has been failing very markedly.

Jan 26 Patient **died** at 3 A.M. Has been more dull and stupid during the last day or two and in general has been failing quite rapidly. The failure has been a steady one with very few prominent symptoms. Diarrhoea from the 18th to the 21st being the most prominent symptoms the weakness of heart and pulse, however, have been very marked. For full notes per nurses record.

Died. January 26th 1895. 3 A.M.

Personal and Medical History of *Clautina Morris*

LIBBEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3955,
Residence, 19 Wilkin Street, St. Paul. Minn
Date Admission, 31st December 1894.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, John B. Olivier, Jof C, Ramsey County.
Sex, Female.
Age, not known; is very old.
Civil Condition, Widow
Children, one daughter
Age Youngest Child, ——
Occupation, not given
Degree Education, probably limited
Profession Religion, Catholic
Habits, Good -
Nativity, Canada -
Physicians Committing, James C. Markel and J. F. Baker
Correspondents, Mrs Nancy Fogle (Son-daughter) Central Hotel, Brainerd - Minn

No. for Year, 15th.
Insane Relatives, not known
Cause Exciting, Senile Dementia
Cause Predisposing, old Age
Form, Dementia, Senile
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, about 9 months ago.
Duration, about 9 months.
No. of Attack, not known -
No. of Admissions, 1st
Age First Attack, ?
Time of Leaving, Feb. 14. 1899
Time in Hospital, 4 yr. 1 m. 14 d.
Result, Transferred to Fergus Falls

OK pm

EXAMINATION ON ADMISSION

Dr Rhodes & Fenton Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Confused
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Very dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Poor.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Inflamation of right Eye. Struggles during examination so as to make it imperfect.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Yes many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks no English seemingly, seems afraid
Coherent or Incoherent, we are going to kill her + struggles.
Voluble or Reticent, will not talk. Cries.

Personal and Medical History of *Clautina Morris*

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 4ft 5in WEIGHT, 106 pds. NUTRITION, Somewhat poor.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Normal Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs, Unsteady from old age.
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, aged.
SENSIBILITY,
HEART, Normal, seemingly.
LUNGS, Normal as far as examined
TAKEN,
GYNAECOLOGICAL EXAM., Dec 23-95 Normal condition
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Dirty Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Won't eat 24 hours Medium, Poor,
SLEEP, Good, Fairly 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 Clautina Morris

This patient was brought here by Deputy Sheriff Courteau attended by Wm Hart, with following history. Not known, if any heredity or not. It seems a case of Senile Dementia: form of attack is Chronic, paroxysmal. There is no accompanying bodily disorder mentioned. First symptoms of disease appeared last March (so far as Farming Physicians know) - number of attack not known. She is now quite demented and, at times, irritable; very much so. Is disposed to injure others, at night time. She is not suicidal - but she has destroyed her clothing. If any previous peculiarities were shown is not known. She has not been subject to any bodily disease nor is there history of any head-injury. Patient has not been restrained or confined nor has she been under medical treatment.

Dec 31 1895. On admission, was put on B² (L.R. Complexion light; hair part gray; eyes gray; Condition of skin, normal; no bruises noticed; bodily Condition clear - Behavior good.).

January 1. Quiet. In bed all day. Does not talk English. Did not eat well today. Rested well. Constipated. Bowels constipated. Complaints - Pulse 78 Resp. 19. Temp. 98. Jany. 2 95. Out of bed most of morning. Resisted quite a little this morning. Upon ward since noon seems quieter. Ate quite well. Slept well. Bowels constipated. Jany. 3 95. Appetite fair. Fought this morning P.M. also tried to bite. Took tonic but refused cathartic. More quiet since 2 PM. Bowels constipated. Slept well. Jany. 4 95. Very excited most of day wandering up and down hall. Resisted quite a little. Bowels moved. Does not eat well. Used medicine on Eyes. Continue. Slept well. Jany. 5. Quite restless, trying to get out. Resisted a great deal. Talking and quite noisy. Took medicine. Did not eat well. Slept well. Jany. 6 95. Ate quite well today. Bowels constipated. Very restless and quite noisy at times. Slept well. Talks some. Jany. 7 95. Did not eat very well today. Resisted quite a little. Crying and quite restless in afternoon. Slept 6 hrs. Jany. 8 95. Ate quite well today. Quiet in behavior today. Bowels constipated. Refused tonic. Fought with patients had to be held. Slept quite well. Jany. 9 95. In bed part of the day. Would not take tonic. Resisted quite a little today. Crying and quite noisy. Slept well. Jany. 11 95. Quiet in behavior today. Ate quite well. Took tonic. Sitting down most of day. Slept 6 hrs. Restless 3 hrs. Jany. 12 95. Appetite good. Quiet all day. Takes tonic. Gave Cathartic for bowels. Slept quite well. Jany. 13 95. Ate quite well today. Quiet in behavior. Talks a great deal but can not speak English. Slept 6 hrs. Out of bed several times. Jany. 14 95. Very restless and excited today. Ate quite well. Would not take medicine. Slept 9 hrs.

Summary. Very excited most of time and quite noisy at times. Did not eat well at first but appetite is some better now. Bowels usually constipated. Does not talk English.

Jany 31 95. Has been quiet in behavior most of time of late. Appetite good. Bowels regular.

Febr 14. Crying and quite excited. Febr 23 95. Transf to B⁴. Febr 27 95. Appetite good. Walks up and down the ward a great deal and scolds to herself.

March 2 95. Appetite fairly good. Extremely noisy at times. Bowels reg. March 28 95. Has very sore eyes. April 13 95. Very noisy at times. Bowels reg: Appetite good. Troubled with sore eyes. cleansed several times during the day.

April 20 95. Very noisy at times. Takes tonic. May 12 95. Appetite fairly good. Bowels regular.

May 31. No change. June 15. Sore eyes. Medicine dropped in eyes 2 or three times a day. Appetite fair. Bowels regular. July 5. Sick in bed for last few days. Complained of backache and gen. bad feeling. Med. applied to back. July 20. Extremely noisy at times. Cpt tonic. Aug 15. Appetite good. Bowels regular. Goes out riding and walking. Aug 20. Destructive at times. Sept. 10. Patient extremely noisy at times. Appetite fairly good. Bowels regular. Has sore eyes. Medicine applied

Personal and Medical History of Clautina Morris.

3 or four times a day. Oct 11. In bed part of day. Very noisy during afternoon. Appetite good. Bowels did not move. Oct 17. Trans to B 4. Oct 20. Eats & sleeps well. Destructive at times & Nov. 27. No change noticeable.

Dec 1896. Extremely noisy & violent at times. Appetite good. Bowels regular. Goes riding & walking. Jan. 10. General health good. Is very destructive at times.

Feb 1897. Has cough 8 day. Feb. 28. Seems better. Mar. 11. Patient found sitting on floor, looking pale. Was undressed & put to bed when she had a chill. Temp. taken at 1 P.M. found to be 104.8. : slight cough: in pain. diagnosis made of pneumonia, cotton jacket: put upon stimulants & other medicine & sponge baths. Mar 12. Treatment continued. Resp averages 32. T. 103.2. to 104.8. Mar. 13. Patient continues about same. Visited by Priest. Mar. 15. Patients condition has continued about same. 102-105. Treated by baths, stimulants, nourishing dishes etc. Mar. 18. Temp. went down to 100 yesterday - today down to 99. Mar. 21. Patients Temp. Continues below 100. Still seems somewhat weak & exhausted however. R. 20-26. Mar 31. Patient Temp. continued below 100 until yesterday: today about 101.6 : has coughed some all along. Apr. 5. Temp. has been from 100 to 103 : 2 seeming recurrence of the pneumonic trouble. Apr. 10. Temp. has averaged 100 although she seems to be getting steadily better. Resp. continues 24-26.

Apr 15. Dressed & upon ward. Appetite good - bowels regular. May 6. No change in patient - since last note she continues well physically - Goes walking & riding.

Aug 6. Summary Nurse's Notes by Dr. E.L. Phelps: Right side of face much swollen with erysipelas: medicine applied: Sept 8 96. Sick in bed 3 days with slight cold: pulse weak but refused to take medicine: Jan. 7 97. Very noisy: scolds & cries in a loud & disagreeable manner: Destructive: Very demented: appetite fair: does not talk. Mar 11 97: Found sitting on floor: looked pale: was undressed & put to bed: Had a chill: T. 104.8: P. 105. R. 32: Put upon milk diet: Mar 13 97. T. 103.2: Pulse 104: Resp. 36: milk diet & heart tonics given. Very weak: moaning: coughs & expectorates: Mar. 24. Steadily in bed since last note: Kept upon liquid diet: Is now able to take soft food. Sat up part of day to-day: Apr. 8. Sitting up in bed part of day. Apr. 10 97. Sat up most of day: Still upon soft food & egg nog: Apr. 12 97. Dressed & sitting up to-day: June 97. Appetite fairly good: Health about as usual. Aug. 97. No change. Continued by Dr. P.M. Phelps. Nov 16. Trans. to B³. Is somewhat noisy in talk & restless in behavior. Feb 4 98. Wt. 112 lbs. July 6. Patient has a hernia & today a truss was fitted to her. placed in restraint in order to keep it on. Sept 30. Trans. to B³.

Feb 14 99. Trans. to Fergus Falls. Health has been fairly good at this during past month. Patient has had some trouble with diarrhea.

Personal and Medical History of Mary Stretzel

Whole No. 3956.
Residence, 335 Ramsey Street, St. Paul.
Date Admission, 31st December 1894.
Admitted by, Dr. Shelke. Hour, 7 P.M.
How Sent, John B. Oliver, Jail, Ramsey County.
Sex, Female
Age, 45
Civil Condition, married
Children, nine
Age Youngest Child, —
Occupation, Housewife
Degree Education, Probably good
Profession Religion, Yes; Presbyterian
Habits, Good —
Nativity, Illinois.
Physicians Committing, Wm Davis and Arthur Sweeney
Correspondents, Husband's name, John Stretzel
335 Ramsey St. St Paul

No. for Year, 155.
Insane Relatives, None
Cause Exciting, Climacteric (?)
Cause Predisposing, not stated
Form, ~~Acute Delusional Melancholia~~ chronic
Accompanying Bodily Disorder, None —
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, — 43 —
Time of Leaving, Apr 18 '95 —
Time in Hospital, 3m 18ds
Result, Imp.

Dec 31 94 Dr. S. Linton Phelps.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Rather sluggish
MEMORY: somewhat confused
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Rather dull
Correct or Illusive, illusive.
REASONING POWER:
Ordinary Subjects, Impaired.
Own Mental State, Impaired.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonic and Rx ext cascara forbonds

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many, hears people voices talking in ellyn
Systematized or Not, & talking about her, some are trying
Special Subjects, to kill her.
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks quite willingly of her delusions
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Mary Stretzel

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft WEIGHT, 154 lbs NUTRITION, Good but pale
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Fairly good condition Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Readily Accommodation, Readily.
SIGHT, Good
HEARING, Good.
COORDINATION, Arms,
Legs, Good.
TREMORS, Hands, None noted Tongue, None
Facial Muscles, General, says has fine tremor of hands
REFLEXES, Patellar, 7 to 8 both EXAM. URINE,
Other
ARTICULATION, Hesitates somewhat
Slurred,
Hesitating,
FACIAL EXPRESSION, Worried.
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
TAKEN,
GYNAECOLOGICAL EXAM., Hypertrophied of uterus. laceration of cervix.
MENSTRUATION, irregular & painful
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Have been 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,

Personal and Medical History of Mary Stretzel

1894

This patient was brought here by a Sheriff's Officer & attended by John Stretzel (relative), with the following history - Habits have been good - There is no hereditary history - Supposed cause of this attack is Climacteric (?). Form of attack is Chronic, depressed - There is no accompanying bodily disease. Two years ago she began to have delusions of persecution, with threats of bodily injury by others; hallucinations & illusions of persecutory nature - This is the 1st attack - Insanity now manifested by fear of bodily injury to self and family & of contagion - Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive - Patient was eccentric and peculiar for a few years past, with some manifestations of religious fervor - There is no history of any bodily disease &c or head-injury - She has not been constrained or confined, but for a few weeks, has been under observation, and no treatment employed, except sedatives & hypnotics, but without much result. ——

Dec 31 On admission - was put on V.S. (S.A., Complexion light; hair light brown; eyes blue; Condition of skin, good; No bruises noticed - Bodily Condition clean - Is very quietly behaved - and talks fairly rationally) —

1895 January 1. Very quiet - Talks quite sensibly - Has some delusions - Not very good - Take tonic - Slept well during the night - Rough Bowels constipated - Gave a cathartic - Bowels moved - Complaint of none - P. 82. R. 20. T. 100.

Jany 2 95 Very quiet - Talks sensibly - Appetite fair - Rested well most of the night - No complaints - T. 99 ⅖. P. 82. R. 19.

" 3. About the same - Is doing some knitting - Is very neat in her habits - Takes medicine - T. 99. P. 80. R. 18.

" 4 Quiet all day - Ate some better to day - Slept well during the night - Helped some in the dining room.

" 5 Appetite quite good - Bowels regular - Has not given any trouble - Sleeps quite good - Helped in dining room

" 6 No change - Appetite fair - Sleeps quite well - Complains some of headache & feeling weak - Jany 7 95 Very quiet all day. Appetite quite good - Takes medicine - Bowels regular - Was visited by her sister - Helps in the dining room.

Jany 8 95 More nervous than usual - Ate poorly - Awake most of the night - Bowels regulard - Jany 9 95 More quiet to day. Appetite better - In bed part of the time - Complained of not sleeping well - Jany 10 95 Lying down most of the day - Appetite fair - Bowels regular - Imagines she hears strange sounds in her room - that keep her awake.

Jany 11 95 Has been very nervous all day - Crying at times - Thinks that some one is watching her constantly - Ate quite well - Awake most of the night - Jany 12 95 Very nervous all day - Lying down most of the time - Has many delusions - Is very melancholic - Wants to go home - Jany 13 95 Ate no breakfast - Refused to take her tonic - Was visiting in town with her sister most of the day - Jany 14 95 Appetite fair - Bowels regular - Complains of not sleeping well - Has neuralgia in her head - Did not sleep much during the night.

Summary. Patient is quiet in behavior - Has very queer ideas - Is very melancholic - helps occasionally in the dining room - Talks rationally on most subjects - Is very anxious to go home - Has a great many delusions - Has refused her medicine the last 2 days - Appetite has been fair - Bowels regular - Complains of not sleeping well at night - Was visited by her daughter.

Feb 26 95 Operation done for repair of cervix and removal of hemorrhoids - Patient was willing to have the operation done, went upon table without trouble, took ether well - On removal to bed, there seemed excessive reaction, was quite cold - Fever during the rest of the day - Stimulants several times, hot sand bags applied, and reaction gradually obtained - During the afternoon patient seemed to be fairly comfortable and in good condition - At suppertime ate ¾ of a dish of graham gruel and a cup of tea.

Feb 27 95 Patient slept well several hours during the night, was rather restless when awake - Complains to day somewhat of headache - Eating tolerably well - Bandages somewhat stained with blood - Had a little trouble in eating - It has been necessary to catheterize her.

Personal and Medical History of Mary Stretzel

1895 Febr. 28: Very comfortable to day, troubled with little vomit, catheterized and gave douche of bloody discharge - March 1. Patient slept well last night, appetite only good, no special symptoms - Has not been up to stool - " 5. Has been somewhat restless at times, yesterday complained of some pain through abdomen, but evidently there were due to bowel troubles - Is now able to pass urine - March 11 95 Has trouble to get movement of the bowels, and some slight pains, nothing of any consequence - March 14 95 Sat up yesterday one hour, is sleeping well and getting on very comfortably - Patient has also improved mentally very much, seems quite clear and has spoken of her old delusions as gone and foolish.

April 9 95 Went home

Discharged.

Personal and Medical History of Mary Egan

Whole No. 3957.
Residence, 52 Ann St. - St. Paul -
Date Admission, 31st December 1894.
Admitted by, Dr. Phelps. Hour, 7 P.M.
How Sent, John B. Olivia, Jail, Ramsey County.
Sex, Female
Age, 76
Civil Condition, widow
Children, none
Age Youngest Child, ——
Occupation, Housewife
Degree Education, probably poor
Profession Religion, Yes, Catholic
Habits, Good
Nativity, Ireland
Physicians Committing, Arthur B. Aucker and Arthur Sweeny
Correspondents, Patrick Butler, 23 College Av. East St. Paul

No. for Year, 156.
Insane Relatives, none
Cause Exciting, Asphyxiation by Coal gas &c
Cause Predisposing, probably old age.
Form, Dementia. Melancholia acute
Accompanying Bodily Disorder, General senile condition
Suicidal or Not, Not.
Date of this Attack, 3 weeks ago
Duration, 3 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 76 (?)
Time of Leaving, April 30. 95
Time in Hospital, 4 mo.
Result, Rec.

EXAMINATION ON ADMISSION

Dr. A. 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,

very dull & sluggish in all respects.

GENERAL DESCRIPTIVE REMARKS:
Very fleshy, heavy and portly - can hardly raise herself in bed. Probably some tendency to fatty heart. Atheroma not noted.

EMOTIONAL STATE:
Normal, Calm, Demented
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has delusive ideas
Systematized or Not,
Special Subjects, ?
Transitory or Not, ?
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Can't talk. Answers "yes" and
Coherent or Incoherent, don't seem to know what it means
Voluble or Reticent, Very incoherent

Personal and Medical History of Mary Egan

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS. Unsteady.

HEIGHT, 5ft WEIGHT, 161 ps NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Sluggish Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Accommodation,
SIGHT, Probably impaired.
HEARING,
COORDINATION, Arms, Unsteady
Legs, } can not test on account of trouble. Very great trouble in standing or walking.
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Normal
Other
ARTICULATION, Slow
Slurred,
Hesitating,
FACIAL EXPRESSION, dull and listless.
SENSIBILITY,
HEART, No murmurs. Very slow
LUNGS, Seem all right
GYNAECOLOGICAL EXAM., Some retroversion of uterus otherwise normal
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,
TAKEN,

HABITS, Dirty, Dirty	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Good	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, very weak & slow	Resp.,	Temp.,

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

Personal and Medical History of Mary Egan

1894

This patient was brought hither by Deputy Sheriff Courtean & attended by Mrs Start, with following history of case – There is no hereditary history. Patient was asphyxiated by Coal gas, 3 weeks ago, and that, with the loss of her husband & grand-daughter, is supposed to be the cause. Form of attack is acute. There is slight weakness of legs & general feeble condition. Also, a rapid development of dementia; she laughs a great deal; is incoherent; has lost her memory & understands little that is said to her. This is 1st attack. There is a general failure of mentality. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. No record of severe bodily disease or head-injury. She has been under treatment at the City & County Hospital, but no results. ———

Dec 31 On admission, was put on B² (S.R. Complexion light; hair gray; eyes gray; condition of skin normal; has several bruises on back & one right knee. Bodily condition clean. Behavior good; she is very feeble).

1895
Jany 1. In bed all day. Quiet. Answers questions, but does not seem to realize much. Appetite good. Rested well. None noticed. Bowels constipated. No complaints. P.68. R.24. T.97.

2 Transf. to B². Jany. 3.95. Quiet in behavior. Untidy in habits. P.86. R.20. T.98. Appetite quite good. Is very unsteady on her feet. Jany. 4.95. About the same. P.82. Jany. 5.95. Continues about the same. P.80. Does not seem to realize where she is. Talks incoherently. Jany. 6.95. Quiet in behavior. Appetite quite good. Sleeps well. Bowels constipated. Gave pills. Does not dress or undress herself. P.78. Jany. 7.95. Is about the same. P.78.

Jany 8. Seems to be more steady on her feet. Bowels quite constipated. Jany. 9.95. More restless than usual. Walks about the ward a great deal. Appetite good. Bowels constipated. P.80. Jany. 10.95. Appetite good. Sleeps well. General health good. Quite restless during the day. P.80. Jany. 11.95. General health good. Appetite good. Quite restless during the day. P.80. Jany. 12.95. Very restless part of the day. Appetite good. Sleeps well. Bowels regular. P.78. Jany. 13.95. Seems more sensible. Walks about the ward a great deal. Appetite good. Bowels regular. P.80. Jany. 14.95. Gen: health good. Appetite good. Quiet in behavior. Sleeps well. Bowels regular. Talks incoherently. P.76. **Summary**: Gen. health good. Does not seem to realize where she is. Talks incoherently. Was quite restless several days, but quiet the rest of time. Bowels are constipated at first, but are regular now. Appetite is good. Is more steady on her feet. Her temp: resp: pulse are normal. Is untidy in habits. Jany. 18.95. General health good. Appetite good. Bowels regular. Is quite restless at times. Answers questions but does not realize very much. Is very unsteady on her feet. Jany. 28.95. More quiet and more steady on her feet. Talks incoherently. Feb. 19.95. Appetite good. Clean in habits. Behaves very well. Eats quite well.

Feb 20.95 Transf. to B⁴. Feb. 28.95. Appetite good. — Mch. 2.95. Assists with the ward work. Appetite good. Bowels constipated. Mch. 30.95. Does riding & walking. General health good. April 8.95. Appetite good. Works some on ward. Bowels regular. Does walking. April 20.95. Appetite good. Sleeps well. Bowels constipated. Takes cathartics every few days. Assists with the work. April 26.95. Talks a great deal of home & is very anxious to go.

April 30.95 **Went home.** Patient had quite fully recovered. Was perhaps a trifle childish, but not noticeable so.

Discharged

Personal and Medical History of

Personal and Medical History of Ida Mobery

LARKEY, PUTNAM & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3959.
Residence, #598 Decatur St, St Paul. Minn
Date Admission, 2nd January 1895.
Admitted by, D. Phelps. Hour, 7 PM.
How Sent, John B. Olivier, Jail. Ramsey County
Sex, Female.
Age, 25 Years, 10 months.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, not given
Degree Education, not stated
Profession Religion, not stated
Habits, not stated.
Nativity, St Paul, Minnesota.
Physicians Committing, H. Macdonald and E. W. Buckley
Correspondents, None given in "papers" —

No. for Year, 158.
Insane Relatives, None; no history of heredity.
Cause Exciting, Sunstroke.
Cause Predisposing, not given.
Form, Imbecility
Accompanying Bodily Disorder, None (See S. R.)
Suicidal or Not, not
Date of this Attack, From Infancy.
Duration, Since Infancy.
No. of Attack, not 1st
No. of Admissions, 1st
Age First Attack, at about 4 months of age.
Time of Leaving, April 10. 1895
Time in Hospital, 3 months 8 days.
Result, Died.

Dr J. Linton-Phelps.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: ?
Ordinary Subjects, None
Own Mental State, None.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Has been an imbecile for years. Is 25 and looks as though she were about 14 years old. Much deformed & unable to walk without help. Sits with the saliva flowing from her mouth.

EMOTIONAL STATE: Calm.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Makes a peculiar grunting noise,
Coherent or Incoherent, but does not talk.
Voluble or Reticent,

Personal and Medical History of Ida Mobery

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS. very much deformed and ill developed.

HEIGHT, ✓ WEIGHT, ✓ NUTRITION, Poor
WOUNDS OR ABNORMALITIES, Antero-posterior curvature of spine.
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Good.
COORDINATION, Arms, walks only with help
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Does not talk.
Slurred,
Hesitating,
FACIAL EXPRESSION, Imbecile
SENSIBILITY,
HEART, Normal
LUNGS, Seem in fair condition.
GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Menstruates but cannot determine as to regularity
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Dirty. Clean, Careless,
BOWELS, Normal, Constipated, Cause stated Irregular,
APPETITE, Good, Medium, Poor, Rather poor. Requires
SLEEP, Good, Poor, Irregular, feeding by keepers
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, long ONSET GRADUAL OR SUDDEN, Since childhood
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

TAKEN,

Personal and Medical History of Ida Mobery

1895

This patient was brought hereby Deputy Sheriff Kinney & an attendant, with following history. There is no history of heredity. Supposed cause of this attack is Sunstroke. Form of attack is Chronic. There is no accompanying bodily disorder. First symptoms of disease manifested from Infancy. Insanity now shown by imbecility. Patient is not disposed to injure others, nor suicidal, but is of filthy & destructive habits. She has not been restrained or confined, nor under medical treatment to any extent. This patient has been an imbecile, the father says, since she was four months of age. Her mother has been dead about 4 years, and the father is unable to give her proper care. ———

Jan 2. On admission, was put on B3. (S.R. Complexion light; hair light brown; eyes blue; Condition of skin is normal; no mark noticed on back; bodily condition dirty. Patient has anterior-posterior curvature of the spine and both feet are deformed - Cant talk) -

" 3. Up on ward. Quiet in behavior. Can't talk. Appetite poor. Slept well. No cough. Bowels constipated. P 98 R 20 P 90.

" 4 Quiet in behavior. Untidy in habits. Appetite poor. Bowels constipated. Sleeps well. T 90 R 18 P 78.

" 5 Very quiet in behavior. Is fed on the hall. Appetite poor. T 90. R 18. P. 78

6. About the same P. 76 Jany. 7. 95. Refused breakfast this morning, but drank milk. Seems quite feeble at times. Bowels constipated. P 78. Jan. 8 95 Appetite some better. Does not chew her food. Does not seem to realize anything. P. 78. Jany. 9. 95 More restless than usual. Gave a pardee. Bowels moved. Appetite poor P. 76. Jany. 10. 95 Quiet in behavior. Appetite better. Bowels regular. Does not talk any. Sleeps well P. 76. Jany. 11. 95. Gen. health about the same. Appetite poor. Bowels regular. P 78. Jan. 12. 95. Quiet in behavior. Appetite poor. Bowels regular. Slept well P 78 T 99 R 20

Jany 13. 95. In bed all day. Appetite poor. Bowels constipated. Seems quite weak. Coughed some during day.

" 14. In bed all day. Gave an Enema. Bowels moved. Appetite poor. Was quite restless during the night. T 99 16. P 80 R 20. Jany. 15. 95. In bed all day but very restless. Ate nothing but drank her milk. Bowels constipated T 99. P 78. R 18. Jan. 16 95. In bed all day

" 15. Restless during the day. Bowels constipated. Appetite poor T 99. P 80. R 20.

Summary. Gen. health poor. Was up and on the ward the first week but seemed quite feeble. Appetite very poor. Bowels constipated. Is untidy in habits. Was put to bed. Seemed more feeble than usual. T 99. P 80. R 20. Was very quiet the first few days but is very restless now. Will eat anything but drinks milk. Does not talk any. Bowels still constipated.

Jany 13. 95. Put in bed. Does not eat anything but drinks milk. Bowels constipated. Jany 21 95

" 21. Up on ward. Appetite better. Does not talk any. Bowels constipated. Mentally Jany 18.

" 28. Appetite fairly good. Quiet in behavior. Dirty in habits. Sleeps well. Bowels constipated

Febr 28. Appetite not very good. dirty in habits. does not talk any. Sleeps well. General health not very good. April. 8. 95 Very weak & feeble, has to be fed with a spoon. Appetite good. Bowels regular. Has bad bed sores, which are dressed several times daily. Sponge bath every morning. April 10 95 Extremely weak this morning, unable to swallow. Temp. 103. Pulse 130. R. 48. end

Died, April 10th 1895, at 12 m.

Personal and Medical History of

Personal and Medical History of Johannah Maney (Meany)

LUDDEN, FISHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3965.
Residence, Mt Pleasant, Wabasha Co. Minn.
Date Admission, 8th January 1895.
Admitted by, Dr Phelps — Hour, 2 30 PM
How Sent, Malcolm Kennedy, Jo P, Wabasha Co.
Sex, Female.
Age, about 32 years.
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, not stated
Profession Religion, Church member
Habits, Good, actively temperance & morality —
Nativity, — Ireland —
Physicians Committing, F. C. Fitzlb & C. D. Vilas
Correspondents, Michael Meany (brother)
If telegraph Sent out message by Lake City.
Twin Foley Liveryman there
Dr Phelps 1.10.95

No. for Year, 164.
Insane Relatives, none
Cause Exciting, Homesickness (been in America 4 yrs)
Cause Predisposing, not stated
Form, Acute Melancholia; Stuporous
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, one month ago
Duration, one month —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — about 32 —
Time of Leaving, Apr 27 '95 —
Time in Hospital, 3m 19ds
Result, Rec.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, very sluggish
MEMORY: Will not talk much to test
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: very dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: absent
Ordinary Subjects,
Own Mental State, None
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Patient lies dull in bed won't talk or do anything. Examination somewhat defective as that she would not move or talk. Refuses to eat & has to be fed by tube daily

EMOTIONAL STATE: very depressed.
Normal, Calm, Very obstinate and
Indifferent, resistive
Exalted,
Depressed, very.
DELUSIONS: Has many and varied
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: very incoherent
Coherent or Incoherent,
Voluble or Reticent, Reticent

Personal and Medical History of Johannah Maney

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, ✓ NUTRITION, Poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, would not put out Coatings, lips dry & cracked Promptness Movement,
PUPILS, Equality, Eq Size,
Response Light, Accommodation,
SIGHT, seems fair.
HEARING, Seems good
COORDINATION, Arms, Fair
Legs, Fair, but is very weak from lack of food
TREMORS, Hands, weakness only noted. Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Normal.
LUNGS, Seem in good condition TAKEN,
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated, Very constipated	Irregular, Had not spontaneously for several weeks pre admission
APPETITE, Good,	Medium,	Poor,
SLEEP, ~~Good~~, 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,

Personal and Medical History of Johannah Meany.

1895

This patient was brought here by Michael Meany (brother) + accompanied by Wm Foley, visit following history of case. Habits good, as to both temperance + morality. No insane relatives. Supposed cause of this attack is homesickness; (she has been in America 4 years); form of attack is depressed. There is no accompanying bodily disorder. First symptoms of disease were manifested one month ago, by melancholy and lack of interest in affairs. This is the 1st attack. Insanity was shown, by her melancholy and her not eating anything; will not speak when spoken to; lies in bed; had to get her up. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. No peculiarities of temperament were previously manifested. There is no history of any bodily disease or head injury. She has not been restrained or confined, nor under medical treatment. No further particulars can be known.

Jan 8 On admission, was put on Bed; (5 ft Complexion light; hair brown; eyes gray; two marks, scars or bruises noted; very dirty; has vermin on her; is very weak; talks quite well).

" 9 In bed. Talking and scolding. Visited by brother. Has delusions. Refuses food. Fed with tube. Cough none. Bowels constipated. Cathartic given. Complains of none. P100. R 24. T. 98. Sept. 10. 95. Still refuses to eat. Fed with tube. Resisted when trying to get her to eat. Very cross + scolding when any one is near her. Applied medicine to hair. Slept 4 hrs.

" 11 Fed with tube. Cathartics given for bowels. Mouth washed with Listerine. Still refuses to eat. Resists quite a little. Slept 5 hrs.

" 12 Fed with tube. Enema given. Refuses food. Scolding when any one is near her. Refused powder for bowels. Slept 5 hrs. Quiet all night.

" 13 T. 101 ½. P 140. R 35. Pulse quite weak. Enema given. Fed with tube. Quiet all day. Slept 4 hrs. Medicine used on hair.

" 14 Fed with tube. Cathartic given. T. 100. P 140. R to. Enema given. Bowels have not moved although she retains enemas.

" 15 Fed with tube. Gave dose croton oil. but did not retain either (enemas) T. 100. P 100. R 29. Urinated Jan 16 95. Fed with tube. Gave croton oil. Bowels moved but little. Character thin, yellowish color. P 100.

" 16 Fed with tube. Mouth was washed with Listerine. Very quiet. P 100. Jan. 18. 95. Fed with tube. Mouth washed with Listerine. P 100. T 99. R 20. Pulse weak. Slept 6 hrs. Jany 19 95. Fed with tube. Cathartic given. Mouth washed. Refuses food. ~~Will not talk or move, but answers questions sensibly. Pulse weak. Slept 6 hrs.~~ T. 99. P. 100. R 20. Pulse somewhat stronger. Slept 4 hrs.

" 20. Bowels moved freely. Fed with tube. Quiet all day. Slept 6 hrs. Jany 21. 95. Fed with tube. Quiet most of day. Seems much brighter. P. 99. Slept about 7 hrs. Mouth washed. Jany 22. 95. Fed with tube. Quiet all day. Bowels constipated. Will not talk much but answers questions sensibly. Pulse weak. Slept 6 hrs. Summary. Quiet in behavior most of the time except at first, when any one goes with her she was quite persistive and scolding. Has not talked much at any time, but answers questions sensibly. Refuses food. Has to be fed with tube. Bowels constipated most of time. Pulse weak.

Jany 23. 95. Fed with tube. Bowels constipated. Dose croton oil given. Mouth washed with Listerine. P 100. R 22.

" 24. Bowels moved a great deal. Seems quite weak. Mouth washed with Listerine. P. 128. R 30. Vomited by 1 nurse at 12 M. 2 PM Morphine gr ½ hypo. Pulse very weak. T. 101. Jany. 25. 95. T. 100. P 120. R 26. Pulse some stronger. Mouth washed. Bowels moved six times today, char. thin yellowish color. 5:30 PM hypo given.

Jany 26. 95. Fed with tube. Bowels moved twice. Hand bag applied to feet. Jany 27. 95. Fed with tube but did not retain much milk (enemas) Had a chill after feeding. Lasted about 7 minutes. Hand bag to feet. T. 99. P 130. R ~~28~~

Jany 28. 95. T. 98 ¾. P 120. R 14. Fed with tube. Jany. 30. 95. T. 97. P 110. R 20. Fed with tube. Dose croton oil given. Febr. 3. 95. Transfer to Infirmary. Sick in bed.

Records at hand commence Febr 2. 95. at which time she was in bed on sick ward, having previously been in bed upon another ward. Febr. 5. 95. Several injections of salt + water have been into abdomen and hips after the suggestion of Dr Keen as being an antitoxic remedy. The effect (immediate), was to rouse her from her stupor, and later was to make her much more active. However, about 3 or 4 day temp went up considerably and injections stopped

Personal and Medical History of Johanna Maney.

for the time being. Although the temp. did not seem to be caused in any way that we could discern by the injection. Apr. 1. 95 Patient without any especial treatment of the kind mentioned, has continued to gain slowly and steadily since that time. Much marked however than before, has been the discharge from the ears, which has been very troublesome at times and she is now quite deaf. The 2 causes, profuse discharges from Ear, and the injections seemed such possible causes of improvement.

Apr 4/95 Went home -

Discharged.

Personal and Medical History of Magdaline Therres

LEBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3986.
Residence, Vermillion, Dakota Co. Minnesota
Date Admission, 6th January 1895.
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, Thos. P. Moran, Sheff, Dakota County
Sex, Female
Age, 21 years
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Housework
Degree Education, not given
Profession Religion, Church-member
Habits, Goods.
Nativity, Vermillion, Dakota Co. Minnesota
Physicians Committing, N. VanBeeck and Jno. Thorne
Correspondents, none given in "Papers"

No. for Year, 165.
Insane Relatives, a cousin was insane.
Cause Exciting, Taking gas, Have teeth extracted.
Cause Predisposing, Possibly some hereditary
Form, Melancholia Acute.
Accompanying Bodily Disorder, none but acne
Suicidal or Not, not
Date of this Attack, about 3 months ago -
Duration, about 3 months -
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 21 (about)
Time of Leaving, Dec. 10. 1896.
Time in Hospital, 1 yr. 11 mo. 1 da.
Result, Discharged May 5. 97. Improved.

EXAMINATION ON ADMISSION.
MENTAL CHARACTERISTICS.

1/10/95 Dr Phelps.

MENTAL ACTIVITY: quick but slightly confused
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events, } Good
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, } fair
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, } slightly impaired.
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Says took gas to have teeth out. was at dentist. Worked next of week but did not feel well, thought afraid. Says had kind of blood poisoning from teeth

EMOTIONAL STATE:
Normal, Calm, } Excited - Agitated
Indifferent, } quite fearful
Exalted,
Depressed, Depressed.
DELUSIONS:
Systematized or Not, } Fear of danger.
Special Subjects, } Fears some one
Transitory or Not, } is going to hurt her
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Master incoherent
Voluble or Reticent, Will answer questions quite well.

Personal and Medical History of Magdaline Therres

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5in WEIGHT, 125 lbs. NUTRITION, fair
WOUNDS OR ABNORMALITIES, None noted.
TONGUE, Tremors, No Coatings, white coating Promptness Movement, fairly
PUPILS, Equality, Eq. Size, normal
Response Light, Accommodation,
SIGHT, good
HEARING, good
COORDINATION, Arms, seemingly good
Legs,
TREMORS, Hands, None noted Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, good
Slurred,
Hesitating,
FACIAL EXPRESSION, Fair
SENSIBILITY,
HEART,
LUNGS,
GYNAECOLOGICAL EXAM., Normal condition July 19-
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, Normal, Normal. Constipated, Irregular,
APPETITE, Good, fair 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 all healthy
Father or Pat. Relations,
Brothers or Sisters,

TAKEN,

Personal and Medical History of Magdaline Theres.

1895

This patient was brought here by a Deputy - Sheriff + accompanied by her father, with following history of case. Habits and morals have been good. A Cousin was insane. Patient was found, until she took gas, and had her teeth extracted. Form of the attack is acute. There is no accompanying bodily disorder but acne. First symptoms of disease were manifested about 3 months ago, by continual restlessness, fear of having done wrong, and seems of fear of being bodily injured. This is 1st attack. Insanity now manifested the same as above stated only the "continual restlessness" abates for several hours, at times. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive in habits. No peculiarities as were previously shown. There is no history of any disease + or head-injury. She has not been restrained or confined. Received treatment; Gives apparent temporary relief.

Jany 9 On admission, was put on B1. S.R. Complexion Dark; hair brown; eyes brown; no marks, scars or bruises noted; bodily Condition clean; no bodily peculiarities observed; became quite excited after going on ward; has delusions; thinks we are going to kill her).

P.T. Patient needs quiet. Some hypnotics to help quiet nerves, some tonics + laxation as theory of a prostate infection origin.

Jany 10 Very excited most of day. Very much afraid of every one. Talks quite sensibly, at times but has delusions. Appetite poor. Slept well. Cough none. Bowels constipated. Complaints no more. P 99. R 22. T 99. Jany 11 95. Very excited resisted a great deal. Imagines someone is going to poison her. Strikes ladies. Bowels constipated. Very hysterical at times. Slept 6 hrs. Body broken out, also face. P 90. Jany 12 95. Complains of being sick. In bed most of day. Bowels very constipated. Gave cathartic. Crying and quite noisy. Ate quite well. Slept 6 hrs. P. 96. Jany 13 95. Very restless + quite noisy walking up + down. Violent in behavior. Took tonic. P. 96. Cathartic given. Bowels moved. Slept well. Jany 14 95. Appetite poor to day. Threw medicine on floor. Strikes ladies. Very restless wants to walk all the time. Slept 5 hrs. Jany 15 95. Did not eat well to day. Very restless and excited and quite noisy. Bowels regular. P. 97. Washed sores. Slept 6 hrs. restless 1 hr. Jany 16. Did not eat very well. Very restless and excited most of day. Scratching + picking sores on face. Took tonic. Slept well.

Jany 17. Very restless and excited most of day. Crying and quite noisy. Imagines she is very wicked. Slept 1 1/2 hrs. Crying most of time.
" 18 Does not eat well. Restless + excited most of day. Bowels moved. Quite violent in behavior to day. Slept all night.
" 19 Strikes patients. Restless and excited most of day. Takes tonic. Quite noisy most of time. Cathartic given for bowels. Slept well.
" 20 No change in behavior. Appetite poor. Quite restless. Slept 9 hrs. Jany 21 95. Has a poor appetite. Behavior the same. Bowels constipated. Cathartic given. Takes tonic. Talks quite sensibly. Slept well. Jany 22 95. Does not eat well. Bowels regular. Quite noisy at times. Face and body not so badly broken out. Talked quite sensibly. Slept quite well.
" 23 Appetite some better. Very noisy to day. Takes tonic. Slept well. Summary. Has been very restless and excited most of time. Also quite noisy. Talks quite sensibly at times but has delusions. Has a poor appetite. Takes tonic. Sleeps quite well.

Feb 1 95. Very restless and excited + quite noisy most of time. Appetite poor. Refuses to take medicine most of time. Body broken out. Feb 8 95. Very excited, talking and screaming, also uses obscene language. Bowels constipated. Gave cathartic. Feb 11 95. Visited by father. Very excited and noisy most of time. Bowels constipated.

Feb 28 95. Appetite poor. Has delusions. Imagines her people are here also, thinks some one is going to poison her. Very noisy most of time. Uses obscene language. Refuses to take medicine most of time. Bowels usually constipated. Mch 5 95. Very noisy, also profane. Appetite poor. Bowels constipated.

Mch 13. Transf to C1. April 2 95. Has been extremely noisy all day. Apr. 15 95. Noisy and very dirty in habits.
April 29 95. Noisy and very dirty in habits. April 29 95. Appetite somewhat improved. No other change apparent. She has illusions and delusions. May 7 95. She has not been quite as noisy of late.

Personal and Medical History of Magdaline Theres.

1895
May 10 95. Patient is becoming more quiet and better behaved. May 31 95 There is quite a marked improvement in patients behavior of late. She is becoming quiet and cleaner in habits.

June Appetite good. Does no work. Sleeps well usually. Is becoming more quiet. Noisy + violent at times. Bowels reg. Very untidy + dirty. Menstruation absent. July 2 Picks face until it bleeds profusely. Has silly delusions. July 22 Cried loudly all morning. Aug 12 Decided change mentally + physically. Aug 27 More quiet + well behaved for past two days. Aug 31 Very noisy this morning.

Sept 6 Patient frequently cries + cries. Behavior very restless. Sept 29 Quiet most of time but cries quite often. Appetite fairly good. Does riding + walking. Oct 30 Patient usually quiet in behavior. Does not cry as much of late. Appetite not very good. Bowels regular. Sleeps quite well. Is untidy about person. Refuses to go riding + walking. Nov 27 Usually quiet in behavior. Cries a good deal but does not struggle. Is untidy in dress + habits. Goes riding + walking. Appetite fairly good. Bowels regular. Sleeps quite well. Gen health good. Dec 30 Usually quiet. Seldom struggles. Rarely cries. Appetite quite good. Bowels regular. Sleeps quite well. Refuses to go riding + walking.

Jan 14 Visited by her parents. Jan 15 Removed to B1. Feb 13 Rather dull + depressed. Sits on bench with feet curled under her. Looks pale + slightly emaciated. As if might possibly develop Tuberculosis. Temp. directed to be taken. Feb. 14 T 97. Feb 15 T 99+ Feb 16 T 98.6 Feb 28 T 98+ Resisted having temperature taken + would cry the rest of day. May 25 Very quiet most of time. Appetite very poor; bowels regular; sleeps well; Takes out door exercise. Is quite disturbed at times; imagines someone is tormenting her. Does no work at all; sits quietly doing nothing all day long. Summary Nurse's Notes by Dr. E.E. Phelps. Aug 96 Appetite good; bowels regular; Takes out door exercise: Sept 96 Electric treatments given: ~~Oct. 5 96 Visited by father + mother~~ Sept. 11 96 Fed with tube: Sept 14 96 Massage + Faid treatment given: Oct. 1 to 17. Fed with tube daily; Faid treatment given: Oct. 27 96 Visited by father + mother + also by friend: appetite fair talks very sensibly: coughs some: very anxious to go home: Oct. 28 Coughs some: Alcohol baths given: wine given every two hours: Nov. 1 96 Seems quite weak: T 102. P. 98 R. 30. Complains some of head ache: Nov 7 Refuses to take medicine at times: T 102. P. 100. R. 24. Nov. 10 96 Appetite not very good: mouth quite sore: washed with Listerine + bismuth; Iced some; Vaseline applied
Nov. 12 Mouth treated again: Alcohol baths given: Temp. ranges from 100 to 101: Resp. 30:
Nov. 13 T. 100. R. 24. Pulse 100. Alcohol baths given: appetite fair: Taken home by father + mother in a very weak + feeble condition.

Discharged.

Personal and Medical History of Lena Benson

LEGGET, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3967.
Residence, Houston County, Minn.
Date Admission, 9th January 1895.
Admitted by, D. C. B. Eby — Hour, 10 P.M.
How Sent, Thomas Ryan, Jail'r Houston County
Sex, Female
Age, 19
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, None
Degree Education, not stated
Profession Religion, not a church member
Habits, Good.
Nativity, Houston, Minnesota
Physicians Committing, D. D. C. Rhines; (Asst) J. B. McIntire (assisting)
Correspondents, Mrs Anna Benson — Houston, Minn

No. for Year, 166.
Insane Relatives, Grandmother, on father's side.
Cause Exciting, not stated —
Cause Predisposing, heredity & previous attack
Form, Mania Acuta —
Accompanying Bodily Disorder, none.
Suicidal or Not, not
Date of this Attack, About this time, probably
Duration, short probably —
No. of Attack, 2nd (one, 2 years ago) —
No. of Admissions, 2nd
Age First Attack, about 17 —
Time of Leaving, 11th July 1895 —
Time in Hospital, 6 Mos — 2 Dys
Result, Disch. Nov 6/95 — Recovered

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

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

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

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

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

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
- 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 Lena Benson

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, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
TAKEN,
GYNAECOLOGICAL EXAM., Normal, positive
MENSTRUATION, Regular
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 Lena Benson.

1895

Patient was received here accompanied by a Deputy Sheriff & a Sister of Patient. The following is the history of the case. Habits & morals have been good. There is said history of heredity, the grand-mother, on father's side, having been insane. Supposed cause of this attack is not stated. Form of this attack is acute. There is no accompanying bodily disorder. First symptoms of disease were manifested 2 years ago. This is not 1st; probably 2nd attack. One occurred 2 years ago, when she was at this (Rochester) Asylum, for six months. Insanity now shown in the subject of religion. When, in sudden passion, she is disposed to injure others, but is not suicidal, nor filthy nor destructive. There is no history of any bodily disease &c. Restraint and confinement have been employed: for the last 3 days, could not leave her, for a minute. In this attack she complained of a severe pain in chest. She never has been right, since she was born. NOTE. As stated above, patient was here before, from Nov 10/92 to May 9/93. For 1st three weeks, after their coming, she was quite resistive, refusing also to go to meals, to dress or undress; appetite was poor; was restless & busy in habits, nearly every day: was a case of half-stuporous, lethargic melancholia, with tendency towards pubescent insanity. On account of seeming feeble & being abused by the other patients, she was (March 5/93) moved to B3 and on March 24/93 she was sent over to the Annex. After this, and until she was taken home, she improved considerably; was almost well; bright & cheerful; neat and clean in her habits & appearance. —

Note

Vol 21 p 113 No 3174

Jany 9 On admission, was put on B2 (L.R. Complexion light; hair brown; eyes gray; condition of skin normal. no marks, scars or bruises noticed. Bodily condition clean. Little finger of left hand cant be straightened out. Patient is very noisy; was also very destructive when taken up to ward).

10. Violent & destructive, also extremely noisy. Appetite very poor. Slept very little during the day. Sleep none. Cough & expectorates freely. Bowels moved freely during the night. P.R.N.

11. Behavior violent & destructive. Was extremely noisy all day. Ate very little but drank pint of milk. Slept well during night. Jany 12.95. No change in behavior. Appetite very poor. Has to be fed with spoon. Began menstruating this P.M. Noisy & would not stay in bed. Was put in restraint during night.

13. Was put to bed this afternoon. Complains of headache & is extremely noisy. Throws head from side to side & screams & cries at intervals. Urinated quantity about 4 oz and was of dark color.

14. Still complains of head. Applied cold bandages, passed the catheter, quantity about 4 oz but was quite clear. Slept well all night. Gave enema & bowels moved freely. Jany. 15.95. Has been more quiet to day but has required constant watching. Patient has to be catheterized. Quantity increased slightly. Gave enema but bowels did not move. Is still very noisy & hard to manage. Tried to feed her. P.R.

16. Appetite poor, but will take liquid food. Was catheterized this morning. Quantity about 8 oz but was clear in color. Gave vaginal douche this afternoon, also an enema. Bowels moved freely.

17. More quiet to day, but still requires constant watching. Urinated twice during day. Quantity nearly normal. Appetite improving. Gave a cathartic. Jany. 18.95. Urinated bowels moved freely. She a good breakfast. Was very noisy & destroyed bed spread this morning, also fought attendants.

19. Upon ward to day. Is very mischievous in behavior, also very noisy. Appetite fair. Does not like to remain in bed, at night. Jany 20.95. Still noisy & destructive. Ate but one meal to day. Complains of her head a great deal. Was always pulling it & throwing it backward & forward. Jany 21.95. Appetite some better to day, but is very mischievous & noisy. Did not sleep well. Noisy & boisterous.

22. Has been very mischievous and annoying all day. Ate very little. Out of bed most of night. Quite noisy & boisterous.

Personal and Medical History of Lena Benson.

1895

January 23 Very noisy all day. Appetite poor. Slept but little during the night. Noisy & boisterous.

January 24 Appetite very poor from the beginning. Had to be fed with spoon & often would not swallow food. Complains of headache a great deal & would hold head backward & forward. Behavior maniacal & would not keep clothing on. Would not stay in bed at night. Kept in restraint & was watched in day time. Retention of urine & patient had to be catheterized. Quantity about 3 oz. Color dark & odor ammoniacal. Spirits but increased in quantity & became quite clear after bladder was washed out.

Jany 29.95. Behavior very noisy and destructive. Appetite very poor. Bowels regular. Feb 20.95. Behavior noisy at times, also destructive. Appetite somewhat improved. Bowels move reg. Dressing & walking

March 3.95. Behavior very mischievous & is violent at times, also very destructive toward clothing. Appetite fair. Bowels regular. Patient laughs & cries immoderately at times. Apr 27.95. Patient talks quite sensibly of late & is more quiet in behavior. Dressing & walking. Appetite fair. Bowels regular. May 17.95. Works some on ward. Talks quite sensibly on most subjects but expresses delusions and laughs and cries immoderately at times. Menstruates regularly. Appetite good. Bowels regular. Dressing & walking. July 11th Ward Home

Discharged.

Personal and Medical History of Mrs. A. J. Lockery

LEACH, FIDLAR & GUARDES, DAVENPORT, IOWA.

Whole No. 3972.
Residence, Westport (formerly); now, St. Paul
Date Admission, 11th January 1895.
Admitted by, D. Phelps Hour, 7 PM
How Sent, J. Wilrich, Jof P., Ramsey County
Sex, Female
Age, 36 (about).
Civil Condition, married
Children, -2-
Age Youngest Child, —
Occupation, Housewife
Degree Education, probably good.
Profession Religion, not a Church member.
Habits, -Temperate-
Nativity, U.S.
Physicians Committing, Chas. E. Lee and Geo. J. Hauley.
Correspondents, (Husband) H. A. Lockery Westport. Minn

No. for Year, 171.
Insane Relatives, Unknown.
Cause Exciting, Unknown
Cause Predisposing, probably previous attack
Form, Acute mania.
Accompanying Bodily Disorder, None.
Suicidal or Not, Unknown
Date of this Attack, 2 weeks ago
Duration, 2 weeks
No. of Attack, 2nd probably
No. of Admissions, 1st here(
Age First Attack, (?)
Time of Leaving, March 29-9
Time in Hospital, 2m
Result, Re

SUPPOSED TO BE "OFF"

St Paul Pioneer Press Friday 10/4/95

Mrs. Lockery Taken From the Merchants Hotel to the County Jail.

Mrs. A. J. Lockery of Westport, Minn., came to the Merchants hotel last Tuesday in the afternoon and registered as Mrs. A. J. Lockery of Minneapolis. She is a rather pretty woman, about thirty-six or thirty-seven years old, and was dressed very fashionably. She wore a black silk dress, an astrakhan cloak and carried a costly fur muff.

Last night at 8 o'clock Officer McElistrum and Sergeant Sullivan were called to the hotel by the managers, who said there was a crazy woman in one of the rooms. The officers and Mr. Hall proceeded to Mrs. Lockery's room and found her walking the floor. After a good deal of persuasion on the part of the officers and the housekeeper, who had been brought in, Mrs. Lockery consented to leave the Merchants and go driving. She was taken down to the side entrance on Jackson street, and made no disturbance.

On the way to the jail she remained very quiet, but as the carriage stopped in front of the jail she hesitated and refused to go in. There was a good deal of coaxing and persuading on the part of the officers and she was finally brought into the woman's ward and locked up.

At the Merchants hotel in the meantime the managers had set about to advise Mrs. Lockery's husband who lives at Westport, Minn. They telegraphed him what had happened and asked him to come on to St. Paul. This dispatch was answered by a question asking if Mrs. Lockery could not be sent to Westport. Upon being informed that this could not be done Mr. Lockery telegraphed that he would come on the first train, and it is expected that he will arrive in the city this morning.

Sergeant Sullivan says that Mr. Hull, of the Merchants hotel, told him that Mrs. Lockery acted very queerly all the time she was at the hotel and last night she became so much worse that the management of the Merchants were compelled to summon the officers and have her taken away. How the hotel people learned that she lives in Westport when she is registered from Minneapolis, has not been explained.

At the jail Mrs. Lockery fared very well. She became quiet about 10 o'clock and went to sleep a little later. She was not seen by a physician. She will probably be taken away this morning by her husband.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Jan 12 95. Drs. C.M.L. & D. Phelps

MENTAL ACTIVITY: active, prying & restless
Clear or Confused, Very confused
Quick or Sluggish, Quick
MEMORY:
Past Events, Can not be depended
Recent Events, upon
Special Subjects,
PERCEPTIVITY: Very illusive
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, None
Own Mental State, None
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Very mild and excited one

EMOTIONAL STATE: Very mu
Normal, Calm,
Indifferent,
Exalted, exalted &
Depressed,
DELUSIONS: Has ma
Systematized or Not, Mind
Special Subjects, Queer ideas
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent & excited
Coherent or Incoherent, talks all, expresses many
Voluble or Reticent, delusions.

Personal and Medical History of Mrs. A. J. Lockery

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Very fairly Good
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, will not show Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size,
Response Light, Seem good Accommodation,
SIGHT, Seems good
HEARING, Good.
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, None Tongue, None.
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Seems normal
LUNGS, Seem normal
GYNAECOLOGICAL EXAM. Normal Ovarian, Seems anteflexion, Seems endometritis
Jan 23-95
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, 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,

TAKEN,

Personal and Medical History of Mrs. A. J. Lockery

LEGGET, PFLAUM & GUMBERG, DAVENPORT, IOWA.

Whole No. 3972.

Residence, Westbrook (formerly); now, St. Paul

Date Admission, 11th January 1895.

Admitted by, D. Phelps Hour, 7 PM

How Sent, G. Wilrich, Jof D, Ramsey County.

Sex, Female

Age, 36 (about).

Civil Condition, Married

Children, -2-

Age Youngest Child, —

Occupation, Housewife

Degree Education, probably good.

Profession Religion, Not a Church member.

Habits, -Temperate-

Nativity, U.S.

Physicians Committing, Chas E. Lee and Geo. J. Hanley.

Correspondents, (Husband) H. A. Lockery Westbrook Minn

No. for Year, 171.

Insane Relatives, Unknown

Cause Exciting, Unk

Cause Predisposing, probably

Form, Acute mania.

Accompanying Bodily Disorder,

Suicidal or Not, Unk

Date of this Attack, 2 weeks

Duration, 2 weeks

No. of Attack, 2nd probably

No. of Admissions, 1st here (has been in Asylum

Age First Attack, (?)

Time of Leaving, March 29-95.

Time in Hospital, 2m 18d

Result, Rec.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Jan. 12. 95. Dr. P.M. by S. Phelps

MENTAL ACTIVITY: active pacing & restless

Clear or Confused, Very confused

Quick or Sluggish, Quick

MEMORY:

Past Events, Can not be depended

Recent Events, upon

Special Subjects,

PERCEPTIVITY: Very illusive

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, None

Own Mental State, None

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Very mild and excited as

EMOTIONAL STATE: Very much excited.

Normal, Calm,

Indifferent,

Exalted, excited & restless

Depressed,

DELUSIONS: Has many

Systematized or Not, Mind flies from

Special Subjects, topic thing to another

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Very incoherent & excited

Coherent or Incoherent, in her talk, Expresses many

Voluble or Reticent, delusions.

The legislature of 1902, upon condition that the Great Northern Railway company would contribute one-fourth of that amount, appropriated the sum of $100,000 to be expended at the rate of $25,000 per year during four years, for the purpose of opening the Red River valley, by opening closed water courses leading into the Red river and its tributaries, and by opening existing streams in the valley. The

Red River Valley Drainage.

The legislature of 1902, upon condition that the Great Northern Railway company would contribute one-fourth of that amount, appropriated the sum of $100,000 to be expended at the rate of $25,000 per year during four years, for the purpose of opening the Red River valley, by open-

has, without hesitation, resolved to secure and in all such cases the men's [illegible]

and coöperation. A suit was instituted in the federal court for Minnesota by the Atlantic Company against the duly commissioner to restrain him from such action. The case of Widdeman vs. The State of Minnesota, involving the validity of chapter 11 of General Laws of 501, the so-called "Oleomargarine law," was prosecuted by the dairy and the October term of 1902 the supreme court made a decision sustaining the constitutionality of the law which had, before that time, been a mooted question.

A proviso relating to colostrine was added to the law of 1901, by chapter 126 of the General Laws of 1903, which has led to some controversy. It has been insisted on by some that the word "colostrine" was used in a limited or trade-mark sense to describe one particular product sold on the other hand, it has been contended that the word was only used in a general sense to describe substitutions of certain cases. This subsidiary of construction should be removed by further legislation.

In addition to its other duties, the dairy department, through its first assistant commissioner, has, without extra charge, given much well received. Our state is fast becoming one of the leading dairy states of the country, and at this time, when values of our dairy interest and is well patronized school is a great factor in the development dairy school at St. Anthony Park. This station in butter making at the state department is [illegible]

I commend both to your favorable consideration.

Personal and Medical History of Mrs. A. J. Lockery

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Very poorly Good

WOUNDS OR ABNORMALITIES, None.

TONGUE, Tremors, will not show Coatings, Promptness Movement,

PUPILS, Equality, Eq. Size,

Response Light, Accommodation,

SIGHT, seems good

HEARING, Good.

COORDINATION, Arms, Good

Legs, Good.

TREMORS, Hands, None Tongue, None.

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Seems normal

LUNGS, Seem normal

TAKEN,

GYNAECOLOGICAL EXAM. Normal fundus, Some erosion, Some endometritis Jan-23-'95

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Constipated	Constipated,	Irregular,
APPETITE, Good,	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 Mrs. H. J. Lockery

1895

This patient was brought here by Deputy-Sheriff, M. R. Goss & attended by Dr Hart, with the following history, which is not very extensive. As to any history of heredity, insane relatives, cause of this attack, all is unknown. Form of attack is acute. There is no accompanying bodily disorder. First symptoms of this attack were manifested 2 weeks ago: she became excited & suspicious. This is not 1st attack; she has been in an Asylum before; (when, or where, is not stated): when other attacks occurred, is not stated; is unknown; Insanity now shown by genual excitement and being hysterical. If suicidal, is unknown. She is not disposed to injure others: has no filthy or destructive habits. No peculiarities as were previously shown. There is no history of any bodily disease &c, or injury to head. Patient has been confined in jail for 2 days.

Jan 11 On admission, was put on B[illegible] S.R. Complexion light; hair partly gray; eyes gray; conditions of skin normal: both knees bruised, just a little; bodily condition clean. Patient is quite excited and somewhat inclined to be violent.

12 Quite noisy at times. Would not talk English. Appetite good. Care sleeping door. Slept 3 hrs. Very noisy while awake. Cough none. Bowels constipated. Complains of none. Asks for tonic. P.94. R.24. Jany 13.95. Appetite good. Cathartic for bowels. Very restless and quite noisy most of day. Bowels moved. Sleeping door at 9 pm. Slept about 1 hr. Pounding on door while awake. Jany 14. Did not eat as well today. Took pills. Very noisy most of day. Complains of headache. Put in restraint at night. Slept 4 hrs. Quiet most of night. Restless and noisy at times. Jany 15.95. Appetite fair. Bowels constipated. Very noisy most of day singing and talking. Talks incoherently. Was talking & singing all night. In restraint. Jany 16. Did not eat well today. Very noisy until 1 pm PM. More quiet since. Talked quite sensibly; complained of headache. Took tonic. Bowels moved during night. Slept 2 hrs. Jany 17.95. Quiet most of day. Quite noisy in morning. Appetite fair. Complains of nausea. Talked sensibly. P.98. Slept about 3 hrs. Quite noisy at times.

Jany 18 Appetite poor. Quiet most of day. Takes tonic. Quite noisy most of night. Jany 19.95. Does not eat well. Talks sensibly. Quite noisy at times, quite troublesome, both to patients. Takes tonic; Slept 6 hrs, out of bed and quite noisy at times.

20 Ate quite well today. Noisy & quite excited at times. Talks sensibly. Takes tonic. Helped in dining room. Sleeping powder given. Slept 8 hrs. Jany 21.95. Appetite good. Very noisy at times today. Talks sensibly but quite impudent. Takes tonic. Quite noisy most of night. Bowels moved during night. Jany 22. Quite noisy at times today. Appetite good. Bowels regular. Takes tonic. Works some on ward. Jany 23. Has a good appetite. Bowels regular. Quiet most of day. Slept well. Works in dining room and on ward. Jany 24. Appetite good. Noisy at times today. Talks sensibly. Slept well. Jany 25.95. Appetite good. Bowels reg: Works on ward. Takes tonic. Slept well. **Summary**: Appetite poor for about 6 days but much better now. Talked very incoherently at first but quite sensibly since. Works some on ward. Was very noisy at first.

Feb 1 2.95. Very hysterical most of day. Has a good appetite. In bed most of day. Takes tonic. Feb 4.95. Very noisy & quite impudent. Takes treatment. Bowels constipated. Gave cathartic. Broke the ladies & strikes the Transfer C2. Feb 7.95. Had had crying spell. Appetite good. Sleeps quite well. Bowels regular. Goes out walking and riding. Feb 22.95. Menstruating. Seems very nervous. Mch 6.95. Appetite good. Bowels reg: Goes walking & riding. Mch 22.95. Menstr. Sleeps well. Mch 23.95. Transfer to 2. Mch 26.95. Appetite good. Sleeps well. Bowels regular. Behavior quiet. Helps to work on sewing room. Goes riding & walking. March 29.95. Went home this a m. Was much improved though Easily excited in conversation.

Discharged.

Personal and Medical History of

Personal and Medical History of Nancy A. Stebbins

LOBERT, PUBLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3977.
Residence, Brownsdale, Mower County, Minn
Date Admission, 17th January 1895. —
Admitted by, D. Linton - Phelps Hour, 4:30 PM.
How Sent, S. Washburn, Jof P, Mower County
Sex, Female.
Age, - 84 -
Civil Condition, widow -
Children, five -
Age Youngest Child, —
Occupation, None
Degree Education, Not stated
Profession Religion, Church member.
Habits, Good
Nativity, New York State -
Physicians Committing, A. W. Allen & E. A. Washburn
Correspondents, Mrs Wm Peet (Daughter)
Brownsdale Minn

No. for Year, 176.
Insane Relatives, None
Cause Exciting, senility
Cause Predisposing, old Age.
Form, Senile dementia.
Accompanying Bodily Disorder, Feebleness -
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, - 86 -
Time of Leaving, Dec. 19. 1897
Time in Hospital, 1 yr. 11 mos. 2 da.
Result, Died. Apoplexy.

January 18 95. Dr's A. W. & S. Phelps.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Very Confused
Quick or Sluggish, Very sluggish.
MEMORY: Much impaired.
Past Events,
Recent Events, Gone
Special Subjects, Gone
PERCEPTIVITY:
Alert or Dull, Dull.
Correct or Illusive, illusive.
REASONING POWER: Has none
Ordinary Subjects,
Own Mental State,
Special Subjects, None
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Indifferent, demented
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent. Talks in a rambling
Coherent or Incoherent, & demented manner
Voluble or Reticent,
Put upon tonics & laxatives.

Personal and Medical History of Nancy A. Stebbins

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

Very feeble & bent, too weak to stay up on the ward. Put to bed in infirmary ward. Eats only soft food & requires feeding with a spoon.

HEIGHT, Not taken (too feeble) WEIGHT, 95 lbs. NUTRITION, poor
WOUNDS OR ABNORMALITIES, bent with age.
TONGUE, Tremors, Slight Coatings, Promptness Movement,
PUPILS, Equality, Equal. Size,
Response Light, Accommodation,
SIGHT, Impaired.
HEARING, Impaired.
COORDINATION, Arms, Very feeble & bent with age
Legs,
TREMORS, Hands, Tremors of age. Tongue,
Facial Muscles, General, old age
REFLEXES, Patellar, Normal EXAM. URINE,
Other
ARTICULATION, Very hesitating.
Slurred,
Hesitating,
FACIAL EXPRESSION, Very dull & demented.
SENSIBILITY,
HEART, Normal Ult of atheroma of arteries.
LUNGS, Rattling some rales, respiration impaired.
GYNAECOLOGICAL EXAM., Exam - July 17 - External Genitals red & irritated Normal otherwise
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,

TAKEN,

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 Nancy A. Stebbins

1895

This patient was brought here by Mr. Edwin Bassett, Deputy-Sheriff & wife, with the following history & case. There is no history of heredity, nor of any bodily disease &c or injury to head. Supposed cause of this attack is senility; form of attack is chronic, paralytical. First symptoms of the disease were manifested about a year ago; nothing very definite. This is 1st attack. Insanity now shown by thinking her daughter is her mother; plucking at her clothing & tears her bed to pieces. She is not disposed to injure others, nor suicidal, but is very uncleanly. Patient has not been restrained or confined; has been under medical treatment, but received no benefit. (a case of senile dementia)—

Jan 17 On admission, was put on B.B. (R). Complexion light; hair gray; eyes gray; has several bruises on her knees; bodily condition dirty. Behavior good; skin quite feeble; complains of her left shoulder paining her)—

18 Quite excited out of bed most of the day. Appetite fair. Kept about & house. Talking while awake & night. Bowels constipated. Complaints &c none. P.88. a week. Resp 26. Temp. 99.2

19 Hard to keep in bed. P.88. Has eaten quite well to day. Takes 3 ij. of tonic. Kept about this A.M. all night of the time while awake. Jany 20 95 Full bath. P.88. T.98.2 R.24. Kept about, restless while awake. Has some delusions, asking to go home. Jany 21. 95 Cascara 3 ij. Appetite good. Pulse & strong. T.97.2 R.18. Bowels moved freely. Character dark & constipated. Kept about this out of bed & while awake.

22 Pills 2. Bowels moved. P.80. T.97.2 R.19 Kept about this out of bed and talking the remainder of night. P.80 R.18 T.97.8

23 Complains of general bad feeling, constantly asking to go home. Quite restless & irritable. Hard to keep him in bed.

24 Cascara 3 ij. Kept about this. talking & restless while awake. Appetite good. Very feeble has to be fed with spoon.

25 Enema soap & water. Bowels moved copiously. Kept about this out of bed twice.

26 Sponge bath. Appetite good. T.97.6 R.18. P.80. Kept about this out of bed part of the night.

27 Appetite good. Quite restless during day. Kept 6 hrs. Restless while awake. T.99. R.26 P.90. Very weak.

28 Bowels moved freely. Appetite not quite as good to day. Kept 6 hrs. Restless while awake. T.97.6 R.20 P.84.

29 Getting very dirty in habits. Still asking to go home. Kept 2 hrs out of bed most of the time. Restless. P.70. Very weak.

30 Bowels moved copiously, character thin & brown. Kept 6 hrs. T.98.2 P.90. Quite strong. R.20.

31 Out of bed. Refused to go to bed again. Bowels moved. T.97.2 P.90. R.23. Kept 6 hrs.

Summary: Patient has quite good appetite, has to be fed with spoon. Is very feeble. Complains of a general bad feeling. Hard to keep her in bed but she is not strong enough to be up much. Is continually asking to go home. She is growing very dirty in habits, often soiling her bed & room. Bowels have been quite constipated. has slept from 2 to 6 hours during night. Pulse has run from 70 to 90. Resp from 18 to 26. Temp 97 to 99.

Sick Ward. Jany 10. Patient upon sick ward, eating & sleeping fairly well, but very weak & old. Feb. 95 Has been steadily in bed, appears to be failing somewhat at times but takes tonic & eats quite regularly. Keeps her present mental state fairly well. Apr. 1. 95 Records continue to show present time, giving daily details. There is nothing, however, of great importance, she was thought during the month of March to be failing quite rapidly, but at present does not seem to have failed very much. Steadily in bed, house & appetite fairly good. Mch 20 95 Sick in bed. April 1 95 Patient has in bed all day. Appetite good. Bowels constipated at times. May 1. 95. Very feeble has in bed. Appetite fair. Sleeps well. May 20. 95. Up & dressed out on ward part of day. quiet in behavior. Clean & tidy in habits. Appetite good. May 21. 95. Transfer to Inf.

May 29 95. Appetite good. Bowels constipated. Very feeble. May 31. 95 No change otherwise.

June 15 Very feeble. Sleeps most of day. Appetite good. Bowels constipated. Takes cathartic. Goes out doors. July 25 Eats & sleeps well.

Aug 20 Appetite good. Bowels regular. Aug 28 Has diarrhoea to day.

Personal and Medical History of Nancy A. Stebbins.

Sept 10 Patient old & feeble, keeps on her bed most of day. Has had diarrhoea for a few days—is quite well now. Eats & sleeps well. Goes out of doors. Oct 20 Appetite good. Bowels regular.

Nov 7 No change noticeable. Dec 12 Old & feeble & sleeps part of day. Appetite good.

1896 Bowels regular. Jan. 7 Has diarrhoea today. Feb 22 Eats & sleeps well.

Mch 0 Old & feeble & sleeps part of day: noisy at times: bowels regular: appetite good. Goes riding & walking. Apr & May No change in patient since last note.

June Summary Nurse's Notes by Dr. L.L. Phelps:- Visited by sister: very old & feeble: sleeps part of time: appetite good: bowels regular. Nov. 96 no change: Jan. 6 97 Genl health fair: feeble from age: appetite good: bowels regular: very demented. Apr. 97 no change: Aug. 27 97 Complains of head ache: seems to have taken slight cold: T. 100. P. 80. R. 20. In bed to-day: Aug. 28 97 Up & around as usual.

Feb 16 Appetite very good: takes out door exercise: very noisy at times: sleeps part of day: bowels regular. Nov 25 Had an attack of chorea this A.M. confined to right leg & arm principally: Nov 30 Appetite good: bowels regular: sleeps most of day: Dec 2: Arm & leg very much chafed with choreic movements: sore formed on leg & arm: dressed with green soap: bi-chloride Col. 1-8000 = Vaseline: band-aged every a.m. Appetite fairly good: has to be fed with spoon: unable to walk alone & requires a great deal of attention: refuses to go to or stay in bed: bowels regular. Dec. 8 Is growing weaker & sleeps greater part of day. Dec. 11 In bed Temp. 100. Resp. 40. Pulse 80. Has taken very little nourishment: slept most of day: Transf. to Inf. Dec. 13. Salts given: enema also given: did not retain: out of bed most of day: appetite very poor. Dec 14 T. 99.6 P. 68. R. 18 Salts and pills given: restless during day: fed by nurse: slept some quite noisy at times: Dec 15. 8 a.m. T. 98.8 P. 70 R. 18. - 5 p.m. P. 69. T. 99. R. 18. Enema given bowels moved freely: took very little nourishment: noisy 2 hrs. during night slept 6 hrs. Dec. 16 5:30 a.m. T. 98.8 P. 70. R. 17 - Refuses nourishment: dull most of time. Dec. 17 8 a.m T. 99. P. 68. R. 36 - Tab. Hyper. given every four hrs. pulse very weak: respiration difficult: slept 6 hours. 5 p.m. T. 99. P. 112 R. 30. Dec. 18 5:30 a.m. T. 97 P. 110. 1 p.m. T. 97 P. 135 R. 30 - 5 p.m. T. 97. P. 120 R. 30. Unable to take nourishment: seems very weak: very restless most of day: 8 p.m. in a stupor breathing quite hard. Died at 12:30 p.m.

Died

Personal and Medical History of Bertha Christoph

LEIGHT, FICHLAR & SCHMEIDER, DAVENPORT, IOWA.

Whole No. 3978.
Residence, 430 Martin Street, St. Paul, Minn
Date Admission, 17th January 1895.
Admitted by, Dr. Herzog Hour, 6.55 P.M.
How Sent, G. Wilbrich, Jof C, Ramsey County
Sex, Female
Age, 26 Years
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Cook
Degree Education, Probably limited
Profession Religion, Lutheran
Habits, - Good -
Nativity, - Prussia -
Physicians Committing, G. Hamm and C. B. Witherle
Correspondents, (Father) Gustav Christoph
430 Martin St. St. Paul Minn

No. for Year, 177.
Insane Relatives, mother demented
Cause Exciting, not given
Cause Predisposing, Heredity & prev. attack
Form, Acute mania
Accompanying Bodily Disorder, Yes
Suicidal or Not, not
Date of this Attack, Some weeks ago
Duration, some weeks
No. of Attack, 2nd (probably a 1st Continuous)
No. of Admissions, 1st here (was in Asylum in Berlin)
Age First Attack, not given
Time of Leaving, July 9. 1895.
Time in Hospital, 5m 20 ds
Result, Rec.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Jan 1895 Dr. A.M.D. S.J. Phelps.

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

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many & varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks almost constantly in a very
Coherent or Incoherent, incoherent manner. Very restless
Voluble or Reticent, and noisy

Put upon Brief wet & iron tonic & laxative.

Personal and Medical History of Bertha Christoph

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Impaired & pale
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, yellowish coat Promptness Movement, inactive.
PUPILS, Equality, Equal Size, widely dilated.
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Good.
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, Nothing on examination of any value.
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Prompt
Slurred,
Hesitating,
FACIAL EXPRESSION, Staring & excited.

TAKEN,

SENSIBILITY,
HEART, Normal
LUNGS, Seems in good condition
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Constipated	Constipated,	Irregular,
APPETITE, Good,	Poor.	Medium,	Poor,
SLEEP, Good,	Very Poor	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 Bertha Christoph

1895

This patient was brought here by J. W. Kinney, deputy-Sheriff + attended by Mrs Brechart, with the following history of Case. Habits, as regard temperance + morality, good. There is history of heredity, her mother having been demented. Cause of this attack is not given. Patient also was once in an Asylum in Berlin. Form of this attack is acute. There is some accompanying bodily disorder but nature of same is not stated. She was melancholy for some weeks, but now, is in an excited state. This is 1st attack (probably Continuous). Insanity now manifested by erotic manifestations. She is not disposed to injure others, nor suicidal, but is destructive of clothing &c. No peculiarities &c were previously manifested. She has not been restrained or confined, nor under medical treatment. Cause is hereditary. —

Jany 7 On admission, was put on B² (S.R. - Complexion light; hair light brown; eyes gray; condition of skin is normal; no marks, scars or bruises noted; bodily condition clean. Is quite excited + is very noisy) —

18 Upon ward is very noisy. Has many delusions. Appetite poor. Sleep quite noisy most of night. Is restless + thought. Bowels constipated. P. 110 R 24 Jany 19.95 Is quite excited + noisy but not violent. Fainted away the PM. Appetite fair. Bowels constipated, did not sleep during the night, but stayed in bed.

20. Behavior more quiet. Talks quite sensibly but imagines people are acquaintances + friends.

21. Behavior more quiet. Says she has not slept since Christmas. Seems exhausted at times + has to lie down for a while. Appetite improving. Jany 22.95. Has been quiet in behavior all day. Talked sensibly, but complains of the noise. Slept well at night. Transf to C² Jany 23.95. Behavior quiet. Appetite good. On tonic. Helped in the dining room. Out of bed + noisy most of the night. Jany 24.95 More so than

24 today. Very troublesome + mischievous. Noisy 2 hrs. Very noisy most of the night.

25 Moved to C³ this morning. Very noisy + excitable all day. Slept but little during night. Was quite noisy 6 hrs

26 Behavior noisy + violent during the day. Was also noisy during the night.

27 Has been very noisy + excitable all day. Slept about 3 hrs during night. Was quite noisy remainder of night

28 Behavior very mischievous, excitable + noisy all day. Slept about 4 hrs. Was quite noisy the remainder of night

29 No change in behavior. Appetite quite good. Bowels constipated.

30 Behavior excitable + mischievous, also violent at times. Appetite good. Bowels constipated.

31 Behavior quite good during the day, but has been quite noisy at times. Slept about 8 hrs during night.

Summary. Patient noisy + excitable but appeared to be quite weak. Fainted away the second day after admission. Was very excitable, but became more quiet + was transferred to C² Jany 23. Transf to C³ Jany 25. Has been noisy + excitable also violent at times. Appetite good. Bowels Constipated. Takes tonic willingly.

Feb 28.95. Very disagreeable + hard to get along with. Behavior violent at times + is also contrary. Appetite rather poor. Bowels quite regular. March 31.95 Very noisy + violent at times. Will strike + kick others + is very disagreeable if crossed in any way. Appetite good. Bowels regular.

April 27.95 Behavior violent at times. Will strike + push other patients without any provocation. Scolds + talks noisily if crossed in any way. Appetite good. Bowels regular.

May 20. Quite relieved for a few days + then will became very much disturbed. Is both violent + destructive. Scolds. Talks very noisily at such times. Appetite good. Bowels regular + Goes walking daily. May 27 95. Very untidy about herself + when asked to comb her hair will scold + fight. Very destructive, destroyed 2 pair of shoes. Fought attdts.

June 6. Quiet in behavior for the past week. Works on ward and in dining room. Transf to B¹ June 7.

Personal and Medical History of Bertha Christoph.

1895

June 16. Menstruating. June 29.95 Quiet + agreeable in behavior. Associates with the ward. Goes walking + riding. Talks sensibly. Appetite good. Bowels regular. Sleeps well. Gen. health good

July 9.95 Went home.

Discharged.

Personal and Medical History of Sarah Trout

LEGGET, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3980.
Residence, Nevada, Mower County.
Date Admission, 25th January 1895.
Admitted by, D. Phelps Hour, 7 PM.
How Sent, S.S. Washburn, Jo P, Mower County
Sex, Female.
Age, — 87 —
Civil Condition, single
Children,
Age Youngest Child,
Occupation, Housewife
Degree Education, not stated
Profession Religion, Church member
Habits, Temperate & moral
Nativity, Ohio.
Physicians Committing, O W. Gibson & E. H. Washburn
Correspondents, Wm M. Farland Rose Creek, Minn

No. for Year, 179.
Insane Relatives, no history of heredity.
Cause Exciting, Old Age
Cause Predisposing, — Age - (chronic) -
Form, Dementia Senilis -
Accompanying Bodily Disorder, Rheumatism
Suicidal or Not, Not
Date of this Attack, 4 or 5 years ago
Duration, 4 or 5 years.
No. of Attack, probably 1st (Continuous)
No. of Admissions, 1st
Age First Attack, about 83 — 82 —
Time of Leaving, June. 17. 1899
Time in Hospital, 3 yr. 11 mos. 23 da.
Result, Senility.

order appointing George Sutton, Guardian, to be heard at the Court House, Austin, Feb 8 95 - (Service made Feb 9 95) -

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Dr. S Linton Phelps. Jan 25 95

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

EMOTIONAL STATE: Quiet generally, but at times noisy.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have many & varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Mostly incoherent
Coherent or Incoherent,
Voluble or Reticent,
Very demented for her age

Personal and Medical History of Sarah Trout

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken (too weak to stand) WEIGHT, Not taken — NUTRITION, Poor.
WOUNDS OR ABNORMALITIES, Right knee deformed
TONGUE, Tremors, Grabbed & directed toward left side Coatings, None. Promptness Movement,
PUPILS, Equality, Eq. Size,
Response Light, Sluggish Accommodation, Sluggish.
SIGHT, Impaired.
HEARING, Considerably impaired
COORDINATION, Arms, Impaired Walks with 2 canes with difficulty. Very feeble
Legs, Impaired.
TREMORS, Hands, Marked. Tongue,
Facial Muscles, General, Considerable
REFLEXES, Patellar, Much decreased. EXAM. URINE,
Other Very much deformed. Says has had Rheumatism.
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, Demented.
SENSIBILITY,
HEART, Seems a little weak.
LUNGS, Seem in fair condition TAKEN,
GYNAECOLOGICAL EXAM., Normal condition. Menstr. ceased.
MENSTRUATION, Ceased.
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Constipated.	Constipated,	Irregular,
APPETITE, ~~Good,~~	Irregular	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 Sarah Trout

1895

This patient was brought here by Deputy Sheriff George Sutton & Wm M. Farland, and attended by Mr. S. Jacobson, with the following history: habits have been temperate & moral; there is no history of heredity. Supposed cause of this attack is old age; form of attack chronic and depressed. She suffers also from rheumatism. First symptoms of disease were manifested some 4 or 5 years ago, by gradual failing of her mind and intellect, & this is the same case, now. - Patient has beaten her nephew with her cane, without provocation. She is not suicidal, nor filthy nor destructive in her habits. No bodily disease to be known of. Not confined nor under treatment.

Jan 25 On admission, was put on A. (SR. Complexion light; hair gray; eyebrows; Condition of skin normal; bodily condition clean. She has a large growth on the back of her neck; right knee is out of joint. Patient is quite weak; unable to walk & was carried into the ward).

26 Quiet in bed all day. Has delusions. Quite poor. Awoke, but quiet all night. No cough. Bowels constipated. Has a growth on the back of her neck, unable to walk done. P.74. R.18. T.99.

27 Very restless all day. Would not stay in bed. Talked very delusive. Appetite very poor. Out of bed and noisy all night. T.98°. P.72. R.19. Jan. 28-95. More quiet to-day. In bed. Ate quite well. Does not complain. Is very helpless. Bowels constipated. Put on tonic. Moved to the Infirmary Ward.

29 Very feeble. Walks with cane. Good appetite. Slept quite well. T.98°. P.72. R.18.

30 Bowels constipated. Gave her a dose salts. T. 99. P.73. R.19.

31 Bowels moved freely. Complains of headache. T. 97.6. P.72. R.18.

Febr. 1. Patient wanders about ward and seems bewildered. T.98°. P.73. R.19.

" 2 Bowels constipated. Given dose of salts. T.98.2° 76. R.18. Febr. 3-95. Bowels moved freely, appetite fairly good. Sleeps quite well generally. T.98°. P.79. R.19. Febr. 4-95. Patient is taking ℥ ij of tonic 3 times a day. T. 97.4. P.77. R.18. Febr. 5-95. Salts ℥ss. Sponge bath. T.99°. P.77. R.19. Rather noisy part of the night. Bowels moved freely. Febr. 6-95. Appetite good. Imagines that she is in everyone, very constantly asking to go home. Febr. 7-95. Cascara ℥ ij. Sleeps quite well. T.98°. P.73. R.18. Noisy 2 hrs.

Febr. 8. Complains of pain in knee. Salts ℥ss. T. 98.6. P.74. R.18. Bowels moved freely. Sleeps quite well.

Summary: Patient is very old & feeble, walks with canes. Has delusions. Her bowels constipated cathartics have been given frequently. Rests quite well, but is sometimes noisy during night. Goes about ward in a bewildered manner, constantly asking to go home. Takes ℥ ij of tonic 3 times a day. Complains of pain in back and left knee. T. 98 to 99. Pulse about 74 to 79.

Febr. 12-95 Very feeble, walks with canes, has delusions. Bowels constipated, takes cathartics. Sleeps well. Appetite good. Febr. 14-95 Complains of constipation. Cascara ℥ ij. Bowels moved freely. Takes tonic. Febr. 21-95. Wanders about the ward. Complains of pain in back. Bowels constipated. Dose of salts. Temp. to-day. Febr. 28-95. Bowels constipated, takes cathartics. Appetite good, talks of going home. March 5-95. Appetite good. Sleeps well. Bowels regular. Behavior quiet. Works in the E.D.R. Is very anxious to go home. Is visited by her brother. Feeble minded & silly. Childish in speech. Cheerful. April 3-95. Has a good appetite. Sleeps well. Bowels reg. Behavior quiet. Works in the E.D.R. Likes walking & riding. May 3-95. Appetite good. Bowels reg. Sleeps well. Complains occasionally of headache. Clean in habits. Quiet in behavior. Is very anxious to go home. March 30-95 Very feeble and wanders about the ward. Bowels constipated. Appetite fairly good. April 1-95. Appetite good. Sleeps well. Bowels constipated, takes cathartics.

Personal and Medical History of Sarah Trout.

Sleeps well. Very feeble. Is very quiet. April 13-95 No change noted. May 1-95 Bowels constipated. Cathartic given. Temp. & resp. as usual. Appetite good, has specials. May 12-95 Has spells of crying. Very anxious to see some of her people. Appetite good. May 20-95 Very clean & appreciates everything that is done for her. June 15 Appetite fair. Bowels constipated. Takes cathartics every other day. July 10 Old & feeble. Stays in room part of day. Appetite good. Has specials.

Aug. 21 Received blow in eye from Mrs. S. Berry. Aug. 30 Appetite good. Goes out riding & walking. Talks of her friends. & is very anxious to see them. Sept. 6. Patient old & feeble. Stays in room most of time. Dresses & waits on herself & is very clean & neat in habits. Eats & sleeps quite well. Goes out doors. Oct. 20 Appetite good. Bowels constipated. Takes cathartics. Goes out riding. Talks quite frequently of her friends & does not seem at all contented. Nov. 27 Does her own sewing & mending. Dec. 12 Old & feeble. Stays in room most of time. Is very neat & clean. Dresses & waits on herself. Talks quite often of her people & wonders if they will ever come after her. Does her own mending. Appetite good. Has specials. Bowels constipated. Takes cathartics. Jan. 20 Has spells of crying at times. March 7 Has cough & is somewhat hoarse. Is taking medicine for cough & is feeling somewhat better. March Appetite poor: Sits in the chair sleeping

89 part of the day. Feet are much swollen: Was very restless all night, did not sleep any & was out of bed part of time. May 5 Bowels constipated. Takes cathartics.

Apr. 8 May No change in patient except that she goes out of doors occasionally.

June 24 Summary Nurse's Notes by Dr. S.L. Phelps:- Visited by nephew: Gen. health good: has many delusions: demented: Nov. 96 No change: Jan 97 Appetite good: Gen. physical condition good: feeble in mind: May 97 no change:

July 25 Visited by friend: eats & sleeps well: very feeble in mind: talks to self a good deal. Continued by Dr. Wm. Phelps. Patients general health is nearly as good as usual altho she is very senile. At times cries & talks to herself incoherently.

Jan 30 98 Feet & legs somewhat swollen. Feb 15 Has been in bed considerable of late. Is now up again. Feb 1 '98 Wt. 96.7 March 7 Is up but very feeble: Limbs swollen:

July 18 Trans. to Infirmary. Jan 1 99 Patient got out of bed & cut her head which was dressed. Jan 10 Complains of pain & is very weak. Has to be fed.

Jan 17 99 Died this afternoon. Failure has been very quiet & steady. No notable happening of any kind.

Died.

Personal and Medical History of Anna J. Stoe

LEGGET, FISLAR & GAMBERTS, DAVENPORT, IOWA.

Whole No. 3981.
Residence, Nevada, Mower County.
Date Admission, 25th January 1895.
Admitted by, D. S. Phelps Hour, 7 PM
How Sent, S.S. Washburn, Jo. Co., Mower County
Sex, Female
Age, 38
Civil Condition, Widow
Children, — 8 —
Age Youngest Child, —
Occupation, Housewife
Degree Education, not given
Profession Religion, Church member
Habits, supposed to be temperate & moral
Nativity, Norway
Physicians Committing, O.W. Gibson & E.A. Washburn
Correspondents, Svend Kittilson, Rose Creek, Minn

No. for Year, 180.
Insane Relatives, None, so far as known. No heredity so far as known.
Cause Exciting, Suicide of husband & domestic & business troubles.
Cause Predisposing, not given — "Chronic"
Form, Mania, Chronic
Accompanying Bodily Disorder, None, so far as known
Suicidal or Not, Not
Date of this Attack, About 2 years ago
Duration, about 2 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 36
Time of Leaving, 7th June 1895
Time in Hospital, 4 mos — 13 Ds
Result, Dispd. Nov 6/95 — Improved

order appointing Svend Kittilson, Guardian, filed and at the Court house, Austin, as Feb 26/95. (Service made Feb 13/95)

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Jan 28 95 Dr. S. Lester Phelps

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

EMOTIONAL STATE: Rather depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have some religious delusions
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Coherent & talks quite well
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Anna J. Stoe

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 124 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Accommodation,
SIGHT, Good.
HEARING, Good.
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, None. Tongue,
Facial Muscles, General,
REFLEXES, Patellar, almost absent. EXAM. URINE,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Normal

TAKEN,

SENSIBILITY,
HEART, Normal
LUNGS, Good condition
GYNAECOLOGICAL EXAM., Normal position. Menstruation absent for 2 yrs.
MENSTRUATION, Irregular, absent for 2½ years.
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, Normal position
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Anna J. Stoe

1895

This patient was brought here by Sheriffs Deputy, George Sutlow, and S Kittilson and attended by Mr S. Jacobson, with the following history. Habits are suppose to be temperate & moral. there are no insane relatives & no history of heredity, so far as known. Supposed cause of this attack is suicide of husband & domestic & business troubles; form of attack is chronic, exalted and depressed, alternating. There is no accompanying bodily disorder, so far as known. First symptoms of the disease were manifested about 2 years ago; (nothing definite could be obtained as to 1st symptoms). This is 1st attack. Insanity now shown in that she suppose, at times, that she is very wealthy; then, again, thinks she is very poor; does not attend to housework, but wanders about, at times. She has beaten children. Is not suicidal, however. Has destroyed her clothes and sold good clothing for rags. Not known that she has been subject to any bodily disease &c. Patient has not been restrained or confined, nor has she been under medical treatment. —

Jany 25 On admission, was put on B[2] (S.R. Complexion light; hair light; eyes blue; condition of skin normal: She has several bruises on her arms & knees. Bodily condition dirty; has vermin on her. is well behaved & quiet. Does not talk English).

26 Quite noisy this morning. In bed all day. Does not talk English. Appetite good. Rest well. Cough none. Bowels regular. Complaints no none. P 84 R 22. T 99. Jany. 27. 95 Up on ward. Very quiet all day. Helped in dining room. Appetite good. Bowels regular. P. 77. Slept well Jany. 28. 95. Appetite good. Bowels regular. Works in dining room. P 76. Slept well Jany. 29. 95 Appetite good. Bowels regular. Talks sensibly. Works in dining room. Slept well. Jany. 30. 95. Has a good appetite. Asks to go home. Works in dining room. Very quiet in behavior. Slept well Jany. 31. 95. Appetite good. Complains of headache. Works in Central dining room. Bowels regular. Sleeps well. Febr. 1. 95. Works in dining room. Appetite good. Bowels regular. Complains of headache. Sleeps well. Febr. 2. 95. Appetite good. Bowels regular. Works in dining room. Sleeps well. Febr. 3. 95. Has a good appetite. Asks to go home. Works in Central dining room. Sleeps well. Febr. 4. 95. Appetite good. Behavior quiet. Went to Central D.R. Is very anxious to go home. Sleeps well. Febr. 5. 95. Has a good appetite. Very quiet & nice. Bowels regular. Works in Central D.R. Slept well.

Febr. 6 No change in behavior. Went to dining room. Slept well. Febr. 7. 95. Is very anxious to go home. Appetite good. Bowels regular. Works in dining room. Slept well. Febr. 8. 95. Talks quite sensibly. No change in behavior. Slept well. Summary. Has a good appetite. Can not talk English, but talks quite sensibly. Works in Central Dining room. Bowels regular. Is very anxious to go home.

Febr. 9. 95 Appetite good. Bowels regular. Works in central dining room. Very anxious to go home. Prompts to A[2] Febr. 28. 95 Has a good appetite. Sleeps well. Bowels regular. Is anxious to go home. Cries occasionally. Works in E.D.R. Mch. 2. 95. Appetite good. Sleeps well. Bowels reg: Behavior quiet. Works in E.D.R. Is very anxious to go home. Was visited by her brother. Feeble minded really. Childish in speech. Cheerful. April 30. 95. Has a good appetite. Sleeps well. Bowels regular. Behavior quite. Works in the E.D.R. Goes walking and piking.

May 3. 95 Appetite good. Bowels reg: Sleeps well. Complains occasionally of headache. Clean in habits. Quiet in behavior. Is very anxious to go home. June 7 95 Went home.

Discharged.

Personal and Medical History of

Personal and Medical History of *Eliza Lucas*

LEIGHTY, PICKLER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3983.
Residence, No 5. E. Congress St. St Paul.
Date Admission, 29th January 1895.
Admitted by, D. Phelps — Hour, 7 PM.
How Sent, G. Wilrich, Jail, Ramsey County.
Sex, Female.
Age, 53 years.
Civil Condition, married
Children, has children
Age Youngest Child,
Occupation, Housewife
Degree Education, seems good
Profession Religion, Yes, Catholic
Habits, (very good
Nativity, Ireland
Physicians Committing, F. W. Deming (Asst) Orde Martell
Correspondents, Wm Lucas, No 5. E Congress St St Paul (-bro)

No. for Year, 182.
Insane Relatives, none
Cause Exciting, Climacteric
Cause Predisposing, not stated
Form, Paranoia
Accompanying Bodily Disorder, None
Suicidal or Not, Not, but threatens homicide
Date of this Attack, one year ago.
Duration, one year or so.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 52 —
Time of Leaving, March 23-'95.
Time in Hospital, 1m 24d
Result, Imp.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Jany. 30 95. Dr. Linton Phelps

MENTAL ACTIVITY:
Clear or Confused, Seems clear
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,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Imagines that people destroy her.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks coherently & pleasantly. Answers all
Coherent or Incoherent, questions promptly.
Voluble or Reticent,

Put on tonic

Personal and Medical History of *Eliza Lucas*

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 1in WEIGHT, 148 lbs NUTRITION, Good.
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None, Coatings, Slight Promptness Movement, Normal
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal. Accommodation, Normal.
SIGHT, Uses glasses.
HEARING, Good.
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, R & L q. EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, Good Present
SENSIBILITY, of left foot impaired
HEART, Normal
LUNGS, Seem in good condition
TAKEN,
GYNAECOLOGICAL EXAM., Rectocele & prone tendency to prolapsus.
MENSTRUATION, Past.
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Normal	Constipated,	Irregular,
APPETITE, Good,	Variable	Medium,	Poor,
SLEEP, Good,	Good.	Poor,	Irregular,
PULSE,	Reg.	Resp., Norm.	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 *Eliza Lucas*

1895

This patient was brought here by Deputy Sheriff M. F. Cates and W. Lucas (her husband) with the following history of case. Habits & morals are very good. Has had no insane relatives. Supposed cause of this attack is the Climacteric; form of attack is chronic, exalted. There is no accompanying bodily disorder, nor is there any history of any bodily disease &c or head-injury. First symptoms of disease here manifested one year ago; she became suspicious of friends & talk necessarily of electricity. This is the 1st attack. Insanity now shown in the subject of Electricity, as above. Patient is disposed to injure others; often threatens to kill husband & children. She is not suicidal, however, nor filthy in her habits. No peculiarities &c never previously shown. She has not been restrained or confined. Has had some medical treatment; for some weeks last fall was given tonics & electricity with improved slightly. —

Jan 29 On admission, was put on B3 (S.R. Complexion light; hair gray; eyes gray; condition of skin normal; no bruises noticed; bodily condition clean; no bodily peculiarities noticed. Behavior good; while in office, was very talkative & giving expression to her delusions. Ordinary remarks are quite sensible).

30 Quiet. Up on ward since noon. Talks sensibly. Appetite poor. Slept well. Cough none. Complaint of pain P 78 R 22 T 98

31. Very quiet and nice. Talks sensibly. Does not eat well. Slept well. Febr. 1 95 Appetite poor. Same as before.

Febr. 2 Appetite quite good. Quiet all day. Slept well all night. Febr. 3 95: About the same. Talks sensibly. Complained of not sleeping well. Did not eat well. Bowels regular. Febr. 4 95. Ate quite well. Complained of headache. Lying down part of the day. Talking some to herself. Slept well most of the night.

Febr 5. No change. Appetite fair. Talking to herself and singing some. Awake most of the night.

6. Quiet all day. Ate well. Bowels regular. Complained of being awake most of the night.

7 About the same. More nervous today. Is anxious to go home. Slept well during the night.

8. Appetite good. Complained of headache. Quiet all day. Rested well at night.

9. No change. Quiet on ward. Neat and clean in habits. Slept about 6 hrs. during the night.

10. Ate well. Quiet all day. Reads considerably. Slept well during the night.

11. No change. Clean in habits. Bowels regular. Has quite a bad cold. Took medicine. Quite restless during the night. Febr. 12 95: About the same. Cold is some better. Ate quite well today. Slept well most of the night. Summary. Patient has quite a good appetite. Sleeps well most of the time. Complains occasionally of headache, bowels regular. Neat in habits. Has not given any trouble. Talks quite sensibly. Does not understand why she is kept here. Talks to herself occasionally and thinks her husband is working against her. Has a cold. Takes her medicine without any trouble.

Febr 13 95. Has a good appetite. Quite restless at night. Bowels reg. Coughs some. Febr 16 95 Visited by her husband and daughter. Febr 23. 95. Gen health good. Does not complain. Neat in habits. Has some delusions. Talks quite sensibly. Works in the reading room part of the time.

March 2 95. Appetite good. Sleeps well. Bowels regular. Behavior quiet. Has delusions. Is very anxious to go home. March 23 Visited by her husband

March 23. 95 Went home this evening, was improved in mental condition though not entirely well.

Discharged.

Personal and Medical History of

Personal and Medical History of *Susan Carmody*

LIBBEY, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3990.
Residence, St. Paul (with little Sisters of Poor) Part 7 months.
Date Admission, 2nd February 1895.
Admitted by, D. Phelps Hour, 7 PM
How Sent, L. Wilbrich, J. of P. Ramsey County
Sex, Female
Age, 77 Years
Civil Condition, Widow
Children, Seven
Age Youngest Child,
Occupation, Housewife
Degree Education, Probably limited
Profession Religion, Roman Catholic
Habits, Good.
Nativity, Ireland.
Physicians Committing, A. B. Hucke MD J. A. Quinn
Correspondents, (Son-in-law) H. W. Fiske
Flat 60 - Barteau Hotel - St Paul

No. for Year, 189.
Insane Relatives, None known of
Cause Exciting, Senility
Cause Predisposing, - Old Age -
Form, Senile dementia
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, Several years ago
Duration, Several years -
No. of Attack, 1st (Chronic)
No. of Admissions, 1st.
Age First Attack, Probably about 65.
Time of Leaving, Jan 24. 1899
Time in Hospital, 4 yr. 9 da.
Result, Died - Fatty Heart

EXAMINATION ON ADMISSION

Febry 5:95: D. Stanton Phelps.

MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has delusions at times.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Partly coherent. Talks willingly but
Coherent or Incoherent, in a childish way
Voluble or Reticent,

Personal and Medical History of *Susan Carmody*

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not Taken WEIGHT, 171 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, Little finger of right hand is broken & is crooked
TONGUE, Tremors, None Coatings, None Promptness Movement, Normal
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal. Accommodation, Normal.
SIGHT, Impaired. Uses glasses.
HEARING, Good
COORDINATION, Arms, Good
Legs, Good, but rather feeble
TREMORS, Hands, None Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Dull & demented
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., Retroded & lacerations of cervix.
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Aug 2-3/95
Urine 32 hrs
Color - Red yellow
Character - Flaky sed
Sp. Gr. - 1033
Reaction - Acid
Alb - None
Sugar - "
Urea -
Sediment - Large amt pus + triple phosphates, some mates

HABITS, Dirty,	Quite clean	Clean,	Careless,
BOWELS, Normal,	Constipated	Constipated,	Irregular,
APPETITE, Good,	Medium	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,

Personal and Medical History of *Susan Carmody*

1895

This patient was brought here by Deputy Sheriff M. J. Gates, with following history. There is no history of heredity known of. Habits & meals have been good, supposed cause of attack is senility; form, senile dementia; there is no accompanying bodily disorder; first symptoms of disease were manifested by a desire to wander, incendiarism. This is the first attack; has been chronic, for several years. Insanity, none, not shown in any subject in particular. Patient is disposed to injure others, but not suicidal. She is also destructive of clothing. No previous peculiarities were shown. There is no history of any bodily trauma &c or head-injury. Patient has been confined at "House of Good Shepherd"; has also been at "Home of Little Sisters of the Poor" for the past 7 months until she became unmanagable & intolerable. She has not been under medical treatment.

Feb 2. Feb 2/95. On admission, was put on B1 (S.R. complexion light; hair gray; eyes blue. Condition of skin good: left arm is somewhat bruised: bodily condition dirty - also has a sore on her right hand: - behavior good).

" 3 Quiet and agreeable in behavior. Talk incoherent. Appetite good. Does not cough. Bowels constipated. took a cathartic. Does not complain. P 70. R 16. Feb 4. 95. Quiet in behavior. Talk incoherent. Appetite good. Bowels constipated. P 70 R 18. Feb 5/95. Talks a great deal, although quite agreeable. At times talk incoherent. Appetite good. Gen health good. Feb 6. 95. Quiet in behavior. Talk incoherent. Appetite good. P. 80 R 18. Feb 7. 95. Behavior quiet. Appetite good. Bowels regular. Patient needs care, is not very neat about her person. P 70. R 16. Feb 10. 95. Quite agreeable. Appetite good. Bowels regular. P 78. R 20. Feb. 9. 95. Patient quiet and agreeable in behavior. Appetite good. Bowels ~~constipated~~, had to take a cathartic. P 80 R 20. Feb 10. 95. Talks quite sensibly. Quiet & agreeable. Does not complain. Appetite good. P 75. R 18. Feb 11. 95. Appetite good. Quiet in behavior. Bowels regular. Does not complain. Feb 12. 95. Quiet in behavior. Appetite good. General health good. Does not complain. Bowels regular. P 72. R 18. Feb 13. 95. Does not seem to be any change in patient since last note. P 75. R 18. Feb 14. 95. Quiet & agreeable. Appetite good. Does not complain. Talk incoherent. Bowels regular. P 75. R 18. Feb 15. 95. Quiet. Appetite good. Bowels regular. P 72. R 18. Feb. 16. 95. Appetite good. Talk incoherent. Quiet in behavior. Sleeps well. Bowels regular. Summary: Patient is quiet & agreeable in behavior. At times talks incoherently sometimes talks quite sensibly. Does not complain and seems quite contented. General health good. Sleeps well. Appetite good. Bowels regular. Is not very neat about her person. Does no work.

Feb 20. 95 Quiet and agreeable. Sleeps well. Bowels regular. Appetite fairly good. Does no work. Is not very neat about her person. Gen health good. Transf to B 1.

Mch 6. 95. Appetite good. Bowels regular. Mch 20/95. Goes riding & walking. Sleeps well. Apr 1. 95 Goes walking. Appetite good. Sleeps well. Bowels somewhat constipated. Cathartic every few days.

Apr 8. 95. Appetite very good. Sleeps well. Out walking. Bowels reg. Apr 13. 95. Appetite good. Sleeps well. Goes riding & walking. Had diarrhoea a few days. April 20/95. Appetite fairly good. Bowels constipated. Takes cathartic every few days. Sleeps well. Goes riding & walking. May 10. 95. Appetite good. Sleeps well. Reads part of the day. Complains of pain in her back a great deal. Plaster applied.

May 15. Appetite good. Lies in bed part of the time. May 20/95. Bowels constipated. May 31 95 - Appetite good. No change otherwise.

Personal and Medical History of *Susan Carmody*

June 15 Appetite good. Bowels constipated. Takes cathartics. Goes riding & walking. Reads her prayer book part of day.
July 15 Complains of pain in back quite frequently. Has plaster applied part of time. Aug. 1 Red rash breaking out all over body. Washed with weak solution of Carbolic acid & dusted with boracic acid.
Aug 23 Sick at stomach today can not retain her food. Took medicine & seems better. Aug 24 Troubled with bladder. Takes medicine seems to be better does not complain. Aug 28 Up on ward all day seems to be well. Aug 31 Very contrary of late & stubborn. Sept 4 Appetite fairly good. Bowels regular. Goes out riding & walking. Oct 30 Eats & sleeps well. Spends part of day in reading her prayer book. Nov 27 Complains of pain in her shoulder. Liniament applied.
Dec 4 Very clean & particular about her dress. Spends part of day in reading her prayer book. Appetite good. Bowels regular. Goes riding & walking.
1896 Complains of pain in shoulder. Liniament applied. Trans to A 2.
Mar 18 Quiet in behavior - untidy in personal appearance. Talks quite sensibly. appetite fair - sleeps well: bowels usually constipated. on 5th & 7th inst. was in bed with bilious attack. Apr. 23 Has been in bed the last three days has had nose bleed quite often & is weak from loss of blood. Apr 30 Still in bed but seems much better. May 2 Up on ward again.
Aug Summary Nurse's Notes by Dr. S. L. Phelps:- Talks a good deal but is not noisy. Appetite good: bowels constipated: Genl health good: Nov '96 Genl health continues good: rather childish in talk & behavior. Jan 97 Genl health good: complains at times of pain in left arm: talks quite well but is rather childish: Apr '97 No change: July 5 '97 While eating dinner to-day swallowed a pin: Lodged in left side of throat: Was taken out by Dr. Eby & Dr. R M. Phelps
Nov 28 97 (Continued by Dr. R M Phelps. Has been eating fairly well but today vomited & went to bed. Jan 30 Dressed & up on ward as usual always quite foolish & rather difficult to get along with: is very silly. Feb 9 Complains of pain in side & chest. Feb 15 Complaining again of pain Wt. 183. Dec. 20 Sick in bed today complaining of pain in abdomen. × Jan 27 99 Today quite weak & is in bed again. Temp. 100 Pulse 102 Resp. 30. Jan 28 Patient continued to fail & she died at 1.40 PM. Condition was one of marked heart failure & weakness with fatty condition - Temp. rose to 104 just at the last.
× Mch 27 99 Patient had a quite severe spell of asthmatic breathing with weak heart. Visited by daughter March 29.

Died.

Personal and Medical History of Rosie Rabel

LEBERT, FISLER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3997.
Residence, Rochester, Minnesota
Date Admission, 11th February 1895. -
Admitted by, Dr. Linton-Phelps Hour, 3.30 PM
How Sent, Thos. Fraser, Sup't, Olmsted County.
Sex, Female
Age, 56
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Sister of St. Francis
Degree Education, probably good
Profession Religion, Yes; Church member
Habits, Good
Nativity, Baden, Germany
Physicians Committing, W. W. Mayo & A. S. Adams
Correspondents, Rochester Academy

No. for Year, 196
Insane Relatives, not known
Cause Exciting, Melancholy
Cause Predisposing, Chronic
Form, Paranoia -
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, 4 years ago; gradually increasing
Duration, 4 years
No. of Attack, 1st (continuous)
No. of Admissions, 1st
Age First Attack, — 52 —
Time of Leaving, March 9. 1895.
Time in Hospital, 1m 8d
Result, Imp.

EXAMINATION ON ADMISSION

Febr 13. 95 Dr. R. M. & L. Phelps.

MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Delusions of persecution.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks willingly but does not understand much English. Cries easily when talking
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Rosie Rabel

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good.
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal. Accommodation, Normal
SIGHT, Uses glasses
HEARING, Good
COORDINATION, Arms, Good.
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, some in cheeks General, Some weakness in hands at times.
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Prompt.
Slurred,
Hesitating,
FACIAL EXPRESSION, Good.
SENSIBILITY,
HEART, No murmur
LUNGS, Seem in good condition.
GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean. Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Not very well. 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, dead
Father or Pat. Relations, dead
Brothers or Sisters,

TAKEN,

Personal and Medical History of *Rosie Rabel*

1895

This patient was brought here by Sheriff Stewart, Mother Matilda, and two of the Sisters, with following history of case. She is a Sister of St Francis - Habits regard temperance & morality good. Do not know of any hereditary history. Supposed cause of this attack is Melancholy. Form of the attack is chronic, depressed, paroxysmal, delusional. There is no accompanying bodily disorder. The first symptoms of disease were manifested four years ago; gradually increasing. This, then, is the first attack, continuous these 4 years. Insanity now shown by a marked fear of injury from others. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. There is no history of any severe bodily disease &c or head injury. She has been watched but not forcibly restrained. Was at St. Mary's Hospital; effectual treatment used. Is very delusional; "hears strange voices".

Feb 11 **On admission**, was put on A² in S. D. Complexion dark; hair dark mixed with gray; eyes blue; condition of skin normal. No marks scars or bruises noticed. Bodily condition very clean. Behavior is quiet. She thinks people are talking about her & trying to injure her).

12. Quiet. Appetite fair - Does not sleep well. No cough. Bowels constipated. Complaints &c see Pt. R. 7 99

13. Quiet all day. Appetite good. Gave a cathartic. Bowels moved. Complained of not sleeping well. Does not speak much English. Seems more nervous to day. Febr 14 95. About the same. Worked in the mending room. Ate quite well. Slept some better last night. Is very quiet. Gives no trouble. Ago. P90. Febr 15 95. About the same. Ground well. Slept good. Bowels constipated. Takes medicine. Awoke & restless most of the night. Febr 16 95. Crying all morning. Walking about in her room. More quiet afternoon. Helped in the mending room. Was visited by the sisters.

Febr 17 Quiet all day. In her room much of the time. Appetite quite good. Slept most of the night.

18 About the same. Complains of not sleeping well. Seems very nervous. Gives some. Worked in the mending room.

19 No change. Appetite quite good. Assists with the work. Slept most of the night.

20. Appetite good. Crying about 2 hours in the morning. Awoke & quite restless during the night.

21 More quiet to day. Sews in the mending room. Neat in habits. Rested quite well during the night.

22. Ate no breakfast. Quite nervous all the morning walking about the room. Has delusions. Does not think she needs to be here. Slept well at night. Febry 23 95. Quiet all day. Was visited by the sisters. Ate well. Complained of not sleeping during the night. Febr 24 95. Appetite good. Slept quite well last night. In her room most of the day. Reads some. Febr 25 95. Has been quiet all day. Ate well. Slept quite well during night. Sews in the mending room.

Summary. Patient has a good appetite. Slept quite well the last week, but was very restless at first. Is quite nervous by spells. Walks about her room crying. Has delusions. Imagines people are working against her but talking about her. Is very industrious. Works in the mending room every day. Very neat in habits. Bowels are usually constipated. Takes medicine.

Febr 28 95. Appetite good. Sleep quite irregular. Bowels constipated. Takes medicine. Very neat in habits. Quite nervous at times. Walks around her room, crying. Cough some, usually more at night.

March - Has a fair appetite. Sleeps quite well. Bowels usually constipated. Takes med. Complains of cramps at night. Behavior quiet. Works in the mending room. Mch 15 Sick in bed to day. Complains of headache. Mch 16 Upon ward. Appetite fair. March 17 95. Went to church to day. Mch 19 95 **Went home.**

Discharged.

Personal and Medical History of Mrs. Kate Bolz

LEIGHTY, PUGLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3998.
Residence, 449 Forest Avenue St. Paul
Date Admission, 12th February 1895.
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, G. Helbick Jof P. Ramsey County
Sex, Female
Age, 45 Years
Civil Condition, Married
Children, - 6 -
Age Youngest Child, —
Occupation, Housewife
Degree Education, not given
Profession Religion, Yes. Catholic
Habits, Temperate & moral
Nativity, Germany
Physicians Committing, Edw. H. Whitcomb and J. M. Finnell
Correspondents, for address see "previous history" -

No. for Year, 197.
Insane Relatives, report that her father was insane
Cause Exciting, Religion & Compulsory marriage
Cause Predisposing, Heredity, frailty & previous attack
Form, Chronic Mania
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, about 17 years ago
Duration, about 17 years, off & on
No. of Attack, 1st, Continuous seemingly
No. of Admissions, 2d
Age First Attack, about 30 (by previous history)
Time of Leaving, Oct. 10. 95
Time in Hospital, 7 mo. 28 days
Result, Imp. 7/5/96

EXAMINATION ON ADMISSION

Febr. 4. 95. Dr. Leiton Phelps

MENTAL CHARACTERISTICS.

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

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

Personal and Medical History of Mrs. Kate Bolz

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good. Good color
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Prompt
Slurred,
Hesitating,
FACIAL EXPRESSION, Worried & anxious
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., July 22 Normal condition
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean. Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Not 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,
Father or Pat. Relations,
Brothers or Sisters,

TAKEN,

Personal and Medical History of Mrs Kate Holz.

1895

This patient was brought here by Deputy Sheriff M. F. Bates & attended by Eva Bates, with the following history. Habits are temperate & moral. It is reported that her father was insane. Supposed cause of this attack is religion & Compulsory marriage. Form of attack chronic (has lasted some 17 Years). There is no accompanying bodily disorder. It is said to be not the 1st attack, yet seems to be continuous. Was in this (Rochester) Hospital in 1893 ⊗. Insanity is now manifested in religious matters. Patient is disposed to injure others, from sudden passion (?), but is not suicidal, nor of filthy or destructive habits. Previously, showed intense & violent anger, on the slightest provocation. There is no history, of any severe bodily disease &c or head-injury. Was discharged in Aug 94 as "Improved". Has had no medical treatment, so far as known, Last when confined in Hospital. There is hereditary tendency & an excitable temperament.

Vol 24 P 97 No 3413

Note. As above mentioned, patient was here before from July 24/93 to May 7/94, when she was taken home, by her husband. During that stay, she was, most of the time, quiet & well behaved & was very nice toward the other patients. Only on one or two occasions did she give an exhibition of temper and become violent. Was included to be easily excited & was noisy, at times. Worked a good portion of time, in laundry.

Feb 12 On admission, was put on B. (5 R. no special report made).

" 13 Quiet during the day, but quite noisy the evening. Talk incoherent. Fairly good. Does not cough. Not constipated. Has no complaints. P 96. R 18.

" 14 Talk incoherent. Noisy at times. Appetite fairly good. Bowels regular. Cries at times. P 78. R 18.

" 15 Very quiet to day. Talk incoherent. Appetite fairly good. Sleeps well. Bowels regular. P 78 R 18.

" 16 Patient has been very quiet to day. Talk incoherent. Appetite good. Bowels regular. Cries at times, wishes to go home. P 72. R 18.

" 17 At times patient was very noisy to day, scolding, crying & laughing. Slept well. Appetite good. Bowels regular. R 16. P 78.

" 18 Patient quite noisy to day. Talk incoherent. Appetite good. Sleeps well. Bowels regular. T 98. R 20.

" 19 Patient went to laundry to work. More quiet when on ward. Talk very incoherent. Does not complain. Appetite fairly good. Bowels regular. Transf to Ward. Feb 20 95 Went to laundry rather quiet on ward, talks some incoherently. Appetite good. Feb 21 95. Sleeps well. Appetite good. Laughs and talks a good deal. Bowels regular.

" 22 Has been quiet on ward to-day. Went to laundry. Slept well. Appetite good. Makes no complaint.

" 23 Works in laundry. Quiet on ward. Makes little trouble. Talks incoherently. Feb 24 95. Has been very quiet a ward. Slept well. Bowels regular. Talked very little to-day. Feb 25 95. Appetite good. Behavior quiet on ward. Went to laundry to-day. Feb 26 95. Appetite good. Very quiet on ward. Went to laundry to-day. Talks incoherently. Bowels regular. Summary. Appetite good. Has been quiet most of the time when on ward. Has been working in laundry since 19th. talks incoherently and has laughed & cried a good deal. Has slept well. Bowels regular. Has made no complaints of any description. General health has been good.

Feb 28. 95. Appetite good. Clean & tidy in habits. Quiet when on ward. Talks incoherently. Works in laundry. Makes no complaints. Gen health seems to be good.

Mch 6. 95. Appetite good. Clean & tidy in habits. Very quiet. Talks very little & then incoherently. Works in laundry. Gen health good. Goes riding & walking.

Sept 22 " Appetite good, clean and tidy in habits, quiet in behavior, talks incoherently. Works in laundry daily. General health good, goes riding and walking.

Jan 29 " Same report as above. Aug 6/95 No change.

Oct 10 " No change, was quiet but not much improved.

" 11 Went home with husband.

Discharged.

Personal and Medical History of

Personal and Medical History of Theresia Tschude

(Theresa) (Tschida) (Tschesa)

LEBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3999.

Residence, 663 Thomas St. St. Paul. Minn

Date Admission, 12th February 1895.

Admitted by, Dr. Phelps Hour, 7 PM

How Sent, G. Willrich, Jof D. Ramsey County

Sex, Female

Age, 19 years old (at 12th Feb 95)

Civil Condition,

Children,

Age Youngest Child,

Occupation,

Degree Education,

Profession Religion,

Habits,

Nativity,

Physicians Committing,

Correspondents, Geo

No. for Year, 198.

Insane Relatives, Mary Tschida Fleischhacker, now here

Cause Exciting, probably recent attack of Diphtheria

Cause Predisposing, possibly heredity

Form, Mania Acuta

Accompanying ~~Bodily~~ Disorder, Sore effects of Diphtheria

Feby. 12. 95. Dr. R.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY: Ca

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPT

THE CITY AND COUNTY HOSPITAL,
DR. ARTHUR B. ANCKER,
SUPERINTENDENT,
AND PHYSICIAN AND SURGEON IN CHARGE.

DIRECTORS:
JOHN KERWIN,
ADAM FINCK,
EDWARD H. JUDSON.

St. Paul, Minn., 189

Theresia Tschida.
Admitted Jan. 10th 1895. At the time of admission refuses to Eat or talk so that it became necessary to feed her with a tube passed through the nasal cavity. When passing the tube she would resist violently. On the day of admission an Erythematous rash was discovered, Extending over the Chest, back and Extremities which proved to be that of scarlatina. During the first two weeks of her residence in the Contagious ward she would become so violent at times that it was necessary to put on restraints, ~~later she became~~ at this time she had delusions, later she became passive made no resistance at time of feeding but would not Eat herself and would only talk at intervals Her fathers first cousin has melancholia

A B Ancker M.D.
Feby 12 95

Personal and Medical History of Theresia Tschude

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Impaired, Pale

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None. Coatings, Promptness Movement,

PUPILS, Equality, Eq. Size, dilated

Response Light, Accommodation,

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Good.

Legs, Good

TREMORS, Hands, None Tongue, None

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, Will not talk

Slurred,

Hesitating,

FACIAL EXPRESSION, Dull & silly

TAKEN,

SENSIBILITY,

HEART, Normal

LUNGS, Seems in good condition

GYNAECOLOGICAL EXAM., Feb. 18 – Normal condition

MENSTRUATION, Says irregular

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Dirty.	Clean,	Careless,
BOWELS, ~~Normal~~,	Irregular	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 Theresia Tschude

(Theresa) (Tschida) (Tschesda)

LOEBET, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3999.
Residence, 663 Thomas St. St Paul. Minn
Date Admission, 12th February 1895.
Admitted by, D. Phelps. Hour, 7 PM
How Sent, J. Hillrick, Jof C. Ramsey County
Sex, Female
Age, 19 years old (25th of this February) -
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Domestic
Degree Education, not given
Profession Religion, R. Catholic
Habits, Excellent
Nativity, Hungary
Physicians Committing, A.B. Aucker & C. Eugene Riggs.
Correspondents, George Tschesda (father)
663 Thomas St St Paul Minn

No. for Year, 198.
Insane Relatives, Mary Tschida Fleischhacker, now here.
Cause Exciting, probably recent attack of Dyphtheria
Cause Predisposing, possibly heredity.
Form, Mania Acuta
Accompanying ~~Bodily~~ Disorder, Some effects of Dyphtheria
Suicidal or Not, not stated
Date of this Attack, Last November
Duration, Some 3 months
No. of Attack, 1st probably
No. of Admissions, 1st
Age First Attack, - about 19 -
Time of Leaving, May 8. 1895.
Time in Hospital, 2m 26ds
Result, Imp.

EXAMINATION ON ADMISSION

Feb 12.95 Dr. A.B. Aucker & H. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Sluggish.
Clear or Confused,
Quick or 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,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonic.

EMOTIONAL STATE: Indifferent
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have many.
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 Theresia Tschude

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Impaired, Pale
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None. Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, dilated.
EXAM. URINE,

Brothers or Sisters,

Personal and Medical History of Theresia Tschude

1895

This patient was brought hereby Deputy Sheriff H. B. Miller & attended by C. Miller, with the following history. In a domestic; habits have been excellent. There is found hereditary history in her case; a first cousin of her father's (Mary Tschida Fleischhacker) is now at Rochester hospital (here). Form of this attack is chronic, depressed; melancholia. First symptoms of the disease were manifested last November, by crying, unusual depression, delusions, & refusing to eat. Insanity now shown in that she is mentally dazed. Was violent at times, while in C & C. hospital, where she seems now to have come from. If suicidal, is not stated. Previously, she showed no peculiarities of temper &c. She has recently had diphtheria. Patient was brought to the City and County Hospital, Jany 10/95; Shrieking, at times; absolutely refused to eat & has had to be fed, through the nose. On the day of her admission, an Erythematous rash was discovered, which proved to be scarlatina. She was discharged from the hospital, today. She has melancholia; not sleeping but little; generally sitting up at the end of the bed. (See attached memo. from Supt of C & C Hospital). —

Feb 11 On admission, was put on B² w (S.R. Complexion fair; Hair dark brown; Eyes blue; Condition of skin normal; Bodily condition very clean; behavior quiet; talk very little; answered a few questions sensibly).

13. Quiet. In bed all day. Will not talk much. Answers questions sensibly. Appetite poor. Slept about 4 hrs. No cough noticed. Bowels constipated. Complaints &c none. P 96. R 26.

14. Refused food. Bowels moved twice, char. thin of a yellowish color. T. 97 2/5. P. 96 R 26 Seems quite stupid today. In bed most of day. Slept about 4 hrs. Febr 15.95. Appetite poor. Bowels moved T 99 1/5. P 96 R 24. Upon ward. Crying and trying to get out when the door is opened. Febr 16 95. Appetite seems better. Quiet. Will not talk, does not even answers questions. Bowels regular. Takes tonic. Slept 4 hrs.

17. Appetite good. Bowels regular. Asking for her clothes is anxious to go home. P 96. Crying this PM. Slept 4 hrs. Sat up in bed often. Febr 18.95. Appetite good. Bowels regular. Crying very much at times today. P 96. Quite strong & regular. Untidy in habits. Slept well. Febr 19.95. Appetite good. Bowels regular. Untidy in habits. Tries to get out when door opens. Has to be spoon fed. Slept well.

20. Has a good appetite. Asks to go home. Talks in a silly manner. Bowels regular. Slept well.

21. Has to be spoon fed. Asks to go home. Talks in a silly manner. Bowels regular. Slept well. Untidy in habits. P 96. Takes tonic. Slept well. Febr 22.95. Appetite good. Quiet in behavior. Bowels regular. Takes tonic. Mouth washed with listerine directed. Slept 9 hrs.

23. Appetite good. Bowels regular. Talked very sensibly. Takes tonic. Slept well. Febr 24.95. Seems much brighter. Worked in dining room today. Talks sensibly. Slept well. Febr 25.95. Appetite good. Bowels regular. Works in dining room. Talks quite sensibly. Febr 26.95. No change in behavior. Went walking. Works in dining room. Slept well. Summary. Seemed quite stupid the first few days. Did not talk much but questioned, will answer sensibly. Appetite poor at first, had to be spoon fed. Has a good appetite now, does not have to be fed. Bowels regular. Talks quite sensibly the past few days. March 30 95. Appetite good. Bowels reg: Very silly in behavior. Works some in dining room. Silly, egotistical, childish manner.

April 29 95. Appetite good. Bowels reg. At times is silly & childish. Very noisy at times. Helps with dining room work. May 8.95. Appetite good. Bowels regular. Sleeps quite well. At times talks with fair accuracy. Other times very noisy, talks silly & childish. Worked in laundry. Went home today. Was not recommended to go; but father pressed anxious to take her.

Discharged.

Personal and Medical History of

Personal and Medical History of Hannah Anderson

LOEBAT, FISLAR & SCHARBERG, DAVENPORT, IOWA.

Whole No. 4094.
Residence, Winona Minnesota.
Date Admission, 16th February 1895. —
Admitted by, D. Linton-Phelps Hour, 4:30 P.M.
How Sent, L. L. Buck, Jail O, Winona County.
Sex, Female
Age, 25 Years
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Servant-girl
Degree Education, Probably limited
Profession Religion, Church-member
Habits, Good.
Nativity, Sweden —
Physicians Committing, J. B. McGaughey and D. B. Pritchard
Correspondents, Andrew Monsson
(brother in law) 677 Olmsted St. Winona. Minn

No. for Year, 203.
Insane Relatives, no history of any heredity —
Cause Exciting, not known —
Cause Predisposing, not stated
Form, Mania, Acute
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, about 3 weeks ago.
Duration, about 3 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 25 —
Time of Leaving, Aug. 27. 1895
Time in Hospital, 4y. 6m. 11d.
Result, Died Tuberculosis Pulmonalis.

EXAMINATION ON ADMISSION

Febr. 18 95. D. S. Linton Phelps

MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks has committed many sins.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Incoherent., Refuses to talk much.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Hannah Anderson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 134 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Heavily coated. Promptness Movement,
PUPILS, Equality, Eq. Size, dilated
Response Light, Resp. Accommodation,
SIGHT, Good.
HEARING, Good
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, None Tongue, None.
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Hesitating
Slurred,
Hesitating,
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Normal
LUNGS,
GYNAECOLOGICAL EXAM., Sept-2-95 - Normal.
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

HABITS, Dirty, Clean.	Clean,	Careless,
BOWELS, Normal, Normal	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good, very irregular 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,

Personal and Medical History of Hannah Anderson

1895

This patient was brought here by A. W. Fuhrman, Sheriff; and accompanied by Wm Charles Hanson, with the following history. She is a servant girl; of good habits; there is no history of any heredity; cause of this attack is not known: Inform, it is acute, depressed, paranoynal. There is no accompanying bodily disorder. First symptoms of disease were manifested about 2 weeks ago, by loss of memory, uncertain actions, incoherent speech. This is the 1st attack. Insanity now known in that she thinks she has committed sins that cannot be forgiven; afraid something or somebody will injure her; attempts to leave house at all times. Patient is not disposed to injure others nor is she suicidal, nor filthy nor destructive in her habits. There is no history of any bodily disease or injury to head. She has not been confined or restrained, except by family watching her, for a few days. Has not been under medical treatment. No further particulars given. ———

Feb 16 On admission, was pale tow B² (S.R. Complexion light, hair brown; eyes gray; Condition of Skin, normal; has a slight bruise on left arm; bodily Condition clean; behaves well; "is afraid some one will hurt her"

Feb. 17 In bed all day. Very excited crying & quite noisy. Imagines she is very wicked & sinful. Appetite good. Slept after 11 PM. Bowels regular. Complains of headache. P. 90. R. 23. T. 99. Feb. 18 95. Appetite poor. Bowels moved this morning. Up & on ward. Quite excited at times. Did not sleep well, very nervous crying and talking. Slept after 2 AM Feb. 19 95. Appetite very poor. Very excited most of day. Is afraid of everyone. Complains of headache. P. 90. strong. Slept well. Feb. 20 95. Appetite is some better. Visited by friends. Bowels constipated. Says that God tells her to do certain things. Slept well.

Feb. 21 95 Did not eat well today. Cathartic given for bowels. Very excited at times. Talks incoherently. Slept 3 hrs. Noisy at times. 22 Appetite poor. Bowels moved but little. Takes tonic. Quiet most of day. Slept well Feb. 23 95 Very excited & has to be held whenever door is opened as she tries to get out. Does not eat well. Refuses medicine. Feb. 24 95. Appetite poor. Bowels constipated. Talks most of time about being so wicked. Also about going home. Slept well.

25. Does not eat well. Bowels constipated. Gave catheter. Bowels moved once. Very resistive & quite excited in behavior most of the time. Slept well. Feb. 26 95. Appetite some better. Takes tonic. Very excited. Talks incoherently. Excited about going to dining room. Feb. 27 95. Appetite fair. More quiet to day. Talks quite sensibly at times. Refuses medicine. Slept well.

Mch 1. Ate quite well today. Quiet in behavior. Helps some on ward. Talked quite sensibly. Mch 2 95. Appetite fair. Bowels regular. Quiet, asks to go home. Refuses medicine. Slept well Summary. Quite excited most of time, trying to get out when door is opened. Imagines she is very wicked but is more quiet the last few days. Bowels usually regular.

Mch 10. More quiet of late. Talks quite sensibly. Works some on ward. Mch 20 95. Appetite poor. Bowels constipated. Enema given. Bowels moved some. Seems very stupid. April 2 95. Fainted this morning. Very weak pulse. Gave brandy. Quite hard for her to have bowel action Apr 16 95. Appetite good. Very quarrelsome at times. Seems much brighter & quite excited at times. Tries to get out also to run away when out walking. May 17 Very much excited today. Tried to run away while out walking. Very resistive and quarrelsome. May 22 Transf to C² May 27 Very excited at times. Appetite poor, bowels constipated. When out walking tried to run away. Very resistive. Tries to get out when ever the door is opened. June 25 Contrary & stubborn. Very resistive. Appetite very poor. Eats a quantity at one meal & then goes without for two or three. Always tries to run away when out of doors. July 30 Appetite very irregular. Very contrary especially at meal times always trying to take things away from others. Aug 30 Contrary - Dirty. Appetite good. Bowels constipated. no marked change. Sept 28 Very annoying. Habits very dirty. Appetite good. Bowels regular. Oct 17 Habits very dirty. Expectorates

Personal and Medical History of Hannah Anderson.

in the dishes given her at meal time & is very annoying & disagreable. Noisy at times. Appetite good. Bowels regular. Nov 12 Violent in behavior at times. Habits very dirty. Appetite good. Bowels regular Dec. 23 Violent occasionally - Extremely dirty all the time. Appetite good. Bowels regular. Jan 24 Continually annoyed Kate Gallagher & received injuries in her face. Feb 25 Put to bed. Temp 104 P. 120. R. 30 Enema given - Bowels moved freely - Must Sick in bed. Temp. varies from 99 to 104. Mar 14 Sitting up & much improved mentally. Has a good appetite & does not complain. Mar. 28 Very neat, tidy in appearance & works on ward. Talks sensibly. Wrote home.

Mar. 31. Received letter from home & took one treatment after which patient began showing signs of mental failure. Apt Visited by her Father-in-law

May 29. Gradually fell back into old habits. Extremely dirty. Appetite ravenous. Very quarrelsome & violent. In seclusion at meat time & food send on tray. Bowels regular - (Physicians Note) Feb 25 for last few days has had considerable rise of temperature today goes as high as 105 P. 120 to 140 R. 20 to 32 at first it was thought to be a temporary thing as no symptoms appeared of Pneumonia or other severe disease; however, it would seem now to be typhoid Feb 26 Temp. still up - had nose bleed. Mar 2 Temp. has not been down to 100 until this morning - averaging 102. Mar. 5 Temp. 100 - 101 in morning in afternoon from 102 - 104. Mar. 8 Temp. slowly going down below 100 yesterday Mar. 14 Temp. averages a little over 99. Has been sitting up some last few days - Peculiarly enough with the fever the patient has improved mentally in a very marked manner.

1896 Aug. Summary Nurse's Notes by Dr. S. L. Phelps:- Very demented & incoherent & at times fights & resists nurses: Genl Health good: Nov. 96 Has crying spells of late: Is quarrelsome: Very untidy in personal appearance: Jan. 23 Taken sick. T. 104. P. 120 R. 32: Sponge baths given: put upon milk diet: Temp. 102 a.m. 103 p.m. P. 128. R. 32: Mar. 10th 97 Temp a.m. 100. p.m: P. 111. R. 20 asked to be up & dressed: Mar. 11 97 Appetite fair. Mar. 14. Soft Special diet given: T. 99. P. 110. R. 19: Sitting up: Apr. 97 Genl Health fair: Seems to be gaining a little in flesh: June 97 Very Stupid: Violent at times: goes neither riding nor walking: Very demented. Continued by Dr. R. W. Phelps

Sept 29 Rather dirty in habits: inclined to be violent & restless & irritable. Jan 5 98 W. 91st Oct 23/98 Intervening notes show no change in patient's general behavior or condition 1899 March (Cont. by Dr. R. A. Batt) Stupid: quite violent at times, resisting when bathed: never speaks to anyone: appetite good: bowels regular: sleeps well: fed on tray: Feb. 25 Left 18th July 99 Appetite & general condition failing: takes out door exercise: face has a peculiar anaemic waxy appearance:

July 6 Does not seem so well as usual: Temp. 103. Trans. to Inf. Sick record kept: Aug 27 Temp. continued moderately high: ranged from

(see p. 100)

Personal and Medical History of Gertrude Johnson.

LEBERT, FIGLAR & SHAMBERG, DAVENPORT, IOWA.

Whole No. 4005.
Residence, Brandahl, Minnesota
Date Admission, 18th February 1895.
Admitted by, Dr Phelps Hour, 10 P.M.
How Sent, E. V. Farrington, J.P., Fillmore County.
Sex, Female.
Age, 44 Years (8th October last).
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Housework
Degree Education, Not Stated
Profession Religion, Yes; Lutheran
Habits, Good.
Nativity, Norway, Europe.
Physicians Committing, P. H. Bakke and J. H. Phillips
Correspondents, Elling Halvorsen (father) Mahalan, Minn

No. for Year, 205.
Insane Relatives, None; Co. hereditary history.
Cause Exciting, Unknown
Cause Predisposing, Previous attack
Form, Melancholia, Chronic
Accompanying Bodily Disorder, none
Suicidal or Not, Not
Date of this Attack, 1st of last December
Duration, about 2½ months
No. of Attack, 2nd (probably)
No. of Admissions, 2nd
Age First Attack, 42 Years.
Time of Leaving, Jan. 28' 96.
Time in Hospital, 11 mo. 10 da.
Result, Improved. Dis. Aug. 12' 96.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Feb. 19. 95 Dr. P. M. and L. Phillips

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, Illusive
REASONING POWER: Impaired.
Ordinary Subjects,
Own Mental State, Impaired.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have delusions often.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks very little. Rather incoherent
Coherent or Incoherent, and dull. Does not seem to
Voluble or Reticent, realize where she is or about her mental condition.

Personal and Medical History of Gertrude Johnson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not Taken WEIGHT, Not Taken NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None. Coatings, Slight. Promptness Movement,
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, None
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Hesitates
Slurred,
Hesitating,
FACIAL EXPRESSION, dull
SENSIBILITY,
HEART, Normal
LUNGS, Seems good condition
TAKEN,
GYNAECOLOGICAL EXAM., Uterine Palpation
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 Gertrude Johnson.

1895

This patient was brought here by Hels E. Stedge and accompanied by Lars O. Benston and Nettie Benston, with the following history. Habits, as regards temperance & morality, good. There is no hereditary history. Cause of this attack is unknown: form is paraysenal. No accompanying bodily disorder. First symptoms of the disease were manifested the first of last December; she imagined that God had forsaken her. This is not the 1st attack. She was committed to this (Rochester) hospital, in September 1892, for insanity. She is now melancholic. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in her habits. There is no history of any bodily disease or injury to the head. Patient has had no medical treatment, except at Asylum. No further particulars given. —

Note* Records show that patient was here before, from Sept 22/92 to May 20/93. On them 1st coming she was delirious, at times; refusing food; it was hard to keep clothes on her. From Oct 27th to Dec 15th she was confined to bed by an attack of diarrhoea & fever (see special record attached to previous history), after that, she began to make improvement; was quiet and pleasant most of the time. She was in very good condition, both bodily & mentally, when she went home; talked pleasantly; had been working faithfully, every day. —

Vol 21. p101. Ha 3/32

Feb 18 On admission, was put on B2 (S.R. Complexion light; hair brown; eyes gray; Condition of skin, normal; no scars marks or bruises noticed; bodily condition clean; behavior is very quiet).

19 Quiet in bed all day. Does not talk much. Appetite poor. Slept most of night. Cough none. Bowels regular. Complains of headache also backache. P.80. R.22. T.98.0. Feb. 20.95 Improved. Does not eat well. Behavior about the same. Complains of headache. Feb. 21.95 Appetite fair. Bowels regular. Still complains of headache. Very quiet does not talk much. Slept 4 hrs. Feb. 22.95 No change in behavior. Ate quite well to day. Slept about 4 hrs. out of bed often. Feb. 23.95 Appetite fair. Bowels regular. Quiet in behavior. Complains of headache. Transft to A-2 Feb 24.95 Has a good appetite. Behavior quiet. Walking about the ward. Complains of headache. Awake and restless most of the night.

Feb. 25. Did not eat well to day. Behavior the same. Slept quite well last night. Lying in bed part of the day.

" 26 Ate better to day. Slept 8 hrs during the night. Talks some to herself. Still complains of headache. Seems very nervous and restless. Feb. 27.95 Appetite fair. Bowels regular. Slept well during the night. No change in behavior.

" 28 Eats well. Slept 7 hrs last night. Tries to go out whenever the door is opened. Very restless walking about the ward.

Mch. 1. Appetite fair. Bowels regular. Slept well during the night. No change in behavior.

" 2 About the same. Still complains of headache. Mch 3.95 Did not eat as well to day. Awake & restless most of the night. In bed part of the day. Mch. 4.95 Ate better to day. Slept well during the night. Behavior about the same. Summary Patient has a fair appetite. Does not sleep well. Out of bed often at night. Bowels regular. Complains occasionally of headache. Behavior quiet. Usually walking about the ward. Tries to get out when the door is open.

Mch 28 to 29. Mch 31. 95 Appetite fair. Bowels reg. Sleeps well. Behavior quiet. Seems quite stupid at times. Is in state of chronic melancholia, not depressed but quiet & as if somewhat demented.

April 2. 95 Has a fair appetite. Sleeps well. Bowels reg. Seems more cheerful of late. Talks quite rationally. Does walking & riding. May 30. 95 Appetite fair. Does not sleep well. Bowels reg. Behavior quiet & very melancholy at times. Does walking & riding. Has delusions.

June 29 Appetite fair. Sleeps better of late. More quiet in behavior. Neat in habits. Works in D.R. Always dull & depressed quite rarely speaks. Aug 30 Appetite good. Sleeps well. Bowels regular. Behavior quiet. Neat in habits. Works in d. r.

Personal and Medical History of Gertrude Johnson.

Sept 29 Has a good appetite. Sleeps well. Bowels regular. Neat in habits; quiet in behavior. Works in sewing room every day. Goes riding & walking.

Nov 30 No change since last note. Jan 30 Usually quiet in behavior but at times talks & scolds to herself. Neat in personal appearance. Appetite quite good. Sleeps well. Bowels regular. Takes out door exercise. Works in sewing room.

Jan 8 Went Home; on trial though not discharged. Patient was quite melancholy. Some delusions. Usually well behaved.

Discharged.

Hannah Anderson

from p. 96

101 to 104. Pulse 112-130. Resp. also very rapid. took nourishment quite well. took stimulants. slept well. bowels loose. coughed & expectorated a great deal. failed gradually until death on Aug 27 99. Indications of disease of both lungs.

Died

Personal and Medical History of Marie L. Cartigny

LEBERT, FISCAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4008.
Residence, St Paul, Minnesota.
Date Admission, 21st February 1895.
Admitted by, Dr. Phelps — Hour, 7 PM.
How Sent, J. Wilrich, Jail R. Ramsey County
Sex, Female
Age, 47 years old
Civil Condition, widow
Children, one son
Age Youngest Child, —
Occupation, Housewife
Degree Education, not stated
Profession Religion, Catholic
Habits, Good
Nativity, France.
Physicians Committing, A. Schweyzer & F. P. Canac-Marquis
Correspondents, Prince qui a vu Dafeté.

No. for Year, 207.
Insane Relatives, None; No heredity.
Cause Exciting, Fright
Cause Predisposing, Not given
Form, Mania Acuta
Accompanying Bodily Disorder, None
Suicidal or Not, — not.
Date of this Attack, about 6 weeks ago
Duration, about 6 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 47 —
Time of Leaving, Nov. 9. 1897.
Time in Hospital, 1 yr. 8 m. 19 d.
Result, Discharged May 4. 1898 Much Improved.

EXAMINATION ON ADMISSION

Febry 22. 95. Dr. Winton Phelps

MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE: Very restless & resisting. Thinks
Normal, Calm, not noisy.
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many & varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent in her talk
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Marie L. Cartigny

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2in WEIGHT, 125 lbs. NUTRITION, Good.
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, Coatings, Slight. Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal. Accommodation,
SIGHT, Good.
HEARING, Good.
COORDINATION, Arms, Normal.
Legs,
TREMORS, Hands, None Tongue, None.
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Talks out of title.
Slurred,
Hesitating,
FACIAL EXPRESSION, Dull.
SENSIBILITY,
HEART, Normal.
LUNGS, Seem in good condition TAKEN,
GYNAECOLOGICAL EXAM., July 19 Uterus retroverted & bound by adhesions
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty Careless & dirty in appearance Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, ~~Good~~, Refuses food Poor Medium, ~~Poor~~,
SLEEP ~~Good~~, Very 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,

Personal and Medical History of Marie L. Cartigny.

1895

This patient was brought here by Sheriff's Deputy W. B. Miller + attended by C. Miller, with the following history. Habits + morals have been good; there is no history of heredity. Supposed cause of this attack is fright: form of attack, acute + paroxysmal. There is no accompanying bodily disorder. First symptoms of the disease were manifested about 6 weeks ago: became melancholic, with ideas of persecution. This is the 1st attack. Insanity now shown, in that she thinks that she is persecuted by neighbors, with dogs: she sings + cries, without any reason + thinks she is poisoned. Patient is not disposed to injure others, nor suicidal nor filthy nor destructive in habits. No peculiarities &c now previously shown. There is no history of any bodily disease &c or injury to head. She was in hospital four short times, 5 weeks: simply confined to room, with a special nurse. Patient has been under medical treatment: total obstipation of bowels (vaginal) including ovaries, 3 months ago; uneventful recovery; no symptoms in nervous system after operation. On 22d of December, when returning home, a big dog jumped on her, tearing her clothes at the left shoulder, throwing her down + dragging her, for some distance, on the ground.

Feb'n On admission, was put on Bd (T.K. Complexion light; hair brown; eyes gray; condition of skin is normal; no marks, scars or bruises noticed; bodily condition dirty. Is quiet + well-behaved).

" 22 In bed most of day. Very resistive from bite. Imagines some one is going to poison her. Appetite poor. Heart & Bowels constipated. Complains of nausea. P.99. R.25. T.99. Feb 23-95 Refused food. Drank one glass of milk. Bowels constipated. Refused medicine. Imagines it is poison. T.98 P.82. R.24. Did and slept well.

Feb. 24 Drank one glass of milk. Talks incoherently a great deal. Talks incoherently. P.82. Heart shows valve bruit at the base right.

" 25 Refuses food but drank 1½ glass milk. In bed all day. Bowels constipated. Gave enema. Bowels moved but little. Heart + lungs. Feb 26-95 Refused food. Fed with tube. Up on ward. T.98+. P.80. R.20. Will 2 glasses.

" 27 Resists a great deal. Still refuses to take food. Bowels constipated. Fed with tube. Cathartic given. Bowels moved some.

" 28 Fed with tube. Bowels moved this morning. Violent in behavior. Destroys clothing. Heart 7 hrs. Noisy 1 hr.

Mch 1. Fed with tube. Seems very sad. Crying most of day. Also quite noisy. P.85. Drank 1 glass of milk. Out of bed. Quite noisy.

" 2 Fed with tube. Has been quite noisy also violent in behavior. Has delusions. Imagines some one is going to hurt her. Says the food is poisoned. P.85. Mch 3-95. Fed with tube. Violent in behavior. Destroys clothing. Crying & crying noisy at times to day. P.85. Mch 4-95 Fed with tube. Bowels constipated. Violent in behavior. P.82. Drank one glass egg nog. Out of bed often. Mch 5-95 Fed with tube. Destroyed clothing. Cathartic given for bowels. Heart 4 hrs. Out of bed often + pounding door. Feb 6-95. Fed with tube. Bowels moved. Limbs broken out. Quite destructive at times. Drank 1½ glass milk. Transf'd to Cb. Did not sleep well. Mch 7-95 Destroyed clothing. Bowels moved. Drank milk. did not have to be fed. Violent in behavior.

Summary: Talks incoherently. Bowels usually constipated. Quite destructive at times, destroys clothing. Does not sleep well. out of bed and quite noisy.

Mch 6-95. Transf'd to Cb. Very annoying also very destructive toward clothing. Has to be fed with spoon.

Apr 17. Very mischievous. also destructive toward clothing. Has to be fed on ward. Ran away when out walking. laid down in the creek. Complains of lame arm. Appetite quite good. Bowels constipated.

May 10. Put her left foot in between the heater + the wall, had some difficulty in removing it.

Mar 20. Behavior very mischievous, violent at times. Habits dirty + untidy in appearance. Talk very vulgar. Appetite good. Bowels very constipated. Goes riding + walking. In health apparently good.

May 27. Complains of pain in stomach + abdomen. Seems to suffer at times very much, bowels very constipated.

Personal and Medical History of Marie L. Cartigny.

June 27. Very mischievous. Appetite good. Bowels irregular. Goes riding + walking. July 30 Mischievous + vulgar. Appetite good. Bowels constipated. Aug 30 No change.

Sept 4 Very mischievous in behavior. Was bitten by Julia Burns. Sept 15 Appetite good. Bowels constipated. Goes riding + walking. Do very destructive of clothing. Oct 27 Poor Behavior mischievous. Bowels constipated. Appetite good. Goes riding + walking.

Dec 18 Good appetite - Bowels regular - Sleeps fairly well. but is very noisy during day. Goes riding + walking. Jan 18 Seems to be improving. Feb 28 Improving, slowly - Appetite fair. Bowels constipated. Works some onward.

Mar 4 Improving Mentally. Mar. 6 Trans. to B1. May 25 Seems to be getting worse. Complains of pain in her side most of time. Appetite fair - Sleeps worse. Takes out door exercise. Assists some with work. Does not seem quite as well mentally.

July Summary Nurses Notes by Dr. S.L. Phelps:- Appetite good: Assists with work

1896 Transf. to Annex: began work in mending room: Genl Health seems good

Jan Rather silly but more quiet in behavior: Genl Health Good: Apr. '97 Genl health seems good: Quiet: works in sewing room: July '97 Appetite good talks quite sensibly: still works. Continued by Dr. B.M. Phelps Nov 1997 Patient went home today on trial: Came in as a case of acute mania + has been quieting down for a considerable time but seems to be rather uncertain in behavior. Is however able to talk in a fairly coherent way at time of going.

Discharged.

Personal and Medical History of Elizabeth Kingsley.

ALBERT, FISLER & GAMBERS, DAVENPORT, IOWA.

Whole No. 4010.

Residence, Quincy, Olmsted County, Minn

Date Admission, 25th February 1895.

Admitted by, Dr Phelps Hour, 6.30 P.M.

How Sent, Thomas Fraser, Jst. P. Olmsted County

Sex, Female

Age, - 25 -

Civil Condition, Married

Children, Two -

Age Youngest Child, —

Occupation, Farmer's wife

Degree Education, Probably fair -

Profession Religion, Church - member

Habits, Good -

Nativity, Town of Quincy, Minnesota

Physicians Committing, Chas. J. Granger & Chas. P. Graham

Correspondents, Charles E. Kingsley
Renova, Minn

No. for Year, 109.

Insane Relatives, None - to obtain -

Cause Exciting, - Unknown -

Cause Predisposing, Probably Head - injury.

Form, Melancholia, chronic

Accompanying Bodily Disorder, None

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, — 23 -

Time of Leaving, Apl. 5. 1897

Time in Hospital, 2 yrs. 1 mo. 11 da.

Result, Died. Tuberculosis Pulmonalis

EXAMINATION ON ADMISSION

Feb. 26 95 L. D. S. Jenks Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused.

Quick or Sluggish, Sluggish.

MEMORY:

Past Events, Impaired much.

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:

Very restless, picks herself almost constantly.

EMOTIONAL STATE: Rather depressed.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Too many and varied.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Very incoherent in most of her conversation

Coherent or Incoherent, Rather reticent & indifferent

Voluble or Reticent,

Retrospontonic & Lateralver

Personal and Medical History of Elizabeth Kingsley.

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 4 in WEIGHT, 119 lbs. NUTRITION, Impaired

WOUNDS OR ABNORMALITIES, Scars all over face & body where she has picked herself

TONGUE, Tremors, Coatings, None Promptness Movement,

PUPILS, Equality, Eq. Size,

Response Light, Accommodation,

SIGHT, Seems good

HEARING, Do Do

COORDINATION, Arms, Normal

Legs, Do

TREMORS, Hands, None Tongue, None

Facial Muscles, General,

REFLEXES, Patellar, Both slow. EXAM. URINE,

Other

ARTICULATION, Hesitates & talk.

Slurred,

Hesitating,

FACIAL EXPRESSION, Dull

TAKEN,

SENSIBILITY,

HEART, No murmur

LUNGS, Seem in good condition

GYNAECOLOGICAL EXAM., Normal position & menstruation absents about 1 yr. Examined 2-7-95 Mch.

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~, Fairly 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,

Personal and Medical History of Elizabeth Kingsley.

1895

This patient was brought here by Sheriff Stewart + accompanied by her husband, with the following history of her case. Habits and morals have been good. There is no history of heredity. Supposed cause of this attack is unknown, though she received an injury to her head, when 17. Form of the attack is chronic and depressed. There is no account of any bodily disorder. First symptoms of the disease were manifested two years ago, by incoherency of speech. This is the 1st attack. Insanity now shown by her not replying, when questioned. Remains in one position until aroused. Patient is not disposed to injure others, nor suicidal, nor filthy, nor destructive in habits. She has not been restrained or confined: but under treatment.

Feb 28 On admission, was put on B.P. (S.R.) Complexion dark; hair brown; eyebrows; no bruises noticed; but her hand, face + back are covered with sores, when she has been picking herself; bodily condition clean. Is very nervous, talks well).

" 26 In bed most of day, at times quite noisy, rapping on door. Talks quite sensibly. Appetite fair. Has to be spoonfed. Did not sleep well. Cough none. Bowels constipated. Complaint of none. P 80. R 20. T 98°

" 27 Appetite fair. Bowels constipated. Cathartic given. Take tonic. Talks sensibly. P 84. Out of bed often.

" 28 Appetite about the same. Bowels moved. Picking at sores on face most of the time. Talks in a silly manner. Kept shoes out of bed pounding on door often. Mch 1 95. Appetite fair. Very restless, wandering up and down hall. Take tonic. Asks to go home. Pulse 80. Quite persistive at times. Quite noisy at times during night.

Mch 2. Appetite fair. Still has to be spoon fed. Bowels constipated. Cathartic given. P 80. Quiet - going + coming from room. Out of bed often.

" 3. Appetite fair. Bowels moved 1 day. Takes tonic. Talks quite sensibly 1 day. P. 80. Does not sleep well. Out of bed often.

" 4. Appetite about the same. Bowels constipated. Refused cathartic. Takes tonic. P. 80. Out of bed pounding door, mostly at night.

" 5. Appetite fair. Bowels regular. Picking at sores most of time. Talks sensibly at times. Did not sleep well.

" 6. Appetite fair. Bowels regular. Takes tonic. Talks about home. Answers questions sensibly. Slept 6 hrs. Slightly noisy 1 hr.

" 7. Appetite about the same. Bowels regular. Takes tonic. Quiet resting. Slept well.

" 8 Has to be spoonfed. Bowels regular. Quite positive at times. Takes tonic. P 80. Sleeps quite well.

" 9 Appetite quite good but has to be fed. Bowels regular. Does not talk much but answered sensibly. P 80. Slept well.

" 10 Appetite good. Bowels regular. No change in behavior. Takes tonic. P 80. Does not pick sores as much as before. Slept well.

" 11 Appetite good. Bowels regular. Behavior about the same. Has to be spoonfed. Slept quite well.

Summary: Quiet in behavior during the day, but restless, wandering up and down the hall. Noisy at times during the night, out of bed and pounding on door. Talks quite sensibly. Resists about going to dining room + about eating. Has to be spoonfed. The past 4 nights is more quiet. Does not pick at sores now as much as before.

Mch 19. Complains of pain in bowels. Bowels constipated. Cathartic given. Takes tonic. Appetite fair.

" 31 Appetite some better. Bowels usually constipated. Has delusions, imagines it is wrong for her to eat. Has to be spoonfed. Talks sensibly at times. Apr 2 95. Transf to B 3. Apr 29 Sick in bed. Complains of head + stomach. Apr 30 95 Has to be spoonfed. Appetite fair. Bowels irregular. Has delusions. Talks quite sensibly at times. Goes out walking + riding. Has very dirty habits. Is very untidy about her person. Sick in bed. May 28 95. Visited by her husband. Patient needs a good deal of care. Has to be spoonfed, dressed + undressed. Dirty in habits; picks her face + hands. Very ill. Has delusions. Sees visions + walking. Talks quite sensibly at times.

June 20 Very stupid. Picks her face. Dirty. Spoon fed. Bowels usually constipated. Takes cathartics. Sleeps well. Aug 16 Appetite good. Bowels irregular. Sleeps well. Filthy in habits. Trans. to C. 2. Aug 29 Visited by brother + sister. Aug 31 Appetite good. Bowels regular.

Personal and Medical History of Elizabeth Kingsley.

Quiet in behavior. Dirty in habits. Seems rather stupid. Does not talk any.

Sept 8 Patients appetite fairly good. Sleeps well. Bowels quite regular. Does not talk any. Goes riding + walking. Sept 27 Visited by friends. Oct 1 Behavior quite stupid. Picks her face. Oct 21 Visited by

1896 a relative. Nov. 13 Visited by relatives - No change noticeable.

1897 Nuclein commenced. Feb 2. Continued. To date increased to 64 minims + given daily. Appetite good - Sleeps well - Bowels regular - General behavior the same.

Notes omitted. Dec 20 Visited by father. Dec 31. Sick in bed for days during month.

Jan 30. Lungs examined. Quite hollow chested. Very poor chest expansion. Slight dullness at apex of right lung with broncho-vesicular breathing + fine crepitant rales. Inspiration roughened over entire extent of both lungs. + occasional crepitant rales heard posteriorly. Coughs + expectorates a great deal - for some little time has been a rise of temperature in afternoon to 101° to 102°. Pulse 82 + rather weak. Resp. 26. Temp. 101.4°. March 9 Patient visited by friends. Mar 14 Visited by husband. Mar 25 Appetite fair. Bowels regular. Expectorates a great deal. Untidy in habits. Goes walking + riding. Trans. to B 1. Mar. 27 Visited by friends.

Apr 7 Visited by friends. Very unsteady. Coughs + expectorates a great deal. Trans - to D. 3. Hypodermics injections of nuclein given daily from March 1st to Apr. 16. Beginning with XVIII m. + gradually increasing to L XXIV m. daily. Patient gained 1 once in flesh under treatment.

July Summary Nurses Notes by Dr. S.L. Phelps:- On tonic 3 times a day: Appetite poor: coughs + expectorates a great deal: Nov '96 Coughs + expectorates: takes tonic Jan '97 Appetite poor: bowels regular: thin + pale cough + expectorates a good deal: refuses tonic: Jan. 21 - 22 - 28 - 30 - Electrical treatments given: Laid treatment Jan. 24 - 26 - 30. Feb 26 3 to 26 - Feb. 8 Visited by husband: May '97 Appetite fairly good: bowels regular: Laid treatment 3 times a week: Limbs swollen: complains of head ache: Coughs + expectorates a good deal. Transf. to Inf. Apr 3 Died: Failed quite rapidly toward last.

Died.

Personal and Medical History of Mrs Sophie (Sophia) Johnson #2

LORENZ, FIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4013.
Residence, St Paul, Minn.
Date Admission, 26th February 1895.
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, J. Wilbrich, Jeff., Lauren County.
Sex, Female
Age, 28 years
Civil Condition, married
Children, one living
Age Youngest Child, —
Occupation, Housewife
Degree Education, not given
Profession Religion, not a church-Member
Habits, Good
Nativity, Sweden
Physicians Committing, Olof Sohlberg & W. Eugene Riggs.
Correspondents, Chas Johnson
~~558~~ 623 Jenks St St Paul

No. for Year, 212.
Insane Relatives, Unknown
Cause Exciting, Death of Child
Cause Predisposing, unknown
Form, Acute Melancholia.
Accompanying Bodily Disorder, Malnutrition
Suicidal or Not, not
Date of this Attack, abmt 5 weeks since
Duration, abmt 5 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, - 28 -
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

Febr. 27 Dr. S. Linton Phelps

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:
Refuses food

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Speaks very little English, but
Coherent or Incoherent, seems inclined to Incoherency
Voluble or Reticent,

Put upon tonic & laxatives

Personal and Medical History of Sophie Johnson #2

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in WEIGHT, 125 lbs. NUTRITION, Fairly good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Promptness Movement, Normal
PUPILS, Equality, Eq Size, Normal
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Good
HEARING, Good.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar, Both about 5 EXAM. URINE,
Other
ARTICULATION, Hesitates
Slurred,
Hesitating,
FACIAL EXPRESSION, Worried and anxious.
SENSIBILITY, Con.
HEART, Sounds are normal
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., July 22 - Uterus retroverted & bound by adhesions
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

HABITS, ~~Dirty~~, Clean	Clean,		Careless,
BOWELS, ~~Normal~~, Constipated	Constipated,		Irregular,
APPETITE, ~~Good~~, Very Poor	Medium,		Poor,
SLEEP, ~~Good~~, Very 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,

Personal and Medical History of Sophie Johnson #2

1895

This patient was brought here by Deputy Sheriff J.W. Kinney & attended by Miss Lanny (?) with the following history. Habits and morals good. Has heredity & insane relatives, not known. Supposed cause of this attack is death of Child: form is melancholic. She shows malnutrition. This is the 1st attack, occurring about 5 weeks since; she thought her husband caused death of child. Patient is neither depraved in habits, nor suicidal, nor filthy nor destructive in her habits. No peculiarities as were previously shown. There is no history of any bodily disease or of head-injury. She has not been restrained or confined, but has been under care of Dr. Rof Sohlberg, for the past five weeks. (For results mentioned).

Feb 26 On admission, was put on B[r]. (S.R. Complexion light; hair light; eyes blue; Condition of skin normal; She has a great many eruptions on arms & back; has vermin on her & is very dirty - Behavior quiet. She talks sensibly) -

Feb 27 Quiet. Seems quite cross a great deal. Will not talk English. Appetite poor. Rested quite well. Cough none. Bowels constipated. Cathartic given. Complains none. P.80. R 20. T. 98 4

28 Has to be spoon fed. Appetite poor. Bowels constipated. Gave cathartic Take tonic Slept 4 hrs.

Mch 1 Appetite some better but has to be spoon fed. Crying the greater part of day P.80. Does not talk much English

2 Appetite fair. Very sad. crying most of day. Works some on ward. Bowels moved. Did not sleep very good

3 Appetite fair. Bowels regular. Take tonic Very sad & down hearted. Slept quite well.

4 Did not eat well today. Bowels regular. Take tonic P 78. Slept 6 hours -

5 Appetite fair. Bowels regular. Crying most of day. Worked some on ward. P.80. Slept well.

6 Appetite fair. Bowels regular. Quiet most of the day. Pulse 78. Slept 8 hours -

7 Appetite about the same. Positive at times. Crying very sad most of day. Works in dining room. Mostly Slept Well

8 Appetite some better. Not as resistive today. Seems more cheerful. Bowels regular. Slept quite well

9 Appetite about the same. More quiet. Does not persist as much. Bowels reg: Works some in dining room. P.78. Slept well

10 Appetite some better. Bowels reg. Helps in dining room. Very sad most of day. P.78. Slept quite well

11 Appetite quite good. Crying most of day. Very resistive at times. Bowels regular. Take tonic. Slept well

12 Appetite quite good. Bowels regular. Take tonic. Has to be spoon fed. Slept well

Summary. Very sad and down hearted most of time. Can not talk much English. Bowels regular. Quite resistive at times. Takes tonic. Has to be spoon fed. Appetite some better than it was.

Mch 31 95 Appetite quite good. Bowels regular. Very resistive at times. Takes tonic. Goes walking.

Apr 24. Violent in behavior also very disagreeable most of time. Cries a great deal. Appetite good. Bowels regular. May 17 95 Quite violent. Has to be dressed & undressed. Takes her clothes off several times a day. Appetite fair. May 31 95. No change.

June 6 Appetite fair. Bowels regular. Quite violent at times. Goes riding. Tries to get away when out walking. Has to be undressed at night. Untidy in habits. Seems to be P. I.-

July 9 Restless & quarrelsome with patients. Tries to get out & struggles hard at times to follow company. Appetite improved. Bowels constipated. Does no work.

July 27 Is becoming dull & stupid. Aug. 1 Patient in bed. Temp. 100 Pulse 76 Bowels constipated

Aug 5 Destroys clothing. Is about ward again. Bowels constipated. Aug 20 Menses. Given two enemas. Bowels moved very little. Aug 26 Sits quietly. Appetite very poor.

Aug 31 Will not lie in bed at night. Seems to be losing in flesh.

Sept 9 Patient put in restraint for two or three nights. Crying very restless - would lie on

Personal and Medical History of Sophie Johnson #2.

bare floor all night. Nov 27 Patient quiet in behavior but very contrary & destructive at times. Does not struggle. Is untidy in habits - Goes riding & walking. Sleeps well. Appetite good. bowels constipated - seldom moves without a cathartic. Gen. health does not seem very good. Dines on hall. Dec 16 Visited by relatives. Dec 30 Usually very quiet. Careless in dress & habits - Does not struggle - seldom speaks. Refuses to go riding & walking. Appetite good. Sleeps quite well - Bowels constipated & seldom move without cathartic - Dines on hall.

1896 Mar 30. Very quiet in behavior but very contrary at times. Very untidy in dress & habits. Refuses to go riding & walking. Never struggles. Seldom speaks - Appetite good - bowels constipated - Sleeps quite well - General health apparently good.

Apr & May - No change in Patient since last note.

Aug. Summary Nurse's Notes by Dr. St Phelps: Very dirty: bowels irregular: goes walking & riding: appetite fair: Nov. 96 Bowels regular: no special change: Jan. 97 Appetite good bowels constipated: at present very quiet: quite demented: requires feeding on hall: May 97: Complains of pain in abdomen: bowels very constipated: Cathartic given: Aug 97 Very untidy: At times noisy & violent: Physical health good. Continued by Dr. B.M. Phelps, Nov 29 97 Patient quite thoroughly demented. Habits untidy: Is in good general health. Feb 27 98 Wt. 120# Feb 26 99 Condition unchanged during intervening period. (Cont. by Dr. R.A. Bibb) May 1 July 99. Untidy takes out door exercise: very violent: June 15 Struck on head by Ida Nelson cutting quite a gash: Apr 16. Several matches found on patient at bed-time: scratched. Put in restraint. Sept 1- Feb 28 1900 (Dr Kuyendale) Patient violent at times: untidy in habits: Eats & sleeps well. Menstruates regularly: Does not go out doors: Wt. 118# Mch 1- Aug 31 1900 Habits dirty: violent & noisy most of time: Has a good appetite: Usually sleeps well. Bowels constipated. Requires Cathartic: Menstruation regular: Goes riding & walking. July 16 Vaccinated Sept 1- Nov 30 No change mentally or physically Nov 17. Wt. 122#. D[r]

Dec 1- Feb 28 1901. General health good. Does not attend amusements: Fed on tray in bay. Dirty night & day. Violent, noisy, resistive: Often has to be held: Resists a great deal. Takes no medicine excepting occasional cathartics. Wt. 132#.

Mar 1- June 1- 1901 no change in mental or physical condition. Does no work. May 30 Wt. 128# June 1 to Sept. June 9 struck in back of head by Kate Gallagher gash cut which required suturing, Sept. 2. Wt. 125#.

Sept. to Dec. No change in general condition, Nov. 23. Wt. 122#.

to Feb 1 1903 Genl health good: appetite good: sleeps well: menstruates regularly: bowels regular: exercises: does no work: is at times noisy and violent: attacks patients and nurses: Nov. 29 th. Wt. 121#.

Personal and Medical History of Mary Ackman (Ackerman)

LEIGHT, PICKLE & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4016.
Residence, Medford, Minn.
Date Admission, 28th February 1895.
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, W. B. Chadwick, Jo P. Steele County.
Sex, Female
Age, 24
Civil Condition, Married
Children, Two (?)
Age Youngest Child, —
Occupation, Housewife
Degree Education, Probably good.
Profession Religion, Not a church member
Habits, Fair
Nativity, Wisconsin
Physicians Committing, N. C. Banks and J. H. Hair
Correspondents, Michael Miner (?) Faribault. Minn

No. for Year, 215.
Insane Relatives, Not known
Cause Exciting, Homeans of knowing
Cause Predisposing, not stated
Form, Acute Melancholia
Accompanying Bodily Disorder, None
Suicidal or Not, Suicidal & Homicidal
Date of this Attack, Five months ago
Duration, Five months.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 23 +
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

Mch. 2 95 Drs Banks & Sister 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,
GENERAL DESCRIPTIVE REMARKS:
Has headache a good deal
Put upon her statutes

EMOTIONAL STATE: Indifferent & depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have delusions
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Reticent. Talks very little. Not very
Coherent or Incoherent, Sensible in conversation
Voluble or Reticent,

Personal and Medical History of Mary Ackman

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6in WEIGHT, 161 lbs NUTRITION, Very good, also good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Coated Yellow Promptness Movement, Slow
PUPILS, Equality, Eq. Size, Small
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Seems good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Slight Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Hesitating
Slurred,
Hesitating,
FACIAL EXPRESSION, Dull

TAKEN,

SENSIBILITY,
HEART, Normal
LUNGS, Seem pr good condition
GYNAECOLOGICAL EXAM., July 12 Lacerations left side of cervix & normal
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, ~~Good~~, Poor Poor, Irregular,
PULSE, 100 hs athroma 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,

Personal and Medical History of Mary Ackman.

1895

This patient was brought here by Sheriff J. Z. Barnicard & attended by Lois Barnicard, with the following history of case. As to any hereditary history, nothing known. Have no means of knowing cause of this attack. Is now, it is paroxysmal. No accompanying bodily disorder. Change of manner first noticed by her family five (5) months ago. Was inclined to attacks of abstraction and gloominess, alternated by exaltation. This is 1st attack. Insanity now manifested by delusions of persecution concerning herself & family. Is disposed to injure others; killed her youngest child, aged 2 years, on the 27th of February 1895; and has intended to kill herself, after killing her Children, to escape persecution. She is not filthy or destructive in habits. No history can be obtained in regard to any bodily disease &c &c; She has not been restrained or confined. Think she has not been under medical treatment. No further particulars given. ——

Feb 28 On admission, was put on B² (S.R. Complexion dark; hair black, eyebrows; Condition of skin normal: no marks, scars or bruises noticed; bodily Condition clean; behavior good; is very quiet & talks quite sensibly.)

Mch 1. Quiet in bed all day. Answers questions sensibly. Appetite good. Slept about 2 hrs. Cough none. Bowels constipated. Complaints none. P 90 R 24 T. 99 2/5 Mch 2 95. Appetite good. Upon ward. Very quiet, but does not talk much. Cathartic given for bowels. Slept quite well. Mch 3 95 Has a good appetite. Quiet in behavior. Bowels moved. Talks sensibly. P 78. Slept quite well. Mch 4 95. Appetite good. Bowels regular. Talks sensibly. P 79. Slept well.

Mch 5 Has a good appetite. Talks sensibly. Works some in dining room. Bowels regular. Slept well

" 6 Answers questions sensibly but will not talk much today. No change in behavior. Slept 7 hrs.

" 7 Appetite good. Bowels regular. Talks sensibly. Works some on ward. Went riding. Slept 4 hrs.

" 8 Appetite good. Bowels regular. Talks sensibly. Works in dining room also on ward. Slept 6 hrs.

" 9. Has a good appetite. Quiet. No change noticed in behavior. Works on ward & in dining room. Went nothing.

" 10. Appetite good. Bowels regular. No change noticed. Went walking. Slept 6 hrs. Works some on ward.

" 11. Appetite good. Bowels regular. Quite restless most of day walking up & down hall. Talks sensibly. Slept 6 hrs.

" 12. Has a good appetite. Bowels regular. Quite restless. Walks up and down hall. Works on ward. Slept 4 hours.

" 13. No change in behavior. Appetite good. Works on ward and in dining room. Bowels regular. Does not talk much. Slept well.

" 14 Very restless most of the day, talking to herself. Appetite good. Bowels regular. Quiet. Does not talk much. Slept well.

Summary: Has been very quiet in behavior. Talks sensibly. Quite restless the past few days but has not talked much. Went riding, also walking. Works on ward. Has a good appetite.

Mch 16 95. Appetite good. Bowels reg: Talks mechanically. Has delusions. Imagines some one is going to kill her. Goes walking. Works on ward. Transf'd to B2. Mch 26 95 Had to be undressed by force & put to bed. Mch 29 95 Appetite good. Bowels reg. Gen. health good. Talks mechanically. Has delusions. Imagined some one is going to kill her. Was always trying to get out. Does no work. Had to call help to give her a bath. Transf'd to B2 Apr 20 95. Talks very mechanically & imagines some one is going to kill her. Appetite good. Bowels reg: Quiet in behavior.

May 14 95. Visited by mother. May 26. No change.

June 4 Quiet. Appetite good. Bowels regular. Tidy in habits. Answers questions fairly well. But refuses to converse. Goes riding & walking. June 8 Sleeps poorly. June 19 Sleeps better.

June 29 Gynaecological examination. No treatment. July 20 No change.

Sept 4 Quiet in behavior. Works in dining room. Menstruates regularly. Appetite good.

Personal and Medical History of Mary Ackman.

Sleeps well. Goes walking & riding. Oct 16 Talks quite often of late; is silly & laughs to herself. Nov 8 Very silly at times. Goes riding & walking. Bowels regular.

Jan 8 Physical condition very good. Progress fairly well. Very silly. Works in dining room. Goes riding & walking. Feb 29 No change in behavior.

Nov 7 Works on ward. Sleeps well. Bowels regular. Appetite good. Mar 29 Appetite

Apr 6 very good. Bowels regular. Sleeps well. Mar 30 Assists some with work.

" 16 Appetite very good. Sleeps well. Bowels regular. Menses regularly.

" 16 Assists with work. no change. May 11 Appetite good. works on ward seems rather silly. Laughs to herself a great deal. Talks sensibly.

June 3 Summary Nurse's Notes by Dr. B.S. Phelps:- Has vomited several times: quench in character: T. 103. Pulse 95. R 25. Has complained of extreme pain over stomach: pains have been spasmodic: whole surface of body-face especially- very yellow. Symptoms of obstruction to gall duct. June 4 % Pain subsided: seems much better: June 12 9. Appetite quite good: up on ward: able to go walking:

Oct. Very untidy in appearance: expectorates a good deal: Jan '97 Works some: very quiet: Appetite good: Sleeps well: Gen'l health at present good: rather dull mentally: Apr. '97 No change: July '97 Lungs & heart examined: Gen'l nutrition good: Chest symmetry normal: Resp. Shallow: Chest expansion good: percussion note somewhat flat: no physical signs noted on auscultation. Heart: no murmur: irregular: Sounds fairly strong: pulse 92: somewhat irregular. Continued by Dr. B.M. Phelps. Oct 15 '97 General health good: Habits untidy: Very demented: Talks some. Feb 9 '98 Wt. 190 ℔. Dec 17 '98 General health is as good as usual: is very demented & untidy. (Rec'd by Dr. B.A. Bell) Nov 6 1899 Appetite good: sleeps well: takes out door exercise: untidy: menses regular. very stupid: moves slowly: never talks. Aug 18 Wt. 191 ℔ Sept 1- Feb 28 1900 - Dr Weyerdale Nov 22. untidy & careless: Does not converse: Seldom talks of self. Very stupid: Appetite good sleeps well. General health good: Goes riding: Very slowly: lounges about a great deal:

Jan 17 Wt. 215 ℔ Mch 1 - Aug 31 1900 Very indolent & inclined to lie about on bunches or beds: Does not converse: restless: appetite good: Sleeps well: Does not care to work. July 20 Vaccinated. Sept 1 - Nov 30. No change - Menstruates regularly. At times noisy & destructive. Breaks windows & destroys clothing: very inactive. Nov 24 Wt 206½ ℔. Dec 1 - Feb 28 1901 No change mentally or physically: Wt Mch 1 201 ℔ Has mania for breaking windows, so was kept in restraint jacket for some time.

Mar 1 - June 1 - 1901 No change in mental or physical conditions, menstruates Does no work. May 30 Wt. 198½ ℔. June to Sept. June 13, July 3, Aug 28 menstruating, does no work, attends no amusements, Sept 1st. Wt. 197 ℔.

Sept. to Dec No change Nov. 30 Wt. 197½ ℔.

Transferred to Page 184.

Personal and Medical History of Mrs. Martha. A. Goddard.

LARKEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4017 0 No. for Year 215

Residence,
Date Admission, 2
Admitted by, D
How Sent, P
Sex, Femal
Age, 6
Civil Condition,
Children,
Age Youngest Child
Occupation,
Degree Education,
Profession Religion,
Habits,
Nativity,
Physicians Committi
Correspondents,
(Daughter)

Mch 2 95. N. J.

MENTAL ACTIVI
Clear or Confused
Quick or Sluggis
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusiv
REASONING PO
Ordinary Subject
Own Mental Stat
Special Subjects,
GENERAL DESC

Put upon tonic & laxatives.

THE CITY AND COUNTY HOSPITAL,
DR. ARTHUR B. ANCKER,
SUPERINTENDENT,
AND PHYSICIAN AND SURGEON IN CHARGE.

DIRECTORS:
JOHN KERWIN,
ADAM FINCK,
EDWARD H. JUDSON.

ST. PAUL, MINN., Feb. 25, 1895

Martha Goddard.

Her husband an extraordinary kind and good man was suddenly drowned 11 years ago. This she took extremely hard and would cry continuously but otherwise seemed rational. This melancholia lasted for over a year but she gratually got better and was alright till five years ago, when she had an attack of La Grippe, which upset her so that she would not eat nor sleep for half a year, would only worry all the time. One year ago she received the sad news of her sons death and again she had an attack of melancholia. Her husband's insurance money $3,000.00 the only support she had was cheated out of her Lately she is worrying and feels keenly her dependance upon her daughter for her living. The 8th. of January she broke her left arm, yet kept up her work attending to the house. She would not eat nor sleep till she was so run down that she lost her balance of mind. She will imagine people making fun of her on account of her poor condition. Sometimes she will shriek the top of her voice. She has suffered for many years from a severe headache.

Age 62. Admitted Feb. 4th 1895 J.G.V.
While in the hospital has had spells of extreme melancholia, would cry for an hour or two at a time again she would become almost maniacal shrieking and crying. imagining that she was being persecuted. Endeavor to break away from the nurse and leave the hospital. She has had delusions regarding her surroundings, the people she came in contact with and her own identity. at one time imagining that she was authoress again that she was a millionairess and a relative of the Vanderbilts

Arthur B. Ancker Supt

Personal and Medical History of Mrs. Martha. A. Goddard.

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good.
WOUNDS OR ABNORMALITIES, Left arm has been broken
TONGUE, Tremors, Slight. Coatings, slight coating Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, almost blind in left eye, wears glasses.
HEARING,
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, Slight.
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, No murmur
LUNGS, Seems in good condition
GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,

TAKEN,

HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Constipated, Irregular,
APPETITE, Good, Fair Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 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 Mrs. Martha A. Goddard.

LEIGHT, FISHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4017

Residence, St. Paul, Minn. (from C & C Hosp)

Date Admission, 28th February 1895.

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

How Sent, J. Wilrick, Jof P. Ramsey County.

Sex, Female

Age, 62.

Civil Condition, married

Children, five

Age Youngest Child, —

Occupation, Housewife

Degree Education, probably good

Profession Religion, Methodist

Habits, Excellent

Nativity, New York

Physicians Committing, C. Eugene Riggs & A. B. Mucker

Correspondents, Miss Labrie M. Goddard (Daughter) & North Western Hardware Co. St Paul Minn

No. for Year, 215.

Insane Relatives, no history obtainable

Cause Exciting, Sudden death of husband; loss of her money & worry over her condition.

Cause Predisposing, previous attacks (paralysis)

Form, ~~Senile dementia~~ Mel. Acute

Accompanying Bodily Disorder, fracture of right hip

Suicidal or Not, has been watched very closely.

Date of this Attack, some 5 years ago

Duration, some 5 years.

No. of Attack, 2d (one 11 years ago)

No. of Admissions, 1st

Age First Attack, about 51.

Time of Leaving, April. 15-95

Time in Hospital, 1 mo. 17 ds.

Result, Rec.

EXAMINATION ON ADMISSION

Mch 2 95. Dr. J. 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,

REASONING POWER: Impaired.

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Put upon tonic & laxatives.

EMOTIONAL STATE: Rather depressed.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Has many & varied.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Some hal. of sight.

ILLUSIONS:

CONVERSATION: Only partial coherent. Talks quick

Coherent or Incoherent, a good deal & a little irrey

Voluble or Reticent,

Personal and Medical History of Mrs. Martha A. Goddard.

NTINUED.

ITION, Good.

Movement,

EXAM. URINE,

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 Mrs. Martha. A. Goddard.

1895

This patient was brought here by Deputy-Sheriff Miller & attended by C. Miller with following history. Habits have been excellent. No history obtainable as to any heredity &c. Supposed cause of this attack is sudden death of her husband; loss of money; & worry because of her dependent condition. She had a fracture at wrist Jany 8/95. When first symptoms of disease were manifested, she became very talkative; was troubled with insomnia; thought people were making fun of her. Had an attack of melancholia, 5 years ago. Insanity now shown in that she has delusions of grandeur; riches; shrieks & cries, without apparent cause; is violent at times; relatives have been obliged to watch her very closely; is not filthy or destructive in habits; her daughter says she had an attack of paralysis, about 20 years ago. Patient has been at the C & C. Hospital, since Febry 4th '95; brought there on account of the fracture at the wrist & because her daughter felt

Note. that she was unable to watch her. (Note. See attached letter from A. B. Aucker M.D. Supt of C & C Hospital, giving particulars of history previous to her admission there, causes of trouble &c. & also of her conduct & manner &c while at that institution). — . — . — .

Personal and Medical History of Mary Annie Walter

LEGGET, PIDLAR & GOMBERT, DAVENPORT, IOWA.

Whole No. 4018.
Residence, West St Paul, Dakota Co. Minn.
Date Admission, 28th February 1895.
Admitted by, Dr. Phelps. Hour, 7 PM.
How Sent, Thos P. Moran, Jof S. Dakota County
Sex, Female
Age, 37 Years
Civil Condition, married
Children, Yes; two (2).
Age Youngest Child, —
Occupation, Housewife
Degree Education, not stated
Profession Religion, Yes. Catholic
Habits, Good.
Nativity, Minnesota.
Physicians Committing, O. A. Beals and V. J. Hawkins
Correspondents, Husband living in West St Paul.
address c/o Wm Walter
John Thiele.

No. for Year, 217.
Insane Relatives, None.
Cause Exciting, Suppression of menses & biliousness
Cause Predisposing, previous attacks
Form, Acute melancholia.
Accompanying Bodily Disorder, of Genital organs.
Suicidal or Not, Suicidal; attempted to jump into cistern.
Date of this Attack, about 3 Years ago, probably
Duration, about 3 Years.
No. of Attack, 2nd (one 8 years ago).
No. of Admissions, 1st
Age First Attack, About 29.
Time of Leaving, April 15 95.
Time in Hospital, 1 mo 17 da.
Result, Rec,

EXAMINATION ON ADMISSION

Mch 2 95 Dr. R. M. and E. Leiter Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Fairly clear, but at times says confused.
Quick or Sluggish, Rather quick.
MEMORY:
Past Events, Seems good.
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive, Correct.
REASONING POWER: Fair.
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Says sick since Christmas. Headache, pain in stomach. Put upon tonic & laxatives.

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 quite willingly.

Personal and Medical History of Marie Annie Walter

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good, but jaundiced
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Unequal Size,
Response Light, Accommodation, Fair
SIGHT, Impaired - Glasses.
HEARING, Much impaired in left ear
COORDINATION, Arms, Normal
Legs, Normal.
TREMORS, Hands, None Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Prompt
Slurred,
Hesitating,
FACIAL EXPRESSION, Fairly intelligent

SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition.
GYNAECOLOGICAL EXAM., Mch 18-95 Endometritis. Some tension of ov
MENSTRUATION, Pain in ovarian region
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, ~~Normal~~, Constipated	Constipated,	Irregular,
APPETITE, ~~Good~~ Very poor	Medium,	Poor,
SLEEP, ~~Good~~, Very poor	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,
Brothers or Sisters,

TAKEN,

Personal and Medical History of Mary Annis Walter.

1895

This patient was brought here by Deputy Sheriff Charles Koplitz and attended by his wife Louisa Koplitz, with the following history. Habits & meals have been good. No insane relatives — supposed cause of attack is suppression of menses & biliousness: form of attack, depressed & paroxysmal: there is disorder of Genital organs. First symptoms of disease manifested about 8 years ago, when she had a similar attack; had another about 5 years ago; as to duration not known. Insanity is now manifested by her being suicidal & desiring that her children should be put away. She is disposed to injure others, from premeditation; tried to suicide by an attempt to jump into a cistern. She is not filthy or destructive in her habits. Had suppression of "Monthly" at the beginning of this attack. She has not been restrained or confined. She has been treated for an ulcerated laceration of cervix uteri & melancholia, some 5 or 6 years ago, with benefit to the uterine, but none to the nervous trouble. —— Cruel Treatment during childhood is supposed also to have a bearing on the case. ——

Feb 24 On admission, was put on B2 (S.R. Complexion dark; hair brown; eyes brown; Condition of Skin, normal; no marks, scars, or bruises noted; bodily condition clean; behavior good; Skin finite rational, but very quiet).

Mch 1. Quiet In bed all day. Talks sensibly. Appetite fair. Sleeping done at 9 PM. Restless & sick. Bowels constipated. Complains of headache. P 80. R 22. T 98 4/5.

" 2 Up on ward very quiet & talks sensibly. Complains of headache. Took cathartic & tonic. Worked in dining room. Seems very sad. Slept well. Mch 3.95. Appetite good. Bowels constipated. Cathartic given. Talks & Works in dining room. P 80. Complains of not being able to sleep.

" 4 Appetite good. Bowels moved. Take tonic. Talks sensibly. Complains of pain in chest. Pain gone. P 80.

" 5 Appetite poor to day. Complains of nausea and of being weak. Take medicine. Talks sensibly. P 78. Slept quite well. March 6.95. Appetite fair. Bowels regular. Complains of feeling weak. Talks sensibly. Works in dining room. Slept well. Mch 7.95. Appetite fair. Complains of toothache. Bowels constipated. Cathartic given. Talks sensibly. P 78. Headache. Use given. Slept well.

Mch 8 Appetite fair. Take Egg nog twice a day. Bowels moved. Complains of feeling faint and nervous. Talks sensibly. Says she can not sleep. Mch. 9.95. Seems to be feeling better. Appetite some better. Bowels regular. Talks sensibly. Helped in dining room. Slept well.

" 10 Appetite quite good. Bowels regular. Take Egg nog & medicine. Talks sensibly. Walks some in dining room. P 76. Slept 6 hrs. Mch. 11.95. Appetite good. Bowels regular. Works some in dining room. Talks sensibly. P 76. Slept 6 hrs. Mch 12.95. Appetite good. Cathartic given for bowels. Take Egg nog, & tonic. Talks sensibly. Slept well. Mch 13.95. No change in behavior. Appetite good. Take tonic. Bowels moved. Works in dining room. Slept well.

Mch 14. Appetite good. Bowels regular. Talks sensibly. Trans. to A 2.

Summary. Patient has a fair appetite. Complains of not sleeping well. Bowels usually constipated. Quiet in behavior. Seems quite sad and melancholy. Helps in the dining room. Talks quite sensibly. Takes medicine. April 1.95. Has a good appetite. Sleeps well. Bowels regular. Behavior quiet. Has delusions. Sews in sewing room. April 2.95. Has improved. Is quite fairly well. April 10.95. Appetite good. Behavior quiet. Talks rationally. Works on the ward. Does washing & ironing. April 15.1895. Went home this a.m.

Discharged

Personal and Medical History of Hannah James

from Folio 120

Sept 1 - Feb 28 1900 (Dr. Heyerdahl) Usually quiet. Works in dining room. Has delusions. Sleeps & Eats well. Takes out door exercise. General health good. Menstruates regularly. Jan 12 Wt. 101#. Mch 1 - Aug 31 1900 (Dr Linton) Sometimes obstinate. Silly in speech & actions tho usually very quiet. Has delusions. Induced to rub butter in hair & a number of sores appeared early in August upon scalp. Head washed with tincture of soap & ointment applied. Appetite & health good. Takes out door exercise. Mch 5 Menstruated. July 23 Vaccinated. Sept 1 - Nov 30. No change in patient. Answers questions intelligently. Nov 23 Wt 107#. Nov 27 Struck on right eye by Mrs Murphy. No permanent injury inflicted. Dec 1 - Feb 28 General health good. A little more cleanly & tidy than before. Has discontinued putting butter in hair. At times somewhat violent, vulgar & profane. Occasionally reads a little. Mch 3 Wt 104#. Mar 1 - June 1 - 1901 No change in mental or physical condition. Does no work. May 31 Wt. 137#.

June to Sept. Does no work, attends no amusements, takes out door exercise. Sept. 3. Wt. 105#. Sept. to Dec. No change. Nov. 30 Wt. 110#.

Up to Feb. 1 1903. General health good: bowels regular: sleeps well: usually quiet: rather careless in appearance: sometimes habits are dirty: talks incoherently occasionally: assists with the work: Dec 1st - Wt. 102½#.

Mary Ackman.

Up to Feb 1 1903. General health good: appetite good: inclined to gluttony: bowels regular: sleeps well: exercises: does no work: untidy and careless: does not converse or answer questions: is at times quite noisy: Dec 1st Wt 177½#.

Personal and Medical History of Eva Fredericka Thelander.

LEIGHT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4025.
Residence, Town of Grant, Washington Co., Minn.
Date Admission, 4th March 1895.
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, E. G. Butts, Jo P. Washington County.
Sex, Female.
Age, 43 years
Civil Condition, Married
Children, five
Age Youngest Child, —
Occupation, Housewife
Degree Education, not stated
Profession Religion, Church member
Habits, Good.
Nativity, Sweden
Physicians Committing, W. H. Pratt and C. B. Marshall
Correspondents, Charles Thelander, Stillwater (Husband) Washington Co. Minn.

No. for Year, 224.
Insane Relatives, had one brother insane; will not
Cause Exciting, Family trouble with a daughter.
Cause Predisposing, previous attack.
Form, Melancholia. Acute
Accompanying Bodily Disorder, None
Suicidal or Not, not.
Date of this Attack, about 15th Nov. 1894
Duration, about 3½ months
No. of Attack, 2nd
No. of Admissions, 1st
Age First Attack, 41 +
Time of Leaving, 15th June 1895.
Time in Hospital, 3 mos ; 1 day
Result, Dsgd. Nov 6/95 - Improved

EXAMINATION ON ADMISSION

Mch. 6. 95. Dr. S. Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Seems impaired
Recent Events, do do.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Impaired.
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonics & laxatives. Manage & electrical treatment for any disorder.

EMOTIONAL STATE: Depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have delusions but no
Systematized or Not, definite ones determined
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very reticent. Answers some
Coherent or Incoherent, questions but very slowly
Voluble or Reticent,

Personal and Medical History of Eva Fredericka Thelander

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 115 lbs. NUTRITION, Poor, pale.
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None, Coatings, Indented & Scalloped. Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation,
SIGHT, Good.
HEARING, Do.
COORDINATION, Arms, Normal.
Legs,
TREMORS, Hands, None. Tongue, None.
Facial Muscles, General,
REFLEXES, Patellar, Eq. & .
Other
ARTICULATION, Hesitating
Slurred,
Hesitating,
FACIAL EXPRESSION, Dull.

EXAM. URINE,

SENSIBILITY,
HEART, Seems normal
LUNGS, Has cough but no sputa Phys. ex.
TAKEN,

GYNAECOLOGICAL EXAM., Laceration of perineum - Extensive laceration cervix - Uterus retroverted and toward right side - Endometritis and profuse discharge. Mch 8 95.
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~ Clean	Clean,	Careless,
BOWELS, ~~Normal~~ Constipated	Constipated,	Irregular,
APPETITE, 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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Eva Fredericka Thelander

1895

This patient was brought here by Sheriffs deputy Charles Thelander, with following history of case. Habits & morals have been good. She had one brother insane; well now; Supposed Cause of this attack is family trouble with a daughter. Form of attack, depressed. No accompanying bodily disorder. First symptoms of disease were manifested in Fall of 1893; She thought she was to blame for the conduct of Step-daughter. This is not 1st, probably 2nd attack. The one occurring in October '93 lasted 3 months; She then recovered; this present attack commenced about the 15th November 1894. She is quiet now; at times, she will not move or speak, for a day at a time. Eats very little. She is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. There is no history of any bodily disease &c or injury to head. She has not been restrained or confined, except to keep her from going out-doors. Has been under medical treatment; given something for nerves, Bro-soda - She had a flowing spell at last menstrual period. -

Mar 4 On admission, was put on B.1 (S.K. Complexion light; hair partly gray; eyes gray; Condition of teeth normal: she has one hernia, on right side of abdomen; bodily Condition clean; behavior is good & She is very quiet) March 5.95: Quiet in bed all day. Answers questions sensibly. Appetite poor. Slept (?). Coughs some. Bowels constipated. Complaints are none. P 80. R 20. T 97. Mch 6.95. Appetite poor. In bed. Very quiet in behavior. Bowels constipated. Cathartic given. Cough & expectorates. Slept 6 hrs. Mch 7.95 Appetite some better. Electrical treatment given about 10 min: Bowels moved. P 78. Up on ward for ½ hour. Slept well

Mch 8. Did not eat well to day. Lying down most of day. Electrical treatment given, also massage. Slept quite well.
" 9 Appetite fair. Quiet, does not talk much. Douche given. Complains of being tired, lying down mostly. P 78. Slept well.
10 Appetite fair. Very quiet. Bowels regular. Does not talk much. P. 78. Slept 7 hrs.
11. Seems brighter. Appetite poor. Bowels regular. Full treatment massage given. In bed most of day. P 80. Slept well.
12. Does not eat well. Bowels regular. Takes tonic. Very quiet. does not talk much. Complains of being cold. Slept quite well.
13. Appetite about the same. Lying down most of day. Bowels regular. Takes tonic. Pulse weak. Slept 6 hrs.
14. Ate quite well to day. Seems weak. Complains of being tired. Takes tonic. Behavior quiet. P 78. Weak. Slept 6 hrs.
15. Appetite fair. Bowels regular. Quiet in behavior. Does not talk much. P 78. Weak. Slept 6 hrs. P 79. Slept well.
16 Appetite about the same. Takes tonic. Quiet all day. Bowels constipated. Cathartic given. P 85. Coughs some. Slept well.
17. Appetite fair. Has to be spoon fed & excited this P.M. Crying and talking. tried to walk to walk. had to be held. sometimes she wanted to undress. P 90
18 Appetite fair. More quiet to day. Bowels moved. Takes tonic. Quite excited this evening. Slept 6 hrs.

Summary: Very quiet in behavior, until the past 2 days when she has been quite excited at times. Appetite poor, but some better now. Does not talk much. Bowels usually regular. Coughs some and expectorates.

Mch 19 Very excited & noisy this afternoon. Appetite fair. Has to be spoon fed. Mch 21. Very restless at times, about going to dining room, also about eating. Bowels regular. Takes tonic. Coughs & expectorates. Treatments given also douches. Attempted to take herself. Quite excited at times.

April 1. Very hard to get her to eat anything. Fed with tube. Apr 2. Crying and moaning up and down hall, tries to get out whenever the door is opened. Appetite very poor. Apr 26. Fed with tube. Cathartic given for bowels. Does nothing & walking. Apr 27.95. Appetite poor. Fed with tube.

Apr. 28-29. Fed with tube. Cathartic given for bowels. Always trying to get out.

May 3 & 4 Fed with tube, cathartic given. May 6.95 Fed daily with tube. Very excited to day.

May 13. Ate dinner & supper. Visited by husband. May 19. Eats quite well.

May 20. Refuses to eat with tube. May 31 95. Appetite good.

Personal and Medical History of Eva Fredericka Thelander.

June 15 Went Home. Patient was quite weak & emaciated & very much depressed. Was taken away by relatives against our advice, they wishing to see if she would not improve at home. She had been in bed considerable; Had made somewhat of trouble about eating: was a quite typical case of melancholia.

Discharged.

Personal and Medical History of Anna Ramberg

LEIGHT, FISCHER & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 4026.
Residence, St. Paul, Minnesota.
Date Admission, 5th March 1895. —
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, G. Wilbrich, Jof P. Ramsey County.
Sex, Female
Age, 18
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Servant
Degree Education, not stated
Profession Religion, Church member
Habits, Good.
Nativity, Swedish
Physicians Committing, E. W. Lundholm and J. F. Baker
Correspondents, none given in papers

No. for Year, 225.
Insane Relatives, mother & 2 sisters
Cause Exciting, Religious hallucinations
Cause Predisposing, Heredity
Form, Melancholia, Acute
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, one week ago
Duration, one week.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 18 —
Time of Leaving, July 4. 1895.
Time in Hospital, 3 mos 29 ds.
Result, Discharged Recovered

EXAMINATION ON ADMISSION

Mch 6 95. Dr R M & J Linton Phelps

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, Illusive
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

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

Personal and Medical History of Anna Ramberg

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 111 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Promptness Movement,
PUPILS, Equality, Eq Size, None
Response Light, Normal Accommodation, Normal
SIGHT,
HEARING, Good
COORDINATION, Arms, Good
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar, Both sides
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, Rather blank
SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., Mch 27 '95 Normal Specimen
MENSTRUATION, Normal
OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,

TAKEN,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Normal	Constipated,	Irregular,
APPETITE, Good,	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,

Personal and Medical History of Anna Ramberg

1895

This patient was brought here by Deputy-Sheriff W. B. Miller + lady attendant with the following history. Habits + morals good. There is history of heredity, mother + 2 sisters having been insane. Supposed cause of this attack is religious hallucinations. Reform, attack is chronic + paroxysmal. There is no accompanying bodily disorder. First symptoms of disease were manifested one week ago. This is the 1st attack. Insanity now shows on religious affairs. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive in her habits. - No previous peculiarities to were known, so far as known. There is no history of any bodily disease to or injury to head. She has not been restrained or confined. Has been under medical treatment. Result unfavorable

Mar 5 On admission, was put to B[ed] (S.R. Complexion light; eyes black; condition of skin normal; no scars marks or bruises noticed; bodily condition dirty. Behavior quiet - Seems quite sensible).

6 Quite excited for short hrs. today. Talks incoherently. Appetite quite good. Slept well. Cough none. Bowels constipated. Complaints to none. P.R. Rad. 99. Mch 7.95. Appetite good. Cathartic given for bowels. Very excited and quite noisy at times to day. Talks incoherently. P.R. Ventriding. Mch 8.95 Appetite good. Noisy at times to day. Bowels moved. Works some on ward. Talks some. Talks incoherently. P.R. Mch 9.95 Quite noisy and excited at times to day. Has a good appetite. Bowels regular. Takes medicine. P.R. Mch 10.95 Very quiet. Talks sensibly. Complains of feeling weak. Bowels regular. Takes medicine. Slept 6 hrs. Mch 11.95 Quite noisy at times to day. Bowels regular. Talks sensibly at times. Slept 2 hrs. Restless 7 hrs. Noisy 3 hrs. Mch 12.95. Appetite poor. Bowels reg. Quite noisy at times to day. Slept quite well. Mch 13.95. Appetite about the same. Not as noisy to day. Talks quite sensibly. Works some on ward. P.R. Slept well. Mch 14.95. More quiet to day. Worked on ward. Bowels reg. Talks sensibly. Slept 7 hrs.

Mch 15 Appetite quite good. Bowels regular. Quiet all day. Has many delusions. Talks incoherently. Slept 5 hrs. Noisy 2 hrs.

16 Very impudent and noisy most of the day. Works in dining room. Appetite quite good. Bowels reg. Slept well.

17 Very noisy at times to day. Bowels regular. Face broken out with pimples. Has a good appetite. Has many delusions.

18 Imagines her people are here. Slept 6 hrs. Mch 18.95. Quiet in behavior at times to day and talked very sensibly. Works in dining room. Bowels regular. Went walking. Noisy 3 hrs. Slept 5 hrs. Mch 19.95. Appetite good.

19 Bowels regular. Works in dining room. Very impudent. Quite noisy most of day. Went walking. Slept well.

Summary: Appetite good. Very noisy at times, also very impudent. Talks sensibly at times. Goes walking. Works in dining room. Bowels usually regular.

Mch 24. Quite noisy at times today. Has a good appetite. Works some in dining room. Mch 26.95 More quiet the past few days. but very impudent. Appetite good. Bowels reg. Goes walking.

Apr 2. Transf to Bx. Apr 8.95. Menstruating. Apr 29.95. Quite noisy at times. Talks strongly. Does some work. Appetite good. General health good. Bowels reg. Goes out walking. Is very impudent sometimes. May 9.95 Menstruating. May 22.95 Is more quiet in behavior. For the last few days has been very quiet. Is quite agreeable. Goes out walking. Talks some to herself. Appetite good. Bowels reg. Sleeps well. Transf to A. 1.

June 8. Menstruating. June 29.95. Is quiet and agreeable on ward at times assists with work on ward. Appetite good. Physical health good. Talks quite sensibly, but still has delusions.

July 4. 1895. Went home.

Discharged.

Personal and Medical History of Mary E. Porter

LEIGHT, FISLER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4027.
Residence, 173 East Wabasha St. St. Paul
Date Admission, 3rd March 1895.
Admitted by, D. Phelps Hour, 7 P.M.
How Sent, J. Wilrick, Jof P. Ramsey County
Sex, Female
Age, 47
Civil Condition, married
Children, one Daughter
Age Youngest Child, 19 Years old
Occupation, not stated
Degree Education, not stated
Profession Religion, Has attended Baptist Church
Habits, Good
Nativity, Maine
Physicians Committing, A.C. Dockstader and C.B. Wilkens
Correspondents, None given in Papers.

No. for Year, 226.
Insane Relatives, None; no hereditary history.
Cause Exciting, probably head injury, 20 years ago.
Cause Predisposing, -Chronic-
Form, Dementia, terminal
Accompanying Bodily Disorder, Intermittent Diarhoea
Suicidal or Not, Yes: attempted to hang herself.
Date of this Attack, 20 years ago: Married, for 2 years.
Duration, 20 years —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 22.
Time of Leaving, Feb. 14. 1899
Time in Hospital, 3 yr. 11 m. 9d.
Result, Transferred to Fergus Falls.

EXAMINATION ON ADMISSION

Mch. 6-95. Drs. Rmk & J.C. Phelps.

MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks she often hears voice calling her
Systematized or Not, a better land.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Mostly coherent. Talks
Coherent or Incoherent, willingly. Pleasant in manner
Voluble or Reticent,

Personal and Medical History of Mary E. Porter

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, 92½ lbs. NUTRITION, Fair
WOUNDS OR ABNORMALITIES, Small scar on left side of face.
TONGUE, Tremors, None Coatings, Coated. Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, None Tongue, None
Facial Muscles, None. General, None.
REFLEXES, Patellar, Both about q EXAM. URINE,
Other
ARTICULATION, Prompt.
Slurred,
Hesitating,
FACIAL EXPRESSION, Worried.

SENSIBILITY,
HEART, Normal
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., Complete laceration of perineum. Uterus retroverted
MENSTRUATION, adherent on left side. Ovaries ok
OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty,~~ Clean	Clean,	Careless,
BOWELS, ~~Normal,~~ Normal	Constipated,	Irregular,
APPETITE, ~~Good,~~ Very poor	Medium,	Poor,
SLEEP, Good, Poorly	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, Died of tuberculosis
Father or Pat. Relations,
Brothers or Sisters, Sister has insane

Personal and Medical History of Mary E. Porter

1895

This patient was brought here by Deputy Sheriff, M. P. Cates, & a lady attendant, with following history. Habits as regards temperance & morality, good: no hereditary history; cause of attack is not definitely known; her husband speaks of her falling & injuring her head, about 20 years ago. He thinks she has not been right for 20 years; symptoms have been marked for 2 years: form of attack is chronic, depressed. She is troubled with intermittent diarrhoea. Symptoms of disease were manifested, at first, by "hobbies" for different things; now, she shows religious & other delusions. Goes out nights and brings home rocks. Is suicidal; once attempted to hang herself. This is 1st attack. Insanity now manifested, as above; also raises her clothes & exposes herself at the window; has struck her daughter with shovel. Only one attempt to suicide, as far as known. She has destroyed her clothing several times. No peculiarities as had been previously shown. Nothing has been used except constant watching, at home. Dr. Dockstader has prescribed for her diarrhoea. Husband thinks she has never been herself since death of oldest child, 20 years ago. —

Mar 5 On admission, was put on B½ (S.L. Complexion fair; hair dark, streaked with gray; eyes brown; condition of skin normal: some scars on left side of her face; bodily condition dirty. Behavior is quiet. Talk incoherently).

6 Quiet most of day, crying this evening. Talks incoherently, says she want to die. Appetite poor. Cough none. Bowels constipated. Complaint none. P 98. Mch 7 95 Quiet & day. Appetite poor. Took tonic. Insufficient

8 Has a poor appetite. Does not sleep well. Bowels regular. Takes tonic. Quiet in behavior. P 98.

9 Quiet and in her room most of the day. Ate no dinner and a very bright breakfast and supper. P 96.

10 Ate quite well today. Slept better than usual during the night. Quiet and in her room most of the day. P 96

11 About the same. Quiet all day. Slept quite well during the night. P 98.

12 Ate well today. Bowels moved. Took tonic. Restless during the night. Out of bed several times. P 98.

13 Appetite fair. Took tonic. Very nervous. Walks about most of day. Seems quite weak. Rest about this. P 96

14 Did not eat much today. Bowels regular. Slept well during the night. P 98.

15 No change. Quiet in behavior. Stays in her room most of the time. Is very anxious to go home. Talk incoherent. Quite restless during the night. Mch 16 95 Appetite improved. Very nervous and restless. Talk incoherent. Rest about this. P 96

17 No change in behavior. Ate quite well today. Slept well during the night. P 96 Mch 18 95 Appetite fair. Bowels regular. Slept this. Out of bed restless, quite awake, slightly noisy three hours. P 94.

19 About the same. Ate well today. Rested quite well during night. P 94.

Summary: Patient has a fair appetite. Bowels regular. Sleeps quite poorly. Talk incoherent. Very nervous and restless. Stays in her room most of the time. At times refuses to take medicine. Refuses to go walking or riding. Is very anxious to get home.

1895
Mch 21 Appetite poor. Does not sleep well. Out of bed often at night. Very restless and nervous most of the time. Walks around her room talking to herself. April 3 95 Appetite poor. Bowels constipated most of the time. Refuses to take any medicine. Noisy most of the time. May 21-95. Appetite very much improved. Does not sleep well. Bowels irregular. Refuses all medicine. Quiet in behavior. Talks incoherently. Is very restless & nervous. June 30 '95 Much more quiet.

Aug 31 Operated upon today for complete rupture of perineum. Took ether poorly at first. Pulse was weak when first taken. Condition fair. Reaction was good. Was kept in bed about two weeks.

Personal and Medical History of Mary E. Porter.

Made an uninterrupted recovery and was up on the ward Sept 16 She is inclined to make sensible and quiet

For complete report see "Case Record" on file.

Sept 29 Appetite quite good. Sleeps fairly well. Neat in habits. Behavior quiet.
1896 Refuses to go walking or riding. Talks sensibly. Nov 28 Appetite good.
Jan 6 Bowels irregular. Does not sleep well. Never goes out of door. Neat in habits. Neat in appearance. Has delusions. Talks incoherently. Appetite quite poor. Does not sleep well. Bowels generally constipated. Does not go out of doors. Has crying spells. Mar 24 At times quite disturbed. Has delusions. Talks incoherently. Appetite quite poor. Sleeps fairly well. Bowels usually constipated.
May 6 About same. May 20 Stays on ward. Refuses to walk out of doors. Appetite good. Sleeps well. Bowels constipated at times. May 23 Leaves to-day. Very restless at times. Noisy at night.

Aug. Summary Nurse's Notes by Dr. S. L. Phelps: Genl health good: works in sewing room: talks incoherently. Oct 96 No change: Sits dejectedly rocking herself all day: rarely talks unless addressed: able to answer questions: Aug 97 Appetite very good habits clean: talk incoherent: works in laundry most of time.

Continued by Dr. A. M. Phelps. Sept 1 Visited by friend. Sept 19 General health fairly good: Works some in the laundry. Is getting quite old & somewhat feeble. Pulse 69 Wt. 103#

Feb 14 98 Trans. to Fergus Falls. Patient has appeared somewhat feeble but still works in laundry at times.

Personal and Medical History of Nellie Murphy #2

(Warrant dated March 8th 95.)

LEBERT, FIDLAS & CHARLES, DAVENPORT, IOWA.

Whole No. 4032.
Residence, Faribault, Minn
Date Admission, 13th March 1895
Admitted by, Dr. Phelps, Hour, 1:30 P.M.
How Sent, R. A. Mott, Jo. Co. Rice County
Sex, Female
Age, — 20 —
Civil Condition, Single
Children, None —
Age Youngest Child, —
Occupation, Dressmaker
Degree Education, Probably fair
Profession Religion, Yes — Catholic
Habits, Good
Nativity, Erin, Rice County, Minnesota
Physicians Committing, H. A. Lang and D. M. Cook
Correspondents, None given on papers

No. for Year, 231.
Insane Relatives, None
Cause Exciting, Low state of health; effects of La Grippe
Cause Predisposing, Chronic
Form, Melancholia, chronic
Accompanying Bodily Disorder, Neurasthenia
Suicidal or Not, has threatened suicide.
Date of this Attack, December 1893
Duration, about 15 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 19 —
Time of Leaving, April. 26. 1895
Time in Hospital, 1 m 10 ds
Result, Rec.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Mch 14 95 Drs. R. M. & S. Phelps.

MENTAL ACTIVITY:
Clear or Confused, Mostly clear
Quick or Sluggish,
MEMORY: Seems good, not impaired.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER: Fair
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks her mother was abused alone
Systematized or Not, time. This worries her
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks willingly and coherently.
Coherent or Incoherent,
Voluble or Reticent,
Put upon tonics and laxatives & massage treatment

Personal and Medical History of Nellie Murphy #2

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 100 lbs. NUTRITION, Impaired Pale
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, None
Facial Muscles, Standing, eyes shut causes dipinda General,
REFLEXES, Patellar, Both ø.
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, a little sad
SENSIBILITY,
HEART, Normal. circulation very poor
LUNGS,
GYNAECOLOGICAL EXAM., Mch 20 - 95 - Normal positive
MENSTRUATION, Regular.
OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,

TAKEN,

HABITS, ~~Dirty,~~	Clean	Clean,	Careless,
BOWELS, Normal,	Normal	Constipated,	Irregular,
APPETITE, Good,	Good	Medium,	Poor,
SLEEP, ~~Good,~~	Normal	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,
Father or Pat. Relations, Known, died paralytic stroke
Brothers or Sisters,

Personal and Medical History of Nellie Murphy #2

(1895)

This patient was brought here by Deputy-Sheriff J. F. Crawford + wife, with following history. Habits + morals good: No hereditary history known. Supposed cause of this attack is low state of health and anaemic condition of system, following attack of La Grippe. Dr form, attack is Chronic + at times Exalted. Accompanying bodily disorder, Neurasthenia. First symptoms of disease were manifested in December 1893. This is 1st attack. Insanity known as no subject, particularly. Patient is not disposed to injure others, but she has threatened Suicide. Has no filthy + destructive habits. No peculiarities were previously shown. She has not been restrained or confined. Was under care of Dr. M. N. Keare, now absent, but no perceptible effect. Overwork + malnutrition have a bearing on this case. ———

Mar 13 On admission, was put on "Infirmary Ward". [S. R. Complexion light; hair brown; eyes blue; condition of skin, normal: no marks, scars or bruises noticed. bodily condition clean; no bodily peculiarities are noticed. Behavior good; is quiet + talks sensibly].

" 14. Very ladylike in manners. Not any delusions or hallucinations noticed. Appetite quite good; ate 3 meals. Slept very good portion of night. No bad enough to speak of. Bowels regular. Complains of feeling weak + tired. P. 74. R. 18. T. 98.

" 15 Very quiet. Sleeps well. Good appetite. Bowels regular. Behavior good. Still complains of feeling weak + exhausted. Pulse, Resp. Temp. all normal. Talks some. March 16.95. Has a fairly good appetite. Tonic after meals. Bowels quite regular. Is not strong. Takes massage only one arm. Pulse, Resp. and Temp. about normal. March 17.95. Appetite is not very good. Bowels seem somewhat constipated. Takes tonic. Gains very slowly. Pulse. Temp + Resp. about normal.

Mch 18. Goes walking, but is very weak. Takes massage p. one arm and lower limb. Sleeps very well. Reads considerably, we fail to see any delusions, although does not talk much. March 19.95. Appetite better, does some fancy work. Reads seems much stronger than a few days before. March 20.95. Massage about half treatment. Sleep very good. Appetite not very good. Tonic after meals. Often crying. Goes walking. Reads and does some fancy work.

Mch 21. Bowels not very regular. Takes cascara several times a day. No delusions noticed. Crying at times.

" 22 She thinks this is not the place for her. and she seems to think she is much better mentally than when she came. Gaining in strength slowly. Appetite some better. Sleeps well. Mch 23.95. Full massage treatment. Bowels more regular. Sleep undisturbed. Appetite improving. Tonic. Goes walking nearly every day. P. R + T. normal.

" 24 Walking. Does not talk very much only when spoken to. Takes Tonic. Seems to gain more every day. Says she is much better in mind. Can not notice any delusions. Her mind is clear. Mch 25.95. Out for a walk. Is much stronger. Appetite improving slowly. Sleep is quite good. Third massage treatment. Full. Tonic. Bowels regular.

26. Very much better. Appetite improving. Sleeps quite well. Bowels reg. Tonic. Talks very straight. Seems to have no delusions but is often crying. Very ladylike. T. R + P. all normal. Mch 27.95. Has a good appetite. Full massage treatment. Goes walking. Bowels quite regular. Tonic. Sleep quite good. Has no delusions. Very quiet. T. R. P. normal.

Summary. Her behavior is very good. Is very ladylike in every way. never a cross word always very pleasant. Gaining strength very slowly. Voice very weak.

April. 1695. Does not feel well any of the time, constantly complaining of a tired feeling and headache. Lies down part of each day.

" 21 " Appetite fair. On tonic. Bowels constipated. Takes a dose of Cascara about every other day.

" 26 " Went home. Patient quite neurasthenic + weak in appearance to the time of going. Had improved very greatly however. Inferred that she claimed herself better than she really was in order to get away.

Discharged.

Personal and Medical History of

Personal and Medical History of Hannah J. James

LOBSET, FISCAR & CAMBERS, DAVENPORT, IOWA.

Whole No. 4033.
Residence, Faribault, Minn.
Date Admission, 16th March 1895.
Admitted by, Dr. Phelps Hour, 4 P.M.
How Sent, R.A. Mott, Jof C. Rice County
Sex, Female
Age, 41
Civil Condition, married
Children, two
Age Youngest Child,
Occupation, Housewife
Degree Education, probably fair
Profession Religion, not a Church member
Habits, Good
Nativity, Canada
Physicians Committing, W.A. Lacy & D.M. Cole.
Correspondents, Henry James Brother - Faribault Minn.

No. for Year, 232.
Insane Relatives, no cases known.
Cause Exciting, Menopause.
Cause Predisposing, not given
Form, Melancholia. Chronic
Accompanying Bodily Disorder, Anaemia, with uterine complication
Suicidal or Not, tried to strangle herself, several times.
Date of this Attack, one year ago
Duration, one year
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 40.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Mch 1895. D. Linton Phelps

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Sluggish.
MEMORY:
Past Events,
Recent Events,
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: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks some one is going to kill her
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very reticent, dressed herself with
Coherent or Incoherent, head bowed down
Voluble or Reticent, very melancholy

H. James

Oct 23/95 Color Pale yellow - White sedy dep - 1014 Reaction Alkaline Albumen by heat & Tanret's No sugar Microscopical - Triple phosphates & Squamous Bladder & Vaginal cells. Amor urates & & Pus.

" 24/95 Yellow - White sedy dep - 1010 alkaline Albumen by heat, Contracts color Tanret's No sugar Microscopical & pus Triple phosphates Amor urates Bladder Epithelium & & Blood corpuscles

Nov 11/95 Pale yellow - clear - Sp gr 1005 - Acid No Albumen & Sugar Microscopical - Some pus, Bladder Epithelium Amor urates & a few blood corpuscles

Oct 31/96 Reddish yellow - Cloudy 24 hrs ℥xxxvj Sp gr 1024 Acid Albumen by Tanrets No sugar Microscopical - Amor urates a few pus corpuscles & few blood globules

April 2/97 Reddish yellow Cloudy - Sp gr 1018 Acid a trace of Albumen by Tanret's No sugar Microscopical - Amor urates a few pus corpuscles Oxalate of lime & a few uric acid crystals Normal amount passed

SENSIBILITY,
HEART, Very slow
LUNGS, Hyperresonance.

TAKEN,

Sugar
Urea
Sediments Triple phosphates & Squamous Vaginal and bladder cells and round Bladder cells amor urates.

GYNAECOLOGICAL EXAM., Retroversion of uterus with profuse discharge. - Complains of pain in ovarian region - Mch 25-95.
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	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,

Da
Admitted
How Sent,
Sex, Fema
Age, 41
Civil Condition, Married
Children, Two
Age Youngest Child,
Occupation, Housewife
Degree Education, Probably fair
Profession Religion, Not a Church member
Habits, Good
Nativity, Canada
Physicians Committing, W. A. Lavoy & D. M. Cobb.
Correspondents, Henry James Sister - Farebault Minn.

plication
tories -

40.

Res.

Mch 1895. D. Flint Phelps

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Sluggish.
MEMORY:
Past Events,
Recent Events,
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: Depressed.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks some one is going to kill her
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very reticent, depressed subject
Coherent or Incoherent, head bowed down
Voluble or Reticent, very melancholy

Personal and Medical History of Hannah J. James

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not Taken WEIGHT, 99 lbs. NUTRITION, very poor, bad color
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, / Coatings, Coated & indented Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, seems good
HEARING, seems good
COORDINATION, Arms, Normal
Legs, Normal.
TREMORS, Hands, None Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar,
Other
ARTICULATION, Talks very little
Slurred,
Hesitating,
FACIAL EXPRESSION, Very dull & depressed.
SENSIBILITY,
HEART, Very slow
LUNGS, Hyperresonance.

TAKEN,

EXAM. URINE, Oct 3/95
Urine 24 hrs
Color Pale yellow
Character Flocculent whitish
Sp. Gr. 1011
Reaction Alkaline +
Albumen T
Sugar
Uroa
Sediments Triple phosphates & squamous vaginal and bladder cells and round bladder cells amon urates.

GYNAECOLOGICAL EXAM., Retroversion of uterus with profuse discharge. - Complains of pain in ovarian region - Still Oct 25 '95.
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, ~~Dirty~~, Neat	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 Hannah J. James.

1895

This patient was brought here by C. R. Stewart, Sheriff + attended by C. H. James + Harry James, with the following History. Habits have been good. No cases of insanity in family as known. Supposed Cause of this attack is menopause; in form, it is acute + depressed. There is Anaemia with uterine Complication. First symptoms of disease manifested one year ago, with usual symptoms of menopause, with dyspepsia. This is 1st attack. Insanity now shown by religious hallucinations. Patient is not disposed to injure others, but is very suicidal, tried + strangle herself several times. Is not of filthy or destructive habits. Previously, She showed religious impressions. She fears She is possessed of the Devil. No history of any bodily disease + except as above stated. She has been watched + kept for some days past, to prevent personal injury. She has had no regular treatment. There is now a low vitality, dependent upon dyspeptic condition and loss of blood.

Mar 16 On admission, was put on B^t (S. R. Complexion light, hair brown; eyes blue; condition of skin normal; no marks scars or bruises noticed. Bodily condition dirty; is very stupid + shows delusions.).

17 In bed all day. Very quiet. Answers questions sensibly. Appetite poor. Did not sleep well. Cough some. Bowels constipated. Complains of headache. P. 90. R. 24. T. 98. March 18. 95 In bed all day. Appetite poor. Takes tonic. Bowels constipated. Cathartic given. Imagines some one is going to kill her. Slept 7 hrs.

19 Seems very sad. Appetite some better. Does not talk much. Very quiet. Answers questions sensibly. P. 90. Has delusions. Slept 6 hrs. Mch. 20. 95. Appetite fair. Has delusions. Says she has committed so many sins. Bowels constipated. Cathartic given. Takes tonic. Slept well.

21 Appetite poor to day. Bowels constipated. Cathartic given. Seems very sad. Answers questions sensibly. Wants to go home. Slept 7 hrs. Mch. 22. 95. Appetite poor. Bowels normal. Works in dining room. Went walking. Very quiet. Does not talk much. Slept 4 hrs. Restless at times.

23 Appetite some better, but resists about eating. Says she is not hungry. Talks a great deal about her sins. Takes tonic. Bowels constipated. Slept 6 hrs. Very nervous at times.

24 Appetite fair. Bowels constipated. Cathartic given. Takes tonic. Has not talked much. Slept 4 hrs. Works in dining room. March. 25. 95. Very hard to get her to eat anything to day. Bowels moved. Quiet in behavior. Works on ward and in dining room. P. 80. Slept five hours.

26 Appetite very poor. Bowels constipated. Cathartic given. Very quiet. Talks quite sensibly at times but has delusions. Went riding. Slept 6 hrs. Mch. 27. 95. Resists about eating. Bowels moved. Works on ward + in dining room. Very sad and crying most of to day. Slept 5 hrs.

28 Appetite poor. Imagines some one is going to kill her. Bowels constipated. Cathartic given. Works in dining room. Takes tonic. Seems very weak. Pulse 80. Menstruating.

29 Appetite poor. Does not want to eat. Bowels constipated. Cathartic given. Seems tired, lying down most of the day. Pulse 72. Slept 7 hrs. Menstruating.

30 Up on ward but complains of pain in bowels. Fainted twice to day. Put to bed. Hot sandbag + hot. Pulse weak 62. Some emesis. Powder given for bowels. Enema given in evening. Bowels moved since. Slept well.

Summary. Has been very quiet but has many delusions. Imagines it is very heat also that some one is going to kill her. Appetite poor, also resists about eating. Bowels usually constipated. Talks sensibly at times.

Mch 31 Appetite very poor. Cathartic given. Some emesis. Takes eggnog, absorbine tea. Medicine given. T. 98. P. 62. + quite weak. In bed all day. April 1. 95. Appetite some better. Bowels usually constipated

Personal and Medical History of Hannah J. James.

1895

Mar 15 Very hard to get her to eat. Apr. 11. 95. Refused food. Fed with tube. Seems quite weak. T. 98. P. 88. R. 18.

16 Still resists about eating. Apr. 23. Appetite poor. T. 97. P. 80. R. 20. Bowels constipated. In bed. Complains of pain in back. Also headache. Apr. 24 Upon ward. Cathartic given for bowels. Apr. 29. Appetite some better. Takes tonic. May 6. 95. Appetite much better. Works in dining room. May 14. In bed for past week. Complains of pain in right side. Hurts her to walk or stand. T. 98. 2. P. 64. R. 18. Bowels constipated. Gave cathartic. Eats some better. Visited by mother. May 23. Upon ward. Seems quite well. May 25. In bed 2 days. Upon ward to day.

June 1 95 Appetite fair. Bowels usually constipated. Given Cathartic. Has delusions - Says she has done wrong. Imagines she is going to be punished. Goes walking + riding. Seams + B. I. June 23 Menstr. June 29 Seems better. Has not spoken of delusions for some weeks. Appetite fair. Bowels irregular. Requires Cathartics. Goes walking + riding. Talks sensibly. Quiet + agreeable. July 17 Menstr. July 31 Has delusions; imagines that she must not eat. has to be fed most of time. Appetite fair. Bowels irregular. Takes cathartic. Goes walking + riding. Talks sensibly. Quiet + agreeable. Clean in habits.

Aug 20. Menstr. Aug 31 Seems brighter in last few weeks. Assists with work. Appetite fair. Bowels irregular. Takes Cathartic. Has delusions. Neat + clean. Goes riding + walking.

Sept 18 Menstruating. Sept 20 Quiet + agreeable in behavior. Has not been spoon fed in last three weeks. Talks quite sensibly. Has delusions - Assists with dining room work. Goes walking. Sept 26 Sick in bed all day. Complains of headache + of left side + back. Ate very little food all day. Sept 27, 28, 30 In bed. Oct 25 In bed since Sept 26 - Up to day. Is very weak. Appetite quite good. Sleep fair. Bowels usually constipated. Takes Cathartic. Nov 1 Menstr. Nov 27 Quiet appetite good. Bowels usually constipated. Takes cathartics. Has delusions. Talks very little. Goes riding + walking. Neat in personal appearance. Clean in habits. Nov 29, 30 Sick in bed. Complains of pain in back + side -

Dec 96 Jan 1 96 Patient recovered after last note + was up on ward again. Was examined + found to have some Kidney trouble. Consent to operation being obtained from her husband, Dec 12 The operation was done. Operation was on right kidney. Incision was made in the right lumbar region back + and the pelvis of the kidney was found greatly distended. Upon opening into the pelvis a stricture was found in the ureter. This stricture was dilated and the pelvis drained of urine + pus. a drainage tube was inserted into pelvis and allowed to remain there. The wound was antiseptically dressed. Patient took ether well; condition was good when she left the operating room. She was under ether about ½ hour. Patient steadily improved Jan 1 96 Has gained steadily since the operation. The pelvis of the kidney is still being drained although now but a small quantity of pus + urine escape through it. Patient is gaining in flesh so that she looks better than at any time since admission to the hospital. Her appetite is good + condition is good in every way. Mar 1st Drainage tube was taken out. It was out five days when she began to complain of pain in her right side of abdomen +

Scans to p. 120 (124)

Personal and Medical History of Mrs. Mary Daly

LEGGET, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4036.

Residence, Brownsville, Minn

Date Admission, 18th March 1895. Hour, 11:30 A.M.

Admitted by, D. Phelps

How Sent, Thomas Ryan, Jo. Co. Houston County

Sex, Female.

Age, about 67

Civil Condition, married

Children, — 7 —

Age Youngest Child, —

Occupation, Housewife

Degree Education, not stated

Profession Religion, Church member

Habits, Good

Nativity, Ireland —

Physicians Committing, F. W. Freeman & E. B. Johnston

Correspondents, John & Frank Daly (Her two sons)

Telegraph a write John Daley. Brownsville. Minn

No. for Year, 235.

Insane Relatives, some heredity, an aunt insane

Cause Exciting, probably age & general decline

Cause Predisposing, probably age; heredity

Form, Dementia Senilis.

Accompanying Bodily Disorder, somewhat sleepless

Suicidal or Not, not.

Date of this Attack, about 3 years ago

Duration, about 3 years

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 64.

Time of Leaving, Jan. 11 1897

Time in Hospital, 1 year. 8 mos. 24 da.

Result, Died. Exhaustion in Senile Dementia

EXAMINATION ON ADMISSION

Mch. 19. 95. Dr. P. M. by J. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish.

MEMORY:

Past Events, Impaired

Recent Events, Impaired

Special Subjects,

PERCEPTIVITY: Dull

Alert or Dull,

Correct or Illusive, Illusive

REASONING POWER:

Ordinary Subjects, Impaired responses.

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Exalted.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Seems to have many.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Is very incoherent. Cross and

Coherent or Incoherent, swears at times & is very

Voluble or Reticent, vulgar ~~& profane~~.

Personal and Medical History of Mrs. Mary Daly

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7 in. WEIGHT, 135 lbs. NUTRITION, Good

WOUNDS OR ABNORMALITIES, None.

TONGUE, Tremors, Coatings, yellowish brown Promptness Movement,

PUPILS, Equality, Eq. Size, Normal

Response Light, Accommodation,

SIGHT, Seems good

HEARING, R. L.

COORDINATION, Arms, Normal

Legs, Normal

TREMORS, Hands, None Tongue,

Facial Muscles, General,

REFLEXES, Patellar, Other

ARTICULATION, Normal

Slurred,

Hesitating,

FACIAL EXPRESSION, Dull & Cross.

SENSIBILITY,

HEART,

LUNGS, Seem in good condition

EXAM. URINE,

TAKEN,

GYNAECOLOGICAL EXAM., July 22 — Uterus retroverted

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~, Clean Clean, Careless,

BOWELS, ~~Normal~~, Constipated Constipated, Irregular,

APPETITE, ~~Good~~, 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 Mrs. Mary Daly

(1895)

This patient was brought here by Sheriff's Deputy John Daly & attended by Annie O'Donovan, with the following history. Habits & morals good. History of heredity & home extent; an aunt was insane. Cause of attack unknown, unless her age & general decline. Form of attack, chronic. Skin somewhat sleepless. First symptoms of disease manifested about 3 years ago; exhibited a tendency towards going away and could not find her way home. This is 1st attack, continuous; worse some days than others. Insanity now shown by hiding her clothes; wayward in all subjects. Not disposed to injure, beyond threatening; is not suicidal. Is dirty in habits; sometimes commits nuisances in the room. Skin is & history of any bodily disease &c or head-injury. She has required patching about a year. No medical treatment.

Mar 18 On admission, was put in B1 (3 L). Complexion light; hair partly gray; eyes gray; condition of skin good; no marks scars or bruises noticed; bodily condition clean: very noisy; fought while being bathed)

19 Is very noisy. Very dirty in habits. Has delusions. Talks incoherently. Ate no dinner or supper. Left apartment moved to B2 this eve. Slept well. Cough none. Bowels regular. Complexion Pgo. Resp. Temp could not be taken as she was too excited. Mch. 20 95. Appetite poor. Bowels regular. Uses obscene language. Quite noisy most of the day. Upon ward. Slept well. Mch. 21 95. Appetite quite good but very noisy at times. Talks incoherently. Bowels moved. Slept 7 hrs. Mch. 22 95. Appetite fair. More quiet to day. Talks incoherently. Very restless. Pgo. Slept well. Mch. 23 95. Very noisy most of day. Appetite quite poor to day. Talks incoherently. Walks up and down. Bowels constipated. Slept 7 hrs. Noisy 2 hrs.

24 Did not Eat well. Very noisy talking & using obscene language. Bowels constipated. Dirty in habits. Slept 6 hrs. out of bed 3 hrs. noisy at times. March 26 95. Appetite poor. Bowels constipated. Powder given. Quite noisy at times today. Dirty in habits. Slept 2 hrs. Mch. 26 95. Appetite some better to day. Bowels moved but quite constipated. Talks incoherently. Dirty in habits. Slept 4 hrs.

27 Appetite fair. Bowels constipated. Refuses medicine. Quite noisy most of the day. Slept two hours.

28 More quiet in behavior. Talks incoherently. Powder given for bowels. Appetite some better. Slept 4 hrs.

29 Quiet all day. Bowels moved. Dirty in habits. Talks incoherently. Slept very little.

30 Appetite quite good. Bowels moved. Very restless. Talks very incoherently. Slept well.

31 Walking up and down talking and quite noisy. Very dirty in habits. Appetite good. Bowels moved. Pgo. Slept well.

April 1 Quite noisy at times to day. Appetite good. Bowels reg. Dirty in habits. Talks incoherently. Slept well.

Summary. Very noisy most of the time, uses obscene language. Appetite poor at first but much better now. Very dirty in habits. Talks incoherently. Went riding.

Apr 4 95 Appetite good. Bowels usually constipated. Noisy at times. Transf to C 3.

27 Rather feeble, usually stays in one place. Appetite very poor. Bowels constipated. Coughs at times. Coughs & expectorate freely. Expectoration foul. Transf to B 4. April 7 May 9 95. Appetite fairly good. Extremely noisy all day. Very dirty in habits. May 15 95. Appetite poor.

May 31 95 Very dirty & extremely noisy part of the time.

June 4 Appetite fair. Bowels regular. Very dirty. Habits. Extremely noisy at times. July 5 Trans to B 3.

July 14 Destroys her clothing. Fought nurses. Very noisy during day. July 29 Has face bruised by one of patients. Appetite poor. Dirty in habits. Quite noisy at times.

Aug 29 Gen. health good. Appetite poor. Quite noisy. Very untidy during night. Bowels constipated.

Sept 30 Gen. health good. Appetite fairly good. Habits dirty. Very noisy at times.

Oct 14 Eye bruised by patient. Oct 30 Is extremely noisy. Dirty in habits. Talks

Personal and Medical History of Mrs. Mary Daly

incoherently & is very disagreeable. Nov 29 Patient very hard to manage at times. Occasionally very noisy. Appetite good. Bowels regular.

Dec 8 Patient fell & bruised her head. Extremely noisy during day. Dec 26 Very stupid this morning - fell & bruised face. Feb 28 Genral health good - Appetite fair. Very noisy. Profane & vulgar. Habits untidy. Sleeps quite well. Quite hard to manage. March 27 Sick in bed. has diarrhoea.

Apr 9 96 Old & feeble - Difficult to manage. Appetite poor. Very restless most of time - Talking a great deal. May 9. Patient fell from chair while sleeping. Bruised her face quite badly. May 30 96 Takes out door exercise. Appetite poor. Sleeps poorly. Seems to be losing flesh.

July 96 Appetite fairly good: Quite noisy at times: Fell & hurt her head quite badly & swollen: Untidy in habits. November. In seclusion; fed by nurse: Appetite fair. Dec. 18 Failing in health very rapidly. Dec 27 put to bed. 28th visited by priest: is fed by nurse; Eats quite well.

Jan 8 Visited by friend. Jan 10 Cannot swallow: Coughs quite hard: Jan 11 Has eaten nothing today: Failing quite rapidly: Died at 3 P.M.

Died Jan. 11th 1897.

Personal and Medical History of Mathea Wold

LIBBEY, FISLAR & SHARRETS, SHERBURNE, N.Y.

Whole No. 40.
Residence, St
Date Admission, 3
Admitted by, Dr.
How Sent, G Well
Sex, Fem
Age,
Civil Condition,
Children,
Age Youngest Child
Occupation,
Degree Education,
Profession Religion,
Habits,
Nativity,
Physicians Committi
Correspondents, (addr

Mch 30-95

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

THE CITY AND COUNTY HOSPITAL,
DR. ARTHUR B. ANCKER, SUPERINTENDENT,
AND PHYSICIAN AND SURGEON IN CHARGE.

DIRECTORS:
JOHN KERWIN,
ADAM FINCK,
EDWARD H. JUDSON.

ST. PAUL, MINN., March 29, 1895

Mathea Wold.

Admitted to the Hospital March 26th. Body very poorly nourished and extremely filthy. Ecchymotic spots over both lower and upper extremities, tongue dry and mouth full of foul debris. She is rambling in her speech talking all the time about how people ill treat her. She is positive that a certain party, poisoned her with matches some time last July and attempted it again Christmas-day. She thinks her system is full of poison and refuses food and medicine here, thinking that we want to poison her. Two days ago she got up, out of her bed and fought one of the patients, the nurses and the doctors and had to be put in restraints. She will eat when she thinks that she is unobserved. She imagines that she had typhoid fever last fall and talks about how her people neglected her. Her brother tells us she has been weak minded for the last ten years and that it has been impossible for any one to get along with her. Since she was put in restraints, she is all the time entreating us not to kill her, and she is at times very restless and trying hard to get out of bed.

J. G. V.

Personal and Medical History of Mathea Wold

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3½ WEIGHT, 97 lbs. NUTRITION, Very poor, pale

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Eq. Size, Dilated

Response Light, Accommodation,

SIGHT, Says good

HEARING, Says good

COORDINATION, Arms, Good.

Legs, Rough is rather weak

TREMORS, Hands, None. Tongue,

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION, Rather wild

SENSIBILITY,

HEART, Quick but no murmurs

LUNGS, Resp. impaired Expectorate blood at times

TAKEN,

GYNAECOLOGICAL EXAM., Normal condition

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, ~~Normal~~, Very 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, died of heart disease

Father or Pat. Relations, died of brain fever

Brothers or Sisters, 3 brothers, 3 sisters all healthy

Personal and Medical History of Mathea Wold

LARKIN, FOLEY & CHANDLER, DAVENPORT, IOWA.

Whole No. 10441.
Residence, St. Paul. Minn.
Date Admission, 29th March 1895.
Admitted by, D. Phelps — Hour, 7 P.M.
How Sent, G. Willrich, Jof P, Ramsey County
Sex, Female
Age, 42 years
Civil Condition, Single
Children, — none —
Age Youngest Child, —
Occupation, Domestic
Degree Education, Probably Poor
Profession Religion, Not a Church member
Habits, Good.
Nativity, Norway.
Physicians Committing, E.M. Lundholm & Eugene Riggs
Correspondents, (address of Brother) Charles Wold
306 Payne Ave St Paul Minn

No. for Year, 243.
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, "Chronic"
Form, Mel. chronic
Accompanying Bodily Disorder, (See attached Paper)
Suicidal or Not, Not
Date of this Attack, about 10 years ago.
Duration, about 10 years
No. of Attack, 1st (Seemingly Continuous)
No. of Admissions, 1st
Age First Attack, about 32 —
Time of Leaving, Feb. 19 '96.
Time in Hospital, 11 mo. 21 da
Result, Died Tuberculosis Pulmonalis

Mch 30-95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE: Excitable
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many & varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Thinks people are trying to kill her.
ILLUSIONS:
CONVERSATION: Incoherent and excitable in her
Coherent or Incoherent, talk thinks there is nothing
Voluble or Reticent, the matter with her

Personal and Medical History of Mathea Wold

...TINUED.

...ON, Very poor & pale

...ovement,

EXAM. URINE,

...is,

...ar,

...ar,

HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, died of heart disease
Father or Pat. Relations, died of brain fever
Brothers or Sisters, 3 brothers, 3 sisters all healthy

Personal and Medical History of Mathea Wold.

1895

This patient was brought here by Deputy Sheriff W. B. Miller & a lady attendant, with the following history; habits & morals have been good; there is no hereditary history. Cause of this attack is unknown; in form it is chronic: first symptoms manifested about 10 years ago, when she began to develop delusions of persecution. She now manifests religious monomania. Patient is not disposed to injure others, no suicidal, nor filthy, nor destructive in habits. If any peculiarities were previously manifested is not known. She has ecchymotic spots on both lower & upper extremities. She has not been restrained or confined. Has been under Dr. Robillard's treatment. (See attached slip, showing condition, conduct &c, while at the City & County Hospital) —

March 29 On admission, was put on B[r] (S.R. Complexion light; hair light; eyes blue; condition of skin normal; has a slight bruise, on left knee. Bodily condition clean; behavior good; patient is quite weak & has delusions).

March 30. Quite excited. Can not talk English. Has a good appetite. Did not sleep well. Cough & expectorates. Bowels constipated. Cathartic given. Complaints of nose. P 102. R 16. T 99. March 31.95. Up on ward. Appetite good. Bowels constipated. Quiet in behavior. Refuses to take medicine. Imagines it is poison. Coughs & expectorates. Slept very little.

April 1. Appetite quite good. Lying down most of day. P 100. Complains of pain in side. Slept 4 hours.
" 2 Appetite good. Bowels regular. Very quiet. In bed most of day. Cough & expectorates. T. 99. P. 100. Slept 6 hours.
" 3 Has a good appetite. Complains of headache. Quiet in behavior. Bowels regular. Cough quite hard. P 100. Did not sleep well.
" 4 Appetite good. Lying down most of day. Very quiet. Bowels regular. P 100. Slept 6 hrs.
" 5 Appetite good. Bowels regular. Coughs a good deal. Lying down most of day. Wet wetting. P 100. Slept not very good.
" 6 Behavior about the same. Has a good appetite. Bowels regular. Refuses medicine. P 102. Slept 6 hrs.
" 7 Appetite good. Bowels regular. Quiet in behavior. Coughs & expectorates. Seems weak. P 102. T 99.7. Slept 6 hrs.
" 8 Has a good appetite. Bowels regular. Behavior quiet. Complains of headache. Has delusions. Refuses med. Slept 6 hrs.
" 9 No change in behavior. Went walking but was unable to walk far on ac. of weakness. Went riding. P 102. Slept 5 hrs.
" 10 Appetite good. Bowels regular. Quiet. In bed most of day. P 100. Slept well.
" 11 Appetite good. Bowels regular. Quiet in behavior. Refuses medicine. P. 100. Slept six hours.
" 12 Appetite good. No change in behavior. Went walking. P 100. Coughs & expectorates. Slept 6 hrs.

Summary. Has a good appetite. Bowels regular. Very quiet most of time. Coughs & expectorates. Refuses to take medicine. Thinks it is poison. Physical note. Patient is about an edentate. Melancholy in appearance.

April 23.95 Appetite good. Bowels reg. Refuses med. thinks it is poison. Works some on ward. Transf'd to B[l].

May 31 " Is clean in habits. Quiet in behavior. Talks very little. Sits & sleeps most of the time during the day. Appetite good. Bowels reg. Sleeps well. Goes out walking & riding.

June Quiet. Assists on ward & dr. Clean. Cannot walking. Eats very little. Appetite good. Sleeps well. Bowels regular. Complains of headache. July 30 No change.

Aug 1 Trans. & Annex. Chg'r. No change. Sept 30 Appetite fair. Clean in habits. Quiet in behavior. Works on sleeping ward. Has delusions. Subject to constipation. Gen. health poor; color pale. Goes riding & walking.

Oct 6 Did not get up this morning. Complains of headache & her back is lame.
" 7 In bed. Seems to be some better. Appetite quite good. Oct 10 Up on ward today. Appetite quite poor. Clean in habits. Quiet in behavior. Has delusions. Bowels very irregular. Gen. health poor. Nov 7 Trans. to A. 2.

Personal and Medical History of Martha Wold.

Nov 30 Appetite poor. Has delusions. Complains of headache continually. Refuses to take medicine. Dec 30 Appetite very poor. Bowels irregular. Does not sleep well. Refuses to take all medicine. Keeps up & down hall in restless manner. Thinks all medicines are poison. Jan 20 Lungs examined today. Fine rales heard over both lungs. Moist rales over right anterior upper half of right posteriorly. Broncho vesicular over remaining area. Vocal fremitus marked in right subclavicular region. No marked change in remaining area. P. 104. T. 102.

Feb 4 Trans. to Infirmary. Feb. 5 Hypodermic Nuclein 15 min. Feb. 6 18 min. Bowels constipated. Appetite very poor. Cough & expectorates. Feb. 7 & 8 Hypodermic Nuclein 18 min. T. 102.2. P. 104 R. 30. Feb. 9, 10, & 11 Hyp. Nuclein 18 m. Feb. 12 Coughs considerably & expectorates some blood. Feb. 14 Pulse very weak. T. 102. R. 32. Complains of pain in her lungs. Feb 18 T. 103.8 P. 100. R 30. Slept greater part of night. Feb 19 T. 101.2 P. 94 R 32 Does not seem to realize anything. Visited by brother. Died 6:30 P.M.

Patient although somewhat weak upon ward gave no signs of such rapid failure. During past week, however, has failed with exceeding rapidity. The diagnosis of consumption probably expresses the cause of death while the symptoms showing its rapidity [illegible] somewhat inadequate their being simply exhaustion without high fever or septic infection.

Died Feb. 19th 1896 - 6:30 P.M.

Personal and Medical History of Mary Kluge

LOBERT, FISCHER & SAARBERG, DAVENPORT, IOWA.

Whole No. 4045.
Residence, Northfield, Minnesota
Date Admission, 30th March 1895.
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, R. A. Mott, Sh. P., Rice County.
Sex, Female.
Age, 28 years
Civil Condition, married
Children, Six; (one Dead).
Age Youngest Child,
Occupation, Housewife
Degree Education, probably fair
Profession Religion, not a Church member
Habits, Good
Nativity, Milwaukee, Wisconsin
Physicians Committing, C. E. Brubaker and A. J. Schmidt
Correspondents, None given — (See office Register).

No. for Year, 2444.
Insane Relatives, Brother & aunt
Cause Exciting, Loss of child & religious excitement
Cause Predisposing, Heredity
Form, Manic, chronic
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, December 1894 — (Husband dates year)
Duration, about 3 months —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 28 (about)
Time of Leaving, Nov. 3 95
Time in Hospital, 8 7 mo 3 da.
Result, Improved.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Apr. 1. 95 Dr. J. Winston Phelps.

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

EMOTIONAL STATE: Calm
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Partly incoherent - at times
Coherent or Incoherent, talks sensibly
Voluble or Reticent,

Personal and Medical History of Mary Kluge

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 164 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Yellow heavy Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Slightly impaired
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Prompt
Slurred,
Hesitating,
FACIAL EXPRESSION, Pleasant
SENSIBILITY,
HEART, Normal
LUNGS, Normal
TAKEN,
GYNAECOLOGICAL EXAM., Uterus hypertrophied Endometritis Laceration of perineum
MENSTRUATION, Menstruated on admission
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, ~~Normal,~~ Constipated Constipated, Irregular,
APPETITE, ~~Good,~~ 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, Healthy
Father or Pat. Relations, do
Brothers or Sisters, 3 Bros & 3 sisters

Personal and Medical History of Mary Kluge

1895

This patient was brought here by Deputy Sheriff M. E. Hibbard & attended by C. F. Kluge, with the following history: there is found history of heredity, a brother & aunt having been insane. Supposed cause of this attack is the loss of child & religious excitement. Form of attack is acute & paroxysmal. There is no accompanying bodily disorder. Symptoms of disease manifested ever since death of child in December 1894. This is 1st attack. Insanity now shown on religious subjects. Patient is not disposed to injure others, nor suicidal but is destructive; attempts to burn her bed clothing. No peculiarities to need previously shown, nor is there any history of any bodily disease &c or head injury. No constraint employed, except watching. She has had no medical treatment. Other particulars bearing on the case are mental anxiety over death of child & moderation on this and religious subjects bearing on future life; probably from talking with religious fanatic; probably only temporary.

Mar 30 On admission, was put on B² (S.R. Complexion dark; hair dark brown; eyes black; no marks, scars or bruises noticed: bodily condition clean; behavior good; ~~talks incoherently~~). (answers questions with fair accuracy)

March 31. Quiet. In bed all day. Talks quite well at times. Silly & incoherent in some ways. Eats very little. Bowels constipated. Cathartic given. Menstruating. Says she is very weak and tired. P98 R22. T98.8.

April 1. Upon ward. Quiet in behavior. Talks incoherently. Has delusions. Appetite quite good. Bowels moved. P100. Slept 4 hrs.
" 2 Good appetite. Bowels regular. Talks incoherently and quite noisy at times. Take tonic. P100. Slept 6 hrs.
" 3 Appetite good. Quite noisy today. Talking and singing. Complains of being weak. Take tonic. P100. Slept well.
" 4 Very noisy most of day. Appetite good. Bowels regular. Talks very incoherently. P100. Slept well.
" 5 Quite noisy at times today. Appetite good. Out walking. Bowels reg. Talks incoherently. P100. Slept.
" 6 Appetite good. Bowels regular. Take tonic. More quiet today. Has many delusions. P100. Slept 7 hrs.
" 7 No change in behavior. Quiet all day. Appetite good. Bowels regular. Take tonic. P100. Out walking. Slept 7 hrs.
" 8 Very noisy most of day. Talks very incoherently. Appetite good. Take tonic. Bowels regular. Slept 7 hrs.
" 9 Very silly in behavior also noisy at times. Appetite good. Talk incoherently. P100. Take tonic. Out walking. Slept 7 hrs.
" 10 Has a good appetite. Bowels reg. Out walking. Bathing. More quiet today. P98. Slept well.
" 11. Appetite good. Bowels reg. Take tonic. Out walking. P98. Talks incoherently. P98. Slept well.
" 12 Appetite good. Bowels reg. Quite noisy at times today. Visited by friends. P98. Slept 7 hrs.
" 13. Appetite good. Bowels reg. Very noisy at times today. Talks incoherently. Has delusions. P98. Slept 7 hrs.

Summary: Has been very noisy most of time. Talks incoherently. Has a good appetite. Bowels usually regular. Goes walking. Has many delusions. Thinks she has not all people has before. Imagines has purple ears. Physician's note: Patient has been a very healthy looking, large woman, rather silly and incoherent in manner & talk. Does not ask about home. Examination showed no physical ailment. Her condition is like that of many chronic maniacs, though her history would make the trouble recent; by letter of husband said she was going to burn up all their property. The state is probably chronic, in the form of a long maniacal paroxysm with perhaps a poor original endowment. April 23. 95 Appetite good. Bowels reg. Take tonic. Talks quite sensibly at times. Noisy at times. Went to laundry to work. Transf to B1.

May 3. 95. Appetite good. Bowels reg. Very noisy at times. Worked in laundry a few days. Transf to C3. May 20. 95 Sings and talks very noisily at times & is very impudent and disagreeable. Menstr. about the 17th. Appetite good. Bowels reg. Goes riding weekly. Gen health apparently good. May 29. 95 Very noisy & quarrelsome. Fought with Mrs Olson in her room & other head with a cup & bobbed her eye. Very untidy. Lounges on the floor and benches.

Personal and Medical History of Mary Kluge

June 17 Very noisy at times. Appetite good. Bowels regular. Gen. health apparently good. Trans. to C1.
" 18 Visited by Aunt & Uncle. Behaved quiet & talked rationally. Says has been working in laundry.
July 6 Menstr. July 20 Visited by father. July 30 Has not been working any this week. Very noisy at times. Trans. to A2. Aug 7 Appetite good. Bowels regular. Sleeps well. Noisy at times. Does no work. Goes walking. Trans. to B2. Aug 24 Works in employees d.r. Sept 4 Quite noisy at times. Talks rationally. Appetite good. Works in employees dining room. Bowels regular. Visited by husband & father. Sept 9 took tr. treatments. Oct. 7 Quieter & more rational past week. Oct 10 Trans. to B1. Oct. 13 Visited by friends.
Oct 15 Quite noisy at times. Talking & laughing. Talks rationally. Appetite good. Bowels regular. Trans. to A2. Works in dining room. Nov. 1. Quite noisy & bothering the other patients, no change. Nov. 3 Went Home at request of father. Went to friends at Plainview to visit.

Personal and Medical History of Annie Kelley #2

LEBEST, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4051

Residence, No. 413 S. Robert St. St. Paul, Minn

Date Admission, 3rd April 1895.

Admitted by, Dr Herzog Hour, 6.55 P.M.

How Sent, G. Wilbrick, Jof P, Ramsey County

Sex, Female.

Age, 21

Civil Condition, Single

Children, None

Age Youngest Child,

Occupation, Clerk

Degree Education, Probably quite good

Profession Religion, Catholic

Habits, Excellent

Nativity, Wisconsin

Physicians Committing, James C. Marks and W. Dunigoodie

Correspondents, Mrs Margaret Kelly (mother) lives 413 South Robert St. St. Paul

No. for Year, 250.

Insane Relatives, Not known if any

Cause Exciting, Unknown

Cause Predisposing, not given

Form, Melancholia acute

Accompanying Bodily Disorder, Suppressed Menstruation

Suicidal or Not, Has tendency to suicide, -

Date of this Attack, about 4 weeks ago

Duration, about 4 weeks

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, - 21 -

Time of Leaving, 7th August 1895

Time in Hospital, 4 mos - 29 ds

Result, Died Nov 6/95 - Recovered

EXAMINATION ON ADMISSION

April. 4. 95. Drs. R.M. & J.L. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused.

Quick or Sluggish,

MEMORY: Uncertain

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: Very illusive

Alert or Dull,

Correct or Illusive,

REASONING POWER: Impaired.

Ordinary Subjects, "

Own Mental State, "

Special Subjects, "

GENERAL DESCRIPTIVE REMARKS:

Pt on tonic

EMOTIONAL STATE: Depressed & very agitated.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Has many and varied.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Very incoherent. Talks almost

Coherent or Incoherent, constantly in an agitated and in-

Voluble or Reticent, coherent manner

Personal and Medical History of Annie Kelley #2

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2½ WEIGHT, 115 lbs NUTRITION, Good

WOUNDS OR ABNORMALITIES, Eruption on face

TONGUE, Tremors, Coatings, Heavy Promptness Movement,

PUPILS, Equality, Eq. Size, dilated.

Response Light, Accommodation,

SIGHT, Seems good

HEARING, do do

COORDINATION, Arms,

Legs,

TREMORS, Hands, None Tongue, None

Facial Muscles, General, None

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION, Very anxious

SENSIBILITY,

HEART, No murmur but quick.

LUNGS, Good

TAKEN,

GYNAECOLOGICAL EXAM., July 22 Uterus Retroverted

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,	Careless,
BOWELS, ~~Normal~~,	Regular.	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,

Personal and Medical History of Annie Kelley #2

1895

This patient was brought here by Wm B. Wiellu, Deputy Sheriff, accompanied by Wm A.B. Wilson and patient's brother, with following history; habits and excellent; there is no history of any heredity known; cause of this attack is unknown; in form it is acute & depressed. She has suppressed menstruation. First symptoms of disease were manifested about 4 weeks ago; suffered from fright & constant apprehension of some impending danger. This is 1st attack; insanity now shown by melancholy & undue apprehension. Patient is not disposed to injure others; has not attempted suicide, but there is a tendency in that direction; is also destructive of clothing. No peculiarities were previously known. There is no history of any bodily disease &c or of injury to head. She has not been restrained or confined; has been treated for nervousness for past few weeks.

Apl 3 On admission, was put on B3 (S.K. Complexion fair; hair light; eyes blue; condition of skin normal; no scars noticed; some eruptions on face; body rather dirty; resisted when being bathed; is very nervous; talks quite sensibly).

April 4 Quite excited this morning but more quiet the rest of day. Talks sensibly but has many delusions. Appetite fair. Sleeping dose given. Did not sleep at all. Bowels regular. Complains of headache. P 100. R 25. T 99.

" 5 Appetite good. Bowels regular. Noisy at times and very excited. Talks quite sensibly at times. Has delusions. Imagines some one is going to kill her. Sleeping dose given. ~~Kept in bed.~~ April 6-95. Appetite good. Very excited, pounding her head against wall. Put in restraint. Sleeping dose given. Slept 2 hrs. April 7-95. Appetite good. Bowels regular. Very noisy & struggling a great deal. Gave dose. But has been very noisy most of day. Quite noisy, hr. Slept 3 hrs. In restraint.

April 8 Has a good appetite. Very noisy until 12 M. Very quiet all afternoon. Bowels regular. Takes tonic. Talked quite sensibly. Complains some. In restraint. Slept 4 hrs. April 9-95. Appetite good. Out of restraint until 5 PM became very excited then, had to be kept back. Bowels regular. Refuses to take tonic. Slept 3 hrs. April 10-95. In restraint very quiet all day. Appetite good. Bowels regular. Talks sensibly. Bowels moved. Takes tonic. Slept 6 hrs. April 11-95. Appetite good. Quiet most of day. Bowels regular. In restraint. Takes tonic. Slept 3 hrs. Noisy 2 hrs. April 12-95. Up on ward. Transf to C 3. Patient very noisy excited all day. Appetite good. Bowels regular. Slept 6 hrs. about

April 13. Very excited and noisy. Crying nearly all day. Kept at meal time. Appetite good. Habits dirty.

" 14 More quiet to day but noisy at times. Talks quite sensibly but expresses many delusions.

15. Slept all night. Very noisy and excited this morning but more quiet this afternoon. Appetite good. Bowels regular.

16. Taken out for a walk this a.m. and is more quiet since her return. Appetite good. Bowels regular.

17 More quiet in behavior. Appetite good. Bowels regular. Takes tonic. Does riding and walking.

Summary. Patient very noisy and excited a great deal of the time crying refusing food & restlessly. Talks sensibly but you cannot hold her attention for any length of time and she expresses many delusions. Imagines some one is going to take her away & kill her & will ask the same question about it over & over again. Behaves quite well when out does does riding & walking. Appetite good. Bowels regular. Skin moist. Temp. Pulse and Resp normal April 27-95. More quiet the past few days. Appetite good. Bowels reg. Does riding & walking. Talks sensibly on most subjects but Expresses many delusions

May 1 95 Behavior quiet. Talks sensibly but still has many delusions. Appetite good. Bowels reg. Takes tonic. Does ride & walking. May 22-95. Transf to B 1. May 29 95. Does not like the tonic. Has delusions. Talks sensibly. Appetite good. Bowels reg. Does riding & walking. Takes tonic. Does no work.

Personal and Medical History of Annie Kelley #2

Does very nervous. Cries & frets. Complains of headaches. Has delusions. Imagines some one is going to burn her. June 2 More quiet in past week. Assists with work in d.r. Works at needle work. Very discontented. Complains of headaches. Clean. Has delusions. July 30 Improving every day. Not so nervous. Does not cry any more. Appetite good. Bowels regular. Sleeps well.

July 31 Quiet & agreeable. Works at needle work. Seems more contended. Talks sensibly. Does not speak of delusions. Appetite good. Bowels regular. Sleeps well. Does not complain of headaches now.

Aug 1 Does riding & walking. Appetite good. Bowels regular. Sleeps well. Cheerful & contented. No delusions.

Aug 7 Went home this morning.

Discharged.

Personal and Medical History of Melinda Baker

LEIGHT, FISHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4055.
Residence, Winona County Minn
Date Admission, 3rd April 1895.
Admitted by, D. Phelps Hour, 8:30 P.M.
How Sent, H. F. Buck. Jof P. Winona County.
Sex, Female
Age, 63 Years
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, Housewife
Degree Education, Not given
Profession Religion, Yes: Methodist
Habits, Good
Nativity, Rensselaer York
Physicians Committing, J. Staples & E. D. Keyes
Correspondents, B. F. Baker Winona Minn

No. for Year, 254.
Insane Relatives, No hereditary history
Cause Exciting, Death of a brother.
Cause Predisposing, Probably age
Form, Dementia, Senile
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, 3 weeks ago
Duration, 3 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, -63-
Time of Leaving, April 11. 1895.
Time in Hospital, 8 ds.
Result, Imp.

EXAMINATION ON ADMISSION

Apr. 4. 95. Drs. A. M. & S. L. Phelps

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, Illusive.
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Excitable.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many and varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Mostly incoherent.
Coherent or Incoherent,
Voluble or Reticent,
Put upon message, general tonic elevation

Personal and Medical History of Melinda Baker

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 124 lbs NUTRITION, Fair, rather pale.
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Inactive pale Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Impaired.
HEARING, Impaired.
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Prompt.
Slurred,
Hesitating,
FACIAL EXPRESSION, Pleasant.
SENSIBILITY,
HEART, Mitral Regurgitant murmur
LUNGS, Seem in good condition
TAKEN,
GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ceased.
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Medium Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Arteries slightly atheromatous 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 *Melinda Baker*.

1895

This patient was brought here by Deputy Sheriff John Doty + accompanied by B. F. Baker and Mrs Reigh, with following history. There is no hereditary history. Supposed cause of attack is death of brother. Is form, attack is exalted + paranoidal. No accompanying bodily disorder. First symptoms of disease manifested 2 weeks ago by excitability + hallucinations. 1st attack; Insanity now shown as religious + family subjects + by hallucinating. When cross, she will scratch + bite; but is not suicidal, nor filthy nor destructive in habits. There is no history of any bodily disease &c or injury to head. No restraint or confinement used. No treatment, except during present attack. During last 2 or 3 years, patient has been nervous and easily excited.

April 3 On admission, was put on B.th (S.R. Complexion fair; hair dark, streaked with gray; eyes gray; condition of skin normal; has a large mole on lower part of abdomen; former scars on left leg above the ankle: body dirty; behavior quiet; talks sensibly).

April 4. Noisy, talking and crying most of the time; in bed. Thinks she is not insane only in poor health. Eats boiled Eggs and drinks hot milk. Only slept a short time. Has no cough. Bowels somewhat constipated. Pulse about normal, Resp & Temp; same April 6 95. In room all day, does not dress, very noisy and somewhat violent. Eats 2 meals a day, toast & milk. Talks religion very much. April 6. 95. Very noisy & troublesome, wanting many favors that can not be granted. Bowels moved. Refused tonic. Slept 3 hrs. Ate 2 meals.

April 7. More quiet. dressed and out on ward most of the time but talking and singing. Bowels moved. Ate two meals, breakfast & dinner. Very restless does not sleep, only a few hours. Refuses tonic.

8. Out for a walk. Enjoyed it very much. Appetite good. Sleep much better. Bowels moved. Talks very much mostly about religion. Dressed part of day. Very noisy. April 9 95. Up on ward most of day. Ate 3 meals consisting mostly of soft toast & hot milk. Bowels constipated. Slept only a few hours. Complains of left side, also of headache. P. T. & R normal. April 10. 95. Much more quiet. Up on ward all day. Ate very heartily, 3 meals. Bowels moved. Sleep not very good. Talks quite sensibly. P. T. R. about normal.

April 11. 1895. Went home 10 30 a.m.

Discharged

Personal and Medical History of

Personal and Medical History of Albertina Carlson

LOBERT, FIDLAR & BAMBERG, DAVENPORT, IOWA.

Whole No. 4058.
Residence, St Paul, Minn.
Date Admission, 6th April 1895
Admitted by, Dr. Phelps — Hour, 7 P.M.
How Sent, P. Wilrich, Jof P, Ramsey County.
Sex, Female.
Age, 35 years
Civil Condition, married
Children, Yes, Three —
Age Youngest Child,
Occupation, Housewife
Degree Education, probably limited
Profession Religion, Not a church member
Habits, Good.
Nativity, Sweden
Physicians Committing, C. Eugene Riggs M.D. Arthur Sweeny
Correspondents, Peter Carlson, 258 Ramsey St.
Oct 1895 or care of Smith and Street car barn St Paul
Nov address 337 St Paul Minn

No. for Year, 25th.
Insane Relatives, some heredity; mother was "unbalanced" —
Cause Exciting, not known
Cause Predisposing, heredity —
Form, Paranoia
Accompanying Bodily Disorder, none
Suicidal or Not, probably suicidally inclined
Date of this Attack, 3 years ago
Duration, some 3 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about
Time of Leaving, Sept 7
Time in Hospital, 5 mos.
Result, Imp. 7/5

IS MRS. CARLSON CRAZY.

Her Husband Has Her Arrested on a Charge of Insanity.

Mrs. Albertina Carlson, the woman who disappeared from her home a few days ago and caused so much annoyance to her husband and the police until she was located in Minneapolis, was yesterday lodged in the county jail on a charge of insanity. After Mrs. Carlson was found, she refused to accompany her husband home, and in order to gain possession of the children he had her arrested. She seems to have taken a great dislike to her husband. Deputy Sheriff Picha brought her over from the Flour City yesterday in a carriage, as she refused to ride in a street car. She will be arraigned on a charge of insanity in the probate court today.

April 8 95. Dr. A.M. Phelps

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE: Calm.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have varied ones
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Partly coherent talks willingly
Coherent or Incoherent,
Voluble or Reticent,

Put upon tonic.

paste in History Concerning Albertina Carlson

St.Paul, April 24th'95

Dr.Kilbourne:-

Your letter of the 22nd is at hand. In reply will say I am glad to hear that my wife is not getting worse which I feared she would when taking the children away from her. Her ideas when at home was that I and my neighbors had a power of our own to put sickness on her and the children and that I paid the neighbors for helping me and when the baby was crying nights and could not sleep, she thought that the people down stairs done it, and when the children had diarrhoea, she thought that I put it on them; and when the people down stairs went into the water closet she would be afraid to go there afterwords, believing that they left something in there which would cause her to get disease or stop up her bowels. And she would believe in the least little thing such as slaming a door or moving a chair or a plate on the table. She would ask what is that good for; you cant fool me; I understand these games. And when the baby would cry she would pity her and say "poor little thing how they are trying to take your life. O God how they are working to do you away. And she would always carry pieces of steel wrapped up in a rag with sulpher and assafidity stuck up under her arms.

She believed that people could not do her any harm when she carried steel on her body. The last night she was home before she went away with the children when I came home from work she commenced to talk about the same foolish things. I took a hold of her and tried to cheer her up, and swung her around on the floor, then one of my rassors fell out of her dress. I asked her why she carried a rasor for, then she laughed and said, dont you know that it is good to carry steel then they can not do me any harm. I could not keep anybody to help her, as she believed that they only helped me to play the games as she called it; but when she talked to strange people she would talk as sensible as anybody. But if she saw me talk to the same party afterwords, she did not want any more to do with them. I can not state all her actions as it would take me a week to tell it all. You mention about a pocket-book in your letter. She had $5.00 which she got from her brother in Minneapolis, it may be she spent some of it.

(COPY)

(who?)

+ knowledge of

SLEEP, Good, Irregular. Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual 2nd attack.
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Albertina Carlson

LEBERT, FIGLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4058.
Residence, St Paul, Minn.
Date Admission, 6th April 1895
Admitted by, Dr. Phelps — Hour, 7 P.M.
How Sent, J. Wilbrich, Jof P. Ramsey County.
Sex, Female —
Age, 35 Years
Civil Condition, married
Children, Yes, Three —
Age Youngest Child,
Occupation, Housewife
Degree Education, probably limited
Profession Religion, not a church member
Habits, Good.
Nativity, Sweden
Physicians Committing, C. Eugene Riggs & Arthur Sweeny
Correspondents, Peter Carlson, 258 Ramsey St. St Paul.
or care of C. Smith ave Street car barn

No. for Year, 35th.
Insane Relatives, none hereditary; Mother was "unbalanced" —
Cause Exciting, not known
Cause Predisposing, hereditary
Form, Paranoia
Accompanying Bodily Disorder,
Suicidal or Not, probably suicidal
Date of this Attack, 3 years ago
Duration, some
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 32 —
Time of Leaving, Sept 28 '95
Time in Hospital, 5 mos. 22 da.
Result, Imp. 7/5/96

...ence of the leaders of the new silv... party was held in this city yesterd... attention. The meeting continued u... ing. It was attended by prominen... members of the silver party from d... tant states. Among those prese... mental candidate of the silver pa... sylvania, who is talked of as the pr... Senator Joseph Sharon, of Connecticut... Judge Joseph Sharon, of Connecticut... were ex-Congressman Sibley, of Pen... Senator Jones, of Nevada, who h... the Republican party to join the s... and Congressman Newlands. At... speeches; Gen. Warner, Senator Stewa... close of the conference last ni... Newlands left for New York, wh... they are to hold another conferen... concerning the welfare of the n...

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

April 8 95. Drs Am. & L. Phelps

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

EMOTIONAL STATE: Calm.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have vague ones
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Partly coherent Talks willingly
Coherent or Incoherent,
Voluble or Reticent,

Put upon tonic.

...INATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, ✓ WEIGHT, ✓ NUTRITION, Good, color good
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, some tremor Coatings, None. Promptness Movement,
PUPILS, Equality, Eq. Size, normal
Response Light, Accommodation, Normal.
SIGHT, Good.
HEARING, Good.
COORDINATION, Arms, Normal.
Legs, Normal
TREMORS, Hands, Tongue, Slight
Facial Muscles, None General, None.
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, Normal.
SENSIBILITY,
HEART, No murmurs.
LUNGS, seem pr good condition.
TAKEN,
GYNAECOLOGICAL EXAM., July 22 96 Retroversion & Flexion & Laceration & Inversion of
MENSTRUATION, as Hypertrophy —
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Regular Constipated, Irregular,
APPETITE, Good, Poor. Medium, Poor,
SLEEP, Good, Irregular. Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual 2nd attack.
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Albertina Carlson.

1895

This patient was brought here by Deputy Sheriff Miller & attendant, with the following history. Habits and morals have been good. There is history of heredity; "mother was imbalanced". Supposed cause of this attack not known. Before, it is chronic & depressed. No accompanying bodily disorder. She showed the first symptoms of disease 2 years ago. This is 1st attack. Insanity now manifested by delusions of "persecution". Patient is not disposed to injure others. She has not attempted suicide, although she has carried a razor, to charm away evil influences; she supposed steel would keep off evil influences. Previously, she has been careless & dirty in care of children. There is no history of any bodily disease &c or injury to head. No pecuniary; no medical treatment.—

Apl 6 On admission, was put on B.V. (S.R.- Complexion light; hair light brown; eyes gray; Cuticle & skin normal; no marks scars or bruises noticed. Bodily condition clean; behavior good).

7 Behavior quiet. Talks quite sensibly. Appetite fair. Slept 8 hrs. None. Bowels reg. Complaint worse P 85. R 22. T 98.2

8 Appetite fair. Bowels regular. Up on ward. Works some. Talks quite sensibly. Crying seems very sad. P 86

9 Appetite good. Bowels regular. Talks some. Works on ward and dining room. Talks sensibly. Appears in good health. Slept 4 hrs.

10 Has a good appetite. Works on ward and in dining room. Very anxious to leave. Cries a great deal. Slept 7 hrs.

11 Appetite good. Bowels regular. Talks some. Went walking. Works on ward & in dining room. Slept 6 hrs.

12 Appetite good. Behavior quiet. Wants to go home. Went walking. Talks rationally. P 85. Slept 6 hrs.

13. Crying, seems very homesick. Works on ward and in dining room. Went walking. Bowels reg. Talks sensibly.

14 Appetite good. Bowels reg. No change in behavior. Talks sensibly. Ran away without walking. Caught 4 P.M. Slept 6 hrs. Slept 5 hrs.

15 Appetite good. Talks very rationally. Cries a great deal. Says she would like to earn her living. Talks about her children. Slept 6 hrs. Complained of headache. April 16-95. Appetite good. Bowels regular. Works on ward and in dining room. Slept 6 hrs. April 17-95. Has a good appetite. Bowels regular. Very sad, talks rationally and is anxious to leave. Talks some. Used breast pump. Has applied liniment. Slept well.

18 Appetite good. Works on ward. Says she is not crazy but her husband is. Talks some. Went walking. Slept well.

19 Appetite good. Bowels regular. Talks sensibly. Works on ward and in dining room. Talks medicine. Went walking. Slept well. April 20-95. Has a good appetite. No change in behavior. Went walking. Slept well.

Summary. Has been very quiet. Goes walking and riding. Appetite good. Bowels regular. Patient has told quite fromly that her husband abused her and had told her to go away. That he had continual trouble at home on account of his drinking and that she simply went to her relatives today a few days. Went forward out and earn money to keep her children. Has not so far said anything that definitely proves a delusion, but rather admits that her relatives as well as her husband are to blame. Can't give definite logical plan in going out to work.

Apr 20-95 Appetite good. Bowels reg. Works on ward and in dining room. Very anxious to leave her. Goes walking. May 4-95 Talks sensibly. Works on ward. Goes walking & riding.

May 31-95 Is very agreeable, works well on ward. Talks sensibly.

June 30 Very quiet. Walks out on ward daily.

Aug 8-95 Has aperated upon today for repair of cervix, perineum and haemorrhoids. Took Ether well. Reaction was good. Made an uninterrupted recovery.

Sept 16 '95 Behavior quiet; talks sensibly. Clean and neat. Appetite good. Bowels regular.

Personal and Medical History of Albertina Carlson.

Sept 28 '95 Was sent home today. Physical condition good. Working daily. Was sensible in talk. Very anxious to go.

Discharged.

Personal and Medical History of Anna Evenson

LEIGHT, FOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4060.
Residence, Spring Grove, Minn
Date Admission, 9th April 1895. —
Admitted by, Dr Phelps Hour, 8 P.M.
How Sent, Thomas Ryan, Jo P. Houston County
Sex, Female
Age, 36
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, ~~Not~~ Stated
Profession Religion, Church member
Habits, Good
Nativity, Norway
Physicians Committing, T. Jenson (2nd) T. Stabo
Correspondents, Hans Evenson (Husband) Spring Grove, Minn

No. for Year, 259.
Insane Relatives, Mother & her Aunt
Cause Exciting, Nervousness
Cause Predisposing, Heredity.
Form, Mel. acute.
Accompanying Bodily Disorder, none
Suicidal or Not, has threatened Suicide
Date of this Attack, about 6 weeks ago
Duration, about 6 weeks
No. of Attack, 2nd
No. of Admissions, 1st
Age First Attack, about 34
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

Apr 10. 95 Dr Linton Phelps

MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE: Depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have delusions.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Partly coherent. Thinks there is
Coherent or Incoherent, something the matter with her head
Voluble or Reticent, Attentive.
Cut upon special list and tone

Personal and Medical History of Anna Everson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2½ WEIGHT, 101 lbs NUTRITION, Very poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, dilated
Response Light, Normal Accommodation,
SIGHT, Seems slightly impaired
HEARING, Impaired.
COORDINATION, Arms, Normal
Legs, Seems weak when she walks.
TREMORS, Hands, None Tongue,
Facial Muscles, General, None
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Hesitates
Slurred,
Hesitating,
FACIAL EXPRESSION, Worried & Sad
SENSIBILITY,
HEART, Irregular
LUNGS, Resp impaired Shallow
GYNAECOLOGICAL EXAM., July 19 — Uterus retroverted & bound by adhesions
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, ~~Good~~, Very poor Medium, Poor,
SLEEP, Good, Poor. Poor, Irregular,
PULSE, Resp., 26 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,

TAKEN,

Personal and Medical History of Anna Everson

1895

This patient was brought here by Deputy Sheriff T. H. Blewitt & attended by Eugene Everson, with following history. Habits & morals have been good. There is history of heredity, her mother and her aunt having been insane. Supposed cause of this attack is nervousness; in form it is depressed. There is no accompanying bodily disorder. First symptoms of disease were manifested about 2 years ago; she was alone in her house, when she was frightened by a shock. About 6 weeks ago she was taken down again: this is probably 2nd attack. Insanity now shown in that she is afraid of everybody and thinks that she is lost & is very much depressed. Patient is not disposed to injure others, but is suicidally inclined & she has threatened to kill herself. Is of dirty habits; she sits in bed. There is no history of any bodily disease or injury to head. Her husband & friends have to watch her all the time. She has had medical treatment; no good effects & she seems to be getting worse. No further particulars known, beyond what are stated above.

Apr 9 On admission, was put on B.W. (S.K. Complexion fair; hair light; eyes blue; Condition of skin, normal; scars on each shoulder from cupping; bodily condition rather poor. Behavior quiet).

10 Behavior quiet. Can not talk much English. Appetite good. Sleeps well. Cough none. Bowels regular. Complains of none. Pgs. Left Dg.

11 Appetite quite good. Bowels regular. Takes tonic. Works in dining room. Went riding P 100. Dg. 0. Slept 8 hrs.

12 Appetite good. Works in dining room. Very sad. crying at times today. Went walking. Takes tonic. Slept 8 hrs. Will not talk much English.

13 Appetite good. Bowels regular. Quiet in behavior. Takes tonic. Pgs. Went walking. Slept 8 hrs.

14 Appetite good. Bowels regular. Works in dining room. Went walking. Takes tonic. Pgs. Slept 4 hrs.

15 Appetite good. No change in behavior. Went walking. Works in dining room. Complains of headache. Slept 8 hrs.

16 Appetite good. Bowels regular. Very quiet. Complains of pain in head. Works in dining room. Went walking. P. 90. Slept 8 hrs. quiet & restless.

17 Appetite good. Bowels regular. Takes tonic. Went walking. Pgs. Works in dining room. Slept 8 hrs.

18 Appetite good. Very excited this morning. Took a knife out of dining room. Thinks some one is going to murder her. In bed most of day. Gave a bath with cold cloth on head. More quiet since.

19 Appetite good. Bowels reg: Very excited most of day. Tried to run away while out walking. Complains of headache. P. 112. Slept very little

20 Appetite quite good. Bowels reg. Very noisy and excited at times today. P. 90. Refuses med. Slept 2 hrs.

21 Appetite not as good. Bowels regular. Very excited at times to day crying and wringing her hands. Would not take medicine. P. 98. Slept 3 hrs.

22 Appetite fair. Bowels regular. Quite noisy at times today. Went walking. Works in dining room. Pgs. Slept about 2 hrs.

23 Appetite poor. More quiet today. Went walking. Bowels regular. Works in dining room. P. 99. Slept 3 hrs.

Summary: Very quiet most of time until the past few days. Can not talk English. Works in dining room. Goes walking and riding. Excited at times. Melancholy & absorbed in appearance always.

April 24. 98. Appetite fair. Bowels reg. Quite excited and noisy today. Takes tonic most of time.

May 15 " Appetite some better. Cries a good deal. Goes walking & riding. May 31 98 Is usually quiet in behavior. Appetite fair. Sits with head down; expectorates a great deal.

June 5 Appetite fair. Bowels regular. Expectorates considerably. Quite sad. sits with head down frequently cries. Untidy in habits. Goes walking & riding. June 19 Quite stupid lies on floor has to be led in order to keep her sitting up. July 18 Complains of being sick. In bed all day. Temp. Normal.

Aug 15 Appetite better. Is quieter of late. Sept 9 Patient crying today. Appetite fair. Sleeps well. Does not talk & is very stubborn. Goes riding & walking. Oct 14 Very quiet. Appetite fair. Bowels usually regular. Will hold saliva in mouth for some time & then spit it out on floor. Untidy in appearance. Nov. 30 Dirty in habits.

Personal and Medical History of Anna Everson.

Bowels regular. Goes out walking & riding - Sleeps well. Dec 27 '96 Dirty in habits. Bowels irregular. Seems quite stupid. Appetite fair. Sleeps well. Does not converse. Refuses tonic. Jan 97. Expectorated some blood. Feb 17 '96 No change. Goes riding & walking. Mar 16 Expectorates considerably at times - Very stupid. Sleeps well. Appetite fair. Cathartics given quite often.

Apr 16 Very stupid most of time. May 11 96 Expectorates almost constantly. Very stupid. Resistive at times. Appetite fair. Bowels regular.

June 96 Appetite quite good: expectorates a good deal: untidy in habits. Aug 96 Patient very stupid: menstruates regularly: Appetite variable: very untidy in personal appearance: Does no work: Has grown very stupid & stubborn: Does no work. Continued by Dr P.M. Phelps. Patient very stupid: in fairly good health: Is quiet.

July 30 97 Trans. to A. Feb 98 Has complained some during past month or two. Works some & at the quite dull is fairly well behaved. No notable event during period.

Sept 98 to Sept 99. (By Dr. G.A. Pratt) Appetite good: sleeps well: bowels regular: goes riding: very untidy: quiet in behavior: occasionally violent & noisy. March Wanted by friends: Aug 12 & 15 Right side of face swollen. Appeared to be nothing serious: Aug 16 Dr. Mus. & Nurses. Sept 1 - Feb 28 1900 Neat but rather careless in appearance. Eats & sleeps well. Takes out door exercise: Jan 12 Wt. 101 1/4 lbs. Occasionally strikes others. March - Aug 31 1900 Stupid & resistive & at times noisy. Does not converse. At times vulgar: General health good. July 21 Vaccinated.

Sept 1 - Nov 30. Sept 2 Struck in face by another patient & Eye blackened. Fed on tray in B' bay. Takes out door exercise: At times noisy & resistive & troublesome. Is untidy. Sept 5 Trans. to B'. Sept 7. Small bruises found on arms & limbs & both eyes blackened. No abrasion of skin. Cause unknown. Trans. to D3. Had diarrhoea & given boiled milk diet & medicine. Sept 13. Up on ward. Sometimes quite disturbed & cries a great deal. Inclined to sit on floor. Is very obstinate. Nov 28. Wt. 93 lbs. Nov 30 Fought nurses. Dec 1 - Feb. 28 1901. No change in patient during quarter. General health good.

March 1 - June 1 - 1901 no change in mental or physical condition. May 29 Wt. 99 lbs. June to Sept. Takes no out door exercise, does no work. Sept. 2 Wt. 74 lbs. Sept. to Dec. No change Nov. 22 Wt. 77 lbs.

To Feb. 1, 1903. General health good though not robust: appetite good: bowels regular: sleeps well: menstruates regularly: takes exercise: does no work: is at times quite restless: is dressed by the nurses: does not converse or answer questions: depressed at times: cross a great deal: Nov. 28th Left side of head cut in the night: no stitches required: Nov. 30 th. Wt. 76 lbs

Personal and Medical History of Christine Alm.

LAIRET, FIDLAS & SAMBERG, DAVENPORT, IOWA.

Whole No. 4063.

Residence, Forest Lake, Minn.

Date Admission, 12th April 1895.

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

How Sent, E. J. Butts. Jo P. Washington County

Sex, Female

Age, 44 Years

Civil Condition, married

Children, Yes; 4 alive; 2 Dead

Age Youngest Child,

Occupation, Housework

Degree Education, Probably Poor.

Profession Religion, Lu. Ev. Luth. Congregation

Habits, Good

Nativity, Sweden

Physicians Committing, Edw. A. Eaholm & W. H. Pratt

Correspondents, Iver Ekblad (Brother in law)
Louis Check, Jonas Pettersen, all of Forest Lake

No. for Year, 262.

Insane Relatives, Father (Peter Johnson #2) Paternal Uncle.

Cause Exciting, Religion

Cause Predisposing, Heredity.

Form, Mania, acute Delirious.

Accompanying Bodily Disorder, None

Suicidal or Not, has threatened Suicide

Date of this Attack, a week ago

Duration, one week.

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, 44 years

Time of Leaving, April 21. 1895.

Time in Hospital, 9 days.

Result, Died.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Christine Alm.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 2½ WEIGHT, 129 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, EXAM. URINE,

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

LUNGS,

TAKEN,

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 Christine Alm

(1895)

This patient was brought here by Deputy Sheriff Peter Hagstrom and August Alm, her husband, with following history. There is history of heredity, her father being now in this Hospital. Supposed cause of this attack is religion; form of attack is acute; there is no accompanying bodily disorder. First symptoms of disease were manifested a week ago; she complained of sickness; was treated by a physician, but got worse since that time. She has been very troublesome. This is 1st attack. Insanity now shown as religious; singing clapping of hands and changing from one subject to another. Patient is not disposed to injure others, but she has threatened to commit suicide. Is not filthy or destructive in habits. There is no history of any bodily disease or injury to head. At present must be restrained by being tied in a chair. Patient has not been under medical treatment.

Apl 12 On admission, was put on B[d] S.R. Complexion fair; hair light; eyes blue; condition of skin normal; has a small mark on right knee; bodily condition very dirty; has vermin on her. Attempted to fight while bathing; remarks are very incoherent. Patient came here with two men by stage.

" 13 Very noisy all day. Talk incoherent. Appetite poor. Drank cup of milk. Coughs some. Right foot swollen some. Sore mouth. P.R.N. Pers. Tr. ad 8 h.

" 14 Some quieter. Lips eye black. Refuses meat. Fed with tube. Bowels constipated. Enema given. Also 4 doses of salts. Bowels moved freely. In restraint T. 102 3/4 P. 108. April 16-95. Very restless all day. Refuses meat. Fed with tube. In bed greater part of day. In restraint during night. T. 99. P. 100 R. 18. April. 16-95. Noisy at times. Very restless. Will not eat, fed with tube. In restraint during night T. 99. April. 17-95 Restless all day seems quite weak. Fed with tube. In restraint during night T. 99 2/5 P. 112. April. 18-95. Quite restless all day. Seems to grow weaker. Fed with tube. Mouth very sore looking. Bowels constipated T. 98 1/5 P. 100 R. 20 April. 19-95. Very weak. Quite restless at times during the forenoon - afternoon quiet. Coughs some and seems to cough when awake from a short sleep. T. 98 2/5. P. 100 very weak. Dose of salts. April. 20-95 T. 99. Seems very weak. Fed with tube, drank eggnog in the evening. Bowels constipated. Quiet all day. April. 21-95. Gradually growing weaker. Fed Eggnog P. 112. T. 99. R. 38. Died 7.30 P.M. Patient began at first with indication of delirium but as free evacuation of bowels, temp again went down as did her very weak. On examination the weakness seemed from dilation of heart. She was exhausted, easily fainted, a weak pulse a gradual failure till death.

Died, April, 21. 1895 at 7.30 o'clock P.M.

Personal and Medical History of Mary D. Valentine

from p. 188

improves: assists with work on sleeping float & in laundry.
Sept 1- Feb 28. 1900 (Dr Bryerdale) Sept 1. Fought Nurses. Nov 30. Neat in habits: works in laundry, at times violent: does not converse: sleeps well. Dec 9. Stupid: appetite poor. Fed by nurses - going into spell. Dec 10 Attacked nurses - Refused supper. 14 Resistive & violent 16 Complained of being sick - put to bed. Temp. 99[8]. Fed by nurse. Catheterized. Trans. to Infirmary. Remained in bed until Jan 19.[th] Temp. at no time above 99[8]. Jan 5 Wt. 105 1/2 lbs. Trans to Annex. Fully recovered from sickness & spell - is becoming brighter mentally again. Feb 28 Restless & troublesome, has delusions. Stubborn at times.
March - Aug 31[st] 1900 General health good: works in laundry. June 21 Sick in bed June 23 Very stupid: would not eat. Trans. to Infirmary. There until Aug 18[th] when she was Trans. to D 3. During spell was stupid, untidy, constipated, & required mechanical feeding. Sept 1- Nov 30. Very well up to middle of November. Worked some in laundry, attended chapel & amusements. Agreeable & pleasant & conversed readily. Nov 4 complained of stiff neck, liniment applied Nov. 24. Wt. 127 1/2 lbs. Dec 1- Feb 28. Gradually became more stupid until Jan 24 when she was transferred to Infirmary & fed mechanically. In bed until Feb 17. Appetite poor: bowels constipated. Slept well. Feb 20. Very much improved. Assisted with work. Trans to D 1. March 4 Wt. 118 lbs.
Mar to June Mar 10 patient is working and taking exercise. Apr. 10 became disturbed, threatened to kill Mrs. Johnson, attacked her scratching her face, broke a window, was put in seclusion. Trans. to B 2 became noisy and destructive, kept in the bay. May 29 Wt 137 lbs.
June to Sept 1901 Became more quiet and was tran. to D 1. Aug 8 began working in the laundry, still occasionally destructive, untidy in her appearance but clean in habits. Aug. 30 Wt. 148 lbs.
Sept. to Dec. During latter part of Oct. became stupid fed mechanically, very obstinate and resistive. Nov. 30 Wt. 136 lbs.
Sept to Oct 1902 and Nov of united down: of quite dull and stupid: 11th of Nov was put to bed, seems very weak, temperature 99[8] was put on digind diet seemed to have gastric distress vomited quite often circulation very poor was transferred to the infirmary Nov 18th failed very rapid and Died Nov 22nd 1902 - 12.45 P.M. Diagnosis was organic heart trouble.

Personal and Medical History of Kate Cowing

LEIGHT, PIELER & KNARESES, DAVENPORT, IOWA.

Whole No. 4070.
Residence, 481 Laurel Ave. St. Paul
Date Admission, 16th April 1895.
Admitted by, D. Hourzog Hour, 5th P.M.
How Sent, G. Willrich, Jr. P. Ramsey County
Sex, Female.
Age, 47 years.
Civil Condition, widowed
Children, Yes, three
Age Youngest Child,
Occupation, Housewife
Degree Education, probably good
Profession Religion, Yes. Episcopalian
Habits, very good
Nativity, Washington D.C.
Physicians Committing, A.W. Dunning & C.E. Riggs
Correspondents, (son's address) N.A. Cowing
481 Laurel Ave St Paul

No. for Year, 269.
Insane Relatives, None
Cause Exciting, Sorrow over loss of friends & fortune.
Cause Predisposing, Chronic
Form, Manic, chronic agitated
Accompanying Bodily Disorder, None
Suicidal or Not, Often contemplated
Date of this Attack, about 5 years ago
Duration, about 5 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 37
Time of Leaving, July 22-95. Pat July 25 95
Left Dec. 16 '96.
Time in Hospital, 1 yr. 9 mo.
Result, Discharged May 5 '97. Improved.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Apr 17.95. Dr. R.M. Phelps.

MENTAL ACTIVITY:
Clear or Confused, Fairly good
Quick or Sluggish, slightly confused
MEMORY:
Past Events,
Recent Events, Fair
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Fair except along lines of delusion
REASONING POWER:
Ordinary Subjects, not very good
Own Mental State, quite poor.
Special Subjects, Poor.
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Depressed tends towards agitation.
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, systematized about things going to the bad financially & otherwise.
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None noted
ILLUSIONS: None
CONVERSATION: quite coherent. Talks readily.
Coherent or Incoherent, Religion most things about it is
Voluble or Reticent, not quite reasonable in worry & much. Still is restless, walking about, cant sleep & eats poorly. On the verge of agitated melancholia. Has at times felt that some one persecuting her.

Personal and Medical History of Kate Cowing

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, somewhat impaired
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, Fairly steady Coatings, some brownish coating Promptness Movement,
PUPILS, Equality, Yes Size,
Response Light, Yes Accommodation,
SIGHT, seems fair
HEARING, Normal.
COORDINATION, Arms, Good
Legs, Good.
TREMORS, Hands, some fine Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Fairly good normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Face drawn asymmetrically seems a habit
SENSIBILITY,

TAKEN,

HEART, Normal
LUNGS, Normal. Had pneumonia once.
GYNAECOLOGICAL EXAM., Normal, practical July 22
MENSTRUATION, ? Normal
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, ~~Good~~ irregular Medium, Poor,
SLEEP, ~~Good~~ very poor Poor, Irregular,
PULSE, Normal Resp., Normal Temp., Normal
CRANIAL MEASUREMENTS, ?
HISTORICAL,
LENGTH OF INVASION, 3 years or more ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, M. died 45. Dont Know
Father or Pat. Relations, F died 60 lung trouble
Brothers or Sisters, 1 Bro. No family trouble Known 1 four ages 25 1 age 9

Personal and Medical History of Kate Cowing

1895

This patient was brought here by Deputy Sheriff W. B. Miller & Mrs Miller, with the following history. There is no history of hereditary. Cause of attack is sorrow over loss of friends and fortune; form of attack is chronic, depressed. There is no accompanying bodily disorder. First symptoms of disease manifested about 5 years ago. This is 1st attack. Insanity was shown by extreme depression & self-condemnation. Patient is not disposed to injure others. — Suicide has not been attempted, but often contemplated. She is not filthy or destructive in habits. No peculiarities &c were previously shown, nor has she been subject to any bodily disease &c or injury to head. She has not been confined or confined. has had some medical treatment, feeding, tonics &c, but without any permanent benefit to her. ———— —

April 16 On admission, was put on W. (S.R. Complexion dark; hair dark, streaked with gray; eyes gray; Condition of skin normal; of marks, scars or bruises, none noticed. Bodily Condition clean, Is quiet but nervous; talks quite sensibly).

17 Extremely nervous, walking the floor & wringing her hands. Appetite poor. Slept about 3 hrs. Cough none. Bowels constipated. Complaints none. P 80. R 18. T 98.0. April 18.95 Slept well during night. Sat up in bed and talking most of time. Complains of headache. Appetite poor T 98 2 P 78 R 18. Was taken out doors, but nervous. April 19.95 Slept until 2 a m. Very nervous and awake remainder of night. Rather more quiet to day. Lay on lounge for a short time. Appetite poor. On tonic T 99. P 100. R 18.

20 Quiet until 1 30 a m. Very nervous. Out of bed and walking the floor most of time the remainder of night. Somewhat quieter to day. Appetite better. April 21.95 Quiet until. Slept the greater part of night. Ate breakfast well. Was very nervous & excited most of the day. April 22 95. Slept 4 hrs. Very nervous and out of bed a great deal for part of night. Appetite seems somewhat better. More quiet. April 23.95. Very nervous and agitated, walking up & down the hall most of the day. Appetite not very good. Bowels regular. Transfd to B2. April 24.95. Slept well during the night. Very nervous and agitated walked up and down the floor most of the day. Ate very little. April 25.95. Appetite not very good. Slept very little. Very nervous & agitated all day. Talks quite sensibly. Bowels reg. Walked up & down the hall most of the day.

26 Slept about 6 hrs. Appetite some better. Bowels regular. Very nervous all day. Walked up and down the hall most of the day.

27 Very restless & agitated walking the floor most of the time. Went out walking. Slept well. Appetite quite fair. Bowels regular. Takes tonic. April 28.95. Appetite poor. Takes tonic. Very nervous and restless. Walking the hall floor most of the day. Slept quite well. April 29.95. Sleeps well. Appetite quite fair. Bowels regular. Not as restless. April 30 95. More quiet to day. Appetite fair. Sleeps quite well. Walked the hall most of the time. Talks to herself. Talk quite sensible.

Summary. Patient quite nervous and agitated at times. The last few days has been more quiet. Walks up and down the hall. Very restless. Goes out walking. Is neat and clean in habits. Talks quite clearly. Sleeps quite well lately. Bowels regular. Appetite quite fair. Takes tonic. Seems very discontented. Talks to herself at times. Does not complain. Admits she has had suicidal plans & justifies them. Was moved from infirmary to B2. on this acct.

April 30 95 In last few days, not as nervous. Appetite good. Bowels regular. Sleeps well. Talks quite sensibly. Walks up & down the hall most of the time. May 31 95 Is very nervous some days while other days seems much better. Walks up & down the hall most of the time. Talks to herself when spoken to. Talks sensibly. Some nights sleeps well, while other nights sleeps very little. Appetite quite fair. Bowels reg. Clean in habits. Does no work. Goes out walking and riding.

Personal and Medical History of Kate Cowing

June 20 95 Has been very nervous for some time, talking to herself, wringing her hands and walking half floor most of the time. June 28.95 Very nervous most of the time. Talks to herself. Has not walked the floor in the last few days, stayed in her room. Appetite good. Bowels regular. Very seldom complains of not feeling well but is out walking. Talks about going home all the time & can not understand why she is kept here.

July 21 95 Very nervous all day, walking the floor, picking her face. July 22 95 Very nervous, transf. to C 2 Wenthome.

July 25 Recd on ward this afternoon. Very nervous. Had to be held all afternoon to be kept from picking face. Ate little supper. Did not sleep any. July 26 Ate very little breakfast. Very nervous, tracking floor & picking face. Trans. to C. 2. July 27 About same. In restraint during night. Trans. to B 2. July 28 In restraint all night. Had muffs on. Very nervous & restless. Picks her face. has to be held most of time. Aug 3 Takes tonic. Appetite fair. In restraint (muffs) at night. Taught nurses while they were being put on. Aug 5 Very nervous & restless given Hyp.

Aug 4 Given Hyp. morphine gr. 1/8 - Hyoscine gr 1/100 Taken out of restraint. Aug 21 Put in restraint (muffs) at night. Sept 1 In restraint nights about 12 hrs. Sept 4 Very nervous - Always worrying. Has delusions. Fed at early dinner; appetite rather poor. Bowels more regularly. Gave Hyp. Sept 16 In restraint (muffs) at night & all day. Sept 24 In muffs at night. Picks her face. Sept 27 In muffs at night. Gave Hyp morphine 1/8 gr.

Oct 1 In muffs at night. Very agitated & nervous. Oct 6 Hands in muffs 24 hrs.
" 7 Put in restraint sheet 24 hrs P.M. Oct 8. In restraint sheet all day & night.
" 11 Hands in muffs. Appetite good. Sleeps fairly well. Oct 12 & 13 Had muffs on day & night. Oct 14 & 15 Muffs on nights only in habits. Oct 21 In restraint sheet to night. Appetite very good. Oct 27 In restraint today. Nov 8 Patient very nervous. Always noisy. Bowels regular. Appetite very poor. In restraint at night.

Nov 18 In restraint at night. Nov. 19 Gave sleeping dose. Very excited. Nov 22 In restraint nights. Nov 24 Visited by Friends.

Dec 1 Very agitated - Picks her face. Hands in muff at night. Dec 16 Some quieter. Visited by friend. Dec 28 Taken out of muff. So much quieter - Does not pick her face very often. Jan 8 Worried to day & picks face more than usual. Put hands in muff - About 10 hrs. at night. Jan 27 Out of muff, quieter. Feb 10. Quite excited - Picks face. Hands in muff at night. Feb 29 Little quieter - Hands in muff at night. Appetite very good. Sleeps well. Mar. 16 Very nervous. Walks floor nearly all day. Cathartics given often - Appetite quite good. Apr 26 No change in patient. Still very nervous -

May 30 Appetite good. Walks floor all day. Talking to herself.

June 6 Appetite good. Bowels constipated. Untidy in habits. Walks up & down floor almost continually; kept talks to himself. Walks up & down. Is nervous, worries a good deal. Has many delusions. Picks her face a good deal. Takes no interest in anything. Dec 16 no change. Talks quite rationally at times. Went home today with her son.

Discharged.

Personal and Medical History of Sarah Rybka

Mrs Rybka

LOBERT, FISLAR & SCHIERLOH, DAVENPORT, IOWA.

Whole No. 4074.
Residence, Pratt P.O. Steele Co. Minn
Date Admission, 22nd April 1895. –
Admitted by, Dr Phelps Hour, 7 PM.
How Sent, Mrs. B. Hadwick, Jof P. Steele Co.
Sex, Female
Age, 24 years
Civil Condition, single
Children,
Age Youngest Child, —
Occupation, Housewife
Degree Education, not stated
Profession Religion, Church - member
Habits, - Goods -
Nativity, Bohemia
Physicians Committing, A. Adair and F.W. Smersh
Correspondents, Mrs Joseph Tornsche (sister) Owatonna, Minn

No. for Year, 273.
Insane Relatives, none
Cause Exciting, Ill-health
Cause Predisposing, not stated
Form, Melancholia acuta.
Accompanying Bodily Disorder, Ill-Health
Suicidal or Not, very suicidal
Date of this Attack, about 1 week ago
Duration, about 1 week.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 1st —
Time of Leaving, ~~Apr. 6th. 1897.~~
Time in Hospital, ~~1 yr. 11 mo. 16 da.~~ Dep. 16 da.
Result, Discharged Aug. 11. 1897
Improved

4/22.95. Dr. A.M. Phelps.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, somewhat confused.
Quick or Sluggish, sluggish.
MEMORY:
Past Events,
Recent Events, cant remember when come very well
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull somewhat.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, only fair
Own Mental State, sluggish.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent, some.
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, } not noted.
Special Subjects,
Transitory or Not,
HALLUCINATIONS: none
ILLUSIONS:
CONVERSATION: sluggish, slow to give answers, not much
Coherent or Incoherent, information can be obtained. Slowly
Voluble or Reticent, about sluggishly.

Personal and Medical History of Sarah Rybka

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in WEIGHT, 109 lbs NUTRITION, nutrition not very good, hands are dry.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, sluggish. Coatings, Retrieved sordid looking Promptness Movement, not very prompt
PUPILS, Equality, Eq. Size, normal.
Response Light, Good. Accommodation,
SIGHT, Good
HEARING, Fair.
COORDINATION, Arms, Normal.
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, No General, No.
REFLEXES, Patellar, Normal
Other
ARTICULATION, slow.
Slurred,
Hesitating,
FACIAL EXPRESSION, slightly melancholy-ish.
SENSIBILITY,
HEART, Normal
LUNGS, Normal
GYNAECOLOGICAL EXAM., July 19 - Retroflexion + Strong adhesions
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Aug 28/95
Urine with
Color Yellow-Red
Character Flaky-sed
Sp. Gr. 1030
Reaction Acklin +
Albumen 0
Sugar 0
Urea
Sediments. Triple phosphates and Mates

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Some Constipated,	Irregular,
APPETITE, ~~Good,~~ Poor.	Medium,	Poor,
SLEEP, ~~Good,~~ Poor & Irregular	Poor,	Irregular,
PULSE, weak 90.	Resp.,	Temp., Normal

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, M. living
Father or Pat. Relations, F. " "
Brothers or Sisters, all healthy as far as can learn.

Personal and Medical History of Sarah Rybka

1895

This patient was brought here by Sheriff J. Z. Barnard & attended by Anna Tomsche, with the following history. Habits & morals have been good. There is no hereditary history. Supposed cause of this attack is ill-health: in form it is acute. First symptoms of the disease were manifested about one week ago; patient suddenly became violent, destroyed her clothing & attempted suicide. This is 1st attack. Insanity now shown in that she has delusions of persecution. She is not disposed to injure others. Is very suicidal; jumped into a well, at the beginning of this attack. Has also destroyed clothes & dishes. Can obtain no history of bodily disease; has a vague history of stomach trouble last year. No restraint or confinement used. Not under medical treatment.

Oct 22 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 dirty; behavior good and she talks quite sensibly).

23. Behavior quiet. Answers questions sensibly. Appetite poor. Did not sleep. Cough none. Bowels constipated. Complaints—none. P. 80. Res. 20. Oct 24 April 24 95. Appetite poor. Bowels constipated. Catheter given. Quiet, does not talk much. P. 80. Did not sleep at all. Slept very little. April 25 95. Appetite still quite poor. Talks quite sensibly. Bowels moved. Went walking. P. 95. Crying at times today says she is home sick. Did not sleep well. April 26 95. Appetite poor. Very pale most of time. Went riding & walking. Talks sensibly. P. 95. Slept 4 hrs. April 27 95. Ate quite well today. Bowels usually constipated. Gave catheter. Talks quite sensibly. Went walking. P. 100. Slept very little. Cries a lot.

28. Complains of pain in bowels. Bowels constipated. Talks quite sensibly. Went walking. P. 100. Menstr. Slept 4 hrs.

29. In bed, complains of being sick. Vomits. Appetite poor. Bowels constipated. Slept 7 hrs.

30. Quiet in behavior. In bed all day. Slept very little. Appetite fair. Bowels constipated. Menstruating.

May 1. Ate very little. In bed most of day. Gave catharsis. Bowels moved. Slept 4 hrs.

2. Appetite poor. Talks sensibly. Did not sleep very well. May 3 95. Very quiet. Appetite fair. Pale & homesick. Bowels moved. Slept 4 hrs. May 4 95. Appetite fair. Bowels regular. Slept 6 hrs. Quiet in behavior. May 5 95. Quiet in behavior. Talks quite sensibly. Appetite fair. Bowels regular. Slept 6 hrs. May 6 95. Sick this morning. Vomited up breakfast. Up on ward all day. Appetite poor. Bowels moved. Slept 6 hrs. Says her folks talk about her.

Summary. Quiet in behavior. Bowels usually regular. Appetite rather poor. Talks quite sensibly. Imagines her people have talked about her. Does not sleep very well. Goes walking and riding. Menstruating. Has been sick in bed a couple of days. T. normal. P. 80. Res. Generally quiet. May 15. 95. Appetite fair. Bowels reg. Very sad. Goes & stands with her head down most of the time. Goes walking & riding. May 26 95. Appetite poor. No change in behavior. May 29 95. Fed with tube. June 3 Very sad. Stands with head down. Appetite poor. Bowels usually constipated. Answers questions fairly well. Goes riding & walking. Fed with spoon but takes two eggnogs daily. June 10 Massage 20 min. June 13 Massage ½ hour. Takes tonic. June 19 Visited by sister. June 20 Large boil on wrist & one on shoulder. Poulticed & bandaged. June 25 Fed with tube. June 27 Exam. T. Inf. July 4 In bed, appetite fair, very dirty at times. Abscess washed & dressed twice a day. Takes tonic. July 31 Refuses medicine. Still has abscess on shoulder. Very untidy in habits. Bowels regular. Goes walking. Aug 23 Abscess somewhat better. Appetite fair. Bowels regular. Aug 24 Exam. T. & B. 3

Personal and Medical History of Sarah Rybka.

Sept 15 Appetite poor. Dirty in habits. Stupid in behavior. Sept 26 Goes walking & riding. Appetite poor. Dirty in habits. Very stupid. Boil on limb. Exam. T. & B. Sept 28 Has used poultice applied to boil. Oct 5 Visited by relatives. Poultice still applied to boil.

Oct 7 Up on ward. Appetite poor. Habits dirty. Sleeps well. Bowels regular. Exam. T. & B.

" 30 Gynaecological treatment given. Nov 9 Visited by her father, seemed quite stupid. Not as dirty in habits. Appetite better. Nov 11, 13, 15, 18, 20, 22, 25, 27 Gyn. treatment given.

Nov 8 Visited by a friend. Did not talk very much. Appetite good. Bowels constipated. Exam. T. & A. 2.

" 30 No change noticeable. Jan 1 Careless in habits. Very stupid. Seldom speaks. Appetite poor. Sleeps fairly well. Tonic given.

Mar 2 Treatment by hypodermic of Nuclein commenced. Feb 1. 15 m. at first increased to 60 m. daily given. Rect. Gyn. treatments Feb. 10-12-14-17-19-21-24-26-28-Mar 1st.

Mar 1 Very quiet in behavior. Seldom speaks. Appetite quite good. Sleeps well. Bowels regular. Takes tonic. Mar. 20. Electrical treatment given. Apr. 25. Hypodermic treatments of nuclein given daily. From Mar 1 to Apr. 25. Patient improved in flesh & mental condition under the treatment. Gyn. treatments given steadily three times per week. She is beginning to talk some and at times smiles. Gaining in flesh steadily.

June 96 Patient quiet in behavior. Appetite good: bowels regular: Gyn. treatments given every other day: no mental change. Nov. Patient takes gynaecological & electrical treatment steadily. Jan. Is growing very flabby & dull & is quite listless mentally. Sits almost motionless upon ward: Gyn. treatments continued. March 24 Very quiet & agreeable: Appetite fair: bowels regular: Has improved a good deal in physical condition also in local condition. Must home with relatives today.

Discharged.

Personal and Medical History of Mary D. Valentine

Mary O'Neill or The Neaf

LAMBERT, FISCHER & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 4075.

Residence, N. Fillmore Ave, St. Paul, Minn

Date Admission, 24th April 1895.

Admitted by, Dr. H.A. Herzog Hour, 6.35 PM.

How Sent, G. Wilrick Jof P. Ramsey County

Sex, Female.

Age, 40 years

Civil Condition, married

Children, Yes, ten.

Age Youngest Child,

Occupation, Housework

Degree Education, not stated

Profession Religion, Catholic

Habits, not good

Nativity, London, England

Physicians Committing, Drs. Dinwoodie and A. Rheinonek

Correspondents, "None given in papers"

No. for Year, 274.

Insane Relatives, not known

Cause Exciting, Intemperance

Cause Predisposing, Probably bad habits

Form, Dementia, alcoholic

Accompanying Bodily Disorder, General debility

Suicidal or Not, not

Date of this Attack, 15 months ago

Duration, 15 months

No. of Attack, 1st

No. of Admissions, 1st (but has been at "Good Shepherd")

Age First Attack, about 39 -

Time of Leaving, November 22 - 1902

Time in Hospital, 7 years. 6 mos. 29 ds

Result, Died: Valvular heart disease (Last illness 3 ds)

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

4/26. 95. Dr. H.A. Herzog.

MENTAL ACTIVITY:

Clear or Confused, Seems fairly clear, but her account of things not quite logical.

Quick or Sluggish, Fairly quick.

MEMORY:

Past Events, } Think is rather poor

Recent Events, }

Special Subjects, }

PERCEPTIVITY:

Alert or Dull, Slightly dulled

Correct or Illusive, somewhat incorrect

REASONING POWER: Fair in some ways.

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Says has been in a good deal of trouble. Mother insane before died. Father perhaps not right.

EMOTIONAL STATE: Normal.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: None surely established

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Says was hunting for a girl & they thought she was crazy.

Coherent or Incoherent, Says like this girl was her daughter.

Voluble or Reticent,

Personal and Medical History of Mary D. Valentine

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 10 in WEIGHT, 100 pds. NUTRITION, Appears fair - has had ulcerations

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, No. Coatings, patchy light coating Promptness Movement, Fair

PUPILS, Equality, Eq. Size, slightly dilated.

Response Light, Yes sluggish. Accommodation,

SIGHT, Fair, says at times sight blurred

HEARING, Fair

COORDINATION, Arms,

Legs,

TREMORS, Hands, slight. Tongue, No.

Facial Muscles, No. General, No.

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, about normal

Slurred,

Hesitating,

FACIAL EXPRESSION, Fairly intelligent

TAKEN,

SENSIBILITY,

HEART,

LUNGS,

GYNAECOLOGICAL EXAM. July 23 - Laceration & cystic degeneration of cervix Retroversion of uterus to the left & the Lacerated perineum

MENSTRUATION, says had hemorrhages, feels thinly.

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~, Clean.		Clean,	Careless,
BOWELS, ~~Normal~~,	Atlas	Constipated,	Irregular,
APPETITE, Good,	Good	Medium,	Poor,
SLEEP, ~~Good~~, poor, seems has spasms	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, M. died childbirth

Father or Pat. Relations, F. healthy.

Brothers or Sisters, 4 N. & Paul

Personal and Medical History of Mary D. Valentine.

1895

This patient was brought here by Deputy Sheriff M. F. Cates + accompanied by Eva Cates, with following history. Habits and morals have not been good, as to heredity not known. Supposed cause of attack is intemperance: form, chronic; She suffers from general debility. First symptoms of disease manifested 15 months ago. This is 1st attack. Insanity now shown is melancholic manifestation. Disposed to injure others, not known; this not suicidal, but is of filthy + destructive habits. Many peculiarities true previously shown is not known. There is no history of any bodily disease &c, or injury to head. Has been confined at "House of Good Shepherd", St Paul. If she has been under medical treatment, not known.

Apr 24 On admission, was put on B² (S.R. Complexion light; hair brown; eyes blue; condition of skin normal; no marks scars or bruises noticed; body condition clean; behavior good; talks sensibly).

Apr 25 Quiet. In bed all day. Menstruating. Talks sensibly. Appetite good. Slept well. Eruption Bowels constipated. Complaints none. B 80. R 20. T. 98.8.

" 26 Appetite good. Bowels constipated. Cathartic given. Up on ward. Works in dining room. Went walking. Slept 5 hrs.

" 27 Has a good appetite. Bowels moved. Talks sensibly. Works in dining room. Quiet in behavior. Went walking. Slept well. April 28-95. Appetite good. Bowels regular. Talks sensibly. B 82. Very quiet and nice. Went walking. Slept 6 hrs. April 29-95 Appetite good. Works in dining room. Went riding. Slept 6 hrs. April 30-95 Quiet in behavior. Bowels regular. Good appetite. Works in dining room. Slept well. May 1-95. Appetite good. Bowels moved. Went walking. Works in dining room. Very quiet.

May 2. Quiet in behavior. Appetite good. Bowels regular. Works in dining room. Slept well. Temp 98.

" 3 Quiet in behavior agreeable. Appetite good. Bowels regular. Slept well. No complaints.

" 4 Quiet in behavior. Appetite good. Bowels reg. Goes walking. Agreeable in manner. Sleeps well. Talks quite sensibly. May 5-95. Quiet in behavior. Sleeps well. Appetite good. Bowels regular. Does no work. May 6-95. Very quiet and agreeable. Talks quite readily. Goes walking. Sleeps well. Appetite good. Bowels regular. May 7-95. Appetite good. Bowels regular. Sleeps well. Talks quite sensibly. Goes walking. Does no work. May 8-95. Very quiet + agreeable in behavior. Appetite good. Sleeps well. Bowels regular. Takes med.

Summary: Quiet and agreeable in behavior. Neat about her person. Clean in habits. Sleeps well. Bowels regular. Appetite good. Has delusions. Talks quite sensibly. Goes out walking. Does no work. Takes med. Never complains. A trifle silly in manner.

May 9-95 Transf to B¹. May 29-95 Quiet in behavior. Quarrels with the ladies some times. Does no work. Appetite good. Bowels reg. Sleeps well. Never complains. Goes walking + riding. Has delusions; out of doors a habit. May 31-95 Has been working in laundry for the last 3 days. June 14 95 Patient is somewhat of a nuisance at times. Has been working some in laundry. Appetite good. Bowels regular. Trans. to Annex July 10-95. Appetite good. Clean and tidy in habits. Works in laundry part of the time. General health good. Quiet in behavior. July 14 Menstruating.

July 25 Went to bed. Has been quite sick. Headache.

Personal and Medical History of Mary D. Valentine

July 31 Transferred to Infirmary - for operating.

Aug 8. Operated upon today - Curettage + repair of cervix and perineum - Took ether. Recovery was good and made a good recovery after the days.

Aug 28-'95 Appetite good. Works some. Can't do very much. Does not talking. Transferred to Annex.

Sept 5 Menstr. Sept 30 Appetite good. Clean + tidy in habits. Quiet in behavior. Talks sensibly. Works in laundry. Gen. health good. Goes riding + walking. Oct 10 Menstr. Nov 15 Menstr. Nov 30 Talks of wanting to go home. No change noticeable. Jan. 20 Appetite good. Clean in habits. Careless in personal appearance. Quiet in behavior. Works in laundry. Does not sleep well. General health good. Takes out door exercise. Jan 31 Shy excitable + restless. Tried to escape from laundry this A.M. Feb 8 Menstr. Feb 12 Tried to escape from Laundry this A.M. Feb 14 Went to bed this P.M. Complained of headache. Feb 16 Sick in bed. Complains of severe headache. 8 to A.m. P. 102. T. 100. R 24. Trans. to B1. Feb 18 to 19 Sick in bed. Complained of severe head + back ache + chest - Coughs - Feb 20 Appetite fair - Bowels regular - Sleeps quite well - Trans. to Annex.

March + Apr 5 Menstr. Mar. 25 Appetite good. Clean in habits. Is not noisy but very restless on ward. Works in laundry part of time - Is quarrelsome + disagreeable. General health good. Takes out door exercise. Apr. 29 Is more agreeable. Works more regularly in laundry. May 1 Menstr. Is in bed -

May 6 Awake + quite noisy for 3 hrs during night.

June 96. Appetite good: Clean in habits: at times talks quite sensibly: General health is fair: Works in laundry: Menstr. regularly: Jan '97 Is usually quite silly + demented: General health good. May Appetite good: Works in laundry: No mental change.

June 97. Is becoming quite stupid + has stopped working. June 3 Went to bed: Refuses to talk or eat. Temp. 100 P 120 R. 30 June 27 Is very stupid, trans. to B².

July 97 Fed with tube every day. Aug 19 Has been fed most of time with tube since last march. Is now eating: Trans. to B³, Continued by Dr. Rich. Philips Oct 16 Trans. to Annex. Has been working some in laundry. Nov 10 Trans. to Infirmary on account of not feeling well. Nov 16. Trans. to Annex. Feb 9 Wt. 165. March 6 '98 During last few days has been very dull + stupid. Seems to feel sick + refuses to eat. May 2 Up + about again: Working in laundry. Nov 28 General Health about as good as usual. Has had one or two spells of rather stupid behavior. (Cont by Dr. R. A. Bell) Mar 2 Sept 99 Gen'l health fair: Failed somewhat during past few months: appetite usually good: Sleeps well: takes out door exercise: neat in habits: rather careless in appearance. Mar 16 For 2 strong girls over a week threw many times to floor, fracturing several ribs. At times restless + noisy: when in spell is apt to be very stupid + refuses to feed herself: appetite is poor + also complains of pain: June 23-'00 Quite disturbed: no rise of temperature but complained suddenly of pain in right shoulder + abdomen: will take only milk: these disturbed periods last about 3 wks to one month after which she becomes more active + appetite

(see p. 176)

Personal and Medical History of Matilda Almberg.

LEIGHT, FULLER & GOODRICH, DAVENPORT, IOWA.

Whole No. 4077.
Residence, No. 879 St. Anthony Ave. St Paul, Minn
Date Admission, 25th April 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, G. Wilbrick, Jof P. Ramsey County
Sex, Female.
Age, 29 Years
Civil Condition, married
Children, Three
Age Youngest Child,
Occupation, Housework
Degree Education, not given
Profession Religion, not a Church Member
Habits, Good
Nativity, Sweden
Physicians Committing, J. B. Brinkall and E. M. Lundholm
Correspondents, G. Almberg
address of Husband 879 St. Anthony Ave. St Paul.

No. for Year, 270.
Insane Relatives, not known
Cause Exciting, mental Emotion
Cause Predisposing, - Chronic -
Form, Mania chronic
Accompanying Bodily Disorder, none
Suicidal or Not, Not
Date of this Attack, 4 years ago
Duration, 4 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 25.
Time of Leaving, July 29 '98
Time in Hospital, 3 yr. 3 mos. 4 d
Result, Died - Chalecystitis

4/25.95. Dr. M. Phelps.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Not clear
Quick or Sluggish, Quick.
MEMORY:
Past Events,
Recent Events, } Fair
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, } a dullness & feeble mindedness
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Dem. heredity?

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

Personal and Medical History of Matilda Almberg

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6½ WEIGHT, 147 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Normal Promptness Movement, Normal
PUPILS, Equality, Eq Size, Normal
Response Light, Good. Accommodation,
SIGHT, Normal
HEARING, Normal
COORDINATION, Arms, } Normal
Legs,
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other
ARTICULATION, Fairly normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Fairly good
SENSIBILITY,
HEART, Normal
LUNGS, Normal, Asst dullness
GYNAECOLOGICAL EXAM., July 24 Found pregnant about 4½ months
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Nov 1895
Quant. not kno
Color Red yellow
Character Cloudy
Sp. Gr. 1022
Reaction Acid
Albumen 0
Sugar
Urea
Sediments. A few epithelial cells from vulva and vagina and very few pus cells

HABITS, ~~Dirty~~, clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Pay poor Medium, Poor,
SLEEP, ~~Good~~, ~~Poor~~ ~~fair~~ not well past 2 weeks. Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, Probably gradual ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, M - home
Father or Pat. Relations, F living
Brothers or Sisters,

Personal and Medical History of *Matilda Almberg.*

1895

This patient was brought here by Deputy Sheriff Kinney & lady attendant with the following history. Habits & morals have been good. Relations unknown, not known. Supposed cause of this attack is mental Emotion; She had Typhoid fever about 2 years ago; forms of attack, walks. There is no accompanying bodily disorder. First symptoms of disease were manifested 4 years ago; had trouble with neighbor. This is 1st attack. Insanity now shown by delusions. Patient is disposed to injure others, from sudden passion, but is not suicidal, nor filthy nor destructive in habits. No peculiarities to be had been previously shown. She has not been subject to any bodily disease &c or injury to head. She has not been pathained or confined. ——— "

Apl 25 On admission, was put on B² (S.R. Complexion light; hair light; eyes gray; Condition of skin normal; no marks, scars or bruises noticed; Is dirty & has vermin on her; behavior good; shows delusions).

26 Quiet. Has delusions. Imagines she is a king. Appetite good. Slept 8 hrs. Cough some. Bowels regular. Complains none. P 80. R 22. T. 98.

27 Appetite good. Upon ward. Bowels regular. Works in dining room. Went walking. Bandaged breast and applied liniment as their was milk in them. Med. given. Slept 8 hrs.

28 Appetite good. Talks quite coherently but has delusions. Bowels regular. Went walking. Works in dining room. Slept 8 hrs. Quite restless.

29 Appetite good. Behavior quiet. Went walking. Slept 8 hrs. Works in dining room.

30 Quite noisy this a.m. singing and talking quite loudly. Has delusions. Bowels regular. Works in dining room.

May 1st 95. Appetite good. Sought in dining room. In seclusion one half hr. Slept well. Gave medicine.

May 2. Noisy at times. Appetite good. Bowels reg: Gave med. Slept well.

3 Appetite good. Bowels regular. Slept 8 hrs. Works some on ward.

4 Appetite good. Works on ward. Has delusions. Very resistive and impudent. Fought with the patients today. Had to be restrained at bed time.

5 Breasts better. Quiet today. Bowels regular. Slept well.

6 Quiet. Bowels reg: Appetite good. Works some on ward. Slept well. Has delusions.

7 Quiter than usual today. Appetite good. Bowels reg: Works on ward. Slept well. Went walking.

8 Has delusions thinks she knows every body and they are trying to harm her. Quiet today. Slept well. Appetite good. Went walking.

9 Quiet. Breasts well. Appetite good. Bowels moved. Slept well. Works on ward.

Summary. Patient is very resistive at times. Usually quiet. Bowels regular. Appetite very good. Sleeps well. Has delusions. Goes walking and riding. Works on ward. Breasts better. Fought twice. In seclusion 1/2 hr.

May 10.95. Appetite good. Bowels reg. very resistive at times. Interfers with the other patients. Goes walking & riding. Works on ward. May 31.95. Much disturbed. Talking very badly loud.

June 5.95. Appetite good. Bowels reg: Tidy in habit. Quite violent at times. Works on ward & dining room. Talks and laughs to herself. Talks sensibly. Goes walking & riding.

June 16.95. Has many delusions. Very noisy for about a week. June 23.95. Complains of headache. Quite noisy this a.m. June 24.95. Fought nurses. July 2.95. Fought nurses.

Personal and Medical History of *Matilda Almberg.*

July 3. 95. Quiet most of the time. Works on the ward. Eats & sleeps well, cares for herself usually. Habits clean. Prowling and walking. Sept 30. Eats & sleeps well. Very noisy at times also violent. Goes riding & walking. Oct & Nov. Eats & sleeps well. Works on ward. Seems very noisy at times. Habits clean. Goes riding. Bowels usually constipated.

Dec 8 95. Appetite usually good. Sleeps quite well. Habits clean. Extremely noisy at times. Would work if allowed. Bowels usually constipated. While in the closet this morning was kicked by A. Tetum in abdomen.

Dec. 9. Trans. to B.+. Jan 2 96. Was taken sick. Jan 20. Complains of pain in her back today. Liniment applied & is feeling better. Feb. 10. Appetite fair. Has specials. Bowels regular. Extremely noisy at times but cares very attentive and kind to the baby. Feb 25 96. Noisy today & most all night. Feb 27. More quiet today. Physicians note — Jan 2 — Child was born at 1.30 A.M. Labor about normal — not note of any special happening. Jan 3. Patient has rested well. Is taking milk, toast & tea. Seems to be doing well. Is healthy. No medicine needed except cathartics. Jan 5. Temp. went up to 101.6 in afternoon seemed a little feverish. complained of headache. Felt better in evening however. 9 p.m. Temp. & Resp. down to normal. Doing well. Jan. 10 96. Patient sitting up. Feeling quite well. Child is healthy.

Mar. 10 96. Appetite fairly good. Has specials. Extremely noisy at times. Bowels regular.

Apl 8 96. Extremely noisy today. Walking up & down ward. Apl 12. Very noisy & violent this morning. Baby taken away by force. Trans. to C.+.

May 15. Appetite good. Extremely noisy & violent at times. Works on ward. Sleeps quite well. Goes riding & walking. Bowels usually constipated.

May 29. Noisy. Menses.

July 96. Extremely noisy at times. Occasionally violent: Works some every day: appetite good. No mental change. Nov. 96. No change. Jan 97. Has changed some since note of July last. Menstruation regular. Aug 97. Works on ward: Talks incoherently: menstruation regular. Oct 8 97: Struck Mercy Quimby: Is menstr.: Nov. 10. Face swollen & inflamed from tooth ache: Nov. 29: noisy at times: appetite good: bowels regular: works on ward & in dining room: sleeps well. Takes out door exercise:

Nov 29 97. Bowels usually constipated: appetite good: sleeps well: very noisy at times: works: Takes out door exercise.

Mar 10 Summary Nurse's Notes by Dr. Best: March 10 first complained of pain in back: urine was examined & found about normal: June 3-5 98 Complained in pm. of severe pain in back & bowels: Temp. but normal: rigors: cold extremities: pulse almost imperceptable: very nauseated & could retain no nourishment: attack short: next morning said she felt all right: was up & about as usual: June 22 Had another attack similar to that of June 3-5 T. 97⅘ P. 64 R. 16: emesis: vomit was very green & contained mucous: bowel movements also contained mucous & were green: complained of severe pain in abdomen

(Continued on p. 196)

Personal and Medical History of Mrs Martha J. Smith

Whole No. 4081

Residence, 569 Selby Ave. St. Paul.

Date Admission, 30th April 1895.

Admitted by, Dr. Phelps Hour, 7 PM.

How Sent, G. Hillrich, Jof C. Ramsey County

Sex, Female

Age, 48 Years

Civil Condition, Widowed

Children, Yes; three.

Age Youngest Child, —

Occupation, Nurse

Degree Education, probably good

Profession Religion, Church - member

Habits, Good. until she contracted this habit (Morphia)

Nativity, — Ohio —

Physicians Committing, Arthur Sweeney and C. Eugene Riggs

Correspondents, Mrs Adele Newton
569 Selby ave. St Paul

No. for Year, 280.

Insane Relatives, none

Cause Exciting, probably morphine habit

Cause Predisposing, — Chronic — (Hysterical - Melancholia)

Form, Mania Chronica,

Accompanying Bodily Disorder, none Mentioned

Suicidal or Not, not

Date of this Attack, probably some time ago

Duration, probably long —

No. of Attack, 1st (Continuous ?)

No. of Admissions, 2nd Recd (Readmitted St. Peter)

Age First Attack, about 35 —

Time of Leaving, Dec. 30' 96.

Time in Hospital, 7 mo.

Result, Disc Apr. 30'96 Rec.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

5/3 95. Dr R M Phelps.

MENTAL ACTIVITY: Confused & Incoh.

Clear or Confused,

Quick or Sluggish,

MEMORY: Fair but confused ideas.

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: somewhat incorrect.

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State, Rather poor

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, } not noted but slightly
Special Subjects, } incoherent in a half delusive way

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Manner is hysterical, rather incoherent

Coherent or Incoherent, at times.

Voluble or Reticent,

Personal and Medical History of Martha J. Smith

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 110 lbs NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coarse movement Coatings, No. Promptness Movement, Fair

PUPILS, Equality, Eq. Size,

Response Light, somewhat dilated Accommodation,

SIGHT, Normal

HEARING, Normal.

COORDINATION, Arms, } Probably no incoordination but choreic movements disturbance
Legs, }

TREMORS, Hands, Coarse movements only Tongue,

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, Fair

Slurred,

Hesitating,

FACIAL EXPRESSION, Frightened

SENSIBILITY,

HEART, Seems very weak and sounds distant.

LUNGS, Good

TAKEN,

GYNAECOLOGICAL EXAM., July 23 Uterus retroverted & bound by adhesions

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean	Clean,	Careless,
BOWELS, Normal, Normal	Constipated,	Irregular,
APPETITE, ~~Good~~, 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 Martha J. Smith

1895

This patient was brought here by Deputy-Sheriff Kinney, & lady-Attendant, with the following history. Habits were good, until she contracted this habit (Morphine). There is no history of heredity. She probably Contracted this habit 3 years ago. She now a morphia-maniac. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in her habits. She has previously been at this Hospital for a months & was at St. Peter, several years ago. (*)

NOTE. As stated, patient was here before, from April 24/94 to June 26/94. On first coming sleep was very poor. She was very nervous & restless, complaining of noise in ward &c; complained also, quite often, of headache & not feeling well. Was given massage treatments &c. During latter part of May, she made considerable improvement, under frequent electric and massage treatments; was stronger, less complaining. Improvement kept up, during June, and until she was allowed to leave, at which time she was in fairly good condition both mentally and physically. (For details of such history, treatment &c see Vol 26. page 81. No 3599)—

Apr 30 On admission, was put on C² W (S.R. Complexion dark; Hair dark, streaked with gray; eyes brown; Condition of skin normal. Scar on abdomen, (Ovariotomy); some scars on back & left leg, caused by hot-water bottles: bodily Condition very clean; behavior quiet, but extremely nervous. Remarks are sensible)-

May 1. Behavior very good. Patient is very restless. Talks sensibly. Appetite poor. Does not sleep well. Has no cough. Bowels regular. Complains of her side and back. P. 96 R 26. T. 98.

" 2 Extremely nervous. Talk sensible. Appetite fairly good. Does not sleep well. May 3.95. Very restless. Talks very sensibly. Appetite not very good. May 4.95. Very restless & noisy. Bowels regular. Appetite fairly good. Does not sleep well. Transfer to Dr. Ward. May 5.95. Very restless most of the day. Appetite good. Hot poultices applied to boil on hand every hour. Talks sensibly. May 6.95. Quite restless all day, does not sleep well. Appetite good.

May 7 Has been more quiet to day. Complains of nervous chills. Slept the greater part of night.

8. Has been very restless & nervous all day. Appetite fairly good. Slept well during night.

9. Quiet. Slept considerably during the day. Ate well. May 10.95. Awake & restless most of the night. Ate well during the day. Complains of headache. May 11.95. Slept about 5 hrs. during the day. Quiet while awake. Slept well during night. May 12.95. Bowels moved. Slept well during night. Quiet all day. May 13.95. Has been very nervous and excited all day. Complains of headache & of chills. Asking for morphine. Slept 4 hrs during night. May 14.95. Quiet. Slept most of the a.m. Rather nervous and excited asking for morphine all day. Summary. Patient is in a very weak Condition. Has an abscess on l.f. limb. Car. sod poultice applied to abscess every hour. Has about 3/8 of a gr. of morphine a day. Talks sensibly most of the time. Appetite fairly good. Sleeps quite well most of the time. Bowels are quite constipated, do not move, unless cathartics are given. Complains of headache & of chills most of the time. June 19 Up on ward most of day. Appetite fair. Bowels regular. Strychnine 3 times a day. Eggnog as desired. June 21 Tonic pills after meals.

June 25 Clean & A.I.x July 11 Appetite good. Sleeps quite well. Is now taking Cod liver oil & Tonic pills. Is at present time troubled with boils. July 30 Agreeable on ward. Seems to be gaining strength fast. Appetite good. Sleeps well. Still on Tonic. Takes a good deal of out door exercise also takes massage treatment.

Aug 30 Very good appetite. Sleeps well. Takes out door exercise. Works mostly for herself. Is on tonic also. Takes massage treatments.

Personal and Medical History of Martha J. Smith.

Sept. 3, 5, 7, 10, 12, 14, 16, 19, 21 & 23 Massage treatments given. Sept 26 Patient at times disagreeable. Talks sensibly. Appetite good. Sleeps well. Occupies most of her time working for herself. Does riding & walking. Takes tonic also massage 3 times a week.

Oct 3 Taking Electrical treatment three times a week. Nov 30 Still takes massage & electric treatment. Appetite very good, sleeps well, takes out door exercise.

Dec 23 Discontented. Wants to go home. Appetite very good. Sleeps usually well. Talks sensibly. Physical health good. Takes outdoor exercise also massage treatments twice a week. Tidy & pleasant in appearance.

Dec 30 Went Home. in fair condition for her.

Discharged

Matilda Ploeberg

Continued from page 192.

back & right shoulder: also of feeling very weak. In bed about a week; after first two or three days complained only of being weak: Slight fever after first day: Done this attack till the next (July 14 98) Complained almost constantly of feeling weak & often lay down during day: July 19 Had 3rd attack of biliary Colic. Taken quite suddenly with severe pain in abdomen & back: skin cold & cyanotic: Temp. 100 2/5. P. 108: R 24: Very thirsty throughout this attack: July 19 to 25: T. 99 to 101.: P. 96 to 98: R. 18 to 30: Complained of pain most of the time: very restless: clay-colored stools: faeces examined but no gall stones found: Urine examined July 21: Sp. gr. 1.010: albumen, trace of sugar & bile salts present: no indican: July 22 Sp. gr. 1.032: Albumen, Sugar, urea & bile salts present: jaundice very marked after July 21: July 28 Cholecystotomy performed by Dr. W.J. Mayo & two days gall stones removed, some of large size: gall bladder was found to be intensely inflamed & with many adhesions about it: cystic duct occluded: an incision of the gall bladder was made, gall stones removed & drainage tube inserted: After operation patient appeared in good condition: pulse strong & regular: skin moist & warm: quite cheerful: July 28-28: Dressings changed twice daily: Temp. raised from 98 2/5 to 102 4/5 Pulse 81 to 114. R. 20 to 28: Complained of some pain in side & limbs. Began to menstruate July 29: Liquid nourishment given after operation as soon as patient could retain it: gruel, increasing from 3ss to 3viii, also butter milk & sweet milk: free bowel movement daily after July 30: July 27 Emesis at 5:30 a.m. mostly water: pulse at this time weak & intermittant: July 28 there was a decided change in patients condition: lower extremities cold: hot alcohol sponge baths given: nourishment retained: After 12 M failed rapidly: Temp. rising from 103 to 104: pulse 120 to 130. Resp. 30 at 10 p.m. Had saturated

(Continued to page 200)

Personal and Medical History of Mary O'Connor #2

LEIGHTY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4083.
Residence, 27½ Rice Street. St Paul, Minn
Date Admission, 1st May 1895.
Admitted by, Dr. Phelps — Hour, 7 P.M.
How Sent, G. Willrich, Jof P. Ramsey County
Sex, Female
Age, 30 -
Civil Condition, Married
Children, Yes; Two
Age Youngest Child,
Occupation, Housewife
Degree Education, Probably fair
Profession Religion, Church-member
Habits, Very good
Nativity, Irelayd
Physicians Committing, Talbot Jones Mrs Ords Marked
Correspondents, Pat. O'Connor
add: 27½ Rice St.

No. for Year, 282.
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, unknown
Form, Melancholia, Acute.
Accompanying Bodily Disorder, Not known
Suicidal or Not, Not
Date of this Attack, Two months ago
Duration, Two months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 29-
Time of Leaving, Mar. 28. 1897.
Time in Hospital, 1 yr. 10 mo. 23 da,
Result, Died. Tuberculosis Pulmonalis — in Stuporous Melancholia.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

5/395 Dr. R. M. Phelps

MENTAL ACTIVITY: Quick but to[o] confused.
Clear or Confused,
Quick or Sluggish,
MEMORY: Seems fair.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Slightly dulled, incorrect in some ways
Alert or Dull,
Correct or Illusive,
REASONING POWER: not very good
Ordinary Subjects,
Own Mental State, Poor
Special Subjects, very poor.
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Slightly depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Voices for two weeks.
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Patient talks fr quite freely, describes how was deceived, taken away, then locked up, when she pounded on door & cried to get to her children Was this quite calmly

Personal and Medical History of Mary O'Connor #2

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, (not taken) 117 NUTRITION, Gain
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, No. Coatings, Fair none. Promptness Movement, Fair
PUPILS, Equality, Eq Size, normal
Response Light, Good Accommodation,
SIGHT, Good.
HEARING, Good
COORDINATION, Arms, } Tests imperfect, probably normal
Legs, }
TREMORS, Hands, No. Tongue, No.
Facial Muscles, No. General, No
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Somewhat melancholy
SENSIBILITY,
HEART,
LUNGS,
GYNAECOLOGICAL EXAM., Uterus in normal position July 24
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

HABITS, Dirty,		Clean,	Careless,
BOWELS, Normal,	Usually normal	Constipated,	Irregular,
APPETITE, Good,	Good	Medium,	Poor,
SLEEP, Good,	poor	Poor,	Irregular,
PULSE,		Resp.,	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, 6 weeks. ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, M. healthy
Father or Pat. Relations,
Brothers or Sisters, Healthy 6 Brothers, 5 sisters.

Personal and Medical History of Mary O'Connor #3

1895

This patient was brought here by Deputy Sheriff W.B. Mills, + lady attendant, with following history: Habits + morals have been very good; there is no history of heredity. Supposed cause of attack is unknown; is down, depressed; no accompanying bodily disorder known; first symptoms of disease were manifested 10 months ago; this is 1st attack. Insanity now shown is that "she hears voices + sees people". Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. Previously, she had always been quick-tempered. She has not been subject to any bodily disease or injury to head. She has been confined + constrained for hours at the time. For the last 2 weeks. Has not been under medical treatment.

May 1 On admission, was put on B2 (SR. Complexion light; hair light brown; eyes blue; Condition of skin good; 2 small bruises on left knee: bodily condition dirty; resisted when asked to bathe; has delusions.

May 2. Behavior quiet. Has delusions. Appetite good. Did not sleep any. Cough none. Bowels moved. Complaints none. 2 hrs.
" 3 In bed most of the day. Appetite fair. Gave med. Applied liniment on breast + bandaged them as there was milk in them.
" 4 Refused to get up; had to be dressed. Appetite fair. Refused to take med. or allow liniment applied to breast. Has delusions. Kept very still.
" 5 Very noisy today. Imagines she talks to voices above her. Cried + called for her children for 1 hr. More quiet rest of day. Appetite good. Breasts better. Slept 6 hrs. May 6-95. Quiet today. Appetite fair. Talks + hears self. Refused med. Breasts better. Slept 6 hrs.
" 7 Appetite good. Quite noisy. Wants to stay in bed today. Bowels moved. Calls for her husband + children. Slept 6 hrs. Rested 4 hrs.
" 8 Very noisy today. Has delusions. Appetite fair. Bowels constipated. Did not sleep any. Noisy all night. Very restless. Went walking.
" 9 Quite noisy. Thinks she hears voices talking to her. Appetite poor today. Refuses med. Wants to go to bed. Says she is going to die.
" 10. Eats quite well today. Quieter than usual. Bowels regular. Slept 6 hrs.
" 11 Quiet in behavior. Bowels moved. Appetite good. Slept 6 hrs. May 12-95. Appetite good. Imagines she is going to die, says she will drop dead in a minute. Bowels regular. Slept 2 hrs. out of bed talking + hiss.
" 13. Refuses to eat today. Crying + asking questions about what people will do with her, when they will kill her etc.
" 14 Quite noisy. Did not eat breakfast or supper, but ate dinner. Has delusions. Bowels regular. Breasts better. Slept 2 hrs. Talked + knocked on door 6 hrs. May 15-95. Very noisy. Cries + talks most of time. Is very resistive. Bowels regular. Appetite fair. Slept 6 hrs. Noisy 1 hr. Breasts well.

Summary Appetite fair. Breasts sore and hard. Applied liniment: better. Bowels regular. Refuses to take med. Very noisy and resistive most of time. Has delusions. Thinks she is going to die or be killed. Sleeps poorly.

May 26-95. Appetite good. Bowels regular. Much quieter the past week. Has delusions.
June 5 Appetite fair. Bowels regular. Quite noisy at times. Has delusions. Says she hears voices talking to her. Thinks she is going to die or be killed. Goes walking + riding. Tries to get away when out. Took scissors keep. Finger hurt in struggling to get them. Dressed antiseptically + bandaged.
June 12 July 16 Dressed daily. Finger better. Cries a great deal. June 21 Fed with tube. July 15 Visited by husband.
" 19 Very much disturbed today. Asking for something to kill herself with. Says she must die.
" 22 Gynecological examination. Found in normal condition. Aug 7 Quite disturbed. Has many delusions.
Sept 9 Stubborn, fights occasionally. Has delusions. Goes riding + walking. Has dirty habits.
" 24 Does not menstruate. Appetite fair. Sleeps well. Oct 14 Very untidy in personal appearance. Dirty habits. Fed at special dinner. Nov 8 Dirty habits. Bowels regular. Fights occasionally. Sleeps well. Nov 18 Visited by husband. Nov 30 Very stupid at times. Fell off of chair + hurt her nose.

Personal and Medical History of Mary O'Connor #2.

Dec 8 Quite stupid - Sits with head down. Expectorates most of time. Appetite fair. Bowels irregular. Dec. 30 Fell from bench + bruised shoulder. Jan 13 Very dirty in habits. Feb 24 Dirty in habits. Untidy in personal appearance. Seldom talks. Is very stupid. Bowels irregular. Appetite fair. Mar. 18 Stupor still. Appetite poor. Bowels quite regular. Very dirty in habits. Apr. 10 Appetite good at times. Dirty in habits. Menses regularly.
May 11 Coughs up a good deal of phlegm. Violent at times + destroys clothing. No change in general condition.
June 8 Expectorates a good deal: untidy in habits: is very stupid. Aug. 5 Very disagreeable, lies on floor: refuses to eat. In bed from 16-19. Very untidy in habits: Dec. 18 patient Expectorates a good deal. General health seems very much improved.
Mar. 97 Very dirty in habits: very dull, never speaks: physical condition poor:
" 9th put to bed: 15th still in bed: is groaning: appetite very poor: bowels constipated. Refuses to eat. Mar 17 Trans. to Infirmary T. 101.5 Pulse 116 Resp. 18: is very constipated: expectorates a good deal: Mar 19 Seems quite weak: T. 101.8 P. 112 R. 27.
Mar 20 T. 101.6 P 112 R. 28. Coughs a good deal. Mar 22 Visited by husband: Very restless + noisy during day: T. 101.6 P 112 R. 28. Complains of pain in left side. Very weak. Mar. 23 5 a.m. Died.

Died Mar 23rd 1897.

Matilda Flunkey

Continued from Page 196

boracic acid compresses applied every two hours till midnight: Temp. 108. P. 190. R. 62 at that time: Stimulants given by mouth + hypodermically + by enemata: delirious during last few hours: subsultus tendinum: Died at 7:15 a.m. Cause of death - a diphtheretic infection in the integument about the surgical wound, septicaemia which followed, proving rapidly fatal.

Died

Personal and Medical History of Anna W. Meyers

LARKEY, FISCAR & RAMMERER, DAVENPORT, IOWA.

Whole No. 4082f.
Residence, St Paul. Minn
Date Admission, 1st May 1895.
Admitted by, Dr. Phelps. Hour, 7 P.M.
How Sent, C. Willrick. Jail. Ramsey County
Sex, Female
Age, - 26 -
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Artist
Degree Education, Probably good
Profession Religion, Church - member
Habits, The very best
Nativity, Iowa
Physicians Committing, C. Rickle & C. Eugene Riggs
Correspondents, Mrs S. A. Preston
507 Sibley Street St Paul

No. for Year, 283.
Insane Relatives, An uncle died insane; mother - both recovered
Cause Exciting, Adolescent Period
Cause Predisposing, Heredity
Form, Paranoia
Accompanying Bodily Disorder, Not that is known -
Suicidal or Not, - Not -
Date of this Attack, 2 Years, last fall
Duration, 2 years & a half -
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 24 -
Time of Leaving, 29th Sept 1895.
Time in Hospital, 4 mos — 29 Ds
Result, Discd. Nov 6/95. Recovered

5/3.95. Dr. R.M. Phelps - EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events, } Good as far as tested.
Recent Events,
Special Subjects,
PERCEPTIVITY: } Fair except on special.
Alert or Dull,
Correct or Illusive,
REASONING POWER: Fair.
Ordinary Subjects, Fair
Own Mental State, Poor
Special Subjects, Poor
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS: Systematized. Says she was dead three days
Systematized or Not, Because she imagined she was hypnotized.
Special Subjects, Quite positive it was not imagination.
Transitory or Not, Thinks she still imagines.
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: At age of 14 had bilious fever & partially
Coherent or Incoherent, lost time lost one life but left arm all
Voluble or Reticent, right. was sick 7 weeks when got up leg
was still numb - at end of 1 year leg was still numb, except
that each monthly period, severe pain - not delusions.

Personal and Medical History of Anna W. Meyers

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, (not taken) 132 NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, about normal. Coatings, slight white. Promptness Movement, Fair
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms,
Legs,
TREMORS, Hands, marked tremor, most in left hand says has had for years. Tongue, Normal
Facial Muscles, General,
REFLEXES, Patellar, Eg 8 · 9.
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY, says has numbness in the feet, wakes up at night with the sensations
HEART,
LUNGS,
GYNAECOLOGICAL EXAM., Some endometritis Normal fraction - Very slight
MENSTRUATION, enlargement of os - Treatment needed
OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,
TAKEN,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Good	Medium,	Poor,
SLEEP, Good, Good	Poor, ?	Irregular,
PULSE, do.	Resp., N.	Temp., N.

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, M + all mothers people are nervous. one uncle insane
Father or Pat. Relations, F. died Typhoid fever.
Brothers or Sisters, Bro + sister both healthy.

Personal and Medical History of Anna M. Meyers.

1895

This patient was brought here by Deputy Sheriff Kinney & Lady attendant with following history of the case. Habits & morals have been the very best: there is history of heredity; an uncle died insane, also an uncle and mother; both recovered; supposed cause of this attack is the adolescent period; form of attack is Chronic; no accompanying bodily disorder that is known of: first symptoms of disease were manifested 2 years, last fall. This is 1st attack; insanity now shown on the subject of supernatural influence. She is not disposed to injure others, nor suicidal, nor filthy nor destructive in her habits. Previously she had been more irritable. She has not been subject to any bodily diseases or injury to head. She has not been constrained or confined. (Under care of Dr. C. E. Riggs, for 2 years).—

May 1 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. Behavior good. Talks quite rational).

2 Behavior quiet. Appetite very good. Slept very little. Cough; none. Bowels moved. Complaints: none. P 82. R 18.
3 Appetite fair. Up on ward. Bowels regular. Talks sensibly. Quiet in behavior. Slept 6 hrs.
4 Appetite good. Bowels regular. Behavior quiet. Talks sensibly. Eat out walking. P 84.
5 Ate well. Bowels regular. Slept well most of the night. Makes no complaints. P. 82.
6 Appetite good. Slept well during the night. Bowels regular. Complains of headache. Goes walking. P 82.
7 Ate well. Behavior quiet. Talks sensibly. Slept quite well during night. Went riding. Takes tonic. P. 82.
8 Has a good appetite. Bowels regular. Takes tonic. Has delusions. Behavior quiet. Goes walking. P 80. Slept 6 hrs.
9 No change in behavior. Ate well. Took tonic. Slept well during the night. Pulse 80.
10 Appetite good. Bowels regular. Complained of headache today. Lying in bed part of the time. P 79.
11 Ate well. Bowels regular. Complains of headache. Slept well during the night.
12 Appetite fair. In bed all day. Complains of headache. Menstruating. Slept 6 hrs. during the night. P 80.
13 About the same. In bed all day. Takes medicine. Appetite fair. Bowels regular. Slept well during the night. P 80.
14 Feeling better today. Up on ward. Appetite good. Slept quite well during the night. P 78.
15 Appetite good. Bowels regular. Slept well most of the night. No change in behavior. P 78.

Summary: The patient has a good appetite. Bowels regular. Sleeps fairly well. Is quiet in behavior. Has some delusions. Goes walking and riding. Neat in habits. Complains occasionally of headache.

May 4. 95. Is on ward B 2. May 12 95. Menstruating. In bed 2 days. May 31. 95 Has a good appetite. Sleeps well. Bowels regular. Takes tonic. Talks quite sensibly. Has delusions. Takes out door exercise. Neat in habits. Agreeable in behavior. June 9 Appetite good. Bowels regular. Sleeps well. Menstr. In bed three days. June 28 Appetite good. Bowels regular. Sleeps well. Has parole. Quiet. Sensibly. Neat in habits. July 30 Appetite fair. Bowels regular. Sleeps well. Quiet. Has delusions. Goes walking & riding. Talks sensibly. Aug 2 Menstr. Aug 15 Appetite fair. Bowels regular. Sleeps well. Quiet. Has delusions. Does no work. Goes riding & walking. Neat. Sept 25 Visited by mother. Went home. Very quiet & well behaved. Ideas about same.

Discharged.

Personal and Medical History of

Personal and Medical History of Minnie Middleton

LIBBEY, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4089.
Residence, St Paul. Minn.
Date Admission, 8th May 1895. —
Admitted by, Dr. Herzog — Hour, 5 PM
How Sent, S. Wilbrick, Jo P. Ramsey County
Sex, Female
Age, 16 years
Civil Condition, single
Children, None
Age Youngest Child, —
Occupation, Domestic
Degree Education, Probably fair
Profession Religion, Catholic
Habits, Morality Doubtful
Nativity, Providence R. I.
Physicians Committing, Chas. D. Wilberle & A. J. O'Brien
Correspondents, none given in papers

No. for Year, 288.
Insane Relatives, Mother is insane
Cause Exciting, Dont know
Cause Predisposing, Heredity.
Form, Dementia Primary
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, two months ago.
Duration, two months —
No. of Attack, 1st
No. of Admissions, 1st (has been at home of Good Shepherd)
Age First Attack, — 16 —
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

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

Personal and Medical History of Minnie Middleton

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4½ WEIGHT, 118 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, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
TAKEN,
GYNAECOLOGICAL EXAM., July 23- Evasion of ovaritis profuse discharge
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 Minnie Middleton

1895

This patient was brought here, accompanied by Sister, Eva Middleton and Mrs Daly, Aunt, with the following history. Morality doubtful. Her mother is insane. Dont know supposed Cause of this attack; uniform, it is acute, depressed. There is no accompanying bodily disorder; first symptoms of disease manifested two months ago. This is 1st attack. Insanity is now shown as subject of love & persecutions. Patient is neither dis posed to injure others, nor Suicidal; nor filthy nor destructive in habits. No peculiarities ex pose previously shown. There is no history of any bodily disease ex or injury to head. Has been confined at "House of the Good Shepherd" She has had no medical treatment. Has been a great deal of domestic trouble. —

May 8 On admission was put on B2 (S.R. Complexion fair; hair dark brown; eyes dark blue; Condition of skin normal; no marks scars or bruises noticed: Body is dirty; behavior quiet; would not talk).

9 Behavior quiet. Appetite good. Slept 6 hrs. Bowels constipated. P 78. R 18. T 98.4

10 In bed all day. Very quiet. Does not talk. Appetite good. Bowels constipated. Slept 6 hrs. P 80. T 98.4. R. 18.

11 Appetite fair. Quiet in behavior. Will answer a few questions. Usually will not talk. Bowels constipated. Slept 5 hrs. P 78. R 18. T 98.2. May 12.95. Upon ward. Appetite fair. Quiet in behavior. Bowels moved. Slept 8 hrs. May 13.95. Appetite fair. Bowels moved. Slept 6 hrs. Answers questions very well.

14 Appetite fair. Very quiet in behavior. Goes riding. Slept well. May 15.95. Quiet in behavior. Bowels regular. Appetite good. Talks very little. Goes walking. Slept well.

16 Quiet in behavior. Bowels regular. Appetite fair. Went walking. Slept well.

17 Quite resistive in dining room. Bowels regular. Appetite fair. Went walking. Talks very little. Slept 6 hrs.

18 Very resistive this afternoon. Fought when taken in dining room. Appetite fair. Bowels regular. Slept 6 hrs. quiet rest of the day. May. 19.95. Quiet in behavior. Resists when taken in dining room. Appetite fair. Bowels regular. Slept 6 hrs. May 20.95. Appetite fair. Bowels moved. Talks very little. Slept well. Went walking. May 21.95. Very quiet. Bowels regular. Appetite fair. Slept well.

22 Transf to B1. Very quiet in behavior. Slept well. At her supper. Appetite fair.

Summary. Patient quiet in behavior. Talks very little. Bowels reg. Sleeps well. Appetite good.

May 22 Transf to B1. May 29.95. Has been very quiet in behavior. Appetite quite good. Bowels regular. Sleeps well. Very resistive at times. Walks very little. Answers readily when spoken to. Does no work.

June 30 Very stupid. Seldom talks. Appetite fair. Bowels regular. Sleeps well. Does no work. Goes riding & walking. June 24 Very stubborn & untidy about her dress. July 3 Trans. to Annex.

Aug 11 No change. Sept 1st to Nov Appetite good. Clean in habits but untidy in appearance. Quiet in behavior. Acts silly. Does not talk but sings a good deal. General health good. Goes riding & walking. Nov 10 Menstr. Feb 3 Appetite fair. Very & untidy in habits. Quiet in behavior. Talks little & then incoherently. General health fair. Takes out door exercise. Feb 20 Visited by a friend. Would not speak. Feb 22. Spitting blood during night. Feb. 24 Does not complain but does not seem to be well. Temp 99.8. Mar. 5 Very untidy in personal appearance. Talks to herself a good deal but will not speak to anyone. Mar. 29 Quite noisy at times. Sings & talks. Apr 22 More quiet. Appetite fair. General health quite good.

May 22 No change. June 1 to Dec 30'96 Patient very untidy: Very quiet, never talks:

Jan 97 Patient has been rather stubborn & quite melancholy but is now becoming

Personal and Medical History of Minnie Middleton.

more silly: Refuses to talk: General health good. May. no change. Aug '97 Menstruation regular: Very obstinate & destructive: General health seems good.

Dec 30/97 (Summary continued by Dr. R.M. Phelps.) Patient has been quiet, dull & demented fair to Trans. to Annex. Patient on Infirmary from Oct. 16. for a month or two, starting in with considerable fever but most of time temperature nearly normal. No marked symptoms. Mch 15'98 Temperature taken: found to be 100. Mch 19 Temp. 99. Resp. 26.

Apr 6. Has seemed to fail somewhat poorly of late but will not take any treatment.

Apr 17. Patient about as usual, dull & stupid & in apparently usual health.

Feb 8'99 Patient has been steadily the same: Has been visited by sisters: Always dull & demented. (Report by Dr. R.J. Reid) May 1 Sept '99 Genl health and appetite good: bowels regular: sleeps well: takes out door exercise: untidy & very destructive: extremely obstinate & violent at times: will not converse: seldom speaks, but appears to understand what is said to her. Aug 18 Wt. 132#. Genl health improved: Appetite poor, but bowels usually regular: quiet & at times depressed: Converses readily & coherently sensibly, this often present: neat: frequently works in Sept 1- Feb 28'1900. (Dr. Heyerdahl) Neat in habits but careless in appearance: Very destructive: Does not converse: Eats & sleeps well: Menstruates regularly Jan 1st Wt 133½ #. Feb 16. Habits untidy at present. Destructive, restless & Violent. Does not talk. Takes outdoor exercise Mch 1- Aug 31 1900 (Dr. Linton) No change in behavior general health good: Sleeps well. July 20. Vaccinated Sept 1- Nov 30 General health good. untidy & dirty in habits & at times destructive - Menstruates regularly: Does not converse nor answer questions. Very obstinate Nov 24 12 1½ #. Dec 1- Feb 28. No change either mentally or physically. Mch 4 116 #

Mar. 1- 1901 June 1- 1901- No change in mental or physical condition. Does no work. May 30 Wt. 110 #. June to Sept. Aug. 21 menstruating. Assists with ward work, takes out door exercise, attends chapel and amusements. Sept. 1st. Wt. 109 #. Sept. to Dec. Still continues to improve, takes considerable interest in a little school established on D1. Nov. 30 Wt. 116½ #.

Feb. 12- 1902 No change. Nov 28 Wt 119½ #.

Personal and Medical History of Mary A. Fitzpatrick

LEBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4095.
Residence, Jordan, Minn.
Date Admission, 11th May 1895. —
Admitted by, D. Herzog — Hour, 6 35 m P.M.
How Sent, J. Wilbrick, Jo P. Ramsey County.
Sex, Female
Age, 35 Years
Civil Condition, married
Children, five living — one Dead
Age Youngest Child,
Occupation, Housewife
Degree Education, Probably fair Good
Profession Religion, Church member
Habits, Good
Nativity, U.S.
Physicians Committing, S.S. Hesselgrave and J.P. Cuming Morgan
Correspondents, Husband

No. for Year, 294.
Insane Relatives, Cousin
Cause Exciting, Puerperal Insanity.
Cause Predisposing, Heredity —
Form, Stuporous Melancholia &c.
Accompanying Bodily Disorder, Not at present
Suicidal or Not, Not
Date of this Attack, December 1894
Duration, about 5 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 35.
Time of Leaving, Jan. 8th 1896
Time in Hospital, 7 mo. 28 da.
Result, Died. Exhaustion in Stuporous Mel.

If not called for in 10 days return to—
H. J. Fitzpatrick,
County Superintendent of Schools,
Jordan, Minnesota.

2 Dr S Sinton Phelps

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused probably will not talk.
Quick or Sluggish, Sluggish.
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Imp.
Own Mental State, Imp.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Probably has many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Will not talk at all
Coherent or Incoherent, Requires feeding with tube,
Voluble or Reticent,

Personal and Medical History of Mary A. Fitzpatrick

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Impaired
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Heavily Coated Promptness Movement,
PUPILS, Equality, Size, dilated
Response Light, Accommodation,
SIGHT, Seems good
HEARING, "
COORDINATION, ~~Arms~~, Seems normal, but refuses to walk or do anything
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Refuses to talk
Slurred,
Hesitating,
FACIAL EXPRESSION, Very dull melancholy
SENSIBILITY,
HEART,
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., July 24 - Uterus in normal position & Cervix
MENSTRUATION, presents - Hemorrhoids
OPHTHALMOSCOPIC EXAM.,

TAKEN,

HABITS, Dirty,	Clean,	Careless,
BOWELS, ~~Normal~~, Constipated	Constipated,	Irregular,
APPETITE, Good, Refuses all food	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 A. Fitzpatrick

1895/

This patient was brought here accompanied by W. B. Miller, (Deputy Sheriff), Wm McCall and patients husband, with following history. Habits & morals have been good: there is some hereditary history, a cousin having been insane. Supposed cause of this attack is puerperal insanity. Before, attack is acute, depressed. No accompanying bodily disorder, at present. The first symptoms of disease were manifested in December 1894, by hallucinations and delusions. This, the 1st attack. Insanity was shown by fear, hallucinations & delusions. Patient is not disposed to injure others, nor suicidal, nor of filthy or destructive habits. No peculiarities had been previously shown. She has been subject to cystic ovaritis, & endometritis. Has not been constrained or confined. Has had double ovariotomy & curettement of uterus. Particular bearing in this case are hereditary influence and puerperal sepsis.

May 11 On admission, was put on B.2 (S.K. Complexion light, hair partly gray; eyes gray; has a scar on abdomen, (ovariotomy); no bruises noticed; bodily condition clean; she is very nervous; "thinks some one is going to kill her").

12 Quiet. Delusions. Appetite fair. Awake at night. Bowels constipated. P. 70. R 20. T. 98.2.

13 Quiet. Has delusions, thinks she was brought here to be killed. Very nervous. Bowels constipated. Appetite not very good. Wet & dirty

14 Quiet. Stays in her room most of time. Bowels moved. Appetite not very good. T. 98.4 P. 80. R 20. Sleeping fine. Slept 6 hrs.

15 Appetite poor. Bowels moved. Quiet in behavior. T. 98.2. P 88. R 24. Awake all night.

16 Quiet in behavior. Bowels constipated. Very sad. Has delusions. Appetite poor. Sleeping fine. Slept 4 hrs.

17 Appetite poor. Bowels constipated. Does not sleep very well. Quiet in behavior.

18 Very quiet in behavior. Appetite poor. Has delusions. Talks sensibly at times.

19 Appetite poor. Behavior quiet. Bowels constipated. May 20.95: Behavior continues about the same. Appetite is very poor. Cascara ℥ ss is given. May 21 95: Ate very little today. Quiet in behavior. Does not talk very much. Electrical treatment given. May 22.95: Slept the greater part of night. Quiet in behavior. Appetite poor. Went out walking. Visited by relatives. May 23.95: Quiet, but awake the greater part of night. Appetite poor. Behavior quiet, stays in her room most of time. May 24.95: Put to bed. T. 99 2 Pgh. R 28. Appetite poor. Sick in bed, ate very little today. Bowels constipated. May 25.95: Sick in bed, ate very little today. Bowels constipated. Massage treatment given.

Summary: Quiet in behavior. Talks sensibly at times, but has delusions. In bed the past few days. Bowels usually constipated. Temp about normal. Has to be spoonfed. Appetite quite fair.

May 17 Trans. to Infirmary. June 30 Has to be fed with tube. Refuses food. Bowels constipated. Cathartics given. Saline solution injected. Temp. generally about normal. Stomach washed out with listerine. Breath very bad.

July 31 Still has to be fed. Milk 0 ℔ p. ½ Egg. Salt ½ t & cup strong coffee. Stomach cleaned, upon used for short time each. Mustard on bowels. Expectorates a great deal. Aug. 10 Operation performed. Sick record kept. Uterus curetted. Perineum repaired - Hemorrhoids removed by scissors & cautery. Ether given. Reaction good. Recovery from operation was prompt but mental state is the same. Aug 31 Untidy in habits of late. Bowels never move unless cathartic is given. Still fed with tube. Seems very weak.

Sept 15 Patient continued in rather depressed condition this month. Fed with tube daily. Temp. usually about normal. & Quiet & typically stupid. Oct. 18 Nurses notes for preceding month as no change of any special kind. Stomach has been washed out before feeding usually. Dec 1. notes show nothing of importance. Vomited occasionally. Visited

Personal and Medical History of Mary A. Fitzpatrick.

by husband Nov. 15. Fed steadily with tube - lying stuporously in bed. Seldom turns. Rarely makes any movement of her own volition. Stomach washed out daily - fed on gruels, beef juice & other nourishing materials. Massage & cool baths given. Jan 8. Patient died this morning - has been failing somewhat of late. Once before showed a marked heart failure. Was in a stupid condition to the last. Nurses notes however indicate no special happening or marked symptom. Died of a gradual exhaustion & heart failure.

Died Jan. 8, 1896.

Personal and Medical History of Manda Peterson
(Amanda)

Whole No. 4101.
Residence, St Paul. Minnesota
Date Admission, 15th May 1895.
Admitted by, Dr. Phelps Hour, 6.35 P.M.
How Sent, G. Willrick. Jof P. Ramsey County.
Sex, Female.
Age, - 30 -
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Housework
Degree Education, Probably limited
Profession Religion, Church-member
Habits, Good
Nativity, Washington County, Minn
Physicians Committing, Park Ritchie and Olof Sohlberg
Correspondents, P. W. Peterson
595 Sims St. St Paul

No. for Year, 300.
Insane Relatives, Mother insane about 1 year; now well.
Cause Exciting, not known
Cause Predisposing, — Heredity?
Form, Mel. Acute Agitated
Accompanying Bodily Disorder, None.
Suicidal or Not, not.
Date of this Attack, not stated (5-6 mos).
Duration, not given
No. of Attack, 1st —
No. of Admissions, 1st
Age First Attack, (?) 29+
Time of Leaving, Dec. 2nd. 1897
Time in Hospital, 1 yr. 8 mos. 18 da.
Result, Discharged Aug. 11. 1897. Improved.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

5.15.95 Dr. A.M. Phelps.

MENTAL ACTIVITY:
Clear or Confused, Confused a trifle.
Quick or Sluggish, Quick.
MEMORY:
Past Events, Fair.
Recent Events,
Special Subjects,
PERCEPTIVITY: Slightly dulled.
Alert or Dull,
Correct or Illusive,
REASONING POWER: ?
Ordinary Subjects, Somewhat impaired.
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, } worries about losing her place which is a mean thing.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: admits foolish worrying. Worries too
Coherent or Incoherent, in a nervous way. Thinks illogically
Voluble or Reticent, all is due to leaving her place. Was foolish about the man, but that did not have anything to do with it.

Personal and Medical History of Manda Peterson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4in WEIGHT, 123 lbs. NUTRITION, Fair
WOUNDS OR ABNORMALITIES, none.
TONGUE, Tremors, yes Coatings, Promptness Movement, fairly-nervous
PUPILS, Equality, Eq. Size, Normal.
Response Light, fair. Accommodation,
SIGHT, Good.
HEARING, Good.
COORDINATION, Arms, } almost choreic in her motions
Legs, } Good
TREMORS, Hands, yes marked rhythmical Tongue, yes
Facial Muscles, General, almost choreic in her motions
REFLEXES, Patellar,
Other
ARTICULATION, Fair, nervous hesitancy
Slurred,
Hesitating,
FACIAL EXPRESSION, Fairly bright.
SENSIBILITY,
HEART, Normal
LUNGS, Normal.

TAKEN,

EXAM. URINE, Aug 2-8/95
Urine 24 hrs -
Color Red yellow
Character Flaky sed
Sp. Gr. 1016
Reaction Acid
Albumen Trace
Sugar 0
Urea 0
Sediments # Triple phosphates, some
Squs-epithelial (bladder) cells

GYNAECOLOGICAL EXAM., Sept 11-95 - Uterus retro-verted, towards left & bound down - Ov. tenderness
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, ~~Good~~, fair Medium, Poor,
SLEEP, ~~Good~~, Poor. Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, 6 m. ONSET GRADUAL OR SUDDEN, Slow.
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, M insane in St Peter, 1 year, now well
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of *Manda Peterson.*

1895

This patient was brought here by Deputy Sheriff Quint & attended by Wm Quint and P.W. Peterson, with following history. Habits & morals good. Mother insane about 1 year; now well. Cause of attack not known. Form of attack is depressed. No accompanying bodily disorder. First symptoms manifested by melancholy. This is 1st attack. Insanity now shown by despondency, sleeplessness. Is talkative. Patient is neither disposed to injure others, nor suicidal. Is filthy. Has no tendencies in habits. No peculiarities of mind previously shown. She has not been subject to any bodily disease &c or injury to head. Has not been constrained or confined. She has been under medical treatment; firstly, tonics; later, sedatives, without apparent improvement. —

(Note by DR: has shown melancholia 5 - 5 months: Noisy & crying: Health is good. She works act.)

May 15 On admission, was put on B^{2} (S.R. Complexion light; hair brown; eyes gray; no marks, scars, or bruises noticed: Is clean; Has a goitre on right side of her neck; She is very nervous and excitable & has delusions).

16 Very much excited. Delusions. Appetite good. Did not sleep. Bowels moved P.82. R.8. T.98+

17 In bed part of the day. Very nervous. Answers questions well. She talks about leaving her place most of the time. Appetite good. Bowels reg. Slept none. May 18.95 Up on ward. Appetite good. Very nervous. Worries a great deal about coming here. Bowels regular. Slept very little. May 19.95 Very nervous & excited. Wants to go up and down the ward. Quite resistive when kept quiet. Appetite good. Bowels regular. Talks wildly at times.

20 Appetite good. Bowels moved. Went walking. Has delusions. Worries a great deal. Slept very little. Very nervous.

21 Appetite good. Bowels moved. Continually talking about leaving her place. Slept 2 hrs. Noisy 2 hrs.

22 Quite nervous to day. Appetite good. Bowels regular. Slept 2 hrs. Talked most of night.

23 Appetite good. Bowels regular. Went walking. Slept 2 hrs. Talked 3 hrs.

24 Very nervous. Appetite good. Bowels regular. Kept continually asking to get out. Slept 6 hrs.

25 Very noisy. Eat well. Bowels moved. Talks most of time. Answers questions well. Slept 3 hrs. Quiet very 2 hrs.

26 Very nervous, pulling at her clothes most of time. Appetite good. Slept 4 hrs.

27 Very nervous. Appetite good. Bowels regular. Slept 2 hrs. Out of bed most of night.

28 Nervous and excited. Appetite good. Bowels regular. Slept 3 hrs.

29 Nervous and excited. Appetite fair. Bowels regular. Talks continually about her place. Slept 3 hrs. Very noisy part of the night.

Summary: Very nervous; noisy most of the time. Appetite good. Bowels regular. Talks about leaving her position. Wants to go home. Usually does not sleep.

31 Very nervous and excitable. Appetite good. Bowels regular. Sleeps poorly.

June 1 Very nervous & excitable. Appetite good. Bowels regular. In restraint all night. Fed. On ward as she annoys other patients. June 4 Not in restraint tonight. June 6 Visited by brother. Anxious to go home. Talks continually about leaving her place. Appetite good. Bowels regular. Takes tonic. Destroys clothing.

June 11 Went home. June 13 Returned. Quieter than usual. June 15 Very noisy. Gave quieting dose. June 16 Very noisy.

July 16 In restraint sheet. Very noisy. No other change. Aug 1 In restraint sheet all night & part of day. No change in behavior. Takes tonic. Appetite good. Sept 1 In restraint nights. Sept 6 Extremely noisy. Appetite good. Sleeps well. Bowels regular. Has delusions. In restraint all night & part of day. Sept 9 In restraint at night. Extremely noisy most of time. Sept. 18 Out of restraint tonight. Oct 4 Out of restraint since Sept 28. Takes tonic. Appetite very good. Very noisy all day. Oct 11 Put in restraint.

Personal and Medical History of *Manda Peterson.*

Oct 19 In restraint night & day since 11th. Taken out today - put back at night. Visited by her mother. Extremely noisy - did not talk very much to her. Oct 22 In restraint day & night since 19th. Taken out today - put back at night. Oct 24 Taken out of restraint.

Oct 30 Gym. treatment. Nov 8 Very noisy: Talks rationally. Bowels regular. Menstr. regularly. Appetite very good. Nov. 11-13-15-18 Gym. treatments also Nov. 20-22-25 Nov 26 Trans. to C.V. Nov. 30. Very noisy most of time. Appetite fairly good. Has delusions. Talks quite sensibly at times. Bowels regular. Dec 2-4-6-9-28 Gym treatments. Dec 19 Visited by brother. Dec. 31 Menstr. - Jan. 3-6-8-10-13-15-17-20-22 24-27 Gym. treatments. Jan. 6 Patient much quieter in behavior. Appetite fair. Sleeps well. Goes riding & walking. Jan 27 Quiet in behavior. Appetite fairly good.

Jan 28 Went Home: — Returned July 13/96. —

Patient was brought back to the Institution under a new Warrant (Pink Crow) (~~No 4448~~): filed with her original Commitment Papers. the particulars given in the present Commitment Papers are about the same as those in original Commitment. She is now very depressed, but thinks She is fully able to take care of herself: Shows continual movements of hands & body: Goitre: Was put on B^{2}.

July 14 96 Nurses Notes Appetite good - Tonic given. Patient quiet in bed until this P.M. Talks quite sensibly. T.98 P.72 R.18 July 15 Appetite good - Refused tonic. Very nervous today. Quite noisy at times: Very untidy in appearance & careless. July 16 Appetite good. Tonic given. Untidy in habits. Quite noisy about ward: Goes walking & riding. July 17 Nervous & very uneasy today. Talks & sings a great deal. Appetite good: Bowels irregular. T.98 P.75 R.18 July 19 Untidy in habits & careless about person. Noisy part of time. July 20 Appetite good. Tonic given. Patient noisy part of day. Very untidy in appearance: Goes walking & riding. July 21 Quiet during afternoon but very noisy at night. July 27 During record week patient was very noisy the greater part of time - Talking about her place & work & singing while standing in front of window. Appetite good - Bowels irregular: Part of time noisy at night.

Sept 96 Appetite good: bowels regular: Takes out door exercise: Menstruation regular.

Dec 96 Receives gynaecological treatments every day. Dec. 15 Trans. to Infirmary: Dec 16 Operation done -- retroflexation - took ether well: passed through operation very well. Reaction good. Dec. 20 Pain in back since last night: Kept in recumbent position. Jan. 3 Allowed to sit up in bed: Jan 20 Up on ward: Recovery prompt.

Jan 3 97 Is now up on ward: gaining every day: Is much more quiet & sensible since operation. Is on electrical treatments, iron tonic &c.

Feb 97 Went home with friends

Discharged.

Personal and Medical History of Louisa Schmelzer.

LEBERT, FIDLAR & GRABBERG, DAVENPORT, IOWA.

Whole No. 4103.

Residence, Blair St. / St Paul, Minn

Date Admission, 23rd May 1895. —

Admitted by, Dr Herzog Hour, 6.35 P.M.

How Sent, G. Millrick, Jof P. Ramsey County.

Sex, Female

Age, 52 years.

Civil Condition, Married

Children, — five — (one) son was hanged) — Formosa

Age Youngest Child, 14 Years.

Occupation, Carpenter (?)

Degree Education, poorly educated.

Profession Religion, not a church member

Habits, Not known. —

Nativity, Germany (parents also from there).

Physicians Committing, J. O'Hagan and John C. Nelson

Correspondents, none given in "Papers"

No. for Year, 302.

Insane Relatives, Not known

Cause Exciting, not stated

Cause Predisposing, "Chronic"

Form, Melancholia, Chronic

Accompanying Bodily Disorder, Some Meuteism

Suicidal or Not, Not. —

Date of this Attack, Four years

Duration, four years

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, 48 years

Time of Leaving, Nov. 6' 1895

Time in Hospital, 5 mo. 14 da.

Result, Died. Hemorrhage of brain

Mrs. Schmelzer Insane.

Louisa Schmelzer, mother of Emisch, who was hanged last fall, was yesterday examined in the probate court on a charge of insanity and ordered committed to the asylum at Rochester. Mrs. Schmelzer is fifty-two years of age, and the mother of five children, the youngest being fourteen years of ag . Her mind has been more or less affected for four years past.

Ellen Galvin, who was also examined yesterday, was released, it being the opinion of the doctors that she is sane.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

5/25/95. Dr. R. M. Phelps.

MENTAL ACTIVITY:

Clear or Confused, Not much confused

Quick or Sluggish, Quick.

MEMORY:

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

PERCEPTIVITY:

Alert or Dull, Correct or Illusive, } Fair, except as to being here

REASONING POWER:

Ordinary Subjects, Own Mental State, Special Subjects, } Rather silly but answers are usually clear & form

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, Special Subjects, Transitory or Not, } No definite ones made out. Is said to be jealous of husband

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, voluble.

Says they wanted to get her out of way - they watched her continually. She did nothing worse than whip her children.

Personal and Medical History of Louisa Schmelzer

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6in WEIGHT, 171 lbs. NUTRITION, Good.

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, no. Coatings, Promptness Movement, Prompt.

PUPILS, Equality, Eq. Size, Normal

Response Light, Yes - normal Accommodation,

SIGHT, Uses spectacles - good

HEARING,

COORDINATION, Arms, Legs, } coordination in general good - nerves steady

TREMORS, Hands, no. Tongue, no.

Facial Muscles, no. General,

REFLEXES, Patellar, can't find - fat knees probably can be found

Other

ARTICULATION, good - german

Slurred,

Hesitating,

FACIAL EXPRESSION, Bright, alert, with

SENSIBILITY,

HEART, Normal.

LUNGS, Normal, says has asthma in winter

GYNAECOLOGICAL EXAM., July 23 - Uterus retroverted Hyperaemia of cervix

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Oct 14/95

Urine 32 hrs

Color Yellow

Character White flaky dep

Sp Gr. 1017

Reaction Alkaline

Albumen 0

Sugar 0

Urea 0

Sediment Triple phosphates, amor Uratus

HABITS, ~~Dirty~~	clean	Clean,	Careless,
BOWELS, Normal,	Good.	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, Son living for murder.

Personal and Medical History of Louisa Schmelzer.

LEIGHT, PICKAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4103.
Residence, Blair St. St Paul, Minn
Date Admission, 23rd May 1895. —
Admitted by, Dr Sleyster Hour, 6.35 P.M.
How Sent, G. Millbrick, Jo P. Ramsey County.
Sex, Female
Age, 52 years.
Civil Condition, Married
Children, — five — (one son was hanged) — for murder
Age Youngest Child, 14 Years.
Occupation, Carpenter (?)
Degree Education, poorly educated.
Profession Religion, not a Church member
Habits, Not known. —
Nativity, Germany (Parents also born there).
Physicians Committing, J. O'Hagan and John C. Nelson
Correspondents, None given in "Papers"

No. for Year, 302.
Insane Relatives, Not Known
Cause Exciting, not stated
Cause Predisposing, "Chronic"
Form, Melancholia Chronic
Accompanying Bodily Disorder, None Mentioned
Suicidal or Not, Not. —
Date of this Attack, four years ago
Duration, four years. —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 48 years
Time of Leaving, Nov. 6' 1895
Time in Hospital, 5 mo. 14 da.
Result, Died Hemorrhage of brain

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

5/25/95. Dr. R.M. Phelps.

MENTAL ACTIVITY:
Clear or Confused, Not much confused
Quick or Sluggish, Quick.
MEMORY:
Past Events, } apparently good
Recent Events, }
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, } Fair, except as to being here
Correct or Illusive, }
REASONING POWER:
Ordinary Subjects, } Rather silly but answers are
Own Mental State, } usually clear in form
Special Subjects, }
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, } No definite ones made out.
Special Subjects, } Is said to be jealous of
Transitory or Not, } husband
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, voluble.
Says they wanted to get her out of way - they watched her continually. She did nothing more than whip her children.

Personal and Medical History of Louisa Schmelzer

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6in WEIGHT, 171 pds NUTRITION, Good.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, No. Coatings, Promptness Movement, Prompt.
PUPILS, Equality, Eq. Size, Normal
Response Light, Yes - normal Accommodation,
Uses spectacles - good
ON, Arms, } coordination in general good - nerves steady
Legs, }
ands, no. Tongue, no.
Facial Muscles, No. General,
REFLEXES, Patellar, can't find - fat thighs
Other probably can be formed
ARTICULATION, good - german
Slurred,
Hesitating,
FACIAL EXPRESSION, Bright, alert, sitting.
SENSIBILITY,
HEART, Normal.
LUNGS, Normal. says has asthma sometimes
TAKEN,

EXAM. URINE, Oct 16/95
Urine 32 ths
Color Yellow
Character White flaky dep
Sp Gr. 1017
Reaction Alkaline
Albumen 0
Sugar 0
Urea 0
Sediment Triple Phosphates, amor urates

GYNAECOLOGICAL EXAM., July 23 - Uterus retroverted Hyperaemia of cervix
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, clean Clean, Careless,
BOWELS, Normal, Good. 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, Son hung for murder.

Winner
Read what the World's Fair Judges said when granting the Highest Award to
LORILLARD'S

Personal and Medical History of Louisa Schmelzer

1895

This patient was brought here by Deputy-Sheriff F.F. Kinney & attended by Mr. Miller, with the following history. She is in fair physical condition. As to Consanguinity, unknown; this is the 1st attack, symptoms first manifested four years ago, by peculiarities of disposition. Disease appears to be increasing; not variable; no stationary intervals. Derangement now manifested by acts of violence, being disposed to injure others, but is not suicidal, nor of the nor destructive in her habits. As to any relatives having been insane, not known. Patient's son was convicted of murder & executed. If she or parents were addicted to intemperance or habitual use of any narcotic is unknown. Patient has not been subject to any bodily disease &c. She has not been restrained or confined. Supposed cause of disease is not stated.

May 23 On admission, was put on B.T. (S.R. Complexion light; hair brown; eyes blue; Condition of skin normal; no marks of bruises noticed; bodily condition clean; behavior good; talk quite sensibly). —

24 Behavior quiet. Talk sensible. Appetite good. Did not sleep. Bowels constipated. Complains of pain in bed. P 70. R 20. Temp. May 25.95 Very quiet. Up on ward. Appetite good. Bowels constipated. Cathartic given. Slept 7 hrs. P 70. Temp. R 18. May 26.95. Very quiet. Appetite good. Bowels moved. Slept 7 hrs. Works in dining room. Temp. P 74 R 18. May 27.95. Behavior quiet. Appetite good. Works in dining room. May 28.95. Behavior quiet. Appetite good. Slept 8 hrs. Helps in the dining room. Eats riding. P 92. May 29.95 No change in behavior. Complains of pain in back. Ate well. Slept quite well during the night. P 89. May 30.95. Appetite good. Bowels regular. Has spells of crying occasionally. Likes walking. Works in the mending room. P 89

May 31 About the same. Complains of tooth ache. Slept well during the night. P 87

June 1 Has a good appetite. Sleeps well. Helps in the dining room. Still complains of pain in back. Likes walking. P 86. June 2.95. No change. To very anxious to go home. Works in the mending room. P 86. June 3.95. Ate well. Bowels reg. Slept 8 hrs during the night. Behavior quiet. Talks quite sensibly. P 85. June 4.95. Appetite good. More restless last night. P 85

June 5 Behavior about the same. Appetite good. Slept well most of the night. Likes walking. Works in mending room. June 6.95. Appetite good. Sleeps quite well. Bowels regular. Complains of headache. Helps in the dining room & mending room.

Summary: Appetite good. Sleeps well. Complains occasionally of pain in back & headache. Behavior quiet. Cries occasionally. Likes walking & riding. Works in the mending room. Talks quite sensibly

May 27 Exam't & A. 2. June 28 Appetite good. Sleeps well. Bowels regular. Behavior quiet. Neat in habits. Has delusions. Complains of having pain in left side. Works in mending room. Likes riding & walking.

July 10 Appetite good. Bowels regular. Sleeps well. Likes a good deal. Works in mending room. Exam't & B 1

July 20 Complains of difficulty in breathing. Worse at night. Has delusions - imagines someone is going to kill her. Quiet in behavior. Assists with work. Likes riding & walking. Bowels reg. Appetite fair. Does not sleep well.

Aug 14 Very nervous & has difficulty with breathing. Aug. 26 In bed most of day. Complains of head ache & pain in left side & chest. Aug 27 In bed all day. seems much better. Aug 31 Feels much better.

Sept 10 Appetite fair. Bowels regular. Does not sleep well. Has a great many strange ideas. Clean in habits. Quiet. Clean & neat. Complains of difficulty in breathing. Worse at night. Sleeps very little. Appetite fair. Bowels regular. Oct 10 Limbs swollen. Oct 18 Very stupid. Oct 23 Very stupid. Great difficulty in breathing. Visited by friends. Oct 26 Filthy. Appetite good. Bowels regular. Sleeps very little.

Personal and Medical History of Louisa Schmelzer.

Limbs swollen. Exam. & Insp. Oct 27 Very stupid. Fell from chair. Put to bed. Med. given four times a day. Pill after meals. Gave hypo this afternoon.

Oct 28 Eats quite well. Temp. 101 Pulse 100. Resp. 24 Legs bandaged each day.

" 29 About same. Swelling on legs gone down. 9.45 P.M. Temp. 100.2 Pulse 130 Resp. 25

" 30 4.30 A.M. Very quiet all night but did not sleep. Temp. 99.6 Pulse 104 Resp. 24 Legs bandaged - swelling some. Eats well. Temp. 99.2 Pulse 110. Resp. 25

" 31 12.30 A.M. Pulse very weak. Gave hypo. 4.30 A.M. Quiet greater part of night slept very little 6.30 P.M. Temp. 100. Pulse 108. Resp. 26 Visited by daughter. 9.30 P.M. powder given.

Nov 1 2.30 A.M. Urinated. Bowels moved. Moaning a great deal. 4.30 A.M. Slept about 2 hrs. during night - Temp. 99. Pulse 100. Resp. 24. 5.30 A.M. Bowels moved very freely.

" 2 4 A.M. Seemed to be suffering a great deal during night. Temp. 99.4 Pulse 106 Resp. 26 Ian Saunders Jr.

" 3 Seems to be suffering a great deal. Breathing very bad. Hypo. given. Did not eat well today. Bowels quite loose. Nov 4 12.30 A.M. Pulse very weak. Feet & limbs cold. Unable to take brandy. In sort of stupor remainder of night. Lying in stupor all day. Great difficulty in breathing. Med. given. Bowels moved. Moaning some during afternoon. Nov 5 Seems about same. Cannot take nourishment. Temp. 100 Pulse 130 Resp. 40 Nov 6 Died.

Died.

Personal and Medical History of Martha Monson.

LEIGHT, PICLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4106.
Residence, Lodi, Mower County, Minn.
Date Admission, 25th May 1895.
Admitted by, D. Sheehe Hour, 6.35 P.M.
How Sent, S.S. Washburn, Jof P. Mower County
Sex, Female
Age, — 35 —
Civil Condition, Married
Children, Three
Age Youngest Child, one year.
Occupation, Housewife (husband, carpenter)
Degree Education, Common School.
Profession Religion, Lutheran
Habits, Not intemperate
Nativity, Norway; (parents also born there).
Physicians Committing, C.A. Johnson and E.A. Washburn
Correspondents, none given in papers

No. for Year, 305.
Insane Relatives, Grandmother —
Cause Exciting, Not known.
Cause Predisposing, Heredity & previous attack
Form, Mania, Acute
Accompanying Bodily Disorder, None mentioned.
Suicidal or Not, not.
Date of this Attack, about April 20/95
Duration, about one month —
No. of Attack, 2nd probably (one, 2 years ago).
No. of Admissions, 1st
Age First Attack, about 33
Time of Leaving, July 15 95.
Time in Hospital, 1m 20ds.
Result, Rec.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

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

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

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

GENERAL DESCRIPTIVE REMARKS:

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

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

HALLUCINATIONS:

ILLUSIONS:

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

Personal and Medical History of Martha Monson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, 110 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, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

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 *Martha Monson.*

Personal and Medical History of

1895

This patient was brought here by Deputy-Sheriff John C. Johnson & attended by John Anderson, with following history. Patient is in fair physical condition. Her Grandmother was insane. This is, probably, 2d attack; one occurring 2 years ago; duration 8 weeks: not sent to Hospital. First symptoms of this attack manifested about April 25th, '95; talking upon different subjects, and being afraid somebody going to murder her. Disease seems increasing; not variable; no rational intervals. Derangement now shown by being irrational on every subject; showing disposition to injure others. She is not suicidal, but is offilthy & destructive habits. No peculiarities had been previously shown; there is no family history of intemperance, nor has patient been subject to any severe disease. She has not been restrained or confined. Cause of the disease, not known. She has had no medical relief. No further particulars are given. ——"——

May 25 **On admission**: was put on B2. (SR. Complexion light; hair brown (light); eyes blue; No bruises noticed; is very dirty & has vermin on her; was very noisy & excited, while in office; fought attendants, while being bathed).

26. Behavior noisy. Has delusions. Appetite poor. Slept 4 hrs. P. 70. R. 18. May 27. 95. Up on ward. part of the time. Is quite excited. Appetite poor. Bowels constipated. Has delusions. Says she is in Washington. Slept 4 hrs.

28. Quiet most of day. Poor appetite. Slept well, quiet all night. Bowels constipated. Impossible to take temp.

29. Quiet. Appetite poor. Has delusions. Bowels constipated. Did not sleep. Refused sleeping dose. Fought night nurses. Spilled sleeping dose. May 30. 95. Quiet in behavior. Bowels constipated. Cath. given. Appetite good. Slept 4 hrs. Refused sleeping dose. Temp. 98.4 P. 70. R. 18. May 31. 95. Quiet most of day. Bowels moved. Appetite good. Slept 6 hrs. Has delusions. Says we are all relatives of hers. June 1. 95. Quiet most of day. Appetite fair. Bowels regular. Talks incoherently. Slept 7 hrs. June 2. 95. Quiet in behavior. Appetite fair. Bowels reg. Slept 6 hrs. June 4 95. Quite good in behavior. Appetite good. Talks quite rationally. Bowels moved. Slept 7 hrs. Very good. June 3. 95. Very quiet in behavior. Appetite fair. Bowels constipated. Gave cathartic. Slept 7 hrs. June 5. 95. Very quiet. Appetite good. Bowels constipated. Gave cathartic. Slept 6 hrs.

June 6 Quiet in behavior. Bowels moved. Talks quite rationally. Slept 7 hrs. Went walking.

" 7 Behavior good. Appetite good. Talk quite rational at times. Talks to herself quite frequently. Bowels moved by cathartic. Take tonic. Slept 7 hrs. June 8. 95. Quiet in behavior. Appetite good. Talks quite rationally part of time. Bowels constipated. **Summary.** Very noisy and violent. Did not sleep very well. Gave sleeping dose. Fought nurses and spilled part of dose. Behavior much quieter. Appetite poor at first, much improved. Bowels usually constipated. Sleeps well. Had delusions, but talks quite rationally now. T. P. & R. about normal.

June 14 Quiet in behavior. Bowels usually constipated. Takes cathartics. Appetite good. Does walking & working.

" 16 Very noisy, singing & talking very loud. July 1. 95. Very quiet. Appetite very good. A very nice worker.

July 10. 95. Transfer to 2d. July 12. 95. Appetite good. Bowels constipated. Takes med. July 15. 95. Behavior quiet. Appetite good. Sleeps well. Visited by her husband. Went home this morning.

Discharged.

Personal and Medical History of Mary Mieloch

LEIGHT, PIELAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4109.
Residence, Comes from St Paul; (residence not given)
Date Admission, 28th May 1895.
Admitted by, Dr Phelps. Hour, 6th P.M.
How Sent, G. Milbrick, Jof P. Ramsey County.
Sex, Female.
Age, 26 (about)
Civil Condition, Married
Children,
Age Youngest Child,
Occupation, Housekeeper; husband, laborer.
Degree Education, not educated
Profession Religion, Church-member
Habits, not intemperate —
Nativity, Not given (no that of parents)-
Physicians Committing, J. J. Baker and J. M. A. Gravel
Correspondents, none given in papers.

No. for Year, 308.
Insane Relatives, none given
Cause Exciting, unknown
Cause Predisposing, not known
Form, Melancholia Acute
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not —
Date of this Attack, a month ago
Duration, a month
No. of Attack, 1st.
No. of Admissions, 1st (Was at St Paul C+C Hospital).
Age First Attack,
Time of Leaving, Oct 5 95
Time in Hospital, 4 mo. 8 da.
Result, Imp. 2/5/96.

EXAMINATION ON ADMISSION

May 3 95 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,

} won't talk

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

} won't talk.

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: much depressed.
- Normal, Calm,
- Indifferent,
- Exalted,
- Depressed,

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

} won't talk.

HALLUCINATIONS:

ILLUSIONS:

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

won't talk Sits in a melancholy, weak, pallid, dull way.

Personal and Medical History of Mary Mieloch

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2in. WEIGHT, 96 lbs. NUTRITION, poor, anaemic.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, no. Coatings, none Promptness Movement, fair.
PUPILS, Equality, Eq. Size,
Response Light, Respond. Accommodation,
SIGHT, Good.
HEARING, Good
COORDINATION, Arms, } probably good
Legs, }
TREMORS, Hands, Tremulous from weakness Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other
ARTICULATION, wont talk
Slurred,
Hesitating,
FACIAL EXPRESSION, Depressed
SENSIBILITY,
HEART, No murmurs.
LUNGS, Doubtful Seems inspired some.
GYNAECOLOGICAL EXAM, Retroversion toward right side Slight erosion of os
MENSTRUATION, July 12 — 1896 —
OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,

TAKEN,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal, not moved yet.	Constipated,	Irregular,
APPETITE, Good, Fed by spoon	Medium,	Poor,
SLEEP, Good, Slept 6 hrs.	Poor,	Irregular,
PULSE, weak tremulous	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 Mieloch

Personal and Medical History of

1895

This patient was brought here, in due form, by a Deputy Sheriff, with following history — This is 1st attack; she has been in St. Paul City & County Hospital: results of treatment: nil; first symptoms of this attack were manifested a month ago, by melancholia & want of sleep & eating. Disease appears to be increasing; not variable; no natural interval; the disease seems to be the same, all the time. Derangement now manifested in that the patient is melancholic, refuses to talk & eat properly (that is, sufficiently); she is not disposed to injure others, nor suicidal, nor filthy nor destructive. As to heredity, nothing stated; Previously, she showed sound religious impressions &c. Neither she, nor parents have been addicted to intemperance &c, nor has she been subject to any severe disease &c. She has been confined only for sake of treatment. Cause of the disease is unknown; She has been treated by general tonic & proper feeding & the effects. On personal Examination, the patient is melancholy; refuses to talk &c, certainly, in a very poor physical condition. ——"——

May 28 On admission, was put on B. (St. Complexion light; hair auburn; eyes blue; no marks scars or bruises noticed; bodily condition clean; behavior good but refuses to converse).

29 Behavior quiet. Appetite poor. Slept 6 hrs. Bowels constipated. P 82. R 28. T 98.7.

30 Quiet in behavior. Appetite poor. Bowels constipated. Resisted when dressed. Slept 7 hrs. P 80. R 24. T 98 6

31 Very quiet in behavior. Appetite poor. Bowels constipated. Does not talk. T 98 4 P 78. R 28.

June 1 Very quiet in behavior. Bowels constipated. Appetite poor. Slept 7 hrs. P 82. R 28. Gave cathartic.

" 2 Very quiet. Bowels constipated. Does not talk. Appetite very poor; fed with spoon. Resists when fed. Slept 6 hrs

" 3 Very quiet. Bowels moved. Appetite poor. Spoon fed. Slept well

" 4 Quiet. Appetite poor. Bowels constipated. Sleeps well. Does not talk.

" 5 Very quiet. Appetite poor. Bowels moved. Sleeps well. Forced to eat fed with a spoon. P 80.

" 6 Quiet. Refused to talk. Appetite poor. Bowels regular. Slept 7 hrs.

" 7 Quiet in behavior. Refused to eat, spoon fed. Bowels moved by cathartic. Does not talk. Slept 7 hrs.

" 8 Quiet. Appetite poor. Bowels regular. Fed with spoon. Slept well. Went walking.

" 9 Very quiet. Refuses to eat. Bowels regular. Does not talk. Slept 7 hrs.

" 10 Behavior good. Bowels moved. Appetite poor. Does not talk. Resp. 24. P 82. Takes tonic. Slept well

" 11 Behavior good. Bowels regular. Appetite poor. Fed with spoon. Slept well. Resp. 24. P 80. On tonic

Summary: Behavior very quiet. Does not talk. Appetite poor. Bowels constipated at first, regular last week. Sleeps well. Goes walking. Takes tonic. Resp. 24. T about normal. P varies.

Sept 6 " Rather stupid, sleeps well. Appetite good. fed early. never talks. takes treatments.

" 24 " Appetite improved. receives gynaecological treatment

Oct 5. Maud home today with husband. somewhat improved but quite melancholy and was taken against our advice, at the urgent request of husband who would not argue about it.

(Omitted) June 16 Quite stupid. Refuses to converse. Spoon fed. Appetite poor. Bowels usually constipated. Sleeps well. Goes riding & walking. July 27 Is some brighter. Said about one hour today. July 12. Gyn. examination. Aug 4 Appetite better. Feeds herself.

Aug 5 Recd Treatment

Discharged.

Personal and Medical History of Carolina Borgeson

LIBERTY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4110
Residence, 994. Gauthier St. St Paul, Minn
Date Admission, 28th May 1895 -
Admitted by, D. Phelps Hour, 6 45 P.M.
How Sent, G. Hillrich, Jr. P. Ramsey County
Sex, Female.
Age, 34 years.
Civil Condition, married
Children, - Seven -
Age Youngest Child, 3 weeks
Occupation, Housewife; (husband, laborer).
Degree Education, fair education
Profession Religion, Yes: Baptist.
Habits, Not Intemperate.
Nativity, Sweden; (parents also born there).
Physicians Committing, E. M. Lundholm and J. B. Burchall
Correspondents, None given on "papers" -

No. for Year, 309.
Insane Relatives, Not known
Cause Exciting, Puerperal mania
Cause Predisposing, not given
Form, Melancholia, acute.
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, not.
Date of this Attack, 3 weeks ago; (3 days after Confinement)
Duration, - 3 weeks or so -
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 34
Time of Leaving, 19th September 1895 -
Time in Hospital, 3 mos - 2x 27
Result, Discht - Not cured. Recovered

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

May 30th 95. D. R. M. Phelps.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick.
MEMORY:
Past Events, } Blurred by delusion.
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, } dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, } Cant reason on
Own Mental State, things not
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: somewhat agitated.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, } Transient - always trying to
Special Subjects, } do something: afraid, no
Transitory or Not, } definite ideas.
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Incoherent, choreic, jerky.
Coherent or Incoherent,
Voluble or Reticent,
Patient full of motion. rather suspicious. almost choreic, Runs about like a fly - always changing direction.

Personal and Medical History of Carolina Borgeson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 4ft 10½ WEIGHT, 121 lbs. NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, No Coatings, Slight white D. Promptness Movement, Very
PUPILS, Equality, Eq. Size,
Response Light, Yes. Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, } cant test much now. Probably good. Incessant motion struggling
Legs, }
TREMORS, Hands, No. Tongue, Full of nervous agitated movements.
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Good.
Slurred,
Hesitating,
FACIAL EXPRESSION, Dark, slightly melancholy in form
SENSIBILITY,
HEART, Can't hear well
LUNGS,
GYNAECOLOGICAL EXAM. Running laceration of left side of cervix, erosion of os, Ruptured cysts July 13th 1895 -
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, not moved since coming. Constipated, Irregular,
APPETITE, Good, poor Medium, Poor,
SLEEP, Good, Slept thro. Poor, Irregular,
PULSE, Fluctuating now, cant get the 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,
Father or Pat. Relations,
Brothers or Sisters,

TAKEN,

Personal and Medical History of Carolina Borgeson

1895

This patient was brought here, in due form, by a Sheriff's Deputy, + attended by her brother, with the following history. As to consanguinity, or any insane relatives, unknown. This is 1st attack; first symptoms manifested three weeks ago, 3 days after confinement; mania not increasing; Disease not variable; no rational intervals; is stationary. Derangement now shown by fear of death; Continually moving about, asking people to stay by her. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits; No peculiarities of temper as were previously shown; there is no history of intemperance; She has not been subject to any severe diseases; has not been confined or restrained. Supposed cause of disease is puerperal mania. She had no treatment, except for symptoms. On personal Examination, bodily appearance good; functions normal; contains all muscular movements; refuses to talk to Strangers.

May 28 On admission, Pulse 132. (S.R.) Complexion light; hair brown; eyes blue; one scar on left wrist; and recent bruises about both arms; bodily condition clean; both ankles are swollen; behavior is very quiet

29. Behavior quiet. Appetite poor. Sleep poor. Complains of pain in limbs. Pgo. R22. T98.7

30. Quite nervous. Appetite poor. Bowels constipated. Cathartic given. Slept 6 hrs. P98. R20. T98.4

31. Nervous and excitable. Appetite good. Bowels moved. Slept 6 hrs. T98.4. P78. R20.

June 1 More quiet today. Appetite fair. Bowels constipated. Limbs swollen. Slept 2 hrs. May 6 hrs. P72.

2. Quiet in behavior. Appetite fair. Bowels regular. P84. Slept 6 hrs.

3. Very quiet in behavior. Appetite fair. Bowels moved. P88. Slept 6 hrs.

4. Quite excited today. Appetite fair. Complains of pain in limbs. Has delusions, is afraid of men are in the room. Bowels constipated. Slept 6 hrs. June 5.95. Quite nervous. Bowels moved. Limbs swollen. Has delusions. At times talks quite rationally. Slept 5 hrs. June 6.95. Excited most of day. Appetite fair. Went walking. Limbs swollen. Slept 6 hrs. was out of bed 1 hr.

7. Quiet today. Appetite fair. Talks sensibly at times. Went walking. Bowels moved. Limbs swollen. Has delusions. Slept 6 hrs. June 8.95. Quiet in behavior. Appetite fair. Bowels reg. Slept 7 hrs.

9. Behavior good. Appetite fair. Talks quite sensibly at times. Has delusions. Slept 7 hrs.

10. Quiet in behavior. Appetite fair. Bowels reg. Slept 7 hrs. Went walking. Talks sensibly at times. Limbs swollen. Works some in dining room. June 11.95. Behavior good. Talks rational at times. Has delusions. Appetite fair. Bowels moved. Walks in dining room. Slept 2 hrs. Very restless.

Summary. Very nervous + excited at first. Quieter last week. Talks quite sensibly. Has delusions: thinks she is going to be killed. Imagines there are men in her room. Limbs swollen. Complains of pain in them. Bowels usually regular. Appetite fair. Generally sleeps well. Goes rocking and walking. Works some in dining room. Temp about normal. Pulse normal. Resp. 20 to 22.

" 16 Quite excited today crying and asking to go home. Thinks she is going to be killed. Appetite fair. Bowels regular.

" 23 Still quite nervous and excitable.

July 12 Gynecological examination and treatment July 20 Her mental state is same + that improved. July 15-26 + 29 Gyn. Treatments given.

July 31 - Aug 5. 7 - 31 - treatments given. Aug 29 - Transferred to Infirmary

Personal and Medical History of Carolina Borgeson

Aug 30 '95 Operated upon today. Curettment, repair of cervix, rectocele and cystocele. An Emmet's perineum done for the rectocele. Took ether well. Reaction was good. Made a good recovery. Results were eminently good. This case Record Card filed Sept. 19 '95 Went home

Discharged.

Personal and Medical History of Lucy A. Currier

LIBERTY, FIDLAR & SHARBERG, DAVENPORT, IOWA.

Whole No. 4111.
Residence, Minneapolis, Minn.
Date Admission, 28th May 1895.
Admitted by, Dr. Phelps. Hour, 6 PM.
How Sent, John H. Steele, Jail. Hennepin Co.
Sex, Female
Age, 63 years.
Civil Condition, Married
Children, one living; Three (3) Dead.
Age Youngest Child, 22 years (Dead).
Occupation, Housewife — Husband, Policeman (Was Conductor on City R'y)
Degree Education, Fairly educated. Common school
Profession Religion, not a church member
Habits, always temperate
Nativity, Burlington Vt. (Mother's Connecticut).
Physicians Committing, C. L. Wells and Thos. S. Roberts.
Correspondents, Cyrus J. Currier, 576 Aurora Ave St Paul. Minn
Dr C. L. Wells & T. S. Roberts
Physicians in charge of House for Aged Women

No. for Year, 310.
Insane Relatives, none, so far as known.
Cause Exciting, Epidemic Influenza.
Cause Predisposing, probably age.
Form, Dementia Senilis
Accompanying Bodily Disorder, Unable to walk, 12 years past.
Suicidal or Not, not
Date of this Attack, probably some time ago.
Duration, probably sometime.
No. of Attack, Not 1st.
No. of Admissions, 1st.
Age First Attack, — ? —
Time of Leaving, June 10. 1895
Time in Hospital, 13 days.
Result, Died

EXAMINATION ON ADMISSION

May 30-95. Dr. R. M. Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick wandering, confused.
Clear or Confused,
Quick or Sluggish,
MEMORY: cant test very poor.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: very dull
Alert or Dull,
Correct or Illusive,
REASONING POWER: Poor
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, none defined. rambles along
Special Subjects,
Transitory or Not,
HALLUCINATIONS: ?
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Talk is a rambling, wing, incoherent feeble minded.

Personal and Medical History of Lucy A. Currier

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, not very good.
WOUNDS OR ABNORMALITIES, Hands and feet all contracted up.
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size,
Response Light, Accommodation,
SIGHT, poor tell.
HEARING, Some impaired
COORDINATION, Arms, Fairly steady. Probably no low in coordination
Legs,
TREMORS, Hands, no not marked Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Poor Rambling incoherent talk
Slurred,
Hesitating,
FACIAL EXPRESSION, silly Vacant look
SENSIBILITY,
HEART, Cant Examine well. to much fat
LUNGS,
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Dirty. Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Poor. Medium, Poor,
SLEEP, Good, Very bad a night. 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,
Father or Pat. Relations,
Brothers or Sisters,

TAKEN,

Personal and Medical History of *Lucy A. Currier*

1895

This patient was brought here by Deputy-Sheriff, Allison & attended by Dr. Woodbury, with the following history. As to Consanguinity not known. This is not 1st attack, first symptoms of this attack were manifested, at the "Home for Aged Women", Minneapolis; Dementia following Epidemic influenza. Disease seems increasing; there is a steady progression; no rational intervals, of late. Derangement now shown by being restless, talkative, incoherent on all subjects. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive; no insane relatives, so far as known. She was always of an excitable & irritable disposition; not addicted to intemperance; was always temperate. Patient has been unable to walk, for 12 years past, as the result of rheumatism or a deforming arthritis. She has not been restrained or confined. Supposed cause of the disease is Epidemic Influenza. Has had no treatment except by food & sedatives. On personal Examination, there is incoherent Conversation on all subjects; conversation too incoherent & disconnected to repeat. She throws clothing from room; constant handling clothing; playing with string, which, she said was to tie up imaginary person with. There is enfeebled general health; rapid pulse; dry tongue & lips; emaciating; She has been noisy & talkative, night & day; imagines dead person in room with her; that she is being robbed &c. —

May 28 On admission, was put on B[th] S.R. Complexion light, hair part gray; eyes blue; bodily condition clean; both hands & feet are deformed, caused by rheumatism; she is very noisy; unable to walk & was carried in to ward).

29 Very disturbed very incoherent; Appetite poor. Has difficulty in swallowing. Noisy & has restless.

30 Very helpless, has to be lifted around. Bowels constipated. May 30. 95 Very noisy. Appetite poor. Has to be fed with spoon. Bowels constipated. Noisy & has during night. Dirty seems rather weak. May 31. 95 Noisy part of the day. Had to be dressed & lifted to the chair. Appetite poor. Bowels constipated. Pulse about 2 hrs. seemed very weak. June 1. 95. Bowels moved. Very constipated. Fed with tube. Very weak. Habits dirty. Noisy part of the day. Noisy & has during night. June 2. 95 Refused breakfast. Had to be fed with tube, ate some dinner, refused supper. More quiet during the day, but noisy during the night. June 3. 95 Appetite some better. Is very weak & not able to be up. Bowels moved during night. Pulse 4 hrs. Circulation poor, complained of feeling chilly. June 4. 95. Still very weak. Appetite fairly good. Complained of feeling cold. T 98. R 20. P 100. P very weak. Gave stimulant. Bowels moved.

June 5. Still in bed. Bowels moved several times. Very bad odor. Appetite poor. Quiet during day.

6 Very helpless, is very dumpish & sleepy the greater part of the time. T 99. Pulse. Resp. Urg.

7 Appetite very poor. Has to be fed with a spoon. Bowels moved very frequently. Has very bad angle. T 98. R 29. P 102

8 Bowels constipated. Does not take anything but milk. Seems to have a good deal of pain. Sleeps the greater part of the day. June 9. 95 Bowels moved freely. Has difficulty in swallowing. Seems to be very weak has not taken anything but a cup of milk to day.

June 10. 95. Died.

Patient failed gradually being constantly in bed from admission until she sank into a deep stupor and died.

Personal and Medical History of

Personal and Medical History of Katie Liberko

LEGLEY, PICKLE & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4118.
Residence, Virginia, Minn.
Date Admission, 3rd June 1895. —
Admitted by, Dr. Phelps Hour, 7:30 PM.
How Sent, H. L. Buck, Jo. Co. Winona County
Sex, Female.
Age, 28 years
Civil Condition, married
Children, four
Age Youngest Child, 6 mos.
Occupation, Housewife (husband, laborer)
Degree Education, limited; reads Polish
Profession Religion, Catholic
Habits, not intemperate —
Nativity, Austria (father & mother, Same)
Physicians Committing, M. J. English & E. D. Keyes
Correspondents, See Africa Register.

No. for Year, 317.
Insane Relatives, none.
Cause Exciting, Debility from confinement & nursing child
Cause Predisposing, not stated
Form, Melancholia Acuta.
Accompanying Bodily Disorder, None mentioned.
Suicidal or Not, not.
Date of this Attack, one week ago
Duration, — one week
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 28 —
Time of Leaving, Dec. 5'95
Time in Hospital, 6 mo.
Result, Dice. Improved May 6'96.

June 6.96 Dr. S. Linton Phelps.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Seems confused.
Quick or Sluggish, Sluggish.
MEMORY:
Past Events, } can't test, can't talk English
Recent Events, }
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, Dull.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State, Impaired - evidently.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Tries to talk, but only in Polish
Coherent or Incoherent, Talks somewhat connectedly
Voluble or Reticent,

Personal and Medical History of Katie Liberko

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 1in WEIGHT, 107 lbs. NUTRITION, Good.
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Seems good
HEARING, Ok
COORDINATION, Arms, Normal.
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Hesitating
Slurred,
Hesitating,
FACIAL EXPRESSION, Rather dull

SENSIBILITY,
HEART, Normal.
LUNGS, Seem in good condition
TAKEN,
GYNAECOLOGICAL EXAM., Endometritis, Erosion of os. Regular laceration of os
MENSTRUATION, Suspended July 17 1895
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Constipated	Constipated,	Irregular,
APPETITE, Good,	Good	Medium,	Poor,
SLEEP, Good,		Poor,	Irregular,
PULSE,	Rather 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,

Personal and Medical History of Katie Liberko

1895

This patient was brought here by Deputy Sheriff A. W. Fuhrman, attended by Stanislaus Liberko, with following history: Patient is in fair physical condition. No history of consanguinity or heredity; this is 1st attack, commencing one week ago, by hysterical trauma. — Disease is, in form, acute: not variable; no rational intervals. Derangement now manifested by hysterical spasms, hallucinations; she is not disposed to injure others, nor suicidal, nor filthy nor destructive. Patient has had, for 14 years, superstition that she was bewitched. There is no family history of intemperance &c, nor has she been subject to any severe disease or head injury. She has not been restrained or confined, nor under medical treatment. Supposed cause of the disease is debility from confinement & nursing child. — On personal examination, patient shows a general hysterical appearance. On

June 5 Admission, was put on B² (S.R. Complexion light; hair brown; eyes gray; Condition of skin good; no bruises or marks noticed; bodily condition dirty, but no vermin; behavior good).

6 Hysterical. Appetite good. Slept 6 hrs was out of bed 2 hrs. Bowels moved. Pains in breasts and back. P 84 R 24 T 98°

7 Very noisy to day, singing and crying. In bed to day. Appetite good. Bowels moved. Complains of pains in breasts. Breast bandaged & liniments applied. Took med. Slept 4 hrs P 90. R 22 T 98. 8 June 8.95. More quiet to day. Upon ward. Bowels reg. Appetite fair. T 98.7 P 90 R 22. Slept 7 hrs. June 9.95 Very quiet. Appetite fair. Bowels reg. Slept 7 hrs. T 98.8 P 72. R 22. June 10.95 Behavior good. Bowels constipated. Appetite fair On tonic Slept 7 hrs.

June 11.95 Behavior quiet. Bowels moved. Appetite fair Slept well Takes tonic Went walking June 12.95 Very quiet in behavior Bowels constipated. Appetite fair. Slept well. Breasts better. June 13.95. Behavior quiet. Appetite fair Bowels moved. Resists when taken to dining room. Takes tonic. Went walking. Slept 7 hrs. June 14.95. Quiet in behavior Talks to herself. Appetite fair. Bowels constipated. Went walking. Tonic. Slept 6 hrs. Out of bed 1 hr.

June 15. Quite excited to day. Crying & talking rather loud. Appetite fair. Bowels constipated. Bore catheter Slept 5 hrs

" 16. Quiet in behavior. Appetite poor, spoon fed. Bowels moved. Slept very little.

" 17 Quiet in behavior. Appetite poor, spoon fed Takes tonic. Bowels constipated. Bore cath. Slept 4 hrs. Bed about 9 hr.

18. Quiet in behavior. Appetite poor. Spoon fed. Takes tonic. Bowels moved. Slept poorly.

19. Quite excited crying and talking considerably. Appetite poor. Spoon fed. Tonic. Bowels irregular. Slept 3 hrs.

Summary: Behavior, quite noisy at first, but quieter of late. Appetite poor Spoon fed. the last week. Appetite good the first week. Bowels usually constipated. Talks to herself, cries a great deal. Takes tonic. Slept quite good at first. Not as well of late. Breasts bandaged and liniment applied as there was milk in them.

June 23. Quite excitable. cries a great deal. Appetite poor. Spoon fed. Bowels irregular Sleeps poorly. July 17 Gynecological exam. needs treatment

July 29 Appetite improving. Aug. 4 Acid treatment every other day since July 17. Aug. 16 Local treatment continued.

Aug. 29 Trans. to Infirmary. Aug 30 Operated upon today Uterus curetted & cervix repaired. Ether given Pulse weak while on the table. Hypod. Strych. gr 1/30 given. Reaction good. Sept 13 Was up on ward. Has been in bed two weeks. Recovery has been good. Case record on file. Sept 14 Up on ward. Appetite not very good. Slept about 2 hrs. during afternoon. 4 Ho P.M. Temp 97.8 P. 74 R. 19. 6 PM Ate supper Sept 15 4 30 a.m. Slept well all night 6 PM Up on ward. Appetite fair. Sept 16 4 A.M. Slept most of night. Sept 18 Trans. to B. 2.

Oct 1 Appetite poor. Bowels irregular. Quite noisy. Temp 98.2 Fed at special dinner. Oct 15 Visited by husband Nov 1 Very noisy at times. Bowels regular Sleeps well. Appetite good. Nov 8 Appetite poor goes out walking. Works in dining room. Nov 14 Trans. to B 1. Nov 27 Quiet in behavior Clean in habits. Assists with work. Talks to herself but very seldom answers when spoken to.

Personal and Medical History of Kate Liberko.

Sleeps well. Bowels irregular. Appetite fair. Takes outdoor exercise

Dec 5 Went home today with husband. Quiet in behavior - Appetite not very good. Bowels regular Talked to herself. If left to herself would kneel on floor most of time.

Discharged.

Personal and Medical History of Bertha Mary Brekke

(Jin Warrant (Mary Brekke only)

LAGERT, FISLAR & SAARBERG, DAVENPORT, IOWA.

Whole No. 4119.

Residence, Faribault, Minn

Date Admission, 5th June 1895 —

Admitted by, D. Luiton Phelps. Hour, 3.30 P.M.

How Sent, R.A.M.A. & P. Rice County

Sex, Female.

Age, — 22 —

Civil Condition, single

Children,

Age Youngest Child,

Occupation, Housekeeper (father, Evangelist)

Degree Education, Special School

Profession Religion, Lutheran

Habits, Not Intemperate

Nativity, Bergen, Norway (Parents born in Norway).

Physicians Committing, M. L. Mayland & W. A. Lang

Correspondents, none given in papers

No. for Year, 318.

Insane Relatives, Mother insane when patient has a child

Cause Exciting, a combination of Exciting Causes.

Cause Predisposing, not stated

Form, Perbescent insanity

Accompanying Bodily Disorder, None Specified.

Suicidal or Not, Suicidal (drowning & hanging).

Date of this Attack, On June 1894 —

Duration, about a year.

No. of Attack, Not 1st (probably 1st Continuous)

No. of Admissions, 1st Here

Age First Attack, about 21.

Time of Leaving, Sept 24 1895

Time in Hospital, 1 yr. 3 mos. 18 da.

Result, Discharged Feb. 3'97 Improved.

June 7.95. D. L. Phelps.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, Quick.

MEMORY: Seems good.

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State, Impaired.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Fights violently at times

Normal, Calm,

Indifferent,

Exalted, Exalted.

Depressed,

DELUSIONS: Seems to have delusive ideas.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks in a perfectly excitable manner

Coherent or Incoherent, Has delusive trains of thought

Voluble or Reticent,

Personal and Medical History of Bertha Mary Brekke

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, 110 lbs. NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Coatings, None Promptness Movement,

PUPILS, Equality, Size,

Response Light, Normal. Accommodation,

SIGHT, Good

HEARING,

COORDINATION, Arms, Normal

Legs, Normal

TREMORS, Hands, says at times slight Tongue,

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, Normal

Slurred,

Hesitating,

FACIAL EXPRESSION, Normal, Vacant.

SENSIBILITY,

HEART, Normal

LUNGS, Respiratory murmur rough Had pneumonia when 12 years

TAKEN,

GYNAECOLOGICAL EXAM., Hymen intact — Menstruation regular. — Exam. Sept 2'95

MENSTRUATION, Regular

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Normal	Constipated,	Irregular,
APPETITE, Good,	Good	Medium,	Poor,
SLEEP, Good,	Well usually	Poor,	Irregular,
PULSE,	Normal	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, insane at one time

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Bertha Mary Bekke

1895

This patient was brought here by Sheriff Stewart, attended by Wm Glover, with following history: Patient is in good physical condition. No history of consanguinity, but some of heredity, the mother was insane, when patient was a child. This is, probably, 1st attack (continuous), occurring last year (in June 1894), from which she has never recovered; has been in Diocenices Hospital, but no improvement from treatment: the symptoms manifested by melancholia & sleeplessness; the disease appears to be increasing; is variable but no rational intervals; there is a highly nervous condition. Derangement now manifested by a highly inflated sense of personal importance. Patient is disposed to injure others; has attempted suicide by hanging & drowning, and propensity now active, apparently. No filthy or destructive habits. As to any previous peculiarities, nothing developed in examination. No history of intemperance, as to self or parents. She has not been subject to any severe disease, nor to cause permanent injury. Only constant watchfulness has been employed in her case. Predisposition to the disease, aggravated by a combination of existing causes. A Tonic treatment has been given, which seemed to relieve melancholia. On personal examination, patient shows a highly exalted nervous condition. —

June 6 On admission, was put on B.P. (S.R. Complexion light; hair brown; eyes gray; no marks, scars or bruises noticed; bodily condition clean; behavior good; talks sensibly).

7. Quite disturbed, fought nurses. Has delusions. Appetite good. Slept 4 hrs. Bowels moved. Complains of pain in head. T 97½ R 22 P 98
8. Quiet in behavior. Has delusions, imagines others are jealous of her. Thinks she knows the patients before she came &c. Appetite good. Bowels reg: June 9.95: Quite excited today. Head sore, poultices & bandaged. Has delusions. Appetite good. Bowels reg: T 98. P. 78. R 24. Slept 2 hrs. June 10.95 Very much excited noisy & violent. In seclusion 12 hrs. Appetite fair. Bowels reg. Has delusions. Complains of sore head. Slept poorly. T 98. P 68. R 18.
June 11. Quite excited this P.M. In seclusion 3 hrs. Appetite good. Bowels regular. Slept 4 hrs. Out of bed 2 hrs. T 98 8 A.M. 97½ P.M. R 22
12. Quite excited today. Fought nurses. Has many delusions. Imagines she is very rich & others jealous of her. Appetite good. Bowels reg. Slept 6 hrs. June 13.95. Behavior good. Appetite good. Bowels regular. Has many delusions. Slept 7 hrs. June 14.95. Behavior quiet. Appetite good. Bowels reg. Has delusions. Wants to go home. Went walking. Slept 6 hrs. Quite restless. June 15.95. Quite disturbed, very impudent at times. Appetite fair. Bowels reg. Visited by friends. Slept 7 hrs. Went walking.
16. Quiet in behavior. Appetite good. Bowels constipated. Gave cathartic. Went walking. Slept 6 hrs.
17. Quite excited. Says she is going home. Keeps asking for hat & wrap. Very impudent when told she can't have them. Bowels moved. Slept 7 hrs. June 18.95. Quite excited, very impudent at dining room. Appetite good. Bowels reg. Went walking. Slept 6 hrs. Complained of headache.
19. Quite excited, talks to herself & sings quite loud. Appetite good. Bowels reg. Slept 4 hrs. Visited front walking. June 20.95 Very restless, walks up and down the ward. Talks to herself. Eats well. Slept 6 hrs. Bowels moved. Summary. Patient quiet, talks quite sensibly. Appetite good. Sleep poor. Fourth day very noisy & violent, also very impudent. Fought nurses. In seclusion. Quieter part of time but very restless. Wants to go home: Has delusions, says she is very rich & others are jealous of her. Talks & laughs to herself. Sleeps better. Appetite good. Bowels reg: Goes walking & riding. Pulse normal. Temp. 98 7/5 A.M. Resp 22.

June 21st 1895 Went home

Personal and Medical History of Bertha Mary Bekke.

July 8 Was returned. Could not manage her at home. Sept 6 Visited by friend. Fought several times today. Sept 24 Appetite good. Bowels usually constipated. Sleeps fairly well. Menses about 15th Extremely noisy most of time.
Oct 18 In seclusion 4 hrs. Oct. 19 Fought this A.M. In seclusion 2 hrs. Extremely noisy most of time. Tries to run away while out walking. Oct 25 Visited by lady friend. Nov 8. Very noisy at times. Fights nurses occasionally. Appetite good. Sleeps well. Lazy in habits. Bowels regular. Menstruates regularly. Nov 28 Very violent this evening. Nov 29 Fought nurses.
Jan 8 In bed complains of pain in abdomen. Menses. Feb 1 Complains of pain in abdomen. Feb 21 Complains of headache. Feb 22 Noisy at times. Much quieter of late. Has delusions. Wants to go home. Bowels usually constipated. Takes cathartics. Apr 16 Has delusions. Very noisy at times. May 11 Appetite good. Bowels regular. Sleeps well. Noisy at times.
May 15 Visited by father & friend. May 23 Visited by sister & friend. May 30 At times very noisy also has delusions. Appetite fair. Takes out door exercise. Wants a little on reward. Sleeps usually well. May 31 Menses.
Sept. 1896 Summary Nurses Notes by Dr. S.S. Phelps Works in centre dining room: General health good: Menstruation regular: Quite excited at times; usually talks rationally: Sept 24 Sent home on trial as her people wished to take her. Was at times rational & desirous of going home - at other times troublesome & noisy.

Discharged

Personal and Medical History of Annie Anderson #2
"Anna"

Whole No. 4120.
Residence, Rice County, Minn
Date Admission, 6th June 1895.
Admitted by, D Lucius Phelps Hour, 3.30 PM.
How Sent, R.A. Mott Sh. P. Rice County.
Sex, Female
Age, — 18 —
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, on farm (father a farmer)
Degree Education, Educated in public school.
Profession Religion, Yes; Lutheran
Habits, no history of intemperance
Nativity, Forest, Rice Co. Minn (parents born in Sweden).
Physicians Committing, D.N. Jackson & J.S. Seeley
Correspondents, None given in papers

No. for Year, 319.
Insane Relatives, none
Cause Exciting, Epilepsy & suppressed menstruation
Cause Predisposing, — chronic —
Form, Epileptic insanity dementia
Accompanying Bodily Disorder, Epileptic Convulsions
Suicidal or Not, not. —
Date of this Attack, 10 years ago, off & on
Duration, Some 10 years — —
No. of Attack, several probably. —
No. of Admissions, 1st
Age First Attack, about 8 years
Time of Leaving, July 22 — '96
Time in Hospital, 4 yr 1 mo. 16 da.
Result, Discharged Nov. 10 '96 Improved

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

June 7. 95. D. S. L. Phelps.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick.
MEMORY:
Past Events, Fair.
Recent Events,
Special Subjects,
PERCEPTIVITY: Poor.
Alert or Dull,
Correct or Illusive, Partly illusive.
REASONING POWER:
Ordinary Subjects,
Own Mental State, Impaired.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Seems in good physical health.

EMOTIONAL STATE: Rather excitable. Fights at times
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Delusive ideas.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Shows a limited feebleness of
Coherent or Incoherent, mind. Has many delusive ideas
Voluble or Reticent,

Personal and Medical History of Annie Anderson #2

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, 125 lbs. NUTRITION, Good
WOUNDS OR ABNORMALITIES, Epileptic fits. Has fits which occur usually at night
TONGUE, Tremors, None Coatings, Slightly Coated. Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Normal
Legs,
TREMORS, Hands, None Tongue, None.
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Art. Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Good
SENSIBILITY,
HEART, Normal
LUNGS, Normal
TAKEN,
GYNAECOLOGICAL EXAM., Cervix, Pin hole os. Menstruation absent
MENSTRUATION, Absent. Menst only once — (July 14 '95)
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean. Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Often has fits at night 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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Annie Anderson #2.

1895

This patient was brought here by Sheriff Stewart, attended by Mr Glover, with following history. Patient is in good physical condition. There is no history of consanguinity, nor of heredity. - She has probably had sexual such attacks, at times for 10 years; duration a week or two; not sent to hospital. First symptoms of attack manifested by being cross, wild + unmanageable; will strike + bite. Disease appears increasing: is variable; is worse monthly. Derangement now shown by her wanting to run away + be alone. Threatens to injure others: has not attempted suicide. Is of filthy and destructive habits. No peculiarities as previously known. No history of intemperance as to self or parents. She has had epileptic convulsions: not restrained or confined until after the attack. Supposed cause of disease is Epilepsy + suppressed menstruation; (unwell only twice); has been under treatment, but extent unknown. On personal Examination, was examined at a lucid interval: reliable evidence shows periods of active lunacy. no further particulars.

June 6 On admission, was put on V.S. ½ (S.R. Complexion light; hair light brown; eyes blue; Condition of skin normal: both knees bruised; Had vermin when + was dirty; behavior good).

7 Slept about 6 hrs. during night. Had a fit at 6.30 a.m. Cough none. Bowels moved Ord R 4 ? 882

8 Appetite good. Quiet in behavior. Bowels reg. Went out walking to day. Slept well during night.

9 Appetite fairly good. Sleeps well. Quiet in behavior. Walks sensibly at times. Wants to go home.

10 Slept about 7 hrs. Did not want to get up this morning. Resisted when interfered. Appetite good.

11 Slept well. Has been very Cross + disagreeable all the morning. Fighting with nurses. Struck Mrs H & Mrs Muff & C.

12 Had a fit during night. Complains of being hurt by others. Quiet during day. Appetite good.

13 Appetite good. Had a fit during the day. Quiet all day. was out walking T. 98 ½ R 20 P 80.

14 Quiet during the day, had a fit 2 PM. Appetite good. Slept well during night.

15 Appetite very good. Quiet all day. June 16 Appetite very good. Fought all day. Was very irritable all day. Slept quite well. June 17 95 Appetite good. Quiet all day.

18 Quiet all day. Eats + sleeps well. June 1995. Appetite good. ~~Had a fit~~ Quiet.

20 Appetite good. Sleeps quite well. Quiet during day.

Summary. Behavior for the first few days very good. Very irritable at times, also violent and destructive. Appetite usually very good. Sleeps quite well. Has several fits during a week, usually at night. Bowels constipated. Goes walking and riding.

July 30 Appetite good. Sleeps quite well. Has had several fits during month. Usually very cross + disagreeable before + after a fit. Habits dirty most of time. Goes riding + walking. - Bowels regular. Oct 1 Had a fit + fell on about floor - right side of face bruised. Oct 30 Eats + sleeps well. Habits dirty. Has had several fits during month. Goes riding + walking. Violent at times. Nov 30 Appetite good. Sleeps well. Goes walking. Is violent at times. Habits clean, usually. Has fits occasionally during day. Dec 10 Appetite very good. Sleeps well. Has fits usually at night. Violent at times. Habits dirty at times.

Dec 19 Fought nurses several times during day. About 4 P.M. Muff was put on + patient quieted down. Dec 30 Muff taken off. Jan 26 Had a fit

Personal and Medical History of Annie Anderson.

Jan 27 Had a fit. Foams + bites. Feb 29 Had a fit. Fells + hurt her mouth. Feb 29 Appetite good. Sleeps well. Tidy in habits. Had fifteen fits during month. Goes walking + riding. Mar 26 Fought night nurses. Mar 31 Appetite good. Bowels regular. Dirty in habits. Talks sensibly on most subjects. Had several bad fits during month. General health good. Takes out door exercise. May 27 Appetite good. Bowels regular. Goes walking + riding. May 28 Menstr. this month for first time since admission. June 18 Menstr. Appetite good: bowels regular: Takes out door exercise: assists with work: Talks sensibly. Has a fit occasionally.

June 30 Appetite good: bowels regular. Assists with work. July 13 Appetite good: Talks sensibly: assists with work: July 22 Visited by Minister. July 25 Went Home Discharged.

Personal and Medical History of Josie Bergen

LIBBEY, PIGLER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4123.

Residence, 119 Stella St. St Paul. Minn

Date Admission, 6th June 1895.

Admitted by, Dr Phelps — Hour, 7 P.M.

How Sent, G. Willrich, Jol P. Ramsey County

Sex, Female

Age, — 24 —

Civil Condition, Single

Children, — one —

Age Youngest Child, 9 years

Occupation, Prostitute

Degree Education, Common School

Profession Religion, Yes: R.C.

Habits, Bad — Intemperate

Nativity, Ireland; Parents also born there

Physicians Committing, A. Macdonald and H. J. O'Brien

Correspondents, None given in papers.

No. for Year, 322

Insane Relatives, None

Cause Exciting, unknown

Cause Predisposing, probably bad habits

Form, Acute Melancholia.

Accompanying Bodily Disorder, None known

Suicidal or Not, Attempted, by hanging

Date of this Attack, acute

Duration, acute

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, — 24 —

Time of Leaving, September

Time in Hospital, 3 months

Result, Discharged Nov 6/95 — Recovered

STRANGE VISIONS.

Johanna Bergen Makes a Futile Attempt at Suicide.

Johanna Bergen, twenty-three years of age, was brought into the police court yesterday afternoon on a charge of disorderly conduct. Officer Brennan, of the Rondo street station, appeared against her. It was shown that during the morning the girl attempted to commit suicide by hanging herself with a piece of small rope. The rope gave away and the girl failed in her purpose. Officer Brennan was attracted to the place and put her under arrest. When put on the stand the young woman talked incoherently of strange visions that harassed her. Her younger brother testified as to her insanity. He said that some months ago an operation had been preformed upon her and that since then she has been unbalanced. She could not sleep at night imagining that the room was filled with all manner of uncanny beings. The girl said that one night when very restless one of her brothers had struck her with his fist. She bore the mark on her face. The family lives at 119 Stella street.

THE SOCIAL EVIL.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

June 7. 95. Dr S. L. Phelps.

MENTAL ACTIVITY:

Clear or Confused, Partially confused

Quick or Sluggish, sluggish.

MEMORY: Prob. impaired somewhat

Past Events,

Recent Events, /

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER: Impaired.

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Has headache most of the time

EMOTIONAL STATE: Depressed

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Seems to have delusive ideas.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks quite rationally but in a

Coherent or Incoherent, rather a vague confused manner

Voluble or Reticent,

Personal and Medical History of Josie Bergen

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ WEIGHT, 120 lbs. NUTRITION, Good.

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, None Coatings, Yellow coating. Promptness Movement,

PUPILS, Equality, Eq. Size,

Response Light, Good Accommodation,

SIGHT, Good

HEARING, Right ear impaired

COORDINATION, Arms,

Legs, Slightly impaired.

TREMORS, Hands, Slight. Tongue, None

Facial Muscles, General, Says often

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, Hesitating

Slurred,

Hesitating,

FACIAL EXPRESSION, Good

SENSIBILITY,

HEART, Normal

LUNGS, Says he had some trouble

TAKEN,

GYNAECOLOGICAL EXAM. Retroversion July 15-95 Treatment needed.

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Daily,~~	Clean	Clean,	Careless,
BOWELS, Normal,	Normal	Constipated,	Irregular,
APPETITE, ~~Good,~~	Very poor	Medium,	Poor,
SLEEP, Good,	Very poor	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, was sick long time, died of consumption

Brothers or Sisters,

Personal and Medical History of Josie Bergen

Whole No. 4123.

Residence, 119 Stella St. St Paul. Minn

Date Admission, 6th June 1895.

Admitted by, Dr Phelps — Hour, 7 P.M.

How Sent, G. Willrich, Jail. Ramsey County

Sex, Female

Age, — 24 —

Civil Condition, Single

Children, — one —

Age Youngest Child, 9 years

Occupation, Prostitute

Degree Education, Common School

Profession Religion, Yes: R.C.

Habits, Bad — Intemperate

Nativity, Ireland; Parents also born there

Physicians Committing, A. Macdonald and H. J. O'Brien

Correspondents, None given in papers

No. for Year, 322

Insane Relatives, none

Cause Exciting, unknown

Cause Predisposing, probably bad habits

Form, Acute Melancholia.

Accompanying Bodily Disorder, unknown

Suicidal or Not, Attempted, by strangulation.

Date of this Attack, a couple of weeks ago

Duration, a couple of weeks.

No. of Attack, 1st

No. of Admissions, 1st (3 times at house of Good Shepherd)

Age First Attack, — 24 —

Time of Leaving, September 19/95.

Time in Hospital, 3 mos — 13 Days

Result, Discharged Nov 6/95 — Recovered

June 7. 95. Dr S. L. Phelps.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Partially confused

Quick or Sluggish, sluggish.

MEMORY: Prob. impaired somewhat

Past Events,

Recent Events, ?

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER: Impaired.

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Has headache most of the time

EMOTIONAL STATE: Depressed

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Seems to have delusive ideas.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks quite rationally but in a

Coherent or Incoherent, rather a vague confused manner

Voluble or Reticent,

Personal and Medical History of Josie Bergen

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ WEIGHT, 120 lbs. NUTRITION, Good.

WOUNDS OR ABNORMALITIES,

Tremors, None Coatings, Yellow coating. Promptness Movement,

uality, Eq Size,

nse Light, Good Accommodation,

Good

Right ear impaired

Arms,

gs, Slightly impaired.

Slight.

Tongue, None

facial Muscles, General, Says often

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, Hesitating

Slurred,

Hesitating,

FACIAL EXPRESSION, Good

SENSIBILITY,

HEART, Normal

LUNGS, Says has had some trouble. TAKEN,

GYNAECOLOGICAL EXAM. Retroversion July 15-95 Treatment needed.

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Daily~~,	Clean	Clean,	Careless,
BOWELS, Normal,	Normal	Constipated,	Irregular,
APPETITE, ~~Good,~~	Very poor	Medium,	Poor,
SLEEP, Good,	Very poor	Poor,	Irregular,
PULSE,		Resp.,	Temp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

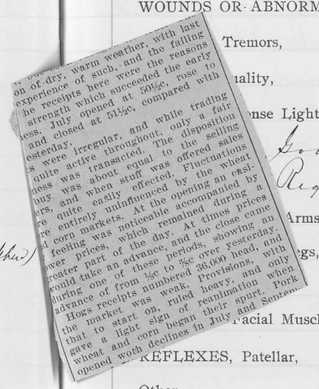
LENGTH OF INVASION, long. ONSET GRADUAL OR SUDDEN, Gradual

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

Mother or Mat. Relations,

Father or Pat. Relations, was sick long time, died of consumption

Brothers or Sisters,


on of dry, warm weather, with last
experience of such, and the falling
he receipts here were the reason
strength which succeeded the early
ess, July opened at 50¾c, rose to
and closed at 51½c, compared with
esterday. Trade was irregular, and while trading
s were active throughout, only a fair
quite transacted, the disposition
ness was about equal to the selling
ers, and only when stuff was offered sales
ots, and easily effected. Fluctuations
es quite entirely influenced by the speculative
re entirely uninfluenced by the opening an
l corn markets. At the opening an easier
feeling was noticeable account of which
ower prices, which remained during a
reater part of the day. At times prices
ould take an advance, but these were
lurring one of these periods, showing no
dvance of from ½c to ⅝c over yesterday.
Hogs receipts numbered 30,000 head, an
the market was weak. Provisions, and with
that to start with, ruled heavy, and only
gave a light sign of realization when
wheat and corn began their spurt. Pork
opened with declines in July and Septem

Personal and Medical History of Josie Berger

1895

This Patient was brought here by Deputy-Sheriff Cates + attended by Dr. Miller, with following history. Patient is in fair condition. No history of Consanguinicity or heredity. This is 1st attack, symptoms manifested a couple of weeks ago. Disease is increasing; various; rational intervals at irregular periods. Derangement now shown in that she thinks her father (who is Dead) is going to kill her, also her mother, for bad life she has led. Tend to disposed to injure others, but has attempted suicide, by strangulation. No proclivity now active. No offensive or destructive habits. No peculiarities &c previously shown. There is history of intemperance. She has not been subject to any severe disease &c. Has been sent to the "House of Good Shepherd" 3 times. Cause of Disease unknown; probably bad life, as she is a prostitute. — Patient has had no medical treatment. (See attached clipping from "Women press"). —

June 6 On admission, was put on B.T. (S.R. Complexion dark; hair black; eyes brown; condition of skin good; no scar on hip + one on abdomen; (ovariotomy); left eye blackened + left ankle is swollen; Dirty + has vermin on her: behavior good).

7 Quiet. Talks quite sensibly. Appetite poor. Slept 6 hrs. Took sleeping dose. Bowels moved. Headache. Sore on heel + toe. P 68. R 18. T 98 4/5. June 8.95. Upon ward, behavior good. Very sad, cries considerably. Takes 2 Eggnog daily. Complains of headache + sore heel. Takes tonic. Bowels moved. Took tablets for stomach. June 9.95 Upon ward. Behavior good. Talks quiet rationally. Very sad. Complains of headache. Bowels moved. T 98 7. P 68 R 18. Sleeping good.

10. In bed this a.m. Up on ward P.M. Quiet in behavior. Went walking. Much brighter part day. Complains of headache. Dose given. 2 Eggnogs tonic. Appetite fair. Slept 9 hrs. T 98 2 P 68 R 18.

11. Up on ward most of day. Appetite good. Bowels reg. Slept 6 hrs. Took sleeping dose. 2 Eggnogs Tonic. Headache dose. T 98.4 P. 70 R 18. June 12.95 Very quiet. Talks sensibly. Bowels regular. Slept 6 hrs. Eggnogs. Tonic. Headache much better. Works some in dining room.

13. Behavior very good. Bowels reg. Takes tonic + eggnog. Complains of headache. Slept 6 hrs.

14. Behavior very good. Bowels reg. Takes tonic + eggnog. Takes sleeping dose. Slept 7 hrs. Went walking goes out walking

15 Quiet in behavior. Appetite good. Bowels reg. Tonic + eggnog. Went walking. Works some in dining room. Slept 7 hrs. Took sleeping dose. June 16.95 Quiet in behavior. Appetite good. Bowels regular. Eggnog. Tonic. Went to church + walking. Slept 8 hrs. without sleeping dose.

17 Quite impudent when asked to get out of bed this morning. Appetite good. Bowels reg. Took sleeping dose. Urinated. Went walking. Complains of pain in lower part of abdomen.

19 Behavior very good. Appetite good. Bowels reg. Talks sensibly. Complains as yesterday. One limb swollen. Slept well. June 20.95. Behavior very good. Works some in dining room. Takes tonic. Slept 8 hrs. took sleeping dose. Bowels reg.

Summary. Very quiet and pad, cries a great deal. Talks sensibly. Sleeps poor takes sleeping dose. Appetite fair. Complains of headache, sore heel + toe: takes tonic, Eggnog + headache dose. Patient is happier. Talk rational. Behavior good. Bowels reg. Sleeps better, takes sl. dose goes walking + riding. Complains of pain in abdomen. Works some in dining room. Appetite very good. P 68. T 98 2/5 R 18.

June 25 Appetite good. Bowels regular. Skips daily. Takes tonic. Talks quite sensibly. Goes riding + walking
July 14 Complains of pain in abdomen. Usually takes sleeping dose. Works some on ward. Takes powder for stomach. Very quiet. July 15 Gynaecological examination made. Has retroversion. July 17 Trans to A. I.

Treatment given

Personal and Medical History of Josie Berger.

July 25 At times somewhat disagreeable. Complains a good deal of headache + pain in side. Appetite good. Takes out door exercise. Is on tonic also takes sleeping doses at times. Gyn. Treatments given three times per week. Aug 2d More agreeable of late. Appetite fair. Works some on ward. Takes exercise. Takes out door exercises. Has rec'd steady Gyn. treatments since admission. Sept 14 Quiet + pleasant. Talk sensible. Appetite good. Sleeps well. At times works on ward. Sept 19 Went home - recovered

Discharged.

Personal and Medical History of Gunild Benson

LARRABEE, FISHER & HAWORTH, DAVENPORT, IOWA.

Whole No. 4124

Residence, Burnside Tp. Goodhue Co. Minn.

Date Admission, 10th June 1895. —

Admitted by, Dr. Herzog — Hour, 7 P.M.

How Sent, Axel Haller, Jo. P. Goodhue County

Sex, Female

Age, 49

Civil Condition, Single

Children, One

Age Youngest Child, — 18 Years —

Occupation, Domestic —

Degree Education, Slightly educated.

Profession Religion, Lutheran; (if any) —

Habits, Have not been good —

Nativity, Sweden; (Parents also born there)

Physicians Committing, F. W. Dunnitt and J. V. Anderson

Correspondents, none given in papers

No. for Year, 323.

Insane Relatives, Cannot be ascertained

Cause Exciting, — not known —

Cause Predisposing, — Chronic —

Form, Mania Chronic

Accompanying Bodily Disorder, None mentioned

Suicidal or Not, — Not. —

Date of this Attack, about a year ago —

Duration, about a year.

No. of Attack, Not 1st

No. of Admissions, 1st here. (Has been at County poor farm)

Age First Attack, 48 (?)

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

June. 11. 95 Dr. Victor Phelps.

MENTAL ACTIVITY:

Clear or Confused, Fairly clear.

Quick or Sluggish, Sluggish.

MEMORY: Fair.

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: Dull

Alert or Dull,

Correct or Illusive, Partially correct

REASONING POWER:

Ordinary Subjects, Impaired

Own Mental State, Ok

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: somewhat depressed

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks very slowly but conversation

Coherent or Incoherent, mostly coherent. Answers question

Voluble or Reticent, willingly.

Personal and Medical History of Gunild Benson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4in WEIGHT, 106 lbs. NUTRITION, Poor, Pale

WOUNDS OR ABNORMALITIES, None.

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

PUPILS, Equality, Eq. Size, Normal

Response Light, Normal Accommodation, Normal

SIGHT, Slightly impaired

HEARING,

COORDINATION, Arms, Good

Legs,

TREMORS, Hands, None Tongue, None

Facial Muscles, General, None

REFLEXES, Patellar, Normal EXAM. URINE,

Other

ARTICULATION, Hesitating

Slurred,

Hesitating,

FACIAL EXPRESSION, Sad

TAKEN,

SENSIBILITY,

HEART, Seems normal

LUNGS, Respiration impaired

GYNAECOLOGICAL EXAM. Uterus badly torn granular from ad. Some hemorrhoids. Has had operation July 18-95

MENSTRUATION, at menopause

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean.	Clean,	Careless,
BOWELS, Normal,	Constipated, very	Irregular,
APPETITE, Good, Fair.	Medium,	Poor,
SLEEP, Good, Fairly well	Poor,	Irregular,
PULSE,	Resp.,	Temp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, 4 months. 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 Gunild Benson

1895

This patient was brought here by Sheriff's Deputy Adolph Grosse, attended by Mr. Hans Johnson, with following history. Patient is in fair physical condition. Supposed Cause of the Disease, not known; can't get much information as to her personal or family history; if any consanguinity or heredity, cannot be ascertained; Attacks have been at variable intervals, for several years. Cannot tell duration of same, as she is not violent. Patient has been at County Poor-Farm; no special treatment, as she seems lucid, most of the time. First Symptoms of this attack were manifested for a year; has sometimes been suspicious that she was being poisoned; would lock herself in her room. The Disease seems increasing; is variable & there are patinal intervals, but these, not at regular periods. She has been considered "Queer" for several years; has delusions &c. Derangement now shown by saying she is sick; describes a great variety of Diseases, which affect her. Says "her brain is mortifying; her head is Cracked to"- Patient is not disposed to injure others, nor suicidal; nor filthy nor destructive. No peculiarities had been previously known. Says "she was struck, on cheek, by a man, about 12 years, or more, ago, (small scar on left cheek); has not been restrained: Has been under treatment by valerianates, bromides &c: no especial effects. She seems melancholy & hypochondriacal.

June 10 On admission, was put on B² (S.R. Complexion light: hair brown: eyes blue; Condition of skin, normal; no bruises noticed; is clean; behavior good)

11 Behavior good. Talks sensibly. Appetite poor. Sleeps very little. Bowels moved P 60. R 20. Tgs 98°4

12 In bed to day. Behavior quiet. Quite sensible: Appetite poor. Slept very little. Bowels moved. Sr. R 98.7 M.D.

13 Behavior good. Appetite fair. Bowels constipated. Up on ward. Talks quite sensibly. P 60. R 20. Tgs 97°4 Kept part.

14 Quiet in behavior. Appetite fair. Bowels constipated. Takes tonic. Transf. to Inf. 4. Tgs 98°4 P 74 R 20.

15 Appetite fair. Bowels constipated. Works on ward. Talks sensibly. Went out walking. P 74. Slept very little.

16 Appetite fair. Cathartic given. Talks sensibly. Went walking. P 76. Did not rest well.

17 Appetite fair. Talks sensibly. Bowels moved. Works on ward. P 77. Refuses med. Went walking.

18 No change. Complains of headache and being filthy. Works on ward. Went walking.

19 Appetite quite good. Bowels reg: Talks sensibly. P 80. Complains of headache. Slept quite well.

20 Appetite about the same. Went walking. Refuses to take med. Talks quite sensibly. Works on ward. Bath taken.

21 Appetite poor. Complains of headache. Bowels reg: Works on ward. Goes walking. Slept most of night.

22 Appetite not very good. No change noticed. P. 80. Slept most of night.

23 Appetite poor. Coughs some. Bowels reg. Talks sensibly. Complains of headache. Lying down most of the day. Slept well. June 24. 95. Appetite poor. Bowels reg. P 84. Works on ward. Talks quite sensibly. Goes walking. Slept well.

Summary. Very quiet & talks sensibly. Complains a great deal of headache. Talks sensibly. Works on ward. Goes walking & riding.

July 6 Behavior quiet. Appetite poor. Coughs some. Complains a great deal of headache. Talks sensibly. Works on wards. Goes riding & walking. July 12 Sick in bed. complains of headache. Appetite poor & pain in stomach. Aug 28 Appetite fairly good. Works in dining-room. Quiet. Bowels regular. Sleeps well. Goes walking. Aug 29 Sick in bed. has headache & complains of pain in back. Aug 31 Still in bed. has erysipelas. Trans. to L. 2. Sick in bed. Appetite good. Sleeps well. Bowels regular.

Personal and Medical History of Gunild Benson.

Sept 8 Appetite fairly good- Sleeps well. Behavior quiet. Talks quite sensibly. Works in dining room.
" 30 In bed three days during month. Oct 30 Habits clean. Goes riding & walking. Bowels regular. Wants to stay in bed occasionally. Dec. 1 Appetite fairly good. Sleeps well. Behavior quiet. Has delusions. Talks incoherently. Neat in appearance. Works in dining room. Bowels usually constipated. Dec. 22 Sick in bed eight days during month.

Feb 19 Sick in bed since Feb 21. Discharge from ear. Wants to stay in bed as long as we will allow her to. (See omitted note below) May 1 Appetite good. Bowels regular. Tidy in personal appearance. Has delusions. Is quiet. Talks sensibly on most subjects. Helps in dining room. Goes walking & riding. May 22 Appetite good. Bowels regular. Tidy in appearance. Works in ward dining room. Takes out door exercise. (Note omitted) Feb. 22 Taken sick with acute Bronchitis & suppuration of middle ear. T 103. P. 120. R 36. Put to bed & put upon treatment. Calomel for bowels. Expectorant. Listerine to syringe out ear. Feb. 26- Has complained of a good deal of pain in ear. Hot Sand bag applied & ear syringed out with Peroxide H. & Listerine. Mar. 11 Able to help on ward.

Aug 16 Summary Nurses Notes by Dr. O.L. Phelps. Appetite good: bowels regular: Takes out door exercise: September Does some work. Mental condition remains same, general health good. Sent to Mar 30 '99 General health fairly good but patient is pale & thin: Appetite not good: Works every day. bowels regular: assists with work. Aug 1 99 No change. Continued by Dr. R.M. Phelps Oct 8 Patient quiet & demented: appetite good: In fairly good health. Jan 27 Wt. 129.# Feb 1 Trans. to C. Mch 15 Has been in bed for a few days. Complains of feeling weak: No special illness. Jan 31 99 Patient has been sick in bed for a few days at a time no prominent ailment or symptoms however. (Cont. by Dr. R. A. Babb) Mar. to

1899 Sept. Gen'l health improved: appetite poor: bowels regular usually: sleeps well: Quiet & at times depressed: converses readily & sometimes answers questions sensibly, but is often incoherent: neat: frequently works in employes dining room: usually agreeable: takes out door exercise: quite often complains of headache & various other ailments & frequently goes to bed for a few days. Mar 5 In bed: emesis & headache: takes very little nourishment. In bed several days. Temp. 100. Pulse 68. R. 30. Mar 8 Transf. to Inf. coughs a great deal: Temp. 99.2 Pulse 77. Resp. 35. Remained in bed till Mar. 13. Gradually improved: up on ward. Mar. 16 99 Transf. to A.

Sept 1- Feb 28 1900. Sept 15 Put to bed. complained of a headache Nov. 26 27 Again in bed with headache. Patient neat, quiet & pleasant. works on ward: Appetite fair. Menstruates regularly. Jan 28 Sick in bed. Jan 14 Wt. 123½.#

Mch 1- Dec 30 1900. Neat in habits & appearance: Quiet & agreeable: Converses readily. Does some work on ward: Sleeps well: bowels regular. Occasionally complains of feeling ill & sent to bed: May 5-7. in bed- fed by tube. July 17 Vaccinated successfully. Oct 29-31 Complained of headache- in bed. Nov 16 Wt 124½.#

See folio 260.

Personal and Medical History of Abigail McEachron

LEGGET, PIGLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4129.
Residence, So. Stillwater. Minn.
Date Admission, 12th June 1895. —
Admitted by, D. A. A. Herzog Hour, 7 PM.
How Sent, E.G. Butts, Jof P. Washington County.
Sex, Female —
Age, — 40 —
Civil Condition, married
Children, — 8 —
Age Youngest Child, —
Occupation, Housewife
Degree Education, Not given
Profession Religion, Church member
Habits, Good
Nativity, — Canada —
Physicians Committing, E.P. Ryan and F.J. Bedard.
Correspondents, John Donalds, So. Stillwater Minn

No. for Year, 328.
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Mel. acute
Accompanying Bodily Disorder, Hemorrhoids —
Suicidal or Not, Not
Date of this Attack, about May 30th —
Duration, 2 weeks or so
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 40 —
Time of Leaving, Nov. 6'95
Time in Hospital, 4 mo 7 dys.
Result, Rec. 11/5/96

June 13 95 Dr R. H. Phelps.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Impaired.
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:
Cut upon face & lacerations.

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

Personal and Medical History of Abigail McEachron

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken (too excited) WEIGHT, not taken — NUTRITION, Fair.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, sluggish. Promptness Movement,
PUPILS, Equality, Eq. Size, dilated
Response Light, Normal Accommodation,
SIGHT, Seems good
HEARING, Seems good
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, dull
SENSIBILITY,
HEART, Heart murmurs.
LUNGS, Medical rales especially upon post of lungs.
GYNAECOLOGICAL EXAM., July 26 — Uterus retroverted Laceration of cervix, erosion of os
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal, Constipated	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, ~~Good~~, Poor	Poor,	Irregular,
PULSE,	Resp., Hard & impaired	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 Abigail McEachron.

1895

This patient was brought here by Sheriff's Deputy John Donald & attended by Mrs. Annie Cameron, her (patients) sister. Patient is in poor Physical condition. No history of heredity. Cause of this attack is unknown. Form, acute; no accompanying bodily disorder, apparently connected with attack, though she has complained of hemorrhoids. First symptoms of disease manifested about May 30th; mania manifested on June 3rd/95: this is 1st attack; Insanity now shown by religious frenzy; alternates with profanity. Within last 48 hours, has shown disposition to injure others, but she is not suicidal. She also now destroys her clothing; habits correct in other respects, as regards cleanliness. Has not been subject to any bodily disease &c or injury to head. Patient has been strapped to bed for 48 hours, prior to which she was readily controlled by holding. No medical treatment (as) — History is scant; nothing in particular — On admission, was put on B4 (S.R. Complexion light; hair brown; eyes gray; has several bruises on arms; Dirty & has vermin on her; is quite noisy & excited; was carried in ward; but walked quite well, after getting down).

June 12. Very noisy the greater part of the day. Has delusions. Appetite fairly good. Sleeps well. Was sick in stomach & vomited up dinner. Has a very hard cough. Bowels reg. Complains of her legs paining her. P 90. R 28. T 98 2/5

13. P. 90. R. 19. T 98 2/5 Appetite good. Bowels reg. Does not sleep well & extremely noisy most of the time.

14. 9 P.M. T 98 P 80. R 18. Transf'd to B 2. Very noisy. Resisted when brought to meals. Appetite poor. Did not sleep. Bowels constipated. June 16/95 Very noisy & resistive. Talks incoherently. Appetite poor. Bowels constipated. Sept 8 hr.

17. Behavior very noisy. Appetite poor. Bowels constipated. Took tonic. T 98 4/5 P 100 R. about normal. Transf'd to C 2

18. Very noisy. Refused tonic. Appetite good. Put her foot between the heater and the wall and bruised it during night.

19. Put to bed. Very noisy and excited. Would not stay in bed. Arms and lower limbs bruised in several places by self.

20. Put in restraint. Slept about 4 hrs during the night. Taken out of restraint this a.m. Very noisy and excitable. Took an egg nog. T 99 4/5 Cathartic given. June 21. 95. Bowels moved freely T 99. P. 110. Stays in bed quite well, if watched, but is very noisy at times. Ate no breakfast. Took 2 egg nogs & ate dinner and supper.

22. Behavior more quiet during the day. Put in restraint at night. Appetite good. Very noisy & excitable at times. Talks very incoherently & expresses many delusions. T 99. June 23. 95. Behavior quiet this morning but became disturbed about noon. Would not stay in bed but got up & fought attdts. Was put in restraint & became quieter towards evening.

24. Would not stay in bed. laid on the floor all night. Was put in restraint this morning. Refused supper but took 2 egg nog. & drank some milk. Very noisy at times during the day. June 25. 95: In restraint. Takes egg nog & milk. Gave cathartic, bowels moved freely T 99 2/5 Very noisy at times. Slept about 3 hrs during night.

26. Sleeps a good deal during the day. Staid in bed all day without restraint sheet, but became very much disturbed toward evening. Slept about 4 hrs during night.

Summary. Behavior very noisy and excitable. Refuses tonic & also food at times. Sleeps a great deal during the day but is very noisy when awake. Talks very incoherently & expresses many delusions. Sleeps from 3 to 4 hrs during the night & is usually very noisy the remainder of night. Body bruised in several places by self before she was in restraint. Takes egg nogs & milk sometimes & ate special

June 27 Patient very mischievous and destructive. Appetite fair. Bowels reg.

July 30 '95 Talks quite sensibly at times but still has delusions. Appetite has improved. Destroys clothing at times.

Aug 31-'95 No improvement noticeable. Very mischievous and destructive. Appetite is fair.

Personal and Medical History of Abigail McEachron.

Sept 30 Much more quiet. At times very sensible and well behaved. Improving also in her physical condition.

Oct 17 '96 Operated upon for hemorrhoids today. Chloroform and cocaine used. Took ether. Operation good.

Oct 28 Up on the ward. Made a good recovery. Temperature pleasant and in every way well behaved. Anxious to go home. Nov. 6. 95 Went home.

Discharged

Gunhild Benson. From Folio 256.

Dec 1- Feb 98 General health good. No change. Feb 98 Wt. 114#

Mar. to June 1901 No change in mental or physical condition. May 29 Wt. 116#.

June to Sept. Patient's condition remains unchanged. Aug. 30 Wt 117#. Sept. to Dec. General health fair, at times complains of head ache, is industrious and works on the wards, reads a great deal, converses pleasantly is very quiet and somewhat melancholy, eats and sleeps well, menstruates regularly.

Jan 1902 to May Wt 114# No change. July 1st Patient out camping at Oronoco: returned on the 6th: Ack'd and transferred to Cottage West

Jan. '03 No change. Gen'l health good. Wt 119#.

Personal and Medical History of Olena Evenson

LEIGHT, FIOLAR & CHANDLER, DAVENPORT, IOWA.

Whole No. 4132.
Residence, Town of Leon, in said County.
Date Admission, 13th June 1895.
Admitted by, Dr. Phelps Hour, 5 PM
How Sent, Axel Haller, Jo. Goodhue County
Sex, Female -
Age, - 39 -
Civil Condition, married
Children, - 4 -
Age Youngest Child, 3 weeks
Occupation, Housekeeper (husband farmer)
Degree Education, Common School
Profession Religion, Lutheran
Habits, not intemperate
Nativity, Norway; (Parents also born there)
Physicians Committing, J.V. Anderson and O.J. Brown
Correspondents, Sojn P.O. (mail brought out Warsaw 2 times a week) Telegraph Cannon Falls if Dying

No. for Year, 331.
Insane Relatives, none, so far as known
Cause Exciting, Fright
Cause Predisposing, "chronic"
Form, Melancholia. Chronic
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not X
Date of this Attack, Latter part of June 1894
Duration, about a year.
No. of Attack, 1st.
No. of Admissions, 1st.
Age First Attack, - 38 -
Time of Leaving, Oct. 9 95
Time in Hospital, 3 mos. 26 da.
Result, Died.

EXAMINATION ON ADMISSION

June 14. 95 Drs. Rm. & Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Very confused
Quick or Sluggish, Sluggish.
MEMORY: Can't test.
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull.
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Put upon tonics and laxatives

EMOTIONAL STATE: Very depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: None determined, but acts
Systematized or Not, as though she had.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very reticent, answers
Coherent or Incoherent, only a few questions.
Voluble or Reticent,

Personal and Medical History of Olena Evenson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 104 pds. NUTRITION, Rather poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Heavily Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms,
Legs, Seems normal
TREMORS, Hands, None Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Talks very little.
Slurred,
Hesitating,
FACIAL EXPRESSION, Depressed
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM.,
MENSTRUATION, Uterine polypus growing from os. Uterus retroverted July 17 1895
OPHTHALMOSCOPIC EXAM.,

TAKEN,

HABITS, ~~Dirty,~~	Clean	Clean,	Careless,
BOWELS, ~~Normal,~~	Constipated	Constipated,	Irregular,
APPETITE, ~~Good,~~	Very poor	Medium,	Poor,
SLEEP, Good,	very 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,

Personal and Medical History of Olena Evenson

1895

This patient was brought here by Sheriff's Deputy Evan. T. Evenson, attended by Gertie McHale with following history. Patient is in fair physical condition. No Consanguinity, two heredity, so far as known. This is 1st attack, symptoms appearing latter part of June 1895 by being afraid of strangers. Disease seems increasing; not variable; no rational interals; Exp what subject, derangement now manifested, is not stated. She is not lincidal, nor filthy nor destructive. She has always been somewhat timid. There is no history of intemperance in family nor as regards patient. She has not been subject to any severe Disease or head-injury. Has been restrained & confined most of the time, since attack. Supposed cause of the disease is fright. Physicians have been Employed, but with little benefit. On Personal Examination, patient "afraid", will not answer questions readily; says "She is so great a sinner, that she is afaid of the future". —

June 13 On admission, put on B.C. (S.R. Complexion light; hair light brown; eyes blue; no bruises or scars noticed; is clean: very stupid; resists when asked to do anything).

14 Very quiet. Has delusions. Thinks she is going to be burned. Appetite poor. Did not sleep any. Bowels constipated. T 98 P 84 R 20.

15 Quite excited, takes off her clothes. Has delusions. Thinks she is going to be burned. Says her children are here. Did not rest. Bowels constipated. Sleeps 5 hrs. June 16-95. Quite excited. Appetite poor. Bowels constipated. Fed with tube. Slept 5 hrs. Knocked on door 2 hrs. Went walking. Tablets tonic T 98.2 P 88 R 18. June 17.95. Quite excited, worries a great deal thinks she is going to be killed. Appetite poor. Spoon fed. T 98.4 P 86 R 18. Slept 3 hrs.

18 Very excited. Crying and trying to get out. Has delusions, says she is going to be burned. Appetite poor. Bowels constipated. First urine.

19 Very restless, crying and wanting to go home. Appetite poor. Bowels const. Catharic. Slept 3 hrs. Spoon fed.

20 Quieter in behavior. Appetite poor. Spoon fed. Tablets tonic. Bowels moved. Has delusions. Slept 4½ hrs. Noisy 2 hrs.

21 Fed with tube, very resistive while feeding. Took tonic. Very excited. Bowels const. Wants to get out. Slept poorly.

22 Excited and worries a great deal. Thinks her children are here. Fed with tube. Bowels const. Took cathartic. Tablets tonic. Slept 2 hrs.

23 Quite excited. Appetite poor. Spoon fed. Bowels moved. Has delusions. Slept 5 hrs.

24 Quite excited. Appetite poor. Fed with tube. Bowels irregular. Took cathartic. Slept 4 hrs.

25 Appetite poor. Bowels irregular. Slept 4 hrs. Quite noisy and excited crying a great deal. Takes tonic. Very resistive.

26 Appetite poor. Quite excited. Slept 5 hrs. Bowels irregular. Takes tonic. Has delusions about her children. Spoon fed.

27 Appetite very poor. Bowels moved. Fed with spoon. Has delusions. Tries to get about her children. Slept 4 hrs. Noisy 1 hr.

Summary: She is quite noisy, at times and improves but very little. Her appetite is very poor. Has been fed with tube several times. Has delusions about her children and parents, says they are here. She resists when wanted to take tonic. Wants to get out. Sleeps quite well. Bowels constipated.

Sept 4 Patient always fretting. has delusions. Sleeps well. will not eat. fed with tube 1"-2"-3" ate today

" 9 Appetite good. Sept 12 '95 Fed with tube. Sept 16 fed with tube daily. Abdomen somewhat bloated

" 11 Patient stood on floor all night. Sept 23/95 restrained (chest) all night. fed daily with tube gruel and Eggs. Sept 25/95 Reid electrical treatment. fed with tube, gruel & eggs in morning and Beef juice in PM. same on 27". Oct 1"/95 Fed twice daily. in restraint all night

Oct 7 Electrical treatment. hot salt baths. Ordy same and injected 1 pt of saline sol this PM. Slept 3 hrs

" 8 Put to bed this AM. fed gruel, vomited up breakfast. fed beef juice, injected 1 pt saline sol.

" 9 Patient Died at 7.20 Am very emaciated lately, hardly getting nourishment enough the day before death she vomited up some what she did take and failed very rapidly. No complication. The death was from exhaustion.

Personal and Medical History of Olena Evenson.

July 15 Committed from proper places. Fed with tube July 21 Eye examination. July 22 Worries a great deal. Always trying out. Appetite very poor. Sleeps well. July 27 Appetite some better. Aug 2 Fed with tube

Aug 13 Fed with tube. Aug 17-22 fed daily. Aug 23 Ate her meals. Aug 30 31 fed with tube

Died — Oct. 9th 1895

From page 768

Nora M Ellicott.

Mar 1 - June 1 - 1901 no change in mental or physical condition. Works on ward. May 31 Wt. 116 3/4 #. June to Sept. Takes out door exercise, does some work, does not attend amusements, Sept. 3. Wt. 114 #.

Sept to Dec. Oct. 1st. Visited by a friend, no change, Nov. 30 Wt. 133#.

To Feb. 1 1903. General health good: appetite good sleeps well: exercises: assists with the work: usually agreeable: at times noisy and disturbed: uses vulgar and profane language: very delusional incoherent in speech: habits neat and clean. Dec. 1st Wt. 119 ½ #

Personal and Medical History of Nora Mc. Elligott

Whole No. 4133.
Residence, Virginia, Minn
Date Admission, 13th June 1895.
Admitted by, Dr. Phelps Hour, 7:30 P.M.
How Sent, H.L. Buck, Jail, Virginia County.
Sex, Female
Age, - 45 -
Civil Condition, Widow
Children, - 4 -
Age Youngest Child, - 23 -
Occupation, Housewife (Husband was engineer Dead - 20 years)
Degree Education, Reads & writes
Profession Religion, Catholic Church
Habits, not intemperate
Nativity, Ireland; (Parents also born there)
Physicians Committing, W. J. English and N.B. McGaughey
Correspondents, friends address } Maggie Mc Elligott 561 W 5 Virginia Minn

No. for Year, 332.
Insane Relatives, Son had dementia caused by injury
Cause Exciting, Violent Death of husband (20 yrs) & son 1 year ago.
Cause Predisposing, "Chronic"
Form, Mania chronic
Accompanying Bodily Disorder, None mentioned
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,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

June 15-95 Drs. Mc. J.E. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused (very)
Quick or Sluggish, Seems fair.
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Illusive
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Impaired-much
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Needs no tonic, in good phys condition.

EMOTIONAL STATE: Exalted
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many delusions.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent & talkative
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Nora Mc. Elligott

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in WEIGHT, 109 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, None noted.
TONGUE, Tremors, Coatings, Slight. Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Do - Do
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, Slight. Tongue,
Facial Muscles, General, None
REFLEXES, Patellar, Both q. EXAM. URINE,
Other
ARTICULATION, Prompt.
Slurred,
Hesitating,
FACIAL EXPRESSION, Normal

TAKEN,

SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., July 29 Uterus retroverted. Some lacerations of
MENSTRUATION, perineum
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,	Careless,
BOWELS, Normal,	Normal	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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Nora Mc. Ellegott.

1895

This patient was brought here by Deputy-Sheriff A. W. Eckerman, attended by Mary Fitzgerald, with the following history. Patient is in fair physical condition. No history of consanguinity, nor heredity (except a son, who had dementia, caused by injury); this is 1st attack; been coming on for years; has not been sent to Hospital before; symptoms manifested for 2 or 3 years, by hallucinations and delusions. Disease seems increasing; is variable, with rational intervals; increasing regularity; derangement now shown by delusions that people are trying to poison her; and otherwise injure her; also passes disturbances with neighbors. Is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. Previously had shown violent temper, at times, and vivid religious impressions. No history of intemperance, nor of any severe disease &c. She has not been restrained or confined. Supposed cause of disease is the violent death of husband, 20 years ago, and son 1 year ago. Has had no "treatment". Here is an existing set of delusions.—

June 13 On admission, was put on B^{d} (5R. Complexion light; hair gray; eyes gray; no marks, scars or bruises noticed; is clean; behavior good; talks a great deal; says "she is not insane".).—

14 Very resistive, says she is not insane. Has delusions. Appetite fair. Did not sleep, noisy all night. Bowels moved. P 96 R 20.

15 Transf'd to B^{2}. Quite noisy. Resisted in going to bed. Has delusions. Says her brother was here & wanted to talk to her. Imagines she was talking to him. Appetite fair. Slept 6 hrs. June 16 95 Quite disturbed. Resisted in going to bed. had to be undressed. Appetite good. Bowels constipated. Refused cathartics. P 96 R normal. Slept 3 hrs.

17 Appetite good. Bowels constipated. Visited by daughter. Sought nurses when brought to supper. Had to be undressed. P 96 T 99^{2} R 18

18 Quieter than usual. Appetite fair. Bowels constipated. P 90 S. 90th R normal. Slept very little, excited.

19 Quite disturbed this a.m. Transf'd to C. 1. June 20 95. Behaved quietly. She refused meals. She has very silly illusions. Talks about her friends cheating her out of some property. Pulse normal. June 21 95. Quite disturbed this a.m. Sought nurses. Refused to dress herself. Bowels constipated. Appetite good. Sleeps poorly.

22 Quite noisy all day. She says her friends are down plans. She does no work. She runs away when out walking. Pulse normal. June 23 95. Quite well behaved all day. Her talk is very incoherent. Walks the floor & has during the day. Appetite good. Bowels constipated. Pulse normal.

24 Quiet all day. Her talk is silly & incoherent. She asks questions about the place. Slept quite well last night. Bowels moved. Pulse normal. June 25 95 Very much the same. She wanted to assist in the hall work this a.m. P normal. June 26 95. Very violent and noisy during the night. Nurse called boy next to assist her in holding patient in bed. Quiet during the day. P normal. June 27 95. Quiet & well behaved this a.m. She is usually more disturbed in the morning. Neat & clean in habits. P normal.

Summary. Patient behavior has been good during the day although at night she has been noisy and dirty. Does no work. Her talk is at times sensible, although she has delusions and illusions. Her general health seems good with the Exception of her bowels, which are constipated. She has shown violence once during her stay on C.

June 30 Appetite fairly good. Bowels constipated. Does no work. Has delusions. Noisy & violent.

July 1 Visited by daughters. Behavior quite good. Talk incoherent. July 16 Extremely noisy & violent.

July 21 Visited by daughter. Behaved fairly well. Asks to go home. Has been doing some light work on ward the last two mornings. Appetite very good. Bowels regular. Aug 4 On restraint sheet at night on account of abuse of room & filthy habits. Aug 25 Visited by daughter. Behaved nicely.

Aug 28 Visited by relatives & friends. Her talk was silly & delusive. Aug 29 Appetite voracious

Personal and Medical History of Nora Mc. Ellegott.

Complains of being hungry all the time. Sept 30 Patient talks & scolds a great deal & has queer delusions. Is untidy about her person at times & uses profane language. Appetite good. Bowels regular. Sleeps well. Goes riding & walking. Oct 17 Visited by daughter & sister.

Oct 30 Extremely noisy at times no other change. Nov 27 Noisy & scolding a great deal of the time also uses profane language. Tidy in dress; does not struggle; does her own work. At times has many delusions. Goes walking & riding. Appetite good, bowels regular, sleeps well & general health seems good. Dec. 25 Visited by daughter. Dec 30 Very noisy at times - scolding & talking a great deal. Has many delusions - does not struggle. Goes riding & walking. Quite tidy in dress & habits - Appetite good. Sleeps well. Most of time - Bowels regular. General health good - Mar. 27 General health good. Talks & scolds a great deal - Is neat in dress & habits - Does her room work most of time. Goes riding & walking. Has many delusions. Does not struggle - Appetite good - Bowels regular. Sleeps quite well - but is noisy when awake. Mar 28 Visited by her daughter.

Apr 30 No. change in patient. May 30 Talks & scolds a great deal - has many delusions & uses profane language. Neat & clean in dress & habits. Assists some with ward work - Memory good. Seldom struggles. Goes riding & walking. Appetite good: bowels regular. Sleeps quite well but talks most of time when awake. General health good.

July 16 Visited by daughter & other relatives: Patient very incoherent & noisy in talk. Appetite good. General health good - Nov 22 Visited by friends: Has delusion that expenses of the institution are charged up to her. Jan. No change.

Aug 97 Is at times very noisy & has many delusions: Sometimes talks fairly sensibly. Sleeps quite well: Habits clean, works on wards.

Continued by Dr. P.M. Phelps. Sept 29 Visited by daughter & brother. Always restless & noisy - Dec 23 Visited by daughter. Feb 24 98 Wt. 118th June 4 Visited by daughter, brother & sister. Feb 24 99 Patient full of delusions & very noisy in behavior: No change during period: Mar. to Sept. 99 Genl health good: Appetite good: Sleeps well: Does not like to take out door exercise: Has many delusions: scolds a great deal: Is incoherent: very noisy at times: Takes care of room, also assist with work on ward, doing considerable mending.

Sept 1 Feb 28 1900. (Dr. Heyerdale) Extremely noisy & profane: Physical health good: Assists with ward work. Does not take outdoor exercise. Expresses many delusions. Smears when spoken to. Feb 12 Wt. 112th Mch 1 - Aug 31 (Dr. Linton) General health good: Sleeps well: Takes care of room & assists with work - July 16 Vaccinated Sept 1 - Nov 30 1900 Has many delusions: At times extremely noisy: Will answer questions but not intelligently. Does not take outdoor exercise. Dec 1 - Feb 28 1901 General health good: Eats & sleeps well: Bowels regular: Occasionally noisy for about an hour during night. Does not attend amusements: Spends most of time in room. Habits clean & neat. At times vulgar & profane. Feb 5 Visited by friend. Mch 3 Wt. 114th

See page 764

Personal and Medical History of Amanda Brayton

LIBERTY, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 11314.
Residence, Rapeson, Minn
Date Admission, 14th June 1895.
Admitted by, Dr. Luther Phelps Hour, 10:30 am
How Sent, Sivert Olson. J.P. Dodge County.
Sex, Female
Age, - 55 -
Civil Condition, Married
Children, - 0 -
Age Youngest Child, ——
Occupation, None (Husband, Street Comm.)
Degree Education, Common school
Profession Religion, Methodist —
Habits, not intemperate
Nativity, New York (Parents also born there)
Physicians Committing, C. L. Chambers and C. O. Wright.
Correspondents, none given in papers

No. for Year, 333.
Insane Relatives, None
Cause Exciting, Paralysis
Cause Predisposing, not given
Form, Paralytic demential organic
Accompanying Bodily Disorder, Paralysis of left side.
Suicidal or Not, Not.
Date of this Attack, About one year ago
Duration, about one year
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 54 —
Time of Leaving, July 12' 96.
Time in Hospital, 1 yr. 28 da.
Result, Died - Exhaustion in Organic Brain Disease

6

Dr. R. M. and S. L. Phelps.

EXAMINATION ON ADMISSION. MENTAL CONDITION.

Jan 25 96
H Brayton Direct to Hartford
in Care of Rev. Washington Co
Horace Allen
N.Y.

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

Elated,
Depressed,
DELUSIONS: Has many delusions & vanity.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks in an incoherent way
Coherent or Incoherent, demented way
Voluble or Reticent,

Personal and Medical History of Amanda Brayton

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, not taken NUTRITION, Poor & Pale
WOUNDS OR ABNORMALITIES, Left side free drawn. Paralized on left side
TONGUE, Tremors, Cant extend very far. Coatings, none Promptness Movement,
PUPILS, Equality, Left larger. Size,
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Impaired
HEARING, Impaired
COORDINATION, Arms, Left arm & leg useless.
Legs, cant stand or walk.
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, Much impaired Left side
SENSIBILITY,
HEART, Hart murmurs.
LUNGS,
GYNAECOLOGICAL EXAM., July 26 - 96 Retroversion. Uterus sloughing
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

HABITS, ~~Dirty,~~ Clean Clean, Careless,
BOWELS, ~~Normal,~~ Constipated. Constipated, Irregular,
APPETITE, 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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Amanda Brayton

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 41324.
Residence, Kasson, Minn
Date Admission, 14th June 1895.
Admitted by, Dr. Linton-Phelps Hour, 10 30 am
How Sent, Swift-Olson. Jo P. Dodge County.
Sex, Female
Age, - 55 -
Civil Condition, Married
Children, - 0 -
Age Youngest Child, ——
Occupation, None (Husband, Street Comm'r)
Degree Education, Common school
Profession Religion, Methodist —
Habits, not intemperate
Nativity, New York; (Parents also born there)
Physicians Committing, C. L. Chambers and C. O. Wright.
Correspondents, none given in papers

No. for Year, 333.
Insane Relatives, None
Cause Exciting, Paralysis
Cause Predisposing, not given
Form, Paralytic dementia organic
Accompanying Bodily Disorder, paralysis of left side.
Suicidal or Not, not.
Date of this Attack, About one year ago
Duration, about one year
No. of Attack, 1st.
No. of Admissions, 1st
Age First Attack, — 54 —
Time of Leaving, July 12' 96.
Time in Hospital, 1 yr. 28 da.
Result, Died - Exhaustion in Organic Brain Disease

6

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Dr. R. M. & S. L. Phelps.

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

EMOTIONAL STATE: Depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many delusions & vagrant.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks in an incoherent way
Coherent or Incoherent, demented way
Voluble or Reticent,

Personal and Medical History of Amanda Brayton

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, not taken NUTRITION, Poor & Pale
WOUNDS OR ABNORMALITIES, Left side free drawn. Paralyzed on left side.
TONGUE, Tremors, Can't extend very far. Coatings, none Promptness Movement,
PUPILS, Equality, Left larger. Size,
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Impaired
HEARING, Impaired
COORDINATION, Arms, Left arm & leg useless.
Legs, can't stand or walk.
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,

because I don't know Mrs. impaired are
nough dishcloths for all Yguisse
from dear 0000000

TAKEN,

LUNGS,
GYNAECOLOGICAL EXAM., July 26 - 96 Retroversion. Infant floor of pelvis
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty,~~ Clean, Clean, Careless,
BOWELS, ~~Normal,~~ Constipated. Constipated, Irregular,
APPETITE, 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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Amanda Brayton

1895

This patient was brought here by Mr + Mrs Hasse, attended by her husband, with following history. Her father married a cousin. This is 1st attack; first symptoms were manifested about one year ago; loss of memory + hallucinations. Disease seems increasing. Variable + there are rational intervals, to some extent; but not at regular periods. Derangement now shown by insane jealousy; violent raving at all best and continually talking about dead relatives, whom she believes to be living. Has shown disposition to injure others, a few times. Has not attempted suicide; is not filthy in destructive in habits. No insane relatives. No peculiarities were previously shown. No history of intemperance. Has paralysis of left side. She has not been restrained or confined. Supposed cause of disease is paralysis. Acts having had any treatment, could say; but not for condition of mind. On personal examination, there are found paralysis of left side, loss of memory; delusions + hallucinations.

June 14 On admission, was put in I.W. (S.L. Confession light; hair partly gray; eyes gray, - no marks scars or bruises noticed; is clean; left arm + limb paralyzed; behavior good; talks quite sensibly. Patient is unable to walk much; was carried up stairs).

15 Quiet. Talks quite sensibly. Appetite poor. Cough none. Bowels constipated. Pills given. Complains of backache.
16 Appetite fair. Bowels moved freely. Talks quite sensibly. Talks some. Sitting up on ward. Slept but little. P. 78 2m 98.4 R. 22
17 Appetite some better. Bowels regular. P. 96 T. normal. Tak's tonic. Sleeping draw given. Slept well.
18 Appetite quite good. Bowels reg. Complains of headache. Has delusions. P. 96. Slept quite well.
19 Appetite good. Talks quite sensibly. Bowels reg. P. 96. Complains of being chilly. Sleeping draw given at 9 30 P.M. Slept all night.
20 Appetite quite good. Imagines her husband is here. Walks some. Bowels reg. P. 96. Takes tonic. Sleeping draw given.
21 Slept well all night. June 21 95. Appetite quite good. Talks quite sensibly. Bowels reg. P. 96. Slept great part of night.
22 Appetite about the same. No change noticed. Takes tonic. P. 96. Slept quite well.
23 Did not eat well to day. Complains of headache + of being cold. Takes tonic. Talks quite sensibly. Slept but little.
24 Appetite fair. Complains of being tired. Bowels reg. Takes tonic. P. 96. Noisy at times. Very noisy for part of night. Slept little part.
25 Appetite about the same. Bowels reg. Takes tonic. Talks quite sensibly but noisy at times. P. 96. Did not sleep any. Talked a great deal.
26 No change in behavior + appetite. Eats the same. Sitting down most of the time. Can not walk much. Has to be dressed and undressed. Took sleeping powder. Slept nearly all night. June 27 95. Walks around a little + a word. Appetite fair. Imagines she is at home. Answers questions fairly well. Bowels regular. June 28 95. Appetite fair. No change in behavior. Bowels reg. P. 96. Takes tonic.

Summary. Has been very quiet in behavior, but talks a great deal nights. Answers questions fairly well. Her memory seems to be poor. Has delusions. Bowels usually reg. Takes tonic. Does not sleep well.

July 6 Appetite quite good. Behavior Quiet but talks a good deal. Has delusions. Memory seems poor. Bowels regular. Does not sleep well. Takes tonic. Aug 9 Complains of headache a great deal. Appetite quite good. Takes tonic. Aug 20 Feebler unable to dress herself. Complains of headache + backache. Cannot walk with out assistance. Appetite fair. Bowels regular. Takes tonic. Sept 3 Feebler unable to dress herself. Complains of headache a great deal. Appetite fairly good. Bowels regular. Her memory seems poor. Has delusions. Takes tonic. Trans to B.f. Sept 15 Eats + sleeps well. Oct 20 While eating dinner today a piece of meat became lodged in her throat which caused her a good deal of trouble before it could be extracted; it was taken out by wire hook.

Personal and Medical History of Amanda Brayton.

Oct. This evening she choked again on a crust of bread but succeeded in coughing it up before it did any injury. The muscles of her throat seem to be partially paralyzed causing her a good deal of trouble in eating + drinking. Nov 27 Appetite good. Bowels regular.
Dec 7 Visited by husband. Dec 25 Appetite good. Bowels regular. Jan 19 While eating breakfast some food became lodged in her throat + she had some difficulty in coughing it up. Jan 23 Had slight stroke of paralysis affecting her throat + causing great difficulty in swallowing - can take only liquid food + has to be fed with spoon. Jan 24 9 a.m. T. 100. R. 30 P. 100. P.M. T. 103 R. 36. P. 105 Jan 26. T. 100 R. 30 P. 100. P.M. T. 104,2 R. 36. P. 105. Jan 27 9 a.m. T. 100 - R. 30 P. 100 P.M. T. 103.8 R. 36 P. 105. Some days quite active + others very weak. Dressed + up on ward part of day. Feb 3 Very weak all day. T. 102. R. 36. P. 105 Bowels constipated. Takes cathartics - Feb. 10. Appetite good - Is eating solid food again.
Feb 14. Visited by husband + Mrs. R. Feb 27 Very restless + slept about 4 hrs.
Mar 3 While eating breakfast some soft bread became lodged in her throat + she had a little trouble in swallowing it. Mar 23 Has diarrhoea today. Appetite good. Noisy at times. Has delusions. Apr. 10 Had diarrhoea the last few days.
April 2 Is feeling better. Apr 17 Visited today by husband + friend. May 9 Had a slight stroke of paralysis today affecting her right hand + her throat causing quite a little difficulty in swallowing. Eats only very soft food + has to be fed with spoon. Is very helpless. Has to be lifted around + is very weak at times. Free out of bed during night bruising her right eye.
June 12. Patients appetite fair. Has specials: Takes out door exercise: Bowels regular.
" 20 Has diarrhoea today: medicine given for same. Somewhat better.
" 27 Right eye somewhat sore: medicine dropped in several times a day. July 2 Visited by husband. July 9 Sick in bed: Had vomiting spell at 11:30 A.M. Very restless. No nourishment taken beside milk: Medicine given for stomach. July 10 Vomited some T. 100.4 P. 100 7:30 P.M. T. 103.6 P. 42 R. 30 Eggnog + liquid nourishment taken in small quantities: July 11 Very weak. Very little nourishment taken - Two hypodermics given. July 12 Failing rapidly: Hypodermics given every three hours.

Died July 12 96 8:30 P.M.

Personal and Medical History of Mrs Ellen Hansen

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4136.
Residence, Kaseca, Minn
Date Admission, 17th June 1895. — 1st P.M.
Admitted by, D.C. B. Eby Hour, 1 P.M.
How Sent, George A. Wilson, Jef P. Kaseca County
Sex, Female.
Age, — 48 —
Civil Condition, married
Children, Nine
Age Youngest Child,
Occupation, Housewife (husband a farmer)
Degree Education, not educated
Profession Religion, Norwegian Lutheran.
Habits, not known
Nativity, Norway; (Parents also born there).
Physicians Committing, W. L. Storms and J. B. Lewis
Correspondents, None given in papers

No. for Year, 335.
Insane Relatives, None
Cause Exciting, Worry from trouble
Cause Predisposing, not given
Form, Melancholia, acute.
Accompanying Bodily Disorder, pulmonary tuberculosis
Suicidal or Not, not attempted, but propensity active
Date of this Attack, 15th April
Duration, about 2 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 48 —
Time of Leaving, July 7th 1895
Time in Hospital, 20 days.
Result, Died.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

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

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

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

GENERAL DESCRIPTIVE REMARKS:

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

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

HALLUCINATIONS:

ILLUSIONS:

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

Personal and Medical History of Mrs Ellen Hansen

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft WEIGHT, 85 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, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

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 Mrs. Ellen Hansen

1895

This patient was brought here by Deputy Sheriff George H. Goodspeed, & attended by Mrs Everson & Mr. Hanson, with following history. Patient is in good physical condition. Of any Consanguinity, not known. This is 1st attack; Symptoms manifested April 15th by disobedience; Disease appears to be increasing; not variable; no rational intervals. Derangement now shown in that she refuses to have abscess dressed & tears off all dressing; persistency in removal of clothing. She is not disposed to injure others; has not attempted suicide, but prosperity is now active. Is of filthy & destructive habits. No insane relatives. No peculiarities were previously known. As to habits, not known. Patient suffers from pulmonary tuberculosis tubercular abscess of middle Ear - Home restraint has been employed. Supposed cause of the Disease is worry from trouble. Abscess has been opened & treated. ——

June 17 On admission, was put in Bd (S.R. Complexion light; hair brown; eyes gray; has a running sore, back of her left ear. Is dirty; behavior quite noisy)

18 Quite noisy. Temp 6 P.M. Appetite poor Slept 4 hrs; quiet all night Has a cough & expectorates. Did not move. Urinated & stained Powder for bowels. Sore behind ear washed with Bichloride solution 1-4000 & dressed with Iodoform gauze In restraint. R 24 T. 99.2 June 19 95 Taken out of restraint Appetite fair Bowels constipated T. 101.2 R 30 P 110. Enema given Bowels moved, but quite constipated Dressed sore twice Coughs & expectorates.

20 T 99. P 100. R 23. Can not take any solid food, but takes milk. Imagines some one is going to kill her. Wound dressed Refused med: Bowels constipated. Slept well June 21 95. Takes about 1 quart of milk daily. Enema given. Bowels moved but constipated Wound dressed quite restless today. Put in restraint at 6 P.M. Slept 2 hrs. Refused to

22 In restraint Powder given for bowels Takes milk. T 100. R 28. P 110. Very restless & noisy. Slept 2 hrs. Enema given but did not retain. June 23 95 Pills given Bowels moved, sore thin. Takes milk. Out of bed most of day will not stay in bed Wound dressed. Quite a discharge all the time Very noisy

24 Takes no solid food but drinks plenty of milk. Bowels moved. In restraint Dressed bed sore. Very noisy most of day. P. 100. Coughs & Expectorates. Dressed sore on neck. Did not sleep any.

25 Bowels moved slightly Quite noisy most of day In restraint Coughs & expectorates.

26 In restraint Takes milk. Powder given for bowels Quite noisy most of day Wound dressed. Coughing quite hard most of time. Slept about 2 hrs. during night. June 27 95. In restraint. Took no solid food but took considerable milk. Was quite noisy at times T 99.2 Wound dressed Bowels moved.

28 In restraint Took no solid food and only a very little milk Was very noisy at times Wound dressed T 99.6 P 102 R 27. Took cabomel June 29 95 Full bath Wound & bed sore dressed, also no solid food and drank but little milk Bowels moved very freely Taken out of restraint.

30 Behavior very quiet but continually asking for things. Ate no solids and drank very little milk Wound & bed sore dressed T 101.6. P 100. R 30. July 1 95 Very restless & quite noisy most of day. Wound dressed T 101.8. P 100. & quite weak. R 30. Coughs & Expectorates. Bed sore dressed Out of restraint Slept 3 hrs. during night. Summary. Patient in bed & in restraint the first few days - Then taken out of restraint and remained in bed without any trouble. Was not very noisy but continually asking for things & imagines some one is trying to kill her. Appetite very poor. Took no solid food and very little milk after first few days. Sore behind the Ear discharges a great deal. Expectorates a great deal. Bowels usually constipated. Is getting very weak.

Died July 7' 95

Personal and Medical History of

Personal and Medical History of Inga A. Fretteim (Fretteim - Fredhaw)

LEBERT, PICKAS & BAKKEREN, DAVENPORT, IOWA.

Whole No. 4139.
Residence, Kanyon, Minn
Date Admission, 20th June 1895. —
Admitted by, Dr Haugen — Hour, 6 PM
How Sent, Axel Halden. Jof P. Goodhue County.
Sex, Female.
Age, — 38 —
Civil Condition, married
Children, — 6 —
Age Youngest Child, two months
Occupation, Housewife (husband, farmer)
Degree Education, Common school education
Profession Religion, Lutheran
Habits, not intemperate
Nativity, Norway; (Parents also born there).
Physicians Committing, B Dearborn and H Jewell.
Correspondents, None given in papers

No. for Year, 338.
Insane Relatives, None
Cause Exciting, blow on head, some 15 years since
Cause Predisposing, previous attacks.
Form, Mania, Acute
Accompanying Bodily Disorder, had had blow on head.
Suicidal or Not, — not —
Date of this Attack, about a week ago.
Duration, about a week —
No. of Attack, 4th.
No. of Admissions, 3rd
Age First Attack, about 23.
Time of Leaving, Nov. 12 '95
Time in Hospital, 4 mo. 22 da.
Result, Rec. 7/5/96

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

June 21. 95. Dr S. P. Mills

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

EMOTIONAL STATE: Excited and noisy
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Many + varied.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: At times coherent and
Coherent or Incoherent, then away and Incoherent
Voluble or Reticent, Refuses to talk.

Personal and Medical History of Inga A. Fretteim

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken (unable to get it) WEIGHT, Not taken (unable to get it) NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Promptness Movement,
PUPILS, Equality, Eq Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, Rather mild General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., July 26 - Retroversion, Erosion, Rectocele, Cystocele, laceration of cervix + Perineum
MENSTRUATION, Irregular
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean Clean, 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, Brothers

TAKEN,

Personal and Medical History of Inga A. Fretteim.

1895

This patient was brought here by Deputy-Sheriff Elling Fretteim, attended by Mrs Mary Moe, with following history. Patient is in fair Physical condition. No history of consanguinity or Heredity. This seems the 4th attack: 1st about 15 years ago; duration 6 months; 2nd about 8 years ago; duration 5 months; 3rd about one year ago; Duration 4 months: (had been sent to Bergen Hospital, Norway & Rochester®; results of treatment favorable). First Symptoms of this attack were manifested about a week ago; seven weeks after confinement; in form of acute mania. Disease appears to be on the increase; is variable, but not rational; has short intervals of being in a quiet condition. Now, her insanity is wild; is noisy at time; Characterized by a great deal of mirth. Shows disposed to injure others, but is not suicidal; is filthy & destructive in habits. Previous to attack, was wilful and high tempered. There is no history of any intemperance. Had blow on head, a few weeks before 1st attack (some 15 years since) which is supposed the cause of the disease. She has not been restrained or confined this time, No medical treatment. On personal Examination, She was of a very wild appearance, also is in a very excited condition, evidenced by dancing and screaming.

® Note. Patient was here before: 1st time from Nov 14/86 to Apl 8/87 (Vol 7. p 173. No 1253): for some days after first coming, was violent & destructive, & had to be put in a covered bed to sleep; acutely maniacal; camisole & restraint also used; During latter part of December, She became quieter; was occasionally noisy, but had no repetition of the maniacal spell. Steadily improved & was taken home by her husband. 2nd time, She was here from Apl 24/92 - to May 1/92. (Vol 26 p 93 No 3906). Had an acute maniacal spell, from which, however, She very quickly recovered.

June 20 On admission, was put on Ct (S.R. Complexion light; hair light; eyes blue; Condition of Skin, normal; both arms were badly bruised; is clean: behavior was very noisy, She fought when being bathed & while the baby was being taken away).

21 Appetite quite good. Slept well. Bowels constipated. Face neck & arms bruised. R 98 P 99.

22 Quiet all day. Appetite good. Sleeps quite well. June 23. Was very noisy during the day. Appetite good. Slept well

24 Very noisy at times. Sleeps well. Appetite not very good. June 25 Was quiet nearly all day, but very restless: Appetite good. Untidy in her habits. June 26 95 Was very much disturbed all day. Appetite not very good. Bowels constipated. June 27 95 Quiet nearly all day. Appetite good. June 28 95. Noisy & violent. Appetite good. Sleeps well. June 29 95 Was very noisy & restless. Appetite very good. June 30 95. Was very quiet most

July 1. Noisy & very untidy in her habits. Appetite good. July 2 95. Appetite good. Noisy & restless also destructive

3 Quiet during the greater part of the day, destroys clothing, untidy in her habits. Appetite very good.

4 Was very quiet. Appetite good. **Summary**. Extremely noisy at times. Appetite usually good. Destructive occasionally. Was in restraint 2 days. Bowels constipated. July 23 95. Has become much more quiet and talks more sensibly though psychically erratic and changeable in behavior.

July 23 95. Extremely noisy at times. Eats & sleeps quite well. Habits clean usually. Bowels constipated. Sept 23 Appetite good. Eats & sleeps well. Works on ward. Habits clean. Sleeps well. Quiet. Neat. Oct 1st. Visited by husband - Mrs Lowe.

Discharged

Personal and Medical History of Katie Ruckin

From July 2 92.

Continued by Dr. R.M. Phelps. Nov 98 General health good. Apt to be noisy & rather uncertain in behavior: inclined to be violent. Feb 26 Wt. 138# July 25 98 Visited by friend. Nov 21 Same. to 6. Feb 27 99 Condition unchanged during period. Seen by Dr. R.M. Bell Nov. 30 99 Patient usually quiet: occasionally violent: is very willing & assists nicely with work on ward: Appetite good sleeps well: never complains but does not look at all well or strong: lips are pale: has dark circles under eyes: frequently has a drawn pinched expression: bowels constipated: takes out door exercise: menses regularly: neat.

July 14 No special change since last note: this afternoon she went to room and lay down which was quite unusual for her as she is apt when not busy to stand about the hall: After a few hours she had a severe chill: hot applied to body: Temp. 103 2/5: Patty had convulsions: after which she appeared very weak and helpless: Temp. to 105: pulse quite weak: but on liquid diet: Temp. cont. about normal: slightly elevated at times: bowels constipated: sleeps well at night. Has mild attack of pericarditis

Aug 11 Temp. to 101. Aug 30. Physical cond. seems to be about normal: appetite fair: patient again at work on ward. Sept 1 - Feb 28 1900 Eats & sleeps well: Bowels & menstruation regular: General health good: Takes out door exercise: Is deaf & does not take the whispers unintelligibly to herself: Is at times violent. Nov 17. Wt. 136#. March 1 - Aug 31 1900. Patient quiet on ward. Does not converse. Appetite good bowels regular. Menstruation regular: Takes out door exercise. Assists with ward work. July 16. Vaccinated. Sept 1 - Nov 30 General health good: no change mentally: Nov. 30 Wt. 132#. Dec 1 - Feb 28 1901 Assists with ward work: Habits clean & neat: Is at times violent: Takes no medicine beside an occasional cathartic. Mar 1 - June 1 - 1901 no change in mental or physical condition. Does no work. May 29 Wt. 126#

June to Sept. Assists with the ward work, takes out door exercise, Sept. 22. Wt. 128#.

Sept to Dec. No change in mental or physical condition, Nov. 23 Wt. 118#.

To Feb 1 1903. General health good: eats & sleeps well: menstruates regularly: bowels regular: exercises: assists with the work: is quite deaf: does not converse or answer questions. Nov. 29 Wt. 133#.

Personal and Medical History of Anna Ruzishka

Ruzichka

LEIGHT, FIDLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 4141.

Residence, Wheatland, Rice County, Minn

Date Admission, 24th June 1895

Admitted by, Dr Linton Cheeks Hour, 3:30 PM

How Sent, R. A. Mott. Jail. Rice County.

Sex, Female

Age, 20

Civil Condition, Single

Children, — none —

Age Youngest Child, — — (not mother)

Occupation, None; father is a farmer

Degree Education, None - is feebleminded -

Profession Religion, Roman Catholic

Habits, Not intemperate

Nativity, Wheatland, Minn (Parents born in Bohemia)

Physicians Committing, W. V. D. Gadbois and A. C. Rogers

Correspondents, none given in papers
from School for Feebleminded

No. for Year, 340.

Insane Relatives, — none —

Cause Exciting, Congenital

Cause Predisposing, " "

Form, Imbecility

Accompanying Bodily Disorder, none mentioned

Suicidal or Not, — not —

Date of this Attack, progressing over 3 years

Duration, over 3 years

No. of Attack, not 1st; (probably 1st continuous)

No. of Admissions, 1st

Age First Attack, about 17 —

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

June 26 95 Drs Rogers & Peters

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Imperfect

Own Mental State, ?

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent, indifferent

Exalted,

Depressed,

DELUSIONS: Seems to have many

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Refuses to talk. Looks up

Coherent or Incoherent, in a silly manner but

Voluble or Reticent, will answer questions

Personal and Medical History of Anna Ruzishka

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5in WEIGHT, 157 lbs NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Coatings, Pale flabby Papillæ Promptness Movement,

PUPILS, Equality, Size,

Response Light, Normal Accommodation, Normal

SIGHT, Seems good

HEARING,

COORDINATION, Arms, Normal

Legs, Normal

TREMORS, Hands, None Tongue, None

Facial Muscles, General, None

REFLEXES, Patellar, EXAM. URINE Aug 28/95

Other Urine 24 hrs

ARTICULATION, Refuses to talk Color Yellow

Slurred, Character White flaky sed

Hesitating, Sp Gr 1030

FACIAL EXPRESSION, dull & silly Reaction Acid +

Albumen 0

Sugar 0

Urea 0

Sediments Triple phosphates - oxalates of lime
urates - epithelium

SENSIBILITY,

HEART, Normal

LUNGS, Normal

TAKEN,

GYNAECOLOGICAL EXAM. Uterus displaced forward left side & retroverted
Small growth size of pea on right side July 17 '96

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,

Personal and Medical History of Anna Ruzishka

1895

This patient was brought here by Sheriff Stewart + attended by Dr Wheeler, with the following history. Patient is in good physical condition - This is probably 1st attack; has been developing progressively for over 3 years; She has been at School for Feeble minded; result of treatment unk; disease appears to be increasing; is variable; she is never natural, because feeble-minded. is very irritable. Derangement now shown, in that, when with others, she is thrown into a paroxysm of opposition, upon the slightest pretext; striking children; throwing dishes; tearing clothing; Disposition to injure Others is impulsive, as above, rather than premeditated. She is not suicidal. - but is destructive. No hereditary history: no history of intemperance; has not been subject to any severe disease so as had any head-injury; has been only isolated, at School for Feeble-Minded. Supposed Cause of the Disease is Congenital. Has had no medical treatment (Specially). On personal examination, she appears demented; wandering gaze.

June 24 On admission, was put on B3 (S.R. Complexion light; hair light brown; eyes gray; no scars, marks or bruises noticed; is clean; behaves good).

25 Behavior quiet. Appetite good Slept 8 hrs. Quiet all night. Bowels moved. P. 64 R 20. T 99.

26 P 72. R 20. T 98.8 Quiet in behavior Talks very little. June 27 95. Quiet Appetite good Slept 8 hrs Restless 2 hrs. Does not cough. Bowels are constipated Acts silly at times Laughs to herself

28 Very quiet. Talks to herself. Bowels are regular. Does not go out for walking or riding. P 92. T 98.6 R 18

29 She is quiet. Talks & laughs to herself. Appetite is very good Slept 8 hrs. Bowels moved Does not go out walking

30 Very quiet. Appetite good Sleeps well Bowels reg. She seems very silly at times. Does not walk or ride

July 1 Does not talk but seems to understand & comprehend everything said. July 2 95 No change to note

" 3 Very quiet Appetite good Goes riding & walking. Sleeps very well. July 5 95 Very quiet all day. Ate very well Slept 8 hrs. Out walking. July 4 95 Quite silly at times, laughing to herself Bowels quiet

6 Seems a little disturbed. Strikes some of the patients. Does not talk. July 7 95 Seems quiet, but often tries to be somewhat violent at times. Appetite good Sleeps very well July 8 95 Quiet all day. Talks but little and in boisterous language. Bowels moved. Summary. She first month has been very quiet most of the time. Bowels regular and sleeps quite well Appetite very good. Mental condition is very silly talks & laughs to herself a great deal. Several times has seemed quite violent and has been known to strike the ladies.

July 20 Quiet most of time. Aug 7 Rec'd on ward. Aug 12 Appetite good. Clean & tidy. Quiet Gen. health good. Goes riding & walking. Aug 30 Works in laundry.

Sept 28 Appetite good. Clean & tidy in habits. Quiet in behavior. Does not talk any. Works in laundry Gen. health good. Goes riding & walking. Oct 30 Has a good appetite. Very seldom talks & then very little. Is quiet in behavior but meddles with fire & gas - Exam. R. & Nov 28 No change noticeable. Jan. 12 Very untidy in personal appearance Seldom speaks - Appetite good - Sleeps well - Bowels regular - Seldom takes out door exercise - Does no work. Jan 16 Menstr. Jan 31 Very untidy. Feb. 11 Exam & B3

1 Feb 28 Quiet in behavior Sleeps well. Works in laundry. Habits tidy. Appetite good - Untidy in appearance - Does not talk any - Mar. 6 Menstr. Patient is Quiet. Works in laundry. Appetite good. Clean in habits. Apr 6 Menstr. Apr 16 No change in patient Exam. & Annex. May 8 Menstr.

Personal and Medical History of Anna Ruzishka.

Aug 96 Menstruation regular. Appetite good. Untidy in habits. Restless & violent. Very silly in manner. Does not talk. Feb 97 Uniformly silly & childish, half-imbecile - General health remains good. Aug. Appetite fair; untidy in habits; sleeps well. Talks very little. Works in laundry. Continued by Dr. B.M. Phelps. Sept 30 97 Patient very silly; rather untidy & apt to be obstinate & uncertain in behavior. Health good.

Feb 98 Wt. 145# Feb 11 99 Patient about the same during period: at times inclined to be violent. (Report by Dr. R.A. Bell) May to Dept 99 Gen. health & appetite good: sleeps well: takes out door exercise: untidy: much of time sits stupidly unoccupied: but is at times obstinate & violent. menstr. regular. Wt. 158#

Sept 1- Feb 28 1900. (Dr Heyerdale) Appetite good: Sleeps well: Menstruates regularly: General health good: Untidy in appearance & habits. Very disagreable & obstinate Does not converse: At times destructive: Takes out door exercise but does no work: Nov 24 Wt. 142# March 1- Aug 31 1900 (Dr Linton) Occasionally attacks other patients Gen. health good: Menstruates regularly: Sleeps well: March - Visited by mother & brother: July 20. Vaccinated Sept 1- Nov 30 No change during period Jan 1 Wt. 159#

Dec 1- Feb 28. 1901 (Dr Linton) General health good: no change in behavior: at times is destructive & violent. Very obstinate: Does not converse: March - Wt. 142 1/2#.

March 1- June 1- 1901 No change in mental or physical condition; menstruates Does no work. May 30 Wt. 141#. June to Sept. June 26, July 10, July 31 menstruating, does no work, takes exercise, is becoming more destructive and violent at times, Sept. 1st. Wt. 140#. Sept. to Dec. Nov. 29 menstruating No change Nov. 30 Wt. 141 1/2#.

Up to Feb. 1, 1903. Patient seems to be failing some physically: because has become anemic although appetite is good: bowels & menstr. regular: sleeps well: does no work but exercises: usually quiet: never speaks or answers questions: sometimes attacks other patients. Nov. 26th. Wt. 135#.

Personal and Medical History of Maggie Helsseke

Whole No. 4144.
Residence, Goodhue, Minnesota
Date Admission, 28th June 1895
Admitted by, Dr. Phelps Hour, 1 P.M.
How Sent, Arch Haller. Jof P. Goodhue County
Sex, Female
Age, 34 years
Civil Condition, married
Children, four
Age Youngest Child, 8 months
Occupation, Housewife; (Husband, Blacksmith)
Degree Education, Common School
Profession Religion, Yes. Lutheran
Habits, No history of intemperance
Nativity, Minneapolis; (Father & Mother in Germany)
Physicians Committing, B. Jacking & O. J. Brown
Correspondents, None mentioned in papers

No. for Year, 343.
Insane Relatives, Patients Sister
Cause Exciting, Probably exhaustion following Childbirth & lactation.
Cause Predisposing, Heredity, possibly & previous attacks
Form, Mania, acute,
Accompanying Bodily Disorder, none mentioned.
Suicidal or Not, not in this attack.
Date of this Attack, Sunday last; acute mania.
Duration, — 5 Days —
No. of Attack, — 4th (Previous ones in 1880. 1886. 1893)
No. of Admissions, 2nd.
Age First Attack, about 19
Time of Leaving, 19th September 1895
Time in Hospital, 2 mos — 22 Ds
Result, Discht. Nov 6/95 — Recovered

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

June 29 95 W. L. Phelps.

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

EMOTIONAL STATE: At times mild violent, others quiet.
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many delusions.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Incoherent in most of her talk. At times quite sensible.
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Maggie Helmete

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ WEIGHT, 115 lbs. NUTRITION, Impaired
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Accommodation,
SIGHT, Seems good
HEARING,
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue,
Facial Muscles, General, None
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem a good condition
GYNAECOLOGICAL EXAM., July 96 Retroversion, Anteflexion Cervix, Extensive erosion, Retrodeviation
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, ~~Good~~, very poor. 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,

TAKEN,

Personal and Medical History of Maggie Helmeke

(1895)

This patient was brought here by Deputy Sheriff J.P. Lundquist, attended by her husband. Patient is in fair physical condition. As to consanguinity, not known. She has been attacked 3 times before this: (in 1880. 1886 + 1893rd; no particulars as to duration). Date of this attack, Sunday last: by acute mania. Disease seems increasing; is variable; she is rational, at irregular intervals. – Derangement now known as no subject (particulars). Patient is disposed to injure others. Has not attempted suicide, during this attack; is not filthy or destructive in habits. Patient's sister has been insane. No peculiarities as previously known. There is no history of intemperance, nor has she been subject to any fever disease &c or had any head-injury. Manual restraint has been employed. Cause of Disease is, probably, Exhaustion following Child-birth + Lactation. If treated, not known. During Examination, Note no special points of importance were developed. Note: Patient was heard before, from June 8/93 to Oct 4/93. For some time after coming, she was restless at night, sleeping poorly; very quiet, by day; wandering about ward; refusing food steadily, + had to be fed, for a time. Was dull + absent minded, would not talk any, even to husband, who visited her Augt 1st. Afterward, frequently refused to eat; in one occasion Eating nothing for 3 days. During September she improved with remarkable rapidity, tho' still very quiet. Appetite also improved; She assisted with work, went to Chapel + entertainments &c &c. June 28 (for further particulars see Vol 1st page 21 No 3368). On admission, was put on B. W. [SR. Complexion dark; hair dark brown; eyes brown; condition of Skin normal: 2 small scars on right leg: abrasion on wrist of right arm: Is quite clean. Is very noisy: Shows delusions. Says her husband gave her poison.]

19. Very noisy. She talks a great deal. Has delusions. Did not Eat at all. Kept 3 hrs. Noisy rest of night. Fought room mate. Does not cough, but is very hoarse. Bowels did not move. P 95. R 23. T 100
30. Noisy. Has delusions, says we have harmed her children. Imagines there is poison in every thing given to her. Appetite good. Took medicine. Ord. R as Iggs. July 1.95. In restraint all day. Appetite fair. Very noisy. Has many delusions. July 2.95. In restraint. Noisy. Bowels irregular. Kept none. Has delusions of giving poison. Takes tonic. Appetite poor.
July 3. Out of restraint p.m. forenoon. Struggled very much when put to bed at noon. Noisy and very restless all afternoon. July 4.95. In restraint, very noisy. Appetite fair. Kept about 1hr. Elbows quite bad, bandaged every day with vaseline.
" 5. Out of restraint all day. Requires close watching. Kept 4 hrs. Appetite good. Very noisy most of day. Takes tonic. July 6.95. Upon ward. Elbows dressed. Bowels moved slightly. Takes tonic. Is well. More quiet to day. July 7.95. Noisy most of time. Takes tonic. Appetite good. Sleeps very little. Bowels moved. Talks very insanely at times.
" 8. Seemed more quiet but at times was quite disturbed. Appetite good. Kept about 2 hrs. Bowels did not move. Takes tonic. July 9.95. Noisy a great deal. Talks very bad at times but does not seem to have as many delusions. July 10.95. Quiet most of the day. Takes tonic. Does not walking. Appetite very good. Kept 4 hrs. Bowels moved.
" 11. Very quiet to day. Appetite good. Does not seem to have as many delusions. Her mind is becoming quite clear. July 12.95. Quiet most of day. Appetite very good. Bowels regular. Takes tonic.

Summary:– Very noisy, in restraint for first week, more quiet

Personal and Medical History of Maggie Helmeke.

of late. Appetite good. Elbows sore from struggling while in restraint. Has delusions. Takes tonic. Kept very little at first. Sleeps well. Quite noisy at times, disturbs other patients. July 20 Very noisy. Appetite good. Bowels regular. Dirty. Goes riding + walking. Does not menstruate. July 26 Gyn. examinations. Found in bad condition. Needs operation. July 29–31 Aug 5–7 Gyn. Treatments. Aug 1 Leaves to L. 2.
Aug 16 Quieter. Helps in d.r. Goes riding + walking. Aug 22 Visited by husband. Aug 30 Menstr. Appetite good. Sleeps well. Quiet. Gen health seems good. Wants to go home. Works in d.r. Goes riding + walking. Sept 8 Seems much improved. Much quieter. Appetite fairly good. Sleeps well. Talks sensibly. Wants to go home. Works in d.r. Bowels regular. Goes riding + walking. Neat in personal appearance. Sept 16 Leaves to B. 1 Mot. Sept 19 Seems quite well. Appetite good. Bowels regular. Physical health good. Assisted with work. Went riding + walking.
Sept 19 Went home

Discharged.

Personal and Medical History of Katie Kuehn

LEIGHT, FISHER & SCARBERRY, DAVENPORT, IOWA.

Whole No. 4114.
Residence, Stillwater, Minnesota
Date Admission, 1st July 1895. —
Admitted by, D. Phelps Hour, 4:30 P.M.
How Sent, E. G. Butts, J. of P. Washington County.
Sex, Female
Age, 28 Years
Civil Condition, Married
Children, two living; three Dead
Age Youngest Child, —
Occupation, Housekeeper
Degree Education, Probably 4 yrs
Profession Religion, Swedish-Lutheran
Habits, — Good —
Nativity, Sweden
Physicians Committing, D. C. Clark and B. G. Merrill
Correspondents, Rudolph Kuehn, her husband
806 5th Street Stillwater Minnesota

No. for Year, 345.
Insane Relatives, not known
Cause Exciting, Following Childbirth
Cause Predisposing, probably childbearing.
Form, Melancholia, Acute
Accompanying Bodily Disorder, Not unless some uterine trouble
Suicidal or Not, Expressed determination to hang herself
Date of this Attack, in February 1895
Duration, Some 5 months.
No. of Attack, 2nd (one about 1½ years ago).
No. of Admissions, 1st
Age First Attack, about 26 —
Time of Leaving,
Time in Hospital,
Result,

July 2. 95 Dr. S. Lister Phelps

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, System.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Answers questions fairly well
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Katie Kuehn

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ WEIGHT, 118 lbs. NUTRITION, Fair, dark color
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Slight. Edges indented Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Seems good
HEARING, Much impaired.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, General, None
REFLEXES, Patellar,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, Rather silly
SENSIBILITY,
HEART, Sounds as normal
LUNGS, Seem good
GYNAECOLOGICAL EXAM., Displacement of uterus backward & toward left side
MENSTRUATION, Very extensive erosion + laceration of os July 10 - 1895.
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Aug 23/95
Urine 24 hrs -
Color - Brownish Red
Character - Ropy sediment
Sp. Gr. - 1024
Reaction - Acid
Alb - None
Sugar "
Urea
Sediments # Epithelia of kidneys + pus - Epithelium & W B some blood

HABITS, ~~Dirty~~, Clean	Clean,	Careless,
BOWELS, ~~Normal~~, Constipated	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, ~~Good~~, Poor	Poor,	Irregular,
PULSE,	Resp.,	Temp.,

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

Personal and Medical History of Katie Kuehn

(1895)

This patient was brought here by Rudolph Kuehn, her husband, with following history. Patient is in fair physical condition. Insane heredity, not known. Supposed cause of this attack following childbirth. Form, acute. No accompanying bodily disorder, unless some uterine trouble. Symptoms of disease manifested since childbirth in February 1895. Delusions as to being poisoned, both with medicine and food; also that her husband was persecuting her. This is not 1st attack; about 1½ years ago she had an attack; not as severe; has had slight mental aberration, more or less, during all the time since. Insanity now manifested by the belief that her husband is persecuting her and that he is trying to poison her. She is not disposed to injure others. Has expressed a determination to hang herself; no attempt: is not filthy or destructive. If subject to any bodily disease is not known; has chronic deafness for 3 years, following typhoid fever. Patient has not been restrained or confined, nor has she been under medical treatment. ———

July 5 On admission, was put on B.[2] (SR Complexion dark; hair brown; eyes brown; no marks, scars or bruises noticed; is dirty; behavior good. Says "she killed her children").

" 6 Quiet, only thinks she poisoned her children. Talks very insanely. Has many delusions. Appetite fairly good. Sleep poor. Bowels constipated. P 80. R 20. T. 98[8]

" 7 In bed. Has many delusions. Quite noisy & violent this afternoon. Ate fairly well. Slept 2 hrs. P 74. R. 18. T normal. July 8. 95. In bed all day. Refused to dress. T. 98[6] P 82. R 20. Bowels constipated. Appears quite violent at times.

" 8 In bed. Appetite fair. Slept 3 hrs. Takes tonic. Has many queer delusions. She thinks she killed her children. July 6. 95. Upon ward but fought several times during day. Ate quite well. Slept 4 hrs. July 7. 95. Seems quite violent at times, imagines some one has her children. Appetite quite poor. Slept 3 hrs.

" 9 Seemed quite disturbed at times. Has many delusions. Slept 4 hrs. Talks a good deal.

" 10 Appetite poor. Takes tonic and pills. Bowels moved. Slept quite well. More quiet than usual.

" 11 Quiet most of day. Slept 4 hrs. Appetite poor. Bowels did not move. Takes tonics and pills.

" 12 Quiet most of day. Appetite improving. Bowels irregular. Has many delusions and is quite violent at times. July 12. 95. Quiet in behavior. Bowels irregular. Slept 4 hrs. Appetite fair.

" 13 Resisted in going to supper. Appetite poor. Bowels moved. Takes tonics.

" 14 Quiet. Appetite poor. Bowels moved. Does not talk much. Slept well. July 15. Quite

" 15 resistive at times. Refuses to converse. Appetite poor. Bowels regular. Takes tonic.

July 16 Summary: Patient quite violent at first. Has not been violent for several days, but is quite stubborn & resists in going to meals. Has delusions that she killed her children. Appetite poor. Takes tonic. Sleeps much better. Temp. normal. P 80. R 20.

July 23 Was operated upon today. Curettement & repair of cervix. Took ether well. Reaction was good. Ate made a good recovery. Patient nearly most of the time while in bed.

Aug 7 '95 Was up on ward as well as usual. Her mental condition is unimproved.

Sept 5 Has been in bed in restraint all the time. Very noisy greater part of day, also quite noisy at night. Appetite good. Dirty in habits. Bowels moved freely. Seems to realize.

Personal and Medical History of Katie Kuehn

Sept 13 Appetite quite good. Noisy & destructive at night. Bowels usually constipated. Goes walking. Seems quite weak. Sept 21, Put to bed. Temp. 103 P 100 Resp 26.

" 22 7[30] A.M. Refused breakfast. Temp. 102 P. 104 3 P.M. T. 103 4/5. Enema & cathartic given. Bowels moved freely. Sponge baths given during day. Sept 23 8 AM. Drank glass of milk. Temp. 104 P 104. 3 P.M. T. 104 P. 110 - Sponge bath given at 6 PM. T. 102 2/5 - P. 100. Has been noisy & destructive this afternoon. Cathartic given 7[30] P.M. In restraint part of afternoon.

" 24 7[30] A.M. Temp. 101 4/5 P. 99 7[30] PM. T. 103 4/5. Sept 25 8[30] AM. Drank glass of milk. Temp. 101 2/5 Enema given. No movement. Ate no dinner or supper. 5 P.M. T. 101 4/5. R. 24 P 100. 5[40] P.M. 102 4/5 P. 99 R. 25. Sept 26 7[30] AM. Ate no breakfast. Temp. 101 P. 76. R 20. Sept 27 Refuses to eat fed with tube. Temp 100. P. 74. R 20. Sept 28 2 PM. T. 98[6] P. 74 R. 20

" 29 10[30] A.M. T. 98.8 P. 72. R 19. Ate her three meals. Sept 30 Temp. 99 P. 78. R 20. Oct 1 T 98[6] P. 74. R. 18 Patient sick in bed. In restraint at night. Eats quite well. No destructive violent at times. Bowels constipated. 10[30] A.M. 98.6 P. 74 R. 19. Oct 2 T 98.8 P. 72. R 18 Appetite good. Oct 5 T. 98.8 P. 74 R 18 Seems better. Very noisy. Oct 9 Up on ward. Ate dinner & supper. T. 98.8 Oct 10 Temp. to C 1+ Oct 30 Apparently not very well. Is very destructive & is put in restraint at night. Untidy in habits. Bowels constipated seldom move without cathartic. Appetite good. Sleeps well. Dines on hall.

Oct 3 Mensts. Nov 27 Has been very quiet of late. Is untidy in dress & habits. Struggles some. Goes riding & walking. Appetite good. Bowels constipated & are moved by an enema given every day. Sleeps quite well.

Dec 24 Very restless & mischievous in behavior. Seldom speaks. Rarely struggles. Untidy in habits. Takes treatment for headache. Appetite good. Sleeps quite well. Bowels usually constipated. Dines on hall. Goes riding & walking. Jan 9 Treatment discontinued.

Jan 3 Mensts. Jan 8 Tried to get at the gas when lit. Jan 30 Has been rather quiet in behavior of late. Feb 14 Mensts. Lies to the floor while eating & was put to bed.

Feb 13 Up & apparently quite well again. Mar 19 Mensts. Mar 30 Very quiet in behavior, slightly mischievous at times. Is neat & clean in dress & habits. Assists with ward work. Goes riding & walking. Appetite good. Bowels regular. Sleeps well.

Apr 5 Mensts. May 29 Slightly mischievous at times. Memory poor. Assists some with ward work. Neat & clean in dress & habits. Never struggles. Seldom speaks. Goes riding & walking. Appetite good. Bowels regular. Sleeps well. General health good.

June 96 Summary Nurses Notes by Dr. Phelps. Patient sick in bed. Had been complaining of pain in legs & bladder. Has had symptoms of bladder trouble. On examination found that she had introduced a hairpin into her bladder. Could not be taken out.

July 96 No change noticed. Does not seem to be suffering especially from her bladder

Jan 97 Patient quiet & pleasant though mischievous. Bowels regular. Appetite good. Talk incoherent. General health good. May 97 Works on ward. No mental change. Aug 97 General health good. Works on ward. Is rather silly in manner.

Nov 14 97 (Continued by Dr Wm. Phelps) Untidy in appearance untreaty in habit. Marked chorea in all muscles

Dec 5 1898 240

Personal and Medical History of Clara Olson

LEIGHT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4114

Residence, St Paul. Minn.

Date Admission, 2nd July 1895.

Admitted by, D. Phelps — Hour, 6 45 P.M.

How Sent, J. Wilbrich. Sh. P. Ramsey County

Sex, Female —

Age, — 27 —

Civil Condition, married

Children, — 2 —

Age Youngest Child, 9 months

Occupation, Housewife - (Husband watchman at "Transfer" —

Degree Education, Common & public School —

Profession Religion, Not a church - member.

Habits, Not intemperate —

Nativity, Norway; (Parents also from there) —

Physicians Committing, Park Ritchie and Olof Sohlberg

Correspondents, "None given in papers"

No. for Year, 346.

Insane Relatives, mother; brother (Professional man) died in Rochester Hospital

Cause Exciting, perhaps rapid Childbirth

Cause Predisposing, Heredity

Form, Acute melancholia.

Accompanying Bodily Disorder, (none) mentioned

Suicidal or Not, Yes: twice threw herself down stairs.

Date of this Attack, not stated; (probably recent)

Duration, (probably short.)

No. of Attack, 1st

No. of Admissions, 1st (has 4 wks in Asylum Hospital)

Age First Attack, — 27 —

Time of Leaving, Jan. 10. 96.

Time in Hospital, 6 mo. 8 da.

Result, Recovered. Dis. Aug. 12. 96.

July 16. 95 - Dr. Linton Phelps.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER: Impaired.

Ordinary Subjects,

Own Mental State, Impaired.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Depressed.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Has delusions that she

Systematized or Not, has committed some great

Special Subjects, wrong

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: At times talks sensibly.

Coherent or Incoherent, then tells of her

Voluble or Reticent, delusions.

Personal and Medical History of Clara Olson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 in WEIGHT, 74 lbs. NUTRITION, Very poor pale "with thin

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, None Coatings, Promptness Movement,

PUPILS, Equality, Eq Size, dilated

Response Light, Accommodation,

SIGHT, Seems good

HEARING, do

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, Fine Tongue,

Facial Muscles, None General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, Prompt

Slurred,

Hesitating,

FACIAL EXPRESSION, Sad.

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Resp impaired, but no physical signs TAKEN,

GYNAECOLOGICAL EXAM. Endometritis and slight enemia of os July 16 - 95

MENSTRUATION, absent for about 1 year Treatment needed

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~	Clean	Clean,	Careless,
BOWELS, ~~Normal~~,	Constipated	Constipated,	Irregular,
APPETITE, ~~Good~~,	Poor	Medium,	Poor,
SLEEP, ~~Good~~,	Poor	Poor,	Irregular,
PULSE,	84 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,

Personal and Medical History of Clara Olson

1895

This patient was brought here by Sheriff K. Chapel, attended by Miss Hokes, with following history. Patient is in fair physical condition. No consanguinity, but some heredity. It is claimed her mother was insane. One brother (John Christianson) died, insane, in Rochester Asylum. This is the 1st attack. She has been 4 weeks in Minneapolis Hospital, but no improvement. First symptoms of this attack manifested by sleeplessness, and fear of injury from neighbors. Disease appears to be stationary; is variable and there are patronal intervals; she is depressed, and says "Can't go home". At present, no special manifestation. Patient is not disposed to injure others. Has attempted suicide; twice threw herself down-stairs - but propensity not now active. Is not of filthy or destructive habits. No peculiarities to be noted previously known. She is no history of intemperance. She has not been subject to any severe disease &c, nor had any head injury. Perhaps rapid child-birth is the cause of the disease. Mode of treatment given her not known. She has the "melancholic face" & has delusions

July 2 On admission was put to B2 W. (S.R. Complexion dark; hair brown; eyes gray; Condition of skin, normal; no marks scars or bruises noticed; is quite clean; behavior quiet; says "She came here to be killed").

3 Quite noisy at times. Appetite poor. Slept 5 hr. Very restless quite talkative. Bowels constipated. 97.8 T. 99 P. 88 R. 18

4 In bed all day. Cries and worries a great deal. Has delusions that she is to be killed. Looks thin & pale.

5 In bed part of day. Quiet most of time. T 97.6 P. 72 R. 20. Bowels moved. Take tonic. Has delusions. Appetite fair. July 6 95. Up a ward all day. Very quiet but worries considerably. Bowels moved this morning. Ate very well. July 7 95. Quiet all day. Afternoon had a fainting spell only lasting a few moments. Take tonic. Appetite poor. Slept 4 hrs. July 8 95. Very quiet, walking some in dining room. Bowels regular. Tonic. Looks quite thin & pale. Delusions she is to be killed.

July 9 Ate very well. Slept 4 hrs. Take tonic. Bowels did not move. Very quiet. July 10 95 Appetite not very good. Sleeps quite well & quiet most of time. Take tonic & pill. Bowels moved.

11 Has many delusions and seems quite disturbed to day. Eggnog twice a day. Looks very pale.

12 Very much disturbed to day. Had to be held - she tried to kill herself. Appetite fair. Slept 3 hrs.

13 T 99.8 P. 96 R 18. Worries a great deal. Says she has done wrong. Appetite poor. Has cathartic. Tonic. Eggnog twice a day. July 14 95 Excited & nervous. Tied about her. Appetite fair. Tonic. Has delusions. Eggnog T 99.6 P 90. R 20. July 15 95 Worries a great deal. Wants to go home. Appetite fair. Bowels moved. Slept 6 hrs. Eggnog twice. Tonic.

16 Looks very pale. Appetite fair. T. 99. P. 94. R. 20.

Summary. Patient usually quiet. Cries at times & wants to go home. Very much disturbed one day threw herself down & for said she was going to kill herself. Take 2 Eggnog daily & tonic. Bowels irregular. Appetite somewhat improved. Temp above normal. P. 94. Resp. normal. Sleeps fairly well. Has delusions that she must be killed. July 20 Excited & Nervous. Tries to get out whenever door is opened. Appetite very poor. Spoon fed. Bowels irregular. July 27 28 Visited by Mother & friend. July 15 Examined locally. July 17 received uterine treatment. July 20 Lungs examined. No physical signs noted. Very pale & thin. Appetite very poor.

Aug 16 Very restless & hard to manage. Worries & cries a great deal. Has many delusions. Appetite very poor. Aug 31 Fed at early dinner. Sept 4 Quite disturbed. Fed at early dinner. Appetite poor. Sleeps quite well. Sept 16 More quiet of late. Oct 8 Quite excited. Tries to get out whenever door opens. Oct 11, 14, 16 & 18 Gyn. Treatment. Nov 8 Quite excited at times

Personal and Medical History of Clara Olson.

Tries to get out. Appetite very poor. Sleeps quite well. Receive Treatments.

Nov 11, 13, 15, 16, 20, 22, 25 & 29 Gyn. Treatments given. Dec. 1 Very much disturbed. Cries for home. Dec. 2 Gyn. Treatment. Dec 4 Appetite fair. Works on ward - Bowels usually constipated. Sleeps fairly well. Taken to Infirmary.

Dec 5 Operated upon. Curettage of uterus. Cervix repaired & anterior Elytrorrhaphy done. Sick record kept. Dec. 12 Sitting up this A.M. Seems quite well. Bowels constipated. Dec. 29 Appetite good - works in dining room. Bowels usually constipated. Very quiet & talks sensibly - Is very anxious to go home. Jan 10 Went Home - recovered

Discharged.

Personal and Medical History of Mary Beebe

LIBERT, FIDLAR & GAMBERG, DAVENPORT, IOWA.

Whole No. 4151

Residence, St Paul. Minn

Date Admission, 8th July 1895. -

Admitted by, Dr. Phelps Hour, 7 PM.

How Sent, Benn Davis, Court Commr. Ramsey County

Sex, — Female -

Age, - 26 -

Civil Condition, married.

Children, Two

Age Youngest Child, not known

Occupation, Housewife

Degree Education, — Unknown.

Profession Religion, Unknown

Habits, not known

Nativity, Not known (parents also unknown)

Physicians Committing, O. Martel and John C Nelson

Correspondents, none given in papers

No. for Year, 350.

Insane Relatives, not stated

Cause Exciting, not known

Cause Predisposing, not known

Form, Acute mania.

Accompanying Bodily Disorder, not known

Suicidal or Not, Suicidal & homicidal now active.

Date of this Attack, not stated, probably recent

Duration, probably short -

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, - 26 -

Time of Leaving, May 1st '96.

Time in Hospital, 9 mo. 23 da.

Result, Recov. Died July 30 '96.

EXAMINATION ON ADMISSION

July 9 95 Dr. R M. and J. C. Phelps **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Quick.

MEMORY: Impaired.

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: Illusive.

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Impaired

Own Mental State, Dr.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Much exalted.

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Many and varied.

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Very incoherent noisy and

Coherent or Incoherent, prefers to be left

Voluble or Reticent, to herself will not answer

questions.

Personal and Medical History of Mary Beebe

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken — WEIGHT, not taken — NUTRITION, Fairly good.

WOUNDS OR ABNORMALITIES, Bruises.

TONGUE, Tremors, Coatings, None Promptness Movement,

PUPILS, Equality, Eq Size, dilated.

Response Light, Accommodation,

SIGHT, Seems good

HEARING, Do

COORDINATION, Arms, Normal

Legs,

TREMORS, Hands, None Tongue,

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, Good

Slurred,

Hesitating,

FACIAL EXPRESSION, Wild.

SENSIBILITY,

HEART,

LUNGS,

TAKEN,

GYNAECOLOGICAL EXAM., April 2 '96 Uterus retroverted toward left side & bound down firmly

MENSTRUATION, Lacerations & erosion of os

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~,	Clean	Clean,	Careless,
BOWELS, ~~Normal~~,	Constipated	Constipated,	Irregular,
APPETITE, ~~Good~~,	Poor	Medium,	Poor,
SLEEP, ~~Good~~,	Poor	Poor,	Irregular,
PULSE,	85	Resp.,	98 4. 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 Beebe*

1895

This patient was brought here by Deputy Sheriff Kinney, attended by Wm Preston. Patient is in fair physical condition. The following history accompanied her. She was brought in, in muff. - History is very meagre; Can learn nothing from patient in her present condition; She is now violent and a raving maniac. As to consanguinity or heredity, if any previous peculiarities, in habits or those of parents, if subject to any bodily disease or if she has had any head-injury; suffered cause of the disease; what treatment has been given; nothing is known. This is 1st attack; if she has been before in hospital or had other attacks or duration of any, is unknown. When first symptoms of this attack was manifested or in what way, is not stated. Disease appears to be increasing; if variable or if rational intervals, not known; deaf subject, or in what way, derangement is now shown, is not stated. Patient is disposed to injure others. Homicidal & propensity now active; is also filthy and destructive in her habits. She has not been restrained or confined (?) ——— " ———

July 8 On admission, was put on 6 3 (S.R. Complexion dark; hair black; eyebrows; no marks, scars or bruises noticed. Tongue clean. Was quite excited & noisy; was in restraint (by muff), when admitted here).

9 Very restless & noisy. Talks incoherently, Expresses no delusions, gives evasive answers. Appetite good but does not retain food or drink any length of time. Slept 6 hrs. Noisy out of bed remainder of night. Cough none noticed. Expectorates very foul sputa. Bowels constipated. Complaints none. Ord. R. & L. 2 3/4%

10 Did not sleep during the night. Is. Kept in bed during day by spec. nurse. Hot bath with cold applications to head. More quiet. Tgg. P 90. R 20. July 11. 95. Very restless. Two eggnogs room milk. Bowels constipated. Gave cath: bowels moved freely. Take food & med readily. Tgg. P 90. R 18. July 12. 95. Slept 8 hrs. during night. Kept in bed during the day by a head nurse. Took 2 hot baths with cold applications to the head. Behavior very restless. Appetite fair.

13 Behavior restless. Appetite fair. Took 2 hot baths with cold applications to head. Drank 2 eggnogs. In restraint at night and in bed during the day. Slept 2 hrs. Quiet noisy remainder of night.

14 Behavior quiet. Appetite good. Took 2 hot baths with cold application to the head. Took 2 eggnogs. Kept in bed during day by nurse and in restraint at night. T. 100. P. 90. R. 22.

15 Quite excited. Has delusions. Appetite good. Took 2 eggnogs. Took 2 hot baths with cold applications to head. In restraint at night. Kept in bed during day by nurse. Bowels moved. Gave Sol. 2 3 97. P. 82.

16 Very excited. Was held in bed about 4 hrs. Appetite fair. Refused 1 eggnog. 2 hot baths with cold application to head. Slept well. Gave hyperdermic. In restraint at night. T. 98 5. P. 82. R. 20.

17 Quiet. Appetite fair. Took 2 hot baths with cold applications to head. Ate 2 eggnogs. Gave 1 dose. In restraint at night. Rested, but did not sleep. T. 98. P. 82. R. 20. July 18. 95. Behavior quite good. Appetite poor. Took 2 hot baths with cold applications to head. Refused 1 eggnog. In restraint at night. Slept very well. T. 98. P. 82. R. 20. Gave 1 dose Sol. Arsenicalis. July 19. 95. Restless in the morning. Appetite fair. Gave 2 hot baths with cold applications to head. Kept in bed by nurse during day. In restraint at night. T. 98. P. 82. R. 22. Slept 6 hrs. July 20. 95. Very restless all day. Appetite good. Took 3 hot baths with cold applications to head. Took an eggnog. Gave an Enema. Bowels moved very freely. Gave 1 dose. In restraint at night. July 21. 95. Very restless. Appetite good. Took 2 hot baths with cold applications to head. In restraint during day & night. Struggled about 6 hrs. T. 98. P. 82. R. 22. Did not sleep. July 22. 95. Restless after bath. In restraint night & day. Gave pills. Ate well. Took 2 hot baths and cold applications applied

Personal and Medical History of *Mary Beebe*.

to the head. Slept 2 hrs. Summary: Generally restless. Appetite fairly good at times. Slept quite well generally. Bowels are generally constipated. Gave cathartics & Enema. Temp as a rule is normal. Has a quite a few delusions. Struggled and resisted when taking baths. Took 2 hot baths every day and cold applications to head. Very much baths if restless. Would refuse to take Eggnogs at times. Was in restraint every night up to the 21 of July and then was put in during day also.

July 96. Still in bed. Quiet the past week. Aug 1 Up on ward. Quiet almost to stupidity at times but becomes very violent & extremely noisy. Appetite irregular. Bowels very constipated.

Aug 96 No improvement noticable. Appetite good. Bowels very constipated.

Sept 96 Extremely noisy & also violent at times. Appetite good. Bowels very constipated. Oct 17. Violent at times. Appetite good. Bowels very constipated. Talks & scolds noisily at times. Oct 30. Went to Hyman for treatments. Oct 31 Gym. treatment given. Nov. 12 Gym. treatments 3 times a week. Patient more quiet in behavior. Appetite good. Bowels constipated.

Dec 7, 6, 9. Gym. treatment. Dec 3 Electrical treatment. Dec 13 Enema. Bowels moved freely. Dec 18 Bowels more regularly. Dec. 27 Quite silly at times. Appetite good. Bowels regular. Dirty in habits. Sleeps well. Goes walking & riding. Scales. to 133. Jan. 7, 6, 8, 10, 13, 15, 17, 20, 22, Jan 23 Minute. Jan. 26 Quiet in behavior. Habits clean. Works of the ward. Trans. to A. 2.

Feb. 17, 10, 28, Gym. Treatment. Feb 20 Minute. May 6 Patient quiet in behavior neat in habits talks sensibly. Appetite good. Sleeps well. Bowels regular. Takes out door exercise. Works in dining room. Gym. Treatments given. 6-16-18. May 20. Minute.

Apr Operation done. curetting & trachelorraphy. Patient took ether well. Recovery was good. Stitch. hypodermically given every 3 hrs. after operation the first day. Patient put to bed & remained very quiet causing no trouble whatever. Bowels moved on 4th day. Made an uninterrupted recovery. Apr. 14 was up on ward. Gained strength rapidly. Soon began work again. Worked in employes dining room until May 1st when husband came & took her home. Recovery very good both physically & mentally.

May 1 Went Home.

Discharged.

Personal and Medical History of Johanna

LEIGHT, FISCHER & CRAMBLES, DAVENPORT, IOWA.

Whole No. 4153.
Residence, St. Paul. Minn.
Date Admission, 8th July 1895.
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, Benn Davis, Court Commr. Ramsey County
Sex, Female.
Age, 45.
Civil Condition, Married
Children, Three.
Age Youngest Child, 5 Years
Occupation, Housewife
Degree Education, Common School
Profession Religion, Not a Church member
Habits, Intemperate in use of Coffee; (3 or 4 cups a day).
Nativity, Sweden (Parents also born in Sweden).
Physicians Committing, Charles E. Lee and John C. Nelson
Correspondents, Nine years in prison.

No. for Year,
Insane Relatives,
Cause Exciting,
Cause Predisposing,
Form, Chore
Accompanying Bodily
Suicidal or Not,
Date of this Attack,
Duration,
No. of Attack,
No. of Admissio
Age First Attac
Time of Leaving
Time in Hospital,
Result,

July 9 95. Drs. McK. & Phelps

EXAMINATION ON ADMISS

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Impaired.
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:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

PROPOSALS FOR COAL.
State of Minnesota, Auditor's Office.
St. Paul, July 1, 1895.
Sealed proposals for supplying coal to the various State Institutions for the year ending July 31, 1896, will be received at this office until 2 o'clock on the 1st day of August, 1895. Blanks specifying kinds, quantities and places of delivery, and all specified duties, also giving terms of payment and other information will be furnished on application. The right to reject any and all bids is reserved.
D. M. CLOUGH, Governor.
R. C. DUNN, Auditor.
AUG. T. KOERNER, Treasurer.
Fuel Commissioners of Minnesota.
STATE OF MINNESOTA, COUNTY OF HE

SICK HEADACHE.
Positively cured by these Little Pills.
They also relieve Distress from Dyspepsia, Indigestion and Too Hearty Eating. A perfect remedy for Dizziness, Nausea, Drowsiness, Bad Taste in the Mouth, Coated Tongue Pain in the Side, TORPID LIVER. They Regulate the Bowels. Purely Vegetable.
Small Pill. Small Dose.

Pioneer Press July 10 95

, JULY 9, 1895.

SAINT PAUL PIONEER P.

COFFEE MADE HER INSANE

MRS. JOHANNA LINDBERG COMMITTED TO ROCHESTER.

For Some Time She Is Said to Have Drunk Twenty Quarts of Coffee a Day—She Drank It as Strong as It Could Be Made, and Kept the Pot Boiling All the Time—Threatened Her Husband's Life and Was Arrested—One of the Most Extraordinary Cases Ever Heard Of.

Mrs. Johanna Lindberg, of 406 Arundel street, was committed to the Rochester insane asylum yesterday by Judge Willrich, of the probate court. The case is very peculiar, possibly the most extraordinary that has ever been brought to the attention of the local authorities. Mrs. Lindberg is violently insane, and the cause is alleged to be the excessive use of coffee; in fact, she might be called "a coffee drunkard."

It was stated yesterday that symptoms of insanity had manifested themselves during the past three months, and that recently she became so violently insane as to threaten her husband's life. The threat and its attempted execution caused the interference of the officers, and the whole story was told yesterday in the probate court. Mrs. Lindberg, who is about forty-five years of age and has three children, is said to have been so inordinately fond of coffee that she consumed vast quantities daily. The habit is of long standing, and has grown beyond all bounds. No victim of the liquor habit could be more completely wedded to his destroyer, so it is said, than is Mrs. Lindberg to her favorite beverage. She was miserable when deprived of coffee, and coffee of the strongest kind. Her desire is so intense that she is said to have kept the pot boiling constantly in order to lose no time in preparing the beverage.

For weeks and months she is said to have drunk from thirty to forty pints of the blackest coffee daily. The unusual strength was not sufficient to appease the longing for the effects of the drink, so expedients were resorted to that extracted the last vestige of color from the roasted and pulverized berry. And the cups generally used on breakfast tables were discarded as being too small and insignificant, so a large sized tin cup was substituted.

Mrs. Lindberg is described as being above the average size and possessed of unusual muscular strength in spite of her peculiar dissipation. When Deputy Sheriff McKenny attempted to induce her to accompany him to the probate court, she resisted vigorously, and it was with some difficulty that she was overpowered, since the officer was loth to hurt her in any way. Deputy McKenny took her to Rochester yesterday afternoon.

Personal and Medical History of Johanna Linberg

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Irregular, movement in protruding Coatings, None Promptness Movement,
PUPILS, Equality, Eq Size, Normal
Response Light, Normal Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Impaired
Legs, Staggers
TREMORS, Hands, Cannot put finger to nose. Tongue,
Facial Muscles, General, Some twitching: can be stood very well with eyes shut.
REFLEXES, Patellar, Both about 7 EXAM. URINE,
Other
ARTICULATION, Hesitating.
Slurred, Very much slurred
Hesitating,
FACIAL EXPRESSION, Very dull

TAKEN,

SENSIBILITY,
HEART, Sounds as normal
LUNGS,
GYNAECOLOGICAL EXAM. Lacerations of left side of cervix. Hypertrophy of uterus. Erosion of os. Slight retroversion of
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Clean,	Careless,
BOWELS, Normal,	Regular	Constipated,	Irregular,
APPETITE, Good,	Good	Medium,	Poor,
SLEEP, ~~Good,~~	Poor	Poor,	Irregular,
PULSE,		Resp.,	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, 5 years. ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Living
Father or Pat. Relations, Living
Brothers or Sisters,

Personal and Medical History of Johanna

Whole No. 4152.

Residence, St Paul. Minn.

Date Admission, 8th July 1895.

Admitted by, Dr. Phelps Hour, 7 PM

How Sent, Benn Davis, Court Commr., Ramsey County

Sex, Female.

Age, 45.

Civil Condition, Married

Children, Three.

Age Youngest Child, 5 Years

Occupation, Housewife

Degree Education, Common School

Profession Religion, Not a Church member

Habits, Intemperate in use of Coffee; (30 cups a day).

Nativity, Sweden. (Parents also born in Sweden).

Physicians Committing, Charles E. Lee and John O. Nelson

Correspondents, None given in papers.

No. fo

Insan

Cause

Cause

Form,

Accom

Suicida

Date of

Duratio

No. of

No. of

Age

Tim

Time

Resu

July 9.95. Drs. Mr. & L. E. Phelps

EXAMINATION ON AD

MENTAL CHARACTERIS

MENTAL ACTIVITY:

Clear or Confused, Confused.

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Impaired.

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:

EMOTION

Normal,

Indifferent

Exalted,

Depressed,

DELUSIONS

Systematize

Special Sub

Transitory

HALLUCINA

ILLUSIONS:

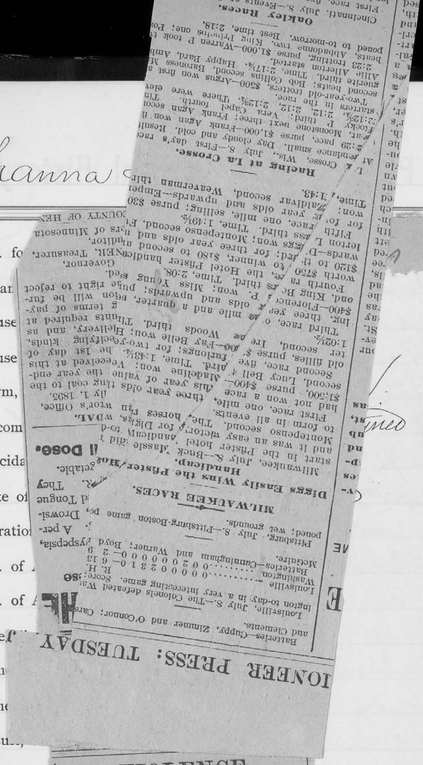
CONVERSAT

Coherent or

Voluble or

n not answer

ity.



IOWEER PRESS: TUESDAY

DISEASES FAMILY Wins the Fisher/Mac

Hundreds

Xylenubec. July S—Fisk—Bosch Jane Po Drowsi-

Pittsburg, July S—Pittsburg-Boston Game Po

Powell, wet grounds—

MILWAUKEE RACES.

Louisville, July S—The Colonels defeated Wa-

ington to-day in a very interesting game. Score:

Batteries—Cunningham and Warner; Boyd and

Louisville.....0 0 0 0 0 2 1 0 0—3 12 2

Washington.....0 0 0 0 0 0 0 0 0—0 5 5

Batteries—Cunningham and Warner; Boyd and

Louisville, July S—The Colonels defeated Wa-

ington to-day in a very interesting game. Score:

Batteries—Cupp, Zimmer and O'Connor; Car-

and Clements.

ALL VIOLENCE SUBSIDED.

MRS. LINDBERG WILL PROBABLY RECOVER HER REASON.

Doctors Consider Her Case a Most Extraordinary One — Medical Books Contain No Cases of Insanity Resulting From Excessive Drinking of Coffee — The Habit Resembles the Will-Destroying Craving for Opium—The Results of the Case Watched Closely.

Mrs. Johanna Lindberg, who was so violent when she was arrested by Deputy Sheriff F. W. Kenney at her home, 406 Arundel street, last Monday, that it was with the greatest difficulty he was able to put sufficient clothing on her to make her presentable in the probate court where she was examined later in the day, was taken to the Rochester insane asylum without any difficulty at all. Her violence had entirely subsided, and she meekly obeyed all the orders of the matron who attended her, making it entirely unnecessary for Kenney to use force during her transportation to Rochester.

As was stated in this paper yesterday, this is the most extraordinary case of insanity on the records of the probate court of this county, and those who are familiar with the subject of insanity in the state say there has not been a similar case in this state. In fact many doctors say that no similar case is known to the profession.

Mrs. Lindberg's insanity is supposed to have been caused by excessive coffee drinking. She is forty-five years old, is married and has three children. Her youngest child, a boy, is only five years old, and Dr. Lee of this city who was called to attend her last Saturday, says that ever since the birth of that child she is said to have been suffering from minor ailments. Her husband told Dr. Lee that his wife began at that time to drink coffee as a cure for headaches. There is nothing peculiar in that, as coffee is a favorite beverage among the Swedes, perhaps to a greater extent than among other nationalities, and her husband says he never thought it would hurt his wife to drink good coffee. As the years rolled by she gradually increased the number of times she drank for headaches, until about two years ago she would drink the coffee without any cream and sugar to dilute it. She became subject to melancholy and insomnia, and Dr. Hanley was called upon one occasion about that time to visit her.

Dr. Hanley says he cannot remember who called him, but he does remember that it

Personal and Medical History of Johanna Linberg

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Irregular movements in protruding. Coatings, None Promptness Movement,

PUPILS, Equality, Eq Size, Normal

Response Light, Normal Accommodation,

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Impaired.

Legs, Staggers.

TREMORS, Hands, Cannot put finger to nose. Tongue,

Facial Muscles, General, Some irreg: can stand very well with eyes shut.

REFLEXES, Patellar, Both about 7 EXAM. URINE,

Other

ARTICULATION, Hesitating.

Slurred, Very much slurred

Hesitating,

FACIAL EXPRESSION, Very dull

TAKEN,

SENSIBILITY,

HEART, Sounds as normal

LUNGS,

GYNAECOLOGICAL EXAM. Lacerations of left side of cervix. Hypertrophy of uterus - Musician of 25 yrs - Slight retrodisplacement of uterus -

MENSTRUATION, Regular

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Regular	Constipated,	Irregular,
APPETITE, Good,	Good	Medium,	Poor,
SLEEP, ~~Good,~~	Poor	Poor,	Irregular,
PULSE,		Resp.,	Temp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, 5 Years. ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Living

Father or Pat. Relations, Living

Brothers or Sisters,

Personal and Medical History of Johanna

LESLEY, FISLAR & SCARBERS, DAVENPORT, IOWA.

Whole No. 4153.

Residence, St. Paul, Minn.

Date Admission, 8th July 1895.

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

How Sent, Benn Davis, Court Commr., Ramsey County

Sex, Female

Age, 45

Civil Condition, Married

Children, Three

Age Youngest Child, 5 Years

Occupation, Housewife

Degree Education, Common School

Profession Religion, Not a church member

Habits, Intemperate in use of Coffee; (3 cups a day).

Nativity, Sweden (Parents also born in Sweden).

Physicians Committing, Charles E. Lee and John C. Nelson

Correspondents, None given in papers.

No. for Year, 3

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form, Chore

Accompanying Bodily

Suicidal or Not,

Date of this Attack,

Duration,

No. of Attack,

No. of Admissions,

Age First Attack,

Time of Leaving,

Time in Hospital,

Result,

July 9.95. Drs. Nelson & Phelps

EXAMINATION ON ADMIS

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused.

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Impaired.

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 STA

Normal,

Indifferent

Exalted,

Depressed,

DELUSIONS:

Systematized or

Special Subjects,

Transitory or No

HALLUCINATIO

ILLUSIONS:

CONVERSATIO

Coherent or Inc

Voluble or Reti

answer

Chronicles Coming.

London, July 8.—The team of University oarsmen to play in America this fall has been partially made up. The team will leave Southampton about 25 next week and are expected back in England about Nov. 5.

The programme is as follows: Sept. 4, 5 and 6, at New York; Sept. 7 and 10, vs. All Canada at Toronto; Sept. 13, 14 and 16, vs. Pennsylvania, Philadelphia; Sept. 20, 21 and 23, vs. Merion club at Philadelphia; Sept. 27, 28 and 30, vs. Delaware club at Philadelphia.

was intimated to him at the time that the woman was not mentally sound. He went to the house but was told that neither Mrs. Lindberg nor her husband desired that he should make any investigation. They insisted that there was nothing for a doctor to do, and he finally drove away.

From that time Mrs. Lindberg, her husband tells Dr. Lee, has become more and more addicted to the coffee or "caffeine" habit. The doses of this stimulant have become stronger and have been administered more frequently until at last she drank from thirty to forty large cups of coffee a day. During the past six months her husband states that she would do nothing in the way of caring for her children and for home. She did not seem to have lost her affection for her family, but it was only secondary to that all-absorbing love for her favorite beverage.

It had become rumored in the neighborhood of late that Mrs. Lindberg was not entirely sane; that she was "a little flighty." The "mischievous small boy" took advantage of this fact to tease and trouble her whenever she came out of the house, which she never did except to go to the pump for water with which to supply her coffee pot. A few days ago it is claimed that she seized a stone, while in a rage at the boys, and attempted to strike one of these boys. That act led to calling Dr. Lee and later to her arrest and commitment to the asylum.

Will Probably Recover.

"If coffee drinking is the original cause of her insanity," said Dr. Lee to a Pioneer Press reporter yesterday, "she will no doubt recover and leave the hospital a well and sane woman. Caffeine is a poison which acts on the nervous center and finally destroys the mind, but when the poison is taken away the person afflicted will recover. It will be a hard fight, no doubt, for the passion for this form of poison is as strong as the craving, willdestroying passion for opium. If she recovers she will always be in danger of falling back into the habit, just as a reformed opium eater or drinker of alcoholic beverages is always liable to become again addicted to the use of his favorite poison. The demand for the poison is always in the system and if it is quickened by any indulgence, no matter how small, the person afflicted stands in immediate danger of being overcome with the burning desire to satisfy the cravings for the poison with which his system is filled. Mrs. Lindberg will have to abstain entirely from the use of coffee when she comes from the hospital.

"Tea has the same action upon the human body, when taken in excess. This we find to be true with the tea-tasters, who break down physically from introducing too great quantities of the tea-poison into their bodies. It would be just as natural for a person to become a 'tea-drunkard' as a 'coffee-drunkard.' I do not think there is any danger in cutting off a person thus addicted from the poison under the influence of which they are living. Mrs. Lindberg will no doubt be deprived of her coffee at the asylum; but, if she is watched, she will not be in any danger. It is certainly a very interesting and extraordinary case, and I am going to watch it as closely as I can.

"I do not think that the effect of caffeine upon the human system, when taken in excessive quantities, has ever been demonstrated," said Dr. Hanley, in talking of this matter yesterday. "The text writers have touched upon the matter, but only in a theoretical way. Prof. Bartolow, in his Materia Medica and Therapeutics, says:

"'Caffeine in a small quantity, acts as a stomachic tonic, and rather improves than lessens the appetite when administered in diseased states. It is feebly laxative, owing probably to its action in stimulating the action of the mucous membrane, thus increasing secretion.

"'As regards the action of caffeine on the brain, it may be stated that, at first, drowsiness occurs; this is followed by wakefulness, excitement, muscular trembling, confusion of the mind, hallucination and delirium. The cerebral effects terminate in deep torpor, but this probably is the result of exhaustion. Rise of temperature, convulsions and general paralysis occur when toxic doses are administered to animals; but the temperature declines when paralysis supervenes.'"

Dr. Hanley further stated that he had never known of a person who was addicted to the habit of drinking coffee to excess. He said he could readily see how a person could get into such a habit by using coffee, strong coffee, for headaches, as a good many people do. He also admitted that the habit would be very serious, if not as serious as the opium habit, though it would be very different from the latter.

The outcome of this case will be watched with much interest by all the physicians of the city and state, and Mrs. Lindberg's name will no doubt figure prominently in essays and books written upon medical subjects, as one of the first "coffee-drunkards" known to the profession.

Personal and Medical History of Johanna Linberg

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, not taken NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Irregular movements in protending Coatings, None Promptness Movement,

PUPILS, Equality, Eq Size, Normal

Response Light, Normal Accommodation,

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Impaired.

Legs, Staggers.

TREMORS, Hands, Cannot put finger to nose. Tongue,

Facial Muscles, General, Some irreg: can not stand very well with eyes shut.

REFLEXES, Patellar, Both about 7 EXAM. URINE,

Other

ARTICULATION, Hesitating.

Slurred, Very much slurred

Hesitating,

FACIAL EXPRESSION, Very dull

TAKEN,

SENSIBILITY,

HEART, Sounds as normal

LUNGS,

GYNAECOLOGICAL EXAM. Lacerating of left side of cervix by laceration of cervix. Erosion of os + Slight retroversion + flexion.

MENSTRUATION, Regular

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Regular	Constipated,	Irregular,
APPETITE, Good,	Good	Medium,	Poor,
SLEEP, ~~Good,~~	Poor	Poor,	Irregular,
PULSE,		Resp.,	Temp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, 5 Years. ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Living

Father or Pat. Relations, Living

Brothers or Sisters,

Personal and Medical History of Johanna Linberg

LESLEY, FOSLER & SAUNDERS, DAVENPORT, IOWA.

Whole No. 4152.
Residence, St Paul Minn.
Date Admission, 8th July 1895 —
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, Benn Davis, Court Commr, Ramsey County
Sex, Female —
Age, — 45 —
Civil Condition, Married
Children, — Three —
Age Youngest Child, 5 Years
Occupation, Housewife
Degree Education, Common School
Profession Religion, Not a Church member
Habits, Intemperate w/ use of Coffee; (30 cups a day).
Nativity, Sweden (Parents also born in Sweden).
Physicians Committing, Charles E. Lee and John C. Nelson
Correspondents, Nine years in Poor's —

No. for Year, 351.
Insane Relatives, Cannot say
Cause Exciting, Unknown
Cause Predisposing, "Chronic"
Form, Chorcaic Dementia.
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Not attempted
Date of this Attack, 5 Years since
Duration, 5 Years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 40 —
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

July 9.95. Drs. McKee & Phelps

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Impaired.
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: Depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Does not talk. Can not answer
Coherent or Incoherent, questions intelligently.
Voluble or Reticent,

STATE OF MINNESOTA, COUNTY OF HE...
State of Minnesota, Auditor's Office,
St. Paul, July 1, 1895.
Sealed proposals for supplying coal to the various state institutions for the year ending July 31, 1896, will be received at this office until 2 o'clock on the 1st day of August, 1895. Blanks specifying kinds, quantities and places of delivery, and as near as possible, the amounts required at each, also giving terms of payment and other information will be furnished on application. The right to reject any and all bids is reserved.
D. M. CLOUGH, Governor,
R. C. DUNN, Auditor,
ATG. T. KOHNKEN, Treasurer,
Fuel Commissioners of Minnesota.
PROPOSALS FOR COAL.
SICK HEADACHE
Positively cured by these Little Pills.
They also relieve Distress from Dyspepsia, Indigestion and Too Hearty Eating. A perfect remedy for Dizziness, Nausea, Drowsiness, Bad Taste in the Mouth, Coated Tongue Pain in the Side, TORPID LIVER. They Regulate the Bowels. Purely Vegetable.
Small Pill. Small Dose.
Small Price.

Pioneer Press July 10/95

JULY 9, 1895.

SAINT PAUL PIONEER P...

COFFEE MADE HER INSANE

MRS. JOHANNA LINDBERG COMMITTED TO ROCHESTER.

For Some Time She Is Said to Have Drunk Twenty Quarts of Coffee a Day—She Drank It as Strong as It Could Be Made, and Kept the Pot Boiling All the Time—Threatened Her Husband's Life and Was Arrested—One of the Most Extraordinary Cases Ever Heard Of.

Mrs. Johanna Lindberg, of 406 Arundel street, was committed to the Rochester insane asylum yesterday by Judge Willrich, of the probate court. The case is very peculiar, possibly the most extraordinary that has ever been brought to the attention of the local authorities. Mrs. Lindberg is violently insane, and the cause is alleged to be the excessive use of coffee; in fact, she might be called "a coffee drunkard."

It was stated yesterday that symptoms of insanity had manifested themselves during the past three months, and that recently she became so violently insane as to threaten her husband's life. The threat and its attempted execution caused the interference of the officers, and the whole story was told yesterday in the probate court. Mrs. Lindberg, who is about forty-five years of age and has three children, is said to have been so inordinately fond of coffee that she consumed vast quantities daily. The habit is of long standing, and has grown beyond all bounds. No victim of the liquor habit could be more completely wedded to his destroyer, so it is said, than is Mrs. Lindberg to her favorite beverage. She was miserable when deprived of coffee, and coffee of the strongest kind. Her desire is so intense that she is said to have kept the pot boiling constantly in order to lose no time in preparing the beverage.

For weeks and months she is said to have drunk from thirty to forty pints of the blackest coffee daily. The unusual strength was not sufficient to appease the longing for the effects of the drink, so expedients were resorted to that extracted the last vestige of color from the roasted and pulverized berry. And the cups generally used on breakfast tables were discarded as being too small and insignificant, so a large sized tin cup was substituted.

Mrs. Lindberg is described as being above the average size and possessed of unusual muscular strength in spite of her peculiar dissipation. When Deputy Sheriff McKenny attempted to induce her to accompany him to the probate court, she resisted vigorously, and it was with some difficulty that she was overpowered, since the officer was loth to hurt her in any way. Deputy McKenny took her to Rochester yesterday afternoon.

...ical History of Johanna Linberg

...MINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

WEIGHT, not taken NUTRITION, Good
None
... movements Coatings, None Promptness Movement,
... watching Size, Normal
...rmal Accommodation,
...bured.
...gured.
... finger bone. Tongue,
General, Some wing: can not stand very well with eyes shut.
EXAM. URINE,

TAKEN,

...writing of left side of copies by certainly of uterus
... of gen. Slight retrodisplacement of

Clean,	Careless,
Constipated,	Irregular,
Medium,	Poor,
Poor,	Irregular,
Resp.,	Temp.,

...yes to. ONSET GRADUAL OR SUDDEN,

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

Brothers or Sisters,

Personal and Medical History of Johanna Linberg

1895

This patient was brought here by Mr. Chapell, attended by Drs. Soiney, with following history. Patient is in fair physical condition. (She was brought here in "jacket"). As to insanguinity or heredity, unknown. This is 1st attack; first symptoms manifested 5 years since, by melancholia and neglect of duties. Disease seems increasing, but is variable & there are rational intervals but these do not occur at regular periods. Derangement now shown by violence & insomnia. She is disposed to injure others, but has not attempted suicide, nor is she filthy, a destructive in habit. No peculiarities ~~&c~~ ever previously known. Patient is intemperate in use of coffee, taking 3 cups a day. She has not had any severe diseases or head-injury, nor has she been restrained a confined. Supposed cause of disease not known. Treatment has been little or nothing. ———————

July 8 On admission, was put on Ward (S.R. Confluence right; hair red; eyes blue; Condition of skin, normal; has neck, shoulders, both arms & limbs were bruised; skin dirty. Was very quietly behaved, & was in restraint, when admitted)-

9 ~~Very restless & noisy~~ (Was in restraint (muff) when admitted). Talks incoherently ~~& expresses no delusions~~ gives evasive answers. Appetite good but does not retain food or drink any length of time. Kept 5 hrs. Noisy out of bed remainder of night. Cough - none noticed. Expectorates very foul sputa. Bowels constipated. No complaints ~~&c~~. P 84 R 20. July 9 95

10 Did not sleep during the night. Was kept in bed during day by special nurse. Not bath with cold applications to head. More quiet. Tgg. Pgo. R 20. July 11 95. Very restless. Two eggs & some milk. Bowels constipated. Tongue: bowels moved freely. Takes food & md. readily. Tgg. Pgo. R 18.

12 Kept 8 hours during night. Kept in bed during the day by a special nurse. Took 2 hot baths with cold applications to the head. Behavior very restless: Appetite fair. July 13. 95. Behavior restless. Appetite fair. Took 2 hot baths with cold applications to head. Drank 2 eggs & go. In restraint & night and in bed during day ———————

9 Upon ward all day and very quiet. Talks but little English. No delusions noticed. Appetite good. Kept 8 hrs. Bowels did not move. P 86. R 18. Tgg 4.

10 Has no delusions noticeable. Very quiet. Does not talk much. Appetite good. Kept quiet all night. P 90. R 18. T. 98⅘ July 11. 95. Talks a good deal, but quiet. Appetite very good. Takes pills. Bowels irregular. Seems to be very dopey most of time. July 12. 95 Appetite good. Bowels regular. Kept 8 hrs. Very quiet. July 13. 95. Quiet in behavior. Appetite good. Bowels moved. Did not sleep, seems quite nervous. July 14. 95 Very quiet. Appetite good. Bowels did not move. Cried about 1 hrs. to day. Kept 8 hrs. July 15 95 Quiet in behavior. Eats well. Does not talk much. Great walking. Kept 8 hrs. July 16. 95 Very much disturbed this afternoon. Appetite fair. Bowels regular. Kept 7 hrs. July 17. 95. Quiet to day. Appetite fair. Bowels regular. Kept 7 hrs. July 18. 95 Does not talk much. Bowels moved. Appetite fair. Kept 8 hrs. July 19. 95. Does not talk much. Bowels moved. Appetite fair. Kept 8 hrs.

19 Very quiet. Does not talk much. Will answer questions. No delusions noted. Eats fairly well. Kept 8 hrs. July 20. 95 No change in behavior. Kept well. Great walking.

21. Quiet. Appetite improving. Bowels regular. Kept 7 hrs. Does not talk much.

22 Quiet. Bowels reg. Kept 7 hrs. Appetite good. Talks very little.

Summary Very quiet. Talks very little English. Quiet noisy one afternoon, talked

Personal and Medical History of Johanna Linberg.

very loud. Appetite good. Bowels reg. Great walking & reading. Sleeps well. In. P 80. R 18.

Aug 1 Very quiet. Bowels regular. Appetite fair. Goes walking & reading. Aug 7 Trans. to B. 1.

Aug 8 Quiet. Appetite good. Bowels regular. Neat in habits but very cautious about personal appearance. Goes walking & reading. Talks very little. Sept 5 Menstr. Sept 30. Quiet in behavior. Assists with work. Goes walking & reading. Appetite good. Bowels regular. Sleeps well.

Oct 6 Menstr. Oct 30. Very quiet in behavior. Assists with ward work. Goes reading & walking. Sleeps well. Appetite good. Bowels regular. Is quite nervous at times. Talks sensibly at times. Nov 27 Menstr. Nov 30 No change noticeable since note of Oct. 30.

Dec 28 Menstr. Somewhat nervous & excitable during period. Jan. 25 Menstr. Somewhat nervous & quarrelsome. Feb 17 Menstr. - Quiet. Feb. 26 Quiet. Appetite good. Bowels regular. Sleeps well. Trans. to A 2. Mar 4 Quiet in behavior. Untidy in appearance. Appetite quite good. Sleeps well. Bowels regular. Assists in ward dining room.

Mar 8 Menstr. May 7 Works on ward. Appetite good. Quiet in behavior. Bowels regular.

June 96 Summary Nurses Notes by S.L. Phelps. Patient quiet in behavior: untidy appearance. Menstruates regularly. Oct. 96 No change. General health good as usual but is not strong. Untidy in habits. Quite demented in mind. Apr 97 No change

July 97 Is untidy in appearance. Appetite good. Assists some with work. Menstruation regular.

Continued by Dr. Wm. Phelps. Nov. 1 97 Untidy in appearance: unsteady in walking. Marked chorea in all movements. Works some. Thoroughly demented. Often asks if she can go home. Feb 98 Wt. 152# Feb 28 99 For the last month has been upon B. Condition has appeared much changed during period except that she is more resistive & troublesome. (Cont. by Dr. R. A. Bell) Mar 1 to Sept. 99 Appetite variable. Sleeps well. Bowels regular. Takes out door exercise. Very untidy. Noisy & violent at times. Mar 21 99 Transf. to A. Nov 30 Became troublesome in dining room, taking tea & coffee from other patients. Obliged to eat from tray on ward.

Sept 1- Dec 31 1900. (Dr. Hyndale) Appetite good. Sleeps well. Menstruates regularly. Bowels regular. Goes riding. At times noisy. Nov 16. 151# Mch. - Nov 30 Untidy. Eats & sleeps well. Goes riding. July 23 Vaccinated. Nov 18 Wt. 159# General health good. Takes out door exercise. Nov 18 Fought E. Keock - No injury inflicted. In seclusion one hour. Dec 1 - Feb 28 General health good. No change mentally. Very noisy at times. Takes no interest in anything but seems to understand when spoken to. Feb 28. Wt. 155#

Mar 1 - June 1 - 1901 - No change in mental or physical condition. Does no work. May 31 Wt. 150#. June to Sept. Patient is very resistive at times sometimes even violent, takes no notice of anything, never does any work or takes out door exercise, Sept. 1 wt. 148 1/2 #. Sept. to Dec. Oct. 2 received slight injury between the eyes caused by falling on the floor and striking a rocker. No change during the quarter.

Continued Page 308.

Personal and Medical History of Cynthia Warren

LEGGET, FISLAR & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 4153.
Residence, St Paul, Minn
Date Admission, 8th July 1895 —
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, Benn Davis, Court Constr., Ramsey County
Sex, Female
Age, —59—
Civil Condition, Married
Children, Three
Age Youngest Child, 16 years
Occupation, Housewife
Degree Education, Moderately educated
Profession Religion, has been a Church-member
Habits, not intemperate —
Nativity, Vermont (Parents also born there).
Physicians Committing, A. C. Dockstader and O. Martel
Correspondents, None given in papers

No. for Year, 352.
Insane Relatives, None
Cause Exciting, not known
Cause Predisposing, previous attack
Form, Mania
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Suicidal, (by poison)
Date of this Attack, 2 months ago
Duration, 2 months
No. of Attack, 2nd probably (1st 4 or 5 years ago)
No. of Admissions, 2nd
Age First Attack, about 53.
Time of Leaving, Sept 30 '95.
Time in Hospital, 2 mo. 23 da.
Result, Imp. 7/5/96

EXAMINATION ON ADMISSION

July 9 95. Drs. A. C. Dockstader and J. Phelps **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:
Clear or Confused, Partially 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:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many & varied delusions and
Systematized or Not, worries over them.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Incoherent at times. Part of the
Coherent or Incoherent, time talks quite sensibly.
Voluble or Reticent, Answers questions readily & intelligently

Personal and Medical History of Cynthia Warren

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, not taken NUTRITION, Good. Pale
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, Sluggish & coated Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, Normal
Response Light, Sluggish. Accommodation,
SIGHT, Uses glasses.
HEARING,
COORDINATION, Arms, Impaired General tremor when attempting upon movement, tremor of speech
Legs,
TREMORS, Hands, Very marked Tongue, Slight.
Facial Muscles, Slight. General, Marked
REFLEXES, Patellar,
Other
ARTICULATION, Hesitating
Slurred, Slurred
Hesitating,
FACIAL EXPRESSION, Pleasant
SENSIBILITY,
HEART, Sounds are weak
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., Uterus not enlarged nor displaced Secretion Vaginal walls & cervix red and irritated - Bled upon touch July 17-96
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,

TAKEN,

Amt 24 hrs. EXAM. URINE, Aug. 12. 96
Color — Yellow brown
Character — Flaky sediment
Sp. Gr. = 1018
Reaction = Acid
Albumen = None
Sugar = None
Urea =
Sediment = Pus, blood, casts of three kinds, bladder and vag. epithelial cells

HABITS, Dirty,	Clean	Clean,	Careless,
BOWELS, Normal,	Normal	Constipated,	Irregular,
APPETITE, Good,	Good	Medium,	Poor,
SLEEP, Good,	Irregular	Poor,	Irregular,
PULSE, 65 & irregular intermittent		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, Has sisters & wife

Personal and Medical History of Cynthia Warren

1895

This patient was brought here by Mr. Warren & attended by Miss Ackers, with following history. Patient is in fair physical condition. No consanguinity or hereditary. This is probably 2nd attack; she had one 8 years ago, and it has been lasting since. Has been at this (Rochester) Hospital. The first symptoms of this attack were manifested two months ago; She sees & hears all kinds of things and worries. Disease seems increasing; is variable & has rational intervals, but these do not occur at regular periods. Derangement now shown in same way as above; (sees & hears all kinds of things & worries most of the time). Patient is not disposed to injure others. She has attempted suicide by poison. Is not of filthy or destructive habits. No peculiarities had been previously shown. There is no history of intemperance &c. Patient has had no nervous disease &c or head-injury. She has not been restrained or confined. Cause of this attack not known. On personal Examination, she answers rationally & admits all the ××××× ×××× & objects, but says "she cannot help it."—

Vol. 15 page 333. Tho. 25 27

July 8 **Note.** Patient treated here before, from Feb 23/91 to April 18/91. On then coming was very down-hearted & crying at times: also quite Emotional & depressed: Spoke as if she knew the ideas she had were delusive. She was considerably improved when taken home by her husband. Was able to see quite clearly the delusive character of her ideas but would not read newspapers. Health was quite good.

On admission, was put on B.2 (S.R. Complexion light; hair gray; eyebrows; Condition of skin normal: No marks scars or bruises noticed. Is clean. Behavior good).

9 Behavior good. In bed all day. Appetite fairly good. Sleep not very good. Bowels reg. Pyx. A 26 T. 98.6

10 Up on ward all day. Works some on ward. Very quiet. Seems to have no delusions. P. 76 R 20 T 98.6.

11 Quiet in room most of time. Does not do any reading, magazine she is mentioned in the papers. Appetite good. Seems quite nervous. July 12.95 Quiet in behavior. Appetite good. Slept 4 hrs. July 13.95 Quiet in behavior. Works some in dining room. Appetite fair. Slept well. Bowels moved. July 14.95 Very quiet. Appetite fair. Bowels reg. Slept well. Imagines you can tell what she is thinking. Works some in dining room.

15 Quiet. Appetite fair. Bowels moved. Works in dining room. Has delusions that there are stories in papers about her. July 16.95 Quiet. Slept 6 hrs. Eats fairly well. Helps in dining room. July 17.95 Quite nervous. Cried about 1 hr. b day. Appetite fair. Bowels reg. Slept 6 hrs. July 18.95 Eats fairly well. Slept 6 hrs. Helps in dining room. July 19.95 Very nervous. Has delusions. Cried several times during day. Appetite fair. Slept 6 hrs. Works in dining room. July 20.95 Quiet. Talks quite sensibly but very seldom riding. Visited by relatives. Works in dining room. July 21.95 Very nervous. Has delusions. Appetite fair. Bowels reg. Slept well. July 22.95 Very nervous & excited, walks & talks & scuffs. Has delusions. Appetite quite poor. Works in dining room. Slept 6 hrs.

Summary: Is very nervous. Has delusions. Worries & cries considerably. Appetite fair. Bowels reg. Sleeps well. Has been visited by relatives. Works in dining room. Goes walking & riding. Temp normal. P. normal. R. 20.

Sept 11 Examined Heart. Sounds are muffled - apex displaced 1 inch, outward - Bulging extends 1 inch to left of mid-clavicular line. Pulse 84 regular. Lungs. Crepitant rales in apices of both lungs. Some dullness in upper lobe of right lung. Resp 20. Eyesight impaired. wears glasses. Thirst at times in excess - Edema. Itching at times. no stomach trouble but easily nauseated

" 14 Quiet in behavior, takes tonic, has delusions. Crying and worrying. goes walking & Riding

" 15-6-7-8-9-16-23-26 takes hot salt baths. Sept 30/95. Went home with husband. not because recovered but that she wished to visit friends and relatives.

Personal and Medical History of Cynthia Warren.

Omitted from proper place—

July 23-24 Visited by husband. July 24-26-29 Receives uterine treatment - hot douche given an day following each treatment. On tonic. Aug 1 Temp. 101½ On bed all day - given med. & tablets. Appetite fair. Bowels moved. Aug 14 On bed for past week.

Aug 19 Urine saved for 24 hours. Zy XXIX Appetite improved - up on ward. given warm bath 20 min. cold application to head. Pulse strong. Aug 20 Hot bath. Pulse 120 Patient rather weak. Kept in tub 10 min. Aug 21 hot bath. 20 min. Aug. 23 Visited by husband.

Sept 5 Went Home

Discharged.

From Asylum 317 — Ida M. Fisher — 4159

Sept 13 99 Patient has been in restraint at night since Sept 1st. Oct 15 & Dec 3 Visited by sister & friends. Dec. 96 Tries in every way to kill herself. Coughs & expectorates. Jan 97 Gynaecological treatments given: Jan 7 Visited by sister & friends Jan 19 Has at times talked quite sensibly: Is quite weak: Coughs & expectorates a good deal. Jan. 20 Has been failing steadily the last few months. Died today.

Died.

Johanna Lindberg.

Up to Feb. 1, 1903. General health good: appetite good: bowels regular. Sleeps well: takes no out door exercise: power of co-ordination very poor: gets about with difficulty: is at times resistive and violent: is unable to converse but makes a disagreeable noise when disturbed: Untidy and careless. Nov. 26th. Wt. 150 #.

Personal and Medical History of Ida. M. Fisher

LEGGET, PIDLAD & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4159.
Residence, Plainview, Minnesota
Date Admission, 12th July 1895.
Admitted by, Dr. Phelps Hour, 8 Am
How Sent, Malcolm Kennedy. Jo P. Wabasha County.
Sex, Female
Age, 32 years
Civil Condition, married
Children, - 5 -
Age Youngest Child, 4 Years
Occupation, Housewife (husband (divorced) farmer)
Degree Education, Common school; fair.
Profession Religion, not a church-member
Habits, not intemperate -
Nativity, South Troy, Minn; Father born at Waterloo, Canada-Irish mother - lived a County, New York
Physicians Committing, Edwin J. Minor and U. J. Jeffs
Correspondents, Mrs. D. H. Hanston (Sister) -
Indiana Mineral Springs Warren Co. Ind.
Mrs M. A. Pencelle Plainview Minn (Son) (Daughter) mother

July 13 95 Drs Minor & L. Phelps.

No. for Yea
Insane Rela
Cause Exci
Cause Pred
Form, A
Accompany
Suicidal or
Date of thi
Duration,
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 31 (about)
Time of Leaving, Jan. 20 '97
Time in Hospital, 1 yr. 6 mo. 8 da.
Result, Died. Exhaustion in Agitated Melancholia.

ROCHESTER STATE HOSPITAL.
Name
Dr. 189
Mrs D H Hanston
Indiana Mineral
Springs Warren Co
Ind
Sister to
Ida Fisher

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE: Depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many. Thinks her children are killed
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Half realizes her own condition, yet at times talks of seeing shrouds of the children in the room & is very agitated. Then sits back and talks quietly and in a fairly rational way

Personal and Medical History of Ida. M. Fisher

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Impaired
WOUNDS OR ABNORMALITIES, Cut in back of head, several picks in left side
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Eq. Size, Normal.
Response Light, Accommodation,
SIGHT, Seems good.
HEARING, No
COORDINATION, Arms, Good.
Legs, Normal
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, Distressed
SENSIBILITY,
HEART, Very weak
LUNGS, Seem normal
GYNAECOLOGICAL EXAM., Sept 20 '95 - Extreme retro-version - Slight cystocele - Endometritis - Slight laceration of cervix -
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
TAKEN,

EXAM. URINE Sept 11/95
Urine 48 hrs - 78 oz
Color Yellow red
Character Clear
Sp Gr 1030
Reaction Acid
Albumen 0
Sugar Trace
Urea 28 gr
Sediments Abun Urates - # triple phosphates
Amor mates

HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated Constipated, Irregular,
APPETITE, Good, Very Poor Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 96 weak 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, Nervous.
Father or Pat. Relations, Nervous
Brothers or Sisters, Youngest sister chorea - All family nervous.

Personal and Medical History of Ida. M. Fisher

LEGLEY, PIDLAR & CHARLES, DAVENPORT, IOWA.

Whole No. 4159.
Residence, Plainview, Minnesota
Date Admission, 12th July 1895. -
Admitted by, Dr. Phelps Hour, 8 Am
How Sent, Malcolm Kennedy. Jo P. Wabasha County.
Sex, Female
Age, 32 years
Civil Condition, married
Children, - 5 -
Age Youngest Child, 4 Years
Occupation, Housewife (husband (Divorced) farmer)
Degree Education, Common school; fair.
Profession Religion, not a church-Member
Habits, Not intemperate -
Nativity, South Troy, Minn; (Father born at Waterloo, Canada about 1808 - moved a County New York)
Physicians Committing, Edwin J. Minor and U. J. Jeffs
Correspondents, Mrs D. A. Hanaston (Sister) -
Indiana Mineral Springs Warren Co. Ind.
Mrs M. A. Pencille Plainview Minn (Dig Fishers mother)

No. for Year, 358.
Insane Relatives, None
Cause Exciting, Domestic trouble
Cause Predisposing, not given
Form, Acute ~~Delusional~~ Melancholia (See Ex. ns, next page)
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, not (but attempted Suicide in office at this Hospital)
Date of this Attack, October 1894.
Duration, Some 8 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 31 (about)
Time of Leaving, Jan. 20 '97
Time in Hospital, 1 yr. 6 mo. 8 da.
Result, Died. Exhaustion in Agitated Melancholia.

July 13 95 Drs M. Jeffs & L. Phelps.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE: Depressed
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many. Thinks her children are killed
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Half realizes her own condition, yet at times talk of seeing ghosts of her children in the room & is very agitated. She sits back and talks quietly and in a fairly rational way

Personal and Medical History of Ida. M. Fisher

Mrs. M. A. Pencille Plainview Minn (Ida Fishers mother)

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

NUTRITION, Impaired
Promptness Movement,
Size, Normal
Accommodation,

seems good.
NG, No
COORDINATION, Arms, Good.
Legs, Normal
TREMORS, Hands,
Facial Muscles,
REFLEXES, Patellar,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, Distressed
SENSIBILITY,
HEART, Very weak
LUNGS, Seem normal
Tongue,
General,

TAKEN,

EXAM. URINE, Sept 11/95
Urine not taken
Color, Yellow red
Character, Clear
Sp. Gr. 1030
Reaction, Acid
Albumen, 0
Sugar, Trace
Urea, 28 grs
Sediments, Urates - Triple phosphates
Semen mates

GYNAECOLOGICAL EXAM., Sept 20 '95 - Extreme retro-version - Slight cystocele - Endometritis - Slight laceration of cervix.
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,	Careless,
BOWELS, Normal,	Constipated	Constipated,	Irregular,
APPETITE, Good,	Very Poor	Medium,	Poor,
SLEEP, Good,		Poor,	Irregular,
PULSE,	96 weak	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, Nervous.
Father or Pat. Relations, Nervous
Brothers or Sisters, Youngest sister, chorea - All family nervous.

Personal and Medical History of Ida. M. Fisher

1895

This patient was brought here by Sheriff's Deputy Orrin Pencille attended by Mary Pencille, with following history. Patient is in fair physical condition. (Whilein office She attempted Suicide Rmd) No consanguinity or heredity; this is 1st attack; never before in Hospital. First Symptoms of this attack manifested in October 1894, by hysteria, of a violent form. Disease seems stationary; is variable and there are rational intervals, but not at regular periods; they come on at any time. Derangement now shown or bodely disease, which she supposes herself to be the victim of. Not disposed to injure others. Has not attempted suicide; no propensity exists (but see above). Is not filthy or destructive in habits. No peculiarities previously known: there is no history of intemperance &c. She has had no head-injury, nor bodely disease: has not been restrained or confined. Supposed cause of the disease is domestic trouble. Has had no medical treatment. On Personal Examination. She shows a nervous condition, with mania on certain points. (Dr. Phelps's note: 8 - 9 years, Had Typhoid fever; had then 3 children; Youngest one year old - Typhoid fever very severe; nearly died: 2 years ago, first noticed nervousness & "breaking-down"; She "acted strange", neighbors said - This was after the separation from husband. Claimed at first, had a cancer & would die in 3 days).

July 12 On admission, was put on B.T. (B.R. Complexion dark; hair black; Eyes brown; Condition of Skin normal: Has a deep cut on back of her neck; done with a razor; is very excited & nervous; Says "She wanted to die").

13 Very noisy and restless. Has delusions & sees her children are killed. Appetite poor. In restraint quite noisy struggled 4 times. Did not sleep. Did not more since the 12th Complains of pain - said "caused by wounds of pen" P. 114 R 26. T 101.

14 Very excited has to be held in bed most of the day. Neck dressed Antiseptically. In restraint to night. Appetite poor. July 15.95. Quieter to day. Appetite poor. Bowels cathartic & tonic. Refuses to eat, says there is poison in food. T 99.6 P 96. R 24. Bowels constipated Sept 3 hrs.

16 Quiet most of day. Appetite poor. Bowels moved. T 99.4 P 92. R 22. Stitches removed from neck. In restraint to night. July 17.95. Hypp. Hyoscini 1/60 gr. Morphin 1/8 gr. T 98.8 P 96. R 22. Very noisy restless this afternoon & very little to day.

18 Quiet to day. Ate quite well. Took eggnog. Refused tonic. T 98.2 P 112. R 20. In restraint at night. Slept 3 hrs. July 19.95. Very quiet to day. Ate fairly well. Refused tonic. Has delusions that she has done wrong must suffer. Temp. normal

20 Quite disturbed this P.M. Insane. Imagines she is going to suffer. Has very little. Bowels moved. In restraint sheet at night. July 21.95. Quiet. Appetite fair. Cathartic salts 3/j. Slept 3 hrs. In restraint sheet at night. Refused tonic.

22 Very much disturbed this afternoon. Struggled very hard when put in restraint sheet. Appetite poor. Two eggnogs daily. July 23.95. Quiet. Bowels moved. Refused tonic. Has delusions that her children are here, calls to them. Slept 3 hrs. in restraint sheet.

24 Quiet. Appetite poor. Slept 4 hrs. in restraint sheet. Bowels constipated. Dose salts 3/j. Two eggnogs. July 25.95. Quiet to day. Appetite fair. Bowels moved. Refused tonic. Slept 5 hrs in restraint. July 26.95. Appetite quite good. Quiet. Visited by sister & friends. Quite tonesome. Slept 3 hrs in restraint sheet.

Summary. Patient Excited & nervous. T 100.6 P 96 R 24. Had to be held first night & day. Has delusions that "poison is in food. Refuses to eat. Wound on neck dressed antiseptically. Appetite poor. Bowels irregular. In restraint sheet at night. July 17.95 Very noisy & restless. Hypp. given. Stitches removed the 5th day. Patient is much quieter & quite rational. Appetite improved. Sleeps some better. Wound healed nicely. Temp: normal.

July 28 Very quiet. In restraint sheet at night. Fed on soft. Aug 1st Not in restraint. Appetite fair. Bowels constipated usually takes cathartic. Aug 15 to 16 Fed with tube. Has many delusions. Aug 21 Fed with tube. Sat up in bed all night did not sleep. Aug 23 Fed daily. Growing steadily more melancholy. Aug 30 Visited by friends - Father & brother. Patient fed. In restraint about 3 hours. Aug 31 Fed. Sept 1st Rather stupid at times - Tries to hurt herself by falling. Does not sleep well. Sept 1, 2, 3, 4, 5, 6, 7, 8, 9 Fed. In bed last three days. Very hypp. Sept 9th Catheterized - In bed. Sept 12 Visited by mother. Sept 14, 15 Fed daily. Sept 17 In restraint at night - Fed daily with tube.

Sept 25 Taken out of restraint. Fed. Sept 26 Visited by friends. Oct 7 In restraint (sheet) at night. Fed daily. Oct 9 Put to bed without restraint. Temp. 100. Pulse 108. Fed with tube twice.

Oct 10 T. 102.6 Fed twice. Bit top of her tongue. Oct 11 In bed - Fed daily. Gruels in A.M. Beef juice in P.M. Mouth washed several times daily. Oct 17 to 20 Put in restraint sheet. Fed twice daily. Oct 21 Fed this A.M. Drank 3 glasses of beef juice this P.M. Ate bowl of oatmeal gruel. Oct 22 Ate breakfast. Oct 24 Visited by friends. Nose fed with tube daily. Eats a meal once in a while. Oct 29 Visited by friends.

Nov 16 Fed with tube. In restraint nights. Nov 19 In restraint nights. Nov 25 Fed with tube. Nov 26 Ate meals today. Dec 1 In restraint nights. Dec 5 Out of restraint.

Dec 15 Visited by relatives. Dec 25 Appetite good. Dec 29 Visited by friends. Jan 1 Visited by daughter & friend. Jan 7 Visited by children & brother. Jan 10 Physical condition improved. Dirty in habits.

Jan 20 Visited by friends - Appetite good. Bowels regular - Sleeps fairly well. Sores aiding & washing.

Jan 26 Sleeping over given. Feb 11 Visited by friends. Feb 13 Visited by father. Appetite poor. Has to be fed by nurse. Feb 19 Feeds herself. Appetite somewhat better. Feb 26-28 Massage given. Mar 11 Face swollen - Put to bed. Mar 22 Face badly swollen. Very stupid at times. Eats well some days & then again sometimes will scarcely eat anything. Sleeps very poorly. Out of bed a great deal. Mar 30 Very stupid at times - Tried to injure her eyes with a fork at table. Appetite good of late. Apr. 26 Appetite good. Out of bed most of time at night. May 6 Visited by sister & mother. May 30 Appetite good. Bowels regular. Stupid & untidy. June 26 Summary Nurses Notes by L. Phelps Stupid most of time; very melancholy. July 19 Was put to bed & in restraint - fed with tube twice - Has sores on limbs caused by rubbing on bed-springs at night. Sores dressed antiseptically. 27th still in bed & fed daily. Aug 3 Has inside of hands sore from pinching herself - both hands bandaged. Aug 4 Visited by sister: Aug 8 up on ward today - In restraint 6th & 7th. Rubbed free until sore. When not in restraint is out of bed constantly. Aug 31 Fed with tube twice daily: very dirty in habits: out of bed most of night. Sept 3 Visited by sister

Dec Folio 308

Personal and Medical History of Ida M. Fisher

Personal and Medical History of Lucy Borchert

LOEBAT, FOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4160.
Residence, New Ulm, Minn
Date Admission, 12th Jusly 1895.
Admitted by, Dr. C. B. Eby — Hour, 6 45 PM
How Sent, Benn Davis, Court House Ramsey County
Sex, Female
Age, 25.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Housework. (Father a farmer)
Degree Education, Partly educated
Profession Religion, not a church member
Habits, not known
Nativity, Minnesota. (Parents born in Germany)
Physicians Committing, J. P. Caruso Marquis & J. B. Darling
Correspondents, None given in papers

No. for Year, 359.
Insane Relatives, Unknown
Cause Exciting, not known
Cause Predisposing, not known
Form, Paranoia
Accompanying Bodily Disorder, None known
Suicidal or Not, not.
Date of this Attack, 6 months ago
Duration, 6 months.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 24+
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

July 13. 95. Dr. R. M. & St. Phelps

MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS: Thinks friends impose upon her
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: of hearing.
ILLUSIONS:
CONVERSATION: Talks sensibly on ordinary
Coherent or Incoherent, Subjects. Incoherently
Voluble or Reticent, concerning her condition
Typhoid fever at 11 years old
Malarial 13.
3 years ago nervous spells. Has weak spells at times, when she feels as if she would fall down. Last about an hour.

Personal and Medical History of Lucy Borchert

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 143 pds. NUTRITION, Very Good
WOUNDS OR ABNORMALITIES, None.
TONGUE, Tremors, None. Coatings, very slight. Promptness Movement, Normal
PUPILS, Equality, Eq. Size, dilated readily
Response Light, Prompt. Accommodation,
SIGHT, Near sighted Glasses.
HEARING, Normal
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Both ∂
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Normal — Present —
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
TAKEN,
EXAM. URINE,
GYNAECOLOGICAL EXAM., Normal position & condition July 10 - 1895
MENSTRUATION, Normal
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Medium Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 80 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, Living healthy.
Brothers or Sisters, healthy

Personal and Medical History of *Lucy Borchert*

1895

This patient was brought here by Deputy - Sheriff Kinney, attended by Mr Cheever, with following history. Patient is in good physical condition. As to any consanguinity or heredity, not known. This is 1st attack; first symptoms manifested 6 months ago, by monomania; whether increasing, decreasing or stationary, is not known, or if it is variable with rational intervals, not known. Derangement now shown by thinking herself persecuted by old friends. If disposed to injure others, is not known. Is not suicidal, nor filthy nor destructive in habits. As to any previous peculiarities, her habits or those of parents, if she has had any severe disease or head-injury, cannot say. She has not been confined or restrained. Do not know cause of the disease. She has not had any treatment. On personal examination it is found she has constant fear of old friends & claims persecution by old acquaintances.

July 9 On admission, was put on B.W. & R. Complexion dark; hair light brown; eyes blue; condition of skin normal; no marks, scars, or bruises noticed. Is quite clean; behavior quiet. Said "She was not insane" & asks to go home.

13 Quiet in bed most of day. Appetite good. Slept 4 hrs. Very quiet. Bowels moved. P 80. R 18. 98 6

14 Quiet in behavior. Appetite good. Slept 6 hrs. Gave tablets. Bowels moved. Wants to go home. Talks quite sensibly. T. 98.4 P. 82. R 18. July 10.95. Talks quite sensibly. Very quiet. Bowels moved freely. Gave tablets. Seems lonesome. T 98 2/5 P. 82. R 18. July 10.95. Quiet. Complains of diarrhoea. Took med. Appetite good. Bowels moved freely. Slept 8 hrs. July 7.95. Quiet in behavior. Wants to go home. Bowels moved often. Gave med for diarrhoea. Appetite good. Sleeps well. Transf to A.

18 Very quiet and agreeable on ward. Appetite good. Slept well. July 19.95. Is quietly about on ward. Appetite fair. Bowels regular. July 20.95. Quiet in behavior. Talks very little but quite sensibly. No complaint. July 21.95. Quiet & agreeable a.m. Refuses to go riding or walking. Appetite fair. Sleeps well. July 22.95. Has morbid ideas. Is not eating well at the present time. Believes that the food is poisoned. July 23.95. Appetite poor. Sleeps well. Bowels regular. July 24.95. Has delusions. Quiet in behavior. Appetite poor. July 20.95. Stays in her room most of the time. Has delusions. Appetite poor. July 26.95. Continues about the same.

Summary: Is quiet & agreeable on ward. Stays in her room most of time. Refuses to go out of doors. Appetite poor. Sleeps well. Mental state continues about same. Still holds her delusions. Bowels regular. Talks at times quite silly.

July 30 Quiet on ward. Refuses to stay in room most of time. Refuses to go out of doors. Appetite poor. Sleeps well. Has delusions. Aug 5 Menstr. Aug 30 Has many delusions. Sits around quietly about on ward. At times assists a little with work on ward. Appetite fair. Sleeps well. Is taking tonic. Troubled a good deal with constipation. Usually refuses to go out of doors. Menstr. Sept 14 Has delusions. Talks & laughs at times in silly way, also has crying spells. Appetite fair. Bowels usually constipated. Trans to B. 2. Sept 27 Very silly. Appetite good. Bowels constipated. Usually takes cathartics. Trans to B. 1. Oct Menstr. Very silly. Oct 24 Very silly. Has delusions & crying spells. Bowels usually constipated. Takes cathartics. Refuses to go walking. Appetite fair. Sleeps well. Rather careless in appearance. Clean in habits. Does no work. Nov 24 Appetite fair. Bowels constipated. Takes cathartics. Sleeps well. Has crying spells often. Very silly - Has delusions. Refuses to go out doors.

Personal and Medical History of *Lucy Borchert*

Dec 1 Very destructive today. Very noisy - crying. Dec 15 Very destructive - destroys clothing. Cries most of time. Appetite poor. Bowels irregular. Takes cathartic. Refuses tonic. Does no work. Refuses to take outdoor exercise. Dec 16. Trans. to B 2.

Dec 21 Destroyed bed spreads. Jan 15 No change in behavior. Feb 11 Some quieter. Has spells of laughing & crying. Feb 26 Trans. to Annex. Mar 30 Appetite good. Clean in habits but untidy in personal appearance. Very noisy at times. Cries quite often. Talks incoherently & has delusions. General health good. Refuses to take out door exercise. Apr 7 Extremely noisy most of night. Apr 10. Awake most of night. May 4 Very noisy for 2 hrs during night. May 6 Broke six gas globes during night. May 7 Broke four gas globes during day. May 9 Trans to B 3. May 30 Very careless in appearance. Noisy at times. General health good. Takes out door exercise.

June 1 to Dec 30 96 Summary Nurses Notes by Dr. Phelps. Patient very obstinate, incoherent in talk; General health good: Menstruation regular. In December talked & laughed a good deal to herself: very silly & at times obstinate. March 97 Very untidy in habits & dress: General health good. May 97 Noisy most of time: Physical health good, no change: Aug. 97 Patient extremely noisy, at times violent. Takes out door exercise: Has become quite violent: Trans. to B 3.

Continued by Dr. W.M. Phelps. Sept 2 97 Clean in habits, noisy & crying a good deal of the time: Health fairly good: Apr 23 Trans. to Annex. Feb 7 99 Patients condition

1899 practically unchanged during period: patient is if anything, more demented.
Mar. (Report by Dr. Pratt) to Sept. Gen'l health good: appetite good: sleeps well: takes out door exercise: untidy: has delusions: silly, and usually quite obstinate: laughs a good deal: menstr. regular. Sept 1 - Feb 28 1900 Dr. Hyndale. Sep 19 Extremely obstinate when bathed. Nov 21. Violent & stubborn at times: Does not converse: mutters to herself: Eats & sleeps well. General health good: Takes out door exercise: Menstruates regularly. Jan 17. Wt. 112½ lbs. Mch 1 - Aug 31 1900 (Dr. Linton) Neat in habits but careless in appearance: Very obstinate & violent at times: sings & cries a good deal. Does not converse: General health good. Mch. 3 Visited by friends: Mch 12 Teeth extracted. May 14 Menstruated: July 23 Vaccinated. Sept 1 - Nov 30 Very little change in good health: Sometimes hysterical & becomes violent. In October Trans. to B! Nov 16 Wt. 115½ lbs. Sometimes troubled with constipation - given cathartics & enemas. Is quiet but answers questions. Dec 1 - Feb 28 No change. Stomach seems in bad condition at times: Takes little exercise: does not seem intelligent. Mch 3 Wt. 130½ lbs. Mar 1 - June 1 - 1901 no change in mental or physical condition. Does not work. May 31 Wt. 117½ #. June to Sept. Does no work, takes out of door exercise, at times is violent and stubborn. Sept. 3. Wt. 113 #.

Sept. to Dec. No change in mental or physical condition. Nov. 30 Wt. 113½ lbs.

Continued Page 320.

Personal and Medical History of Mary C. Graham

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4161.

Residence, Owatonna, Steele County, Minn

Date Admission, 10th July 1895.

Admitted by, Dr. Phelps — Hour, 12 M.

How Sent, W. B. Chadwick, Jail. Steele County

Sex, Female

Age, — 53 —

Civil Condition, Married

Children, None

Age Youngest Child, —

Occupation, Housewife (Husband, R R Contractor)

Degree Education, Graduate of Academy

Profession Religion, Presbyterian

Habits, Not intemperate

Nativity, Canada; (Father's Ireland; Mother's Vermont).

Physicians Committing, J. H. Stair and J. P. Jones

Correspondents, none given — (See Office Register) —

No. for Year, 360

Insane Relatives, None

Cause Exciting, Change of life (?)

Cause Predisposing, — Chronic —

Form, Mania, chronic

Accompanying Bodily Disorder, None mentioned

Suicidal or Not, not.

Date of this Attack, 7 years ago.

Duration, 7 years — Off & on

No. of Attack, 1st

No. of Admissions, 1st here (was in Denver Hospital).

Age First Attack, about 46.

Time of Leaving, Sept. 14, '95

Time in Hospital, 1 mo 29 da,

Result, Rec. 2/5/96

July 17 95 Dr (?)

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Quick.

MEMORY:

Past Events, Normal

Recent Events, Do

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Partially Correct

REASONING POWER:

Ordinary Subjects,

Own Mental State, Impaired

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm but indined to be excited

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Has many and varied, while

Systematized or Not, this Hospital changed

Special Subjects, pts. John R Chapman Dentistry

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Very incoherent. Talks very

Coherent or Incoherent, rapidly in a simple

Voluble or Reticent, minded manner. Mind

wanders from one subject to another

Personal and Medical History of Mary C. Graham

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not Taken WEIGHT, Not Taken NUTRITION, Normal

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Coatings, yellow Promptness Movement,

PUPILS, Equality, Eq. Size,

Response Light, all right. Accommodation, all right.

SIGHT, Normal

HEARING, Normal

COORDINATION, Arms, Normal

Legs, Normal

TREMORS, Hands, None Tongue, None

Facial Muscles, None General, None

REFLEXES, Patellar, Eq 8-9 EXAM. URINE,

Other

ARTICULATION, Normal

Slurred,

Hesitating,

FACIAL EXPRESSION, Normal

SENSIBILITY,

HEART, Retherred - no lesions

LUNGS, Seem pr good condition

TAKEN,

GYNAECOLOGICAL EXAM.,

MENSTRUATION, Menopause 2 years ago, had been profuse & irregular

OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~ Clean	Clean,	Careless,
BOWELS, Normal, Normal	Constipated,	Irregular,
APPETITE, Good, Good	Medium,	Poor,
SLEEP, Good, Good Irregular	Poor,	Irregular,
PULSE, 70	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, Sick headed died of cancer at 55.

Brothers or Sisters, Sister troubled with nervousness 3 brothers - headaches.

Personal and Medical History of Mary C. Graham

1895

This patient was brought here by Sheriff J. Z. Barncard & attended by Miss Ada Wilkinson, with following history. Patient is in fair physical condition. There is no history of any consanguinity or heredity. Patient is a Graduate of Academy & has read extensively since. This is 1st attack and it has been more or less continuous for 7 years. At Denver, Colorado, she was in a private Hospital or Sanitarium; treated for local trouble, womb; treatment beneficial. First symptoms of this attack manifested, as stated, 7 years ago no marked conditions for 2 years later more plain. Disease seems increasing; is variable but with hardly rational intervals. For 6 to 8 weeks, She is nervous & excitable; decreasing intensity slowly, until quite calm for about same time; then another recurrence. Demeanment now shown is no particular subject; She takes no interest in business or household affairs, broke no restraint. Patient is not disposed to injure others. Has not attempted suicide; propensity not active. No filthy or destructive habits. Previously, showed no peculiarities whatever. was of Excellent Disposition; part of time, strongly religious; again, exactly opposite. There is no family history of intemperance. She has not been subject to any severe disease, nor had any head injury. She has not been restrained or confined. Supposed cause of disease is Change of life (?); has had no treatment except at Denver. Patient, at time of examination was in a marked State of Gallation.—

July 16 On admission, was Dictum Bi (dd Complexion light; hair partly gray; eyes gray; no marks, scars or bruises noticed; bodily condition Clean. Mechanism good. Has delusions; says her name is "Mrs Benton").

17 Quiet during day but refused to go to bed. Has delusions. Appetite good Tongue coated with a yellowish color Did not sleep well. Bowels moved. No complaint &c July 18.95 Quiet in behavior Has delusions Appetite fair Tongue has a yellowish color Bowels moved Assisted with the work.

19 Quite noisy at times during the day Ate very little. Bowels moved Did not sleep much Has delusions

20 Quite noisy at times Appetite fair Bowels moved Had to be watched very closely all day Ate very little during night July 21.95 Very troublesome Has to be watched closely. Quiet in behavior. Appetite fair Bowels moved Slept well Went out walking July 22.95. Quiet & agreeable in behavior Appetite fair Bowels moved Sleeps well Talks very little. At times talks sensibly

July 23 Quiet & agreeable in behavior Worked at her needle work most of the day Went walking Slept well Appetite fair Bowels regular. July 24.95. Very quiet in behavior, worked at her needlework Went walking Slept well. Appetite fair Bowels moved Does no work on ward. July 25.95 Quiet & agreeable in behavior Appetite fair Sleeps well Bowels moved Went out walking. Worked some needle work most of the day July 26.95. Quiet in behavior Sleeps well Appetite poor Bowels moved Went out for a walk. July 27.95 Quiet & agreeable in behavior Does not walking Appetite fair Slept well Bowels moved. July 28.95. Quiet & agreeable in behavior Seems very contented Works at needle work Appetite fair Bowels regular Sleeps well

July 29 95. Quiet & agreeable in behavior Appetite fair Bowels moved Sleeps well.

30. Quiet in behavior At times talks sensibly Goes out walking. Has delusions. Does no work on ward **Summary.** Has delusions says her name is Mrs Benton. First 3 days tongue was coated with a yellowish color. Patient was restless & nervous. The first few days had to be watched closely. Behavior is very quiet & agreeable. Neat about her person. Goes walking. Works at her needle work Does no work on ward Apparently seems very contented. Appetite fairly good. Bowels

July 31 Quiet & agreeable. Has delusions Says her name is Mrs Benton Goes walking. Does no ward work Appetite fair. Sleeps well. Bowels regular.

Personal and Medical History of Mary C. Graham.

Aug 31 No change physically. Talks sensibly & does not speak of his delusions. Mental condition much improved. Walks with more & reads & sews.

regular Sleeps well Does not Complain

Sept 6 Quiet & agreeable. Talks sensibly. Went out walking & riding. Assists with work mornings. Crochets for hours most of time. Gen. health good. Appetite fair. Bowels regular. Sleeps well. Sept 14 Talks sensibly Appetite fair. Bowels regular. Sleeps fairly well. Gen. health good. Went home on the understanding that as a periodical case she would probably be quite well for next two months.

Discharged.

Lucy Borchert.

Up to Feb 1, 1903. General health good: appetite good: bowels regular: sleeps well: exercises: does no work: talks incoherently: does not converse: usually quiet: sometimes disturbed and violent. Dec. 1st. Wt 119½ #.

Personal and Medical History of Anna Rachel

LARKEY, SIDLAR & SCHARBERG, DAVENPORT, IOWA.

Whole No. 4164

Residence, St. Paul. Minn

Date Admission, 17th July 1895

Admitted by, Dr. O'Reefe Hour, 7 P.M.

How Sent, G. Willrich, Jeff. Ramsey County.

Sex, Female

Age, - 23 -

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, None; (father, a tailor).

Degree Education, Uneducated.

Profession Religion, Lutheran -

Habits, Not intemperate -

Nativity, Kamenz, Saxony (Father's Saxon; Mother's Flensburg)

Physicians Committing, Arthur B. Aucker and C. Eugene Riggs. Denmark

Correspondents, None given in papers

No. for Year, 363

Insane Relatives, Some Eccentric relatives

Cause Exciting, not given

Cause Predisposing, Sporadic Some hereditary

Form, Paranoia

Accompanying Bodily Disorder, None mentioned

Suicidal or Not, Think her Suicidal & homicidal tendency active

Date of this Attack, Always queer; Markedly noticeable 2 years ago

Duration, — quite a long time —

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, — ? —

Time of Leaving, June 27-'96

Time in Hospital, 11 mo. 10 da.

Result, Discharged Nov. 10 '96 Improved

EXAMINATION ON ADMISSION

July 18 95 Drs. S. Lister Phelps & Barrett.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Seems clear

Quick or Sluggish, Quick.

MEMORY:

Past Events, Normal

Recent Events, Pays good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Seems correct

REASONING POWER:

Ordinary Subjects, Somewhat impaired.

Own Mental State, Impaired.

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Dizzy spells when overworked says has never been very strong.

EMOTIONAL STATE: Calm

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: None determined

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks freely and quite

Coherent or Incoherent, Sensibly. Seems not insane

Voluble or Reticent, reason for why was brought here

Personal and Medical History of Anna Rachel

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3 WEIGHT, 90 lbs NUTRITION, Fair

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Heavy white in both edges. Promptness Movement,

PUPILS, Equality, Normal Size, dilated

Response Light, Normal. Accommodation, Normal

SIGHT, Normal

HEARING, Normal

COORDINATION, Arms,

Legs,

TREMORS, Hands, None Tongue, None

Facial Muscles, None General, None

REFLEXES, Patellar, Eq. 3/10

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION, Slight acceleration

SENSIBILITY,

HEART, Slight acceleration Murmur aortic stenosis

LUNGS, Seem in good condition

TAKEN,

EXAM. URINE, Aug 21/95

Urine 22 ozs.

Color Reddish yellow

Character Clear

Sp. Gr. 1012

Reaction Acid +

Albumen Yields a quantity

Sugar None

Urea

Sediments Few pus & blood cells - bladder and vaginal cells

GYNAECOLOGICAL EXAM., July 29 Normal position, Examined, with discharge. Extreme tenderness

MENSTRUATION, Irregular, Scanty, painful. Began 2 years ago. Age 14.

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Fair.	Medium,	Poor,
SLEEP, Good, Good.	Poor,	Irregular,
PULSE, 110.	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, One brother - well - not strong gets blue. - Sister committed suicide 2 years ago - d at age of 17.

Personal and Medical History of Anna Rachel

1895

This patient was brought here by Deputy Sheriff Goss, attended by Mrs Mc Gleskey, with following history. Patient is in fair physical condition. There is not any consanguinity, but some of heredity: Some relatives, (not definitely stated), are eccentric. This is 1st attack: She has "always been queer"; especially noticeable about 2 years ago. Disease seems increasing. Derangement now shown by delusions of persecution. No disposition to injure others, but threatens to do so. Think her suicidal & believe propensity was active. She is not filthy or destructive in habits. There is no family history of intemperance &c. She has had no severe disease or injury of head. Has not been restrained or confined. Supposed cause of the disease is not stated. On personal Examination, patient shows monomania, with delusions of persecution. ———"———

July 17 On admission, was put on B.[illegible] (S.R. Complexion dark; hair light brown; eyes blue; Condition of skin normal; no marks, scars or bruises noticed. Is quite clean. Very quiet; talks sensibly).

" 18 Nurses Notes Behavior quiet in bed all day. Says she is not insane. Appetite poor. Slept 7 hrs, took sleeping dose. Bowels did not move. Pulse 102 Respiration 20 Temperature 98.2 July 19/95 Second day upon Ward Very quiet, talks sensibly. Says she was put in here by guardian" and that she is not insane Temp 98.4 Pulse 100 Res 20. July 20/95. 3" day on Ward. Quiet, talks sensibly. Appetite good. Slept 8 hrs. takes tonic and cathartics. Bowels moved.

July 21" Fourth day on Ward. Very quiet, talks sensibly, Appetite good, gave tonic and cathartic bowels moved, slept well. July 22" 5" day on Ward. Complains of pain in abdomen Menstruating, Brandy ℥ j is very quiet no change in behavior, slept 6 hrs.

" 23 Sixth day on Ward. Very quiet talks quite sensibly. Gave tonic. Bowels irregular. Slept 6 hrs No delusions noticed July 24" Seventh day Very quiet says she is lonesome. Reads quite a little takes tonic eats well. slept 6 hrs. July 25" 8" Day. Very quiet. Cried about 1 hr today said she was lonesome. No delusions noticed. takes tonic. Bowels regular. slept 6 hrs

" 26 Ninth day. No change in behavior Appetite good. takes tonic. Slept 6 hrs

" 27 Tenth " Talks sensible wants to home, says she is not insane. Appetite fair Bowels regular. Slept 9 hrs tonic

" 28" Quiet. Appetite fair Bowels regular slept well. Complains of sore throat gave tablet for it. takes tonic.

" 29" Very quiet. talks sensible. Complains of sore throat gave tablet and tonic. Acid treatment. Transfd to A 2

" 30" Appetite fair Bowels regular. Quiet. talks sensibly takes tonic. Slept well during night

" 31" Appetite good. Quiet. No delusions. Reads some. Works in dining room takes walk tonic & tablet for sore throat

Summary. Patient has been very quiet, talks sensibly, Cries quite often, says she is lonesome, and wants to go home. Appetite fair. Sleeps well. Bowels regular. takes tonic. Complains often of sore throat. Works in dining room. Goes walking. Insists that her folks are to blame for her being in here. That some saying they are her relatives are not really so &c &c. Is paranoias in form.

Sept 15 Minute entry At times irritable & cross. Talks sensibly. Appetite good. Sleeps well Takes out door exercise & is also taking tonic. Oct 15 Minute. Very cross & irritable during period. Oct 31 Refused tonic - Physical health quite good. Is disconsolate & irritable at times Nov 7 Minute. Nov 14 Trans. to B. Nov 27. Has been quiet & agreeable in behavior. Goes riding & walking. Neat in appearance & clean in habits. Talks sensibly. Appetite good. Sleeps well

Personal and Medical History of Anna Rachel

Dec 25 Minute. Dec 30 Quiet in behavior. Talks sensibly. Appetite fair. Bowels irregular. Takes cathartics. Sleeps well. Takes out door exercise. Does no work.

Jan 9 Coughs & expectorates a great deal of blood. Refuses to take medicine.

" 23 Coughed & expectorated a great deal of blood this morning. Has taken her medicine today. Jan 26 Says not expectorated blood the last few days.

Jan 30 Lungs examined today. Dr. apex of right lung a few crepitant rales. Percussion note slightly flat in this area. A few crepitant rales in left apex. Prolonged expiratory murmur. Bronchio muscular breathing right apex. Breath sounds slightly roughened over some other areas.

Feb 8 Minute. Dr. bed all day. Feb 20-21-22 Sick in bed. Coughs & expectorates. Complained of sore throat. Appetite poor. Bowels constipated. Enema given. Refused all medicine but a few spoons cough medicine

Feb 25 Patient catheterized. Slept only 2 hrs. during night. May 14 Sick in bed. Minute.

Mar 25 Quite nervous. Has delusions & is at times quite disturbed. Coughs & expectorates. Refuses to take medicine. Quiet in behavior. Talks sensibly on most subjects. Tidy in personal appearance. Appetite fair. Bowels irregular. Temp 96.

April 4 Apr 25. Minute. May 10. Is growing weaker. Has a hard cough. Takes cough mixture. Refuses to take out door exercise. May 22 Sick in bed Minute. Coughs & expectorates. June 9 Quiet in behavior: Talks sensibly on most subjects: Sleeps very poorly, coughs a great deal: Neat in personal appearance: Takes out door exercise: June 20 Seems to be growing very much weaker: July 25 Went Home Very thin & pale Coughed & expectorated a great deal: Very weak & failing rapidly.

Discharged

Personal and Medical History of Julia Johnson

LEIGHTY, PUSLAR & EVANSTON, DAVENPORT, IOWA.

Whole No. 4165.
Residence, Money Creek, Minnesota
Date Admission, 18th July 1895. —
Admitted by, Dr. C. B. Ehr — Hour, 6.50 P.M.
How Sent, Thomas Ryan. Sheff. Houston County
Sex, Female.
Age, 82
Civil Condition, Married
Children, Two Children (both dead)
Age Youngest Child,
Occupation, Housekeeper; (Husband farmer).
Degree Education, Eighth; can read a little.
Profession Religion, Lutheran —
Habits, Intemperate; (Patient drinks alcohol) -
Nativity, Norway; (Parents also from there)
Physicians Committing, C. B. Johnston and J. Swem
Correspondents, none given in papers

No. for Year, 364.
Insane Relatives, Mother & brother were insane, or partially
Cause Exciting, Struck by lightning, at age of about 20.
Cause Predisposing, Heredity & old age
Form, Senile dementia
Accompanying Bodily Disorder, feebleness -
Suicidal or Not, Not
Date of this Attack, in 1887 — (in fall) -
Duration, Some 8 years -
No. of Attack, 1st Probably Continuous
No. of Admissions, 1st
Age First Attack, abmt 74.
Time of Leaving, Jan. 1. 1899.
Time in Hospital, 3 yr. 5 m. 14 d.
Result, Died. Apoplexy.

July 19 Drs. Rm. Ed. J. C. Phelps

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Rob impaired -
Recent Events,
Special Subjects, impaired
PERCEPTIVITY:
Alert or Dull, dull
Correct or Illusive, Illusive.
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, No.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Calm
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Probably has.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Incoherent can not talk
Coherent or Incoherent, English - Very demented
Voluble or Reticent, simple minded - confused

Personal and Medical History of Julia Johnson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Impaired
WOUNDS OR ABNORMALITIES, Joints of fingers deformed from rheumatism.
TONGUE, Tremors, Coatings, Slight white Promptness Movement,
PUPILS, Equality, Eq Size, Normal and equal
Response Light, Normal Accommodation, Normal
SIGHT, Poor good
HEARING, Seems only Fair
COORDINATION, Arms, Fair
Legs, Fair
TREMORS, Hands, Large Tongue,
Facial Muscles, General, Vague
REFLEXES, Patellar, Eq.
Other
ARTICULATION, Prompt
Slurred,
Hesitating,
FACIAL EXPRESSION, Simple
SENSIBILITY,
HEART, No murmurs.
LUNGS, Seem good
TAKEN,

EXAM. URINE, Aug 6/95
Amt 24 hrs
Color - Red Yellow
Character Cloudy
Sp Gr - 1021
Reaction Acid
Albumen - None
Sugar - None
Urea -
Sediments - Triple phosphates - amorphous urates - uric acid crystals. pus and large amt of blood.

GYNAECOLOGICAL EXAM., Sept 4 '95 - Large patulous os. Uterus retro-verted and bound down.
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Very dirty body covered with vermin	Clean,		Careless,
BOWELS, ~~Normal,~~ Constipated	Constipated,		Irregular,
APPETITE, Good, Good	Medium,		Poor,
SLEEP, Good,	Poor,		Irregular,
PULSE, Atheroma of arteries	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 Julia Johnson

1895

This patient was brought here by Deputy Sheriff N. H. Forsyth, attended by Wm. E. Forsyth, with the following history. Patient is in fair condition. As to consanguinity not known; it is said mother and brother were insane, or partially so. This is probably 1st attack. Continuous: occurring in fall of 1887; commenced & not strangely & attack has lasted ever since, more or less. Never had treatment in hospital; symptoms also there shown by suspecting found she would kill her husband. Disease seems increasing; is variable: patient ab intervals but not at regular periods. Derangement now shown by unfounded suspicions; running away. Their disposed to injure others, but is not suicidal. Is of filthy & destructive habits. Previously, she was easily provoked, & when provoked, would use any kind of language. Patient drinks alcohol. Was struck by lightening at age of about 20, & perhaps this injury by lightening and old age are the causes of the disease. Boy has had to watch her for about 2 months and has been kept at Poor-Farm, about 2 months, but she had to be watched to prevent her running away. She was under a Doctor's care for a that time & improved slightly. On personal Examination, their found to be forgetful, excitable and easily irritated. ——— ———

July 15 On admission, was put on B: (S.R. Complexion dark; hair brown; eyes blue; Condition of skin, normal; no marks, scars or bruises noted. Is dirty & has vermin when. Has a very peculiar head: (has apparently had her skull fractured); joints of fingers of both hands are enlarged. Behavior quiet: Says 'their not insane'.

Nurses Notes.

" 16. Quiet. Appetite fair. Slept very little. Bowels, did not move. Pulse 100. Resp 20. Temp 98.2

" 17 " " " . Bowels move, did not sleep any. July 21/95. Quiet. Eats good

Bowels moved. Slept 6 hrs. Talks very little English. Temp 98.4 Pulse 94 Resp 20.

" 18. Very quiet in behavior. Eats well, talks sensibly. Slept 4 hrs. Bowels regular.

" 19 Appetite good. Quiet. Bowels regular. Slept 6 hrs quite restless.

" 21 No change in behavior, eats well, bowels regular. Slept 5 hrs.

" 22 Sleeps quite sensible: does not talk english, eats well. Slept 6 hrs.

" 23 " " " . Quiet in behavior, Appetite good. Bowels regular. Slept 6 hrs.

For following 5 days there is no perceptable change in this patient. She is quiet, eats well, sleeps 5 to 7 hrs and bowels are regular.

Summary. Patient has been very quiet. Appetite good. Sleeps well. Bowels regular. No delusions. does not talk english.

Aug 6 Very quiet. Bowels regular. Sleeps well. Appetite fair. Goes walking & riding. Aug 7 Trans. to Annex.

Aug 30 No change. Sept 5 Appetite good. Clean in habits but rather untidy in personal appearance. Quiet in behavior. Sept 18 Taken sick during night. Does not seem to have much use of her left side. Trans. to Inf. Sept 24 Has been in bed about 4 days. Very restless during day - walking up & down wards. Appetite fair. Sleeps well. Trans. to Annex. Oct 16 Has a good appetite & sleeps well but has some trouble in getting around. Oct 16 Trans to B. 4. Oct 23 Eats & sleeps well. Goes riding & walking. Noisy at times. Nov 21 Taken with a kind of trembling. Does not seem to have full use of right side. She fell from seat & in falling caught her right hand tearing it quite badly.

Dec 6 Appetite good. Bowels regular. Goes riding & walking. Dec. 22 Was taken with cerebral attack. Loses all power of her right side. Jan 20 Very quiet in behavior & agreeable. Feb 14 Had another fit today. Mar 15 Eats & sleeps well. Goes riding & walking. Mar 23 Had a slight fit today. Bowels regular.

Apr 10 No change. May 22 Had slight fit today

Aug. 96 Summary Nurses Notes by H. Phelps. Appetite fair: bowels regular: goes riding & walking: General health rather impaired, is quite feeble: Nov 9 Had a slight convulsion

Nov. 20: Patient thrown down by one of the other patients & had shoulder dislocated

Jan. to July 97 Feeble - untidy; at times has convulsive movements & dizzy spells. At present is up on ward. Pleasant in appearance. Very childish.

July 15 Had a slight convulsion to day. No special change of any kind.

Continued by Dr. P.M. Phelps. Sept 16 97 Patient quite senile: rather feeble & thoroughly demented, will, however, answer some questions. Sept 18 Had a slight convulsive attack this a.m. Occasionally has these slight convulsions. Nov 7. Had a convulsion. Had two on Mch 29. One each on May 7 & Aug 31. Oct 25 Is noted the last month as coughing & expectorating a good deal. Oct 25 Trans. to B. Nov 18 Was knocked down & left hip was hurt. Nov 19 Trans to Infirmary. Nov 30 Noted as doing very well.

Dec 15. Is failing, more helpless & more untidy in habits. Dec 21 Has a small abscess on back. Dec 29 Had a convulsion - At 7 P.M. about five hours after convulsion Temp. 103°. Dec 13 Temp. normal again. Is quiet but feeble & unable to eat. Jan 1 Noted to be unable to swallow yesterday. Temp 101° in P.M. Died at 11 a.M. Cause steady failure due to a certain extent to convulsive attack.

Died

Personal and Medical History of Julia Johnson

Personal and Medical History of Elizabeth Hoffmann

LOBERT, FIDLAR & SCARBERE, DAVENPORT, IOWA.

Whole No. 4173.
Residence, New Canada, Ramsey Co. Minn
Date Admission, 1st August 1895.
Admitted by, Dr. Phelps Hour, 6 PM.
How Sent, T. Willrich, Jo P. Ramsey County
Sex, — Female —
Age, 24 Years
Civil Condition, married
Children, four
Age Youngest Child, had child 18 months ago.
Occupation, wife; husband is a farmer. —
Degree Education, fairly well educated, at Common school
Profession Religion, Catholic
Habits, not intemperate. —
Nativity, Poland; (Parents also born there)
Physicians Committing, E. A. Whitcomb and A. B. Ancker
Correspondents, None given in papers —

No. for Year, 1.
Insane Relatives, Yes, by hearsay; none positive
Cause Exciting, unknown
Cause Predisposing, probably heredity & previous attack
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, Suicidal, by jumping from window.
Date of this Attack, one week since
Duration, one week —
No. of Attack, 3rd probably
No. of Admissions, 1st
Age First Attack, about 20.
Time of Leaving, Aug. 4. 95
Time in Hospital,
Result, Died.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Very confused
Quick or Sluggish, Quick
MEMORY: Cannot test
Past Events, " "
Recent Events, " "
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Very illusive
REASONING POWER:
Ordinary Subjects, Much impaired
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

Not able to examine

EMOTIONAL STATE:
Normal, Calm, Very much agitated
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has many upon many subjects
Systematized or Not,
Special Subjects, Some religous
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Very incoherent
Coherent or Incoherent, Talks constantly
Voluble or Reticent,
Mind wanders from one subject to another

Personal and Medical History of Elizabeth Hoffmann

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, Not taken NUTRITION, Fair
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, / Coatings, dark brown and cracked Promptness Movement,
PUPILS, Equality, equal Size, Dilated
Response Light, Normal Accommodation,
SIGHT, Seems good
HEARING, " "
COORDINATION, Arms, Seem normal
Legs, " "
TREMORS, Hands, Tongue,
Facial Muscles, General, None
REFLEXES, Patellar,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Mild and excited
SENSIBILITY,
HEART, Regular but rapid
LUNGS,
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Nov 1/95
Urine 24 hrs 3/4 XXV
Color Red yellow
Character Heavy finkish flaky dep
Sp Gr 1032
Reaction Acid +
Albumen 0
Sugar 0
Urea ∓
Sediment: # Amor urates # Bladder epithelium # oxalates of Lime

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor, Very
SLEEP, Good,	Poor, Very poor	Irregular,
PULSE, Regular but weak	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, Second attack

Personal and Medical History of *Elizabeth Hoffmann*

1895

This patient was brought here by Deputy Sheriff Kinney, attended by Wm. Meyers, with following history. Patient is in rather very good physical condition. Unable to ascertain as to consanguinity; This is not 1st attack; she had one 4 years ago, slightly since; duration about one year. Not detained at hospital. First symptoms of this attack manifested one week since; maniacal demonstrations. Disease appears to be increasing; not variable; no rational intervals. Derangement now & then by General evidence, mania, hallucinations & delusions. Patient is disposed to injure others and has attempted suicide by jumping from window & propensity now active. Is not filthy or destructive in her habits. As to insane relatives, question is answered by "Yes, by hearsay; but not positive". Before the accession of the disease, she was very devout in church & religious subjects, and excitable. There is no history of intemperance &c in family or self, nor of patient having been subject to any severe disease &c or having had any head-injury. She has not been restrained or confined. Supposed cause of the disease, unknown. She has had no medical treatment.

On Personal Examination, she is found to be restless; wandering about; talking to herself; and incoherent; had to be restrained (and was brought here in a straight-jacket & anklets).

Aug 1 On admission, was put on B½W (G.H.N.R.R.) Complexion light; hair auburn; eyes gray; condition of skin normal; both arms bruised; is clean; had to be carried part of way to hall. Has delusions).

Nurses Notes

" 2 - Quit excited. in restraint sheet 72 hrs. talks incoherently. Appetite very poor. Slept 3 hours Hypodermics of Morphine & Hyoscine. Bowels did not move. Enema given. Pulse 136 Res 30 Temp 103.

" 3 - Excited. warm bath. Cold applications to head. Milk 1 glass. 2 Eggs. 9 AM. Taken out of res Bowels constipated enema given. 10 AM. Warm bath for 25 minutes. Cold applications to head. Temp 103.6. Very restless. 12M Hyp. of strychinine. 2 PM Temp 105. Bowels not moved. Croton Oil given. Bowels moved just as it was given. Tepid bath. Temp 105.2 Cold pack given for 20 min. Temp 104.2. 4 PM Cold pack for 20 min. Temp 103.6. Patient very exhausted Hyp of strychinine. Brandy ℥ ß. 6 30 PM Hyp Morphine. 7 PM Hyp Strychinine. 8 AM. Temp 103.6 - 12 M - 4 AM Hyp Strych. 2 AM Hyp of Morphine. Slept 1 hr. Bowels moved several times. Temp 102.4. 4 30 AM. Temp 105. Milk 2 glasses. 2 Eggs. Brandy ℥ ij. Sponge bath. 5 15 AM 104.2 - 5 30 AM Temp 104.2

" 4 8 AM. Milk ℥ ij. Hyp of strychinine. Cold application to head Temp 104 Resp 36. 10 AM Temp 103.8. Gave cold pack for 12 min. patient looked quite exhausted. Brandy ℥ i. Temp reduced to 103. Milk ℥ ij. 12 M Hyp of strychinine. Brandy ℥ ij. 2 30 PM Died.

Comments. Patient was a case of Acute Mania in form and the exhaustion was quite rapid as above outlined. There was probably somewhat of Meningitis toward the last, though symptoms of same are not well defined. Was not rational at any time. Remains taken away. No Autopsy.

Died.

Personal and Medical History of

Personal and Medical History of Christine Anderson #2

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4177.
Residence, St Paul. Minnesota
Date Admission, 10th August 1895.
Admitted by, T. Sheehy Hour, 6.45 PM
How Sent, G. Wilbrick. Sof P. Ramsey County
Sex, Female.
Age, 40 years
Civil Condition, married
Children, 2 : (both dead).
Age Youngest Child, six years old
Occupation, Housewife : (husband, laborer).
Degree Education, Common school.
Profession Religion, not stated
Habits, not known
Nativity, Sweden : (Parents also born there).
Physicians Committing, V. P. Hawkins and Eugene Riggs
Correspondents, none given in papers.

No. for Year, 5.
Insane Relatives, not known
Cause Exciting, — Spiritualism —
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or Not, Not.
Date of this Attack, Aug 7th 1895
Duration, about 3 Days.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 40 —
Time of Leaving, 16th October 1895
Time in Hospital, 2 months
Result, Disch. — Nov 6/95 — Recovered

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, confused
Quick or Sluggish,
MEMORY: Impaired
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER: Much impaired
Ordinary Subjects,
Own Mental State,
Special Subjects, Impaired
GENERAL DESCRIPTIVE REMARKS: Course the exciting Brights Dis seems more as if a toxic cause than in any case seen as yet in past 10 years. Has Albumen cast and the pedema Completes of Brights Prognosis. Temporarily curable. Treatment chiefly towards the Bright

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have delusions on various
Systematized or Not, subjects
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Controlled by spirits
ILLUSIONS:
CONVERSATION: Very incoherent in talk.
Coherent or Incoherent, Talks on religion and
Voluble or Reticent, sees Spirits.
Complains of pain in chest —
Says he has pains all over.
Form: Mania Acute almost confusional in form. Present Mental form mild hallucinatory ideas with Melancholy.

Personal and Medical History of Christine Anderson #2

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Flesby but flesh is soft
WOUNDS OR ABNORMALITIES, Pallor — (pale, waxy and flabby) anemic condition + slight oedema
TONGUE, Tremors, Coatings, heavily white Promptness Movement,
PUPILS, Equality, Eq. Size, Dilated
Response Light, Accommodation,
SIGHT, seems good
HEARING, " "
COORDINATION, Arms, Normal
Legs, "
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other
ARTICULATION, Prompt
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are muffled but no murmurs
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., Aug 16 — Normal Posterior Laceration of cervix Endometritis
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Aug 19/95
Urine 24 hrs - 24 oz
Color — Red Yellow
Character - Hazy White deposit
Sp Gr - 1025
Reaction - Alkaline
Albumen - None quite a quantity
Sugar "
Urea -
Sediments # Triple phosphates - bladder
Epithelium few pus cells. Blood - acid
crystals

HABITS, ~~Dirty~~,	Clean,	Careless,
BOWELS, ~~Normal~~,	Constipated,	Irregular,
APPETITE, ~~Good~~,	Medium,	Poor,
SLEEP, ~~Good~~,	Poor, + irregular	Irregular,
PULSE, 90	Resp., 22	Temp., 98.9

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 Christine Anderson

1895

This patient was brought here by Deputy Sheriff Kinney attended by Wm Schwartz, with following history. Patient is in fair physical condition. As to consanguinity, not stated: as to heredity, not known. This is 1st attack: first symptoms manifested Aug 7th; was acutely excited. Disease appears to be increasing, but is variable & with rational intervals. Derangement now shows in religious subjects. Patient is not disposed to injure others, nor suicidal, but she is inclined to be destructive. As to any previous peculiarities, intemperance &c, not known. She has not been subject to any severe Disease &c nor has any injury to head. She has not been restrained nor confined(?) — Supposed cause of the disease is spiritualism. She has had only palliative treatment. ——

Note. The following report from City & County Hospital, accompanies patient here. "Brought to hospital Aug 8th by Ducas St. Patrol. Delirious, but not violent: at 9 PM attempted to escape: made a second attempt at 9.30. Then put on restraints. Violent, at intervals, during the night. Aug 9th. During the day, was quiet, except singing several times. In evening, became quite violent, again; "thought she was to be killed" — Has taken very little food, on account of fear of being poisoned. (Sgd) Dr. G. W. Bray, Interne in Charge". — ——

Aug 10 On admission, was put on Dr. M. G.H.N. Rpt. Complexion fair; hair light; eyes blue; condition of skin normal. No marks scars or bruises noticed. Is clean. Patient is very disturbed; partly undressed, while in office. Talks incoherently & has delusions.

Nurse's Notes.

" 11 Quiet in morning but sang at night. has delusions. Appetite poor. Slept 4 hours restless rest of night. No cough. Bowels irregular, gave pills. They moved. Complains of pain at heart and all over body. Pulse 48. Resp 20 Temp 98.9. Aug 12/95. Sang in morning, quiet rest of day. has delusions Appetite fair, gave pills, talks same at times Temp 98.9. Resp 20 Pulse 48.

" 13 Very quiet, did not eat well. Aug 14/95. Quiet. Constipated. gave cathartic tonic, and dose of digitalis. In bed all day. has delusions that God talks to her. Appetite fair.

" 15 Quiet, in bed part of day. Complains of heart trouble. Bowels regular. has delusions, gave tonic. Slept 6 hrs. Appt fair.

" 16 No change noticeable. Appetite fair. helps in dining room. Slept 6 hrs. Bowels moved.

" 17 Very quiet behavior " " " " " " " " " " takes tonic

" 18 No change " " goes walking Bowels regular, sleeps well

" 19" Quiet in behavior. Complains of heart trouble. Urine saved for 24 hrs measured ℥ XXIV. Slept 6 hrs

" 20" Gave hot bath temp 100° for 20 min. Pulse 100 and strong. Applied cold application to head very quiet says she is not insane, milk diet. Aug 21/95. Gave hot bath. Very quiet. Slept 6 hrs receives treatment. Appetite fair. Bowels regular, gave tonic. Aug 22/95. Gave hot bath quiet in behavior, Appetite fair. Slept 6 hrs. tonic. Aug 23/95. Quiet. says she is not insane. Appetite fair. hot bath 20 min. Slept well. Bowels regular, tonic.

" 24" Talks quite sensible. Appetite fair. takes tonic. Bowels regular. Slept well. goes walking. Acid hot bath. works some in dining room.

Summary. Quite, disturbed at first. Appetite fair. gave tonic. Bowels regular. Slept well. has delusion that "the Lord tells her things". Says she's not insane. Talks quite sensible. Temp 98.9 Pulse 48 Resp 18

Sept 6" Goes walking and riding. takes tonic. given hot salt baths daily. Appetite good. takes treatment. works on ward. transferred to A 2"

Personal and Medical History of Christine Anderson

1895

Sept 1" Physicians Notes. Examined heart apex beat in 7" interspace - displaced outward 1½ inches. Heart dullness extends 4 inches to left of mid-clavicular line. Apex beat diffuse - spells of palpitation. Pulse 90 weak and compressible. Lungs respiration 36 - crepitant rales at both apices. Inspiration quite harsh, and in one spot. Right anterior breathing broncho-vesicular. Oedema of ankles and under eyes - complains of thirst. Diagnosis is of Kidney disease.

" 4 Nurse's Notes. Goes walking and riding takes tonic. Hot salt baths daily. takes treatment. Works

" 7" Appetite good. bowels regular. Hot salt baths daily. talks sensibly. goes riding & walking. works in dining room

Oct 8 " " " sleeps well. bowels regular. quiet in behavior, talks sensibly. Works on ward. habits clean.

" 10" Went home today.

Discharged.

Personal and Medical History of Myrtle Z. Cole

LARKEY, PUSLAR & RAMMING, DAVENPORT, IOWA.

Whole No. 4180.
Residence, Lyle, Minnesota.
Date Admission, 17th August 1895.
Admitted by, D. Leiton - Phelps Hour, 12 M.
How Sent, C. L. Washburn, Jo P. Mower County
Sex, - Female -
Age, - 28 -
Civil Condition, - Divorced - (Father a farmer)
Children, - one -
Age Youngest Child, 3 years old
Occupation, Housekeeper
Degree Education, Common School
Profession Religion, Yes; Methodist.
Habits, not stated.
Nativity, Iowa; (Parents born in New York State).
Physicians Committing, A. W. Allen & C. H. Johnson
Correspondents, None given in papers

No. for Year, 8.
Insane Relatives, none: father intemperate
Cause Exciting, not known
Cause Predisposing, possibly some hereditary
Form,
Accompanying Bodily Disorder,
Suicidal or Not, not
Date of this Attack, recent
Duration, short
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, - 28 -
Time of Leaving, Dec. 25'96.
Time in Hospital, 4 mo. 8 days
Result, Disc Apr. 30/96 Rec.

Austin Woman Insane.

Mrs. M. D. Cole, whose home is in Austin, but who has been stopping for the past three weeks at the Page hotel in this city, has been taken in charge by the police on the supposition that she is demented. Mrs. Cole is laboring under a delusion that she has a mission to sell musical instruments and other merchandise for certain local dealers and has during the past week or so caused the proprietors and clerks in some of the stores considerable annoyance, although she is regarded as perfectly harmless. She is said to have made repeated visits to Dyer Bros.' store, where she has spent the greater part of her time, and says she believes that she has charge of a grand musicale which was to have taken place there yesterday and to have been participated in by all the great musicians of the world. Pioneer Press Aug 14 96

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Exalted
Depressed,
DELUSIONS: Many of grandeur
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: ?
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Talks constantly is a happy, careless maniac

Personal and Medical History of Myrtle Z. Cole

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ WEIGHT, 96 lbs. NUTRITION, Fair
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, yellowish Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, normal Accommodation, normal
SIGHT, good
HEARING, "
COORDINATION, Arms, Normal
Legs, "
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other
ARTICULATION,
Slurred,
Hesitating, Normal
FACIAL EXPRESSION, Happy
SENSIBILITY,
HEART, Normal
No Atheroma
LUNGS, seem normall
GYNAECOLOGICAL EXAM., Aug 21 - Normals, practican intens, cystic degeneration of cervix
MENSTRUATION, Profuse
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Aug 20/95
Urine 24 hrs -
Color - Reddish Yellow
Character, Flaky Sed
Sp Gr. - 1019
Reaction - Alkaline
Albumen - None
Sugar "
Urea
Sediments # Triple phosphates, Amorphous phosphates, Urates, Bladder & Vaginal cells and some blood corpuscles.

HABITS, ~~Dirty~~,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Fair	Medium,	Poor,
SLEEP, 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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Myrtle Z. Cole

LOBART, FISLAR & GAMBRINE, DAVENPORT, IOWA.

Whole No. 4180.
Residence, Lyle, Minnesota.
Date Admission, 17th August 1895.
Admitted by, D. Laiton - Phelps Hour, 12 M.
How Sent, S. S. Stashburn, Co. P. Mower County
Sex, - Female -
Age, - 28 -
Civil Condition, - Divorced - (father a farmer)
Children, - one -
Age Youngest Child, 3 years old
Occupation, Housekeeper
Degree Education, Common School
Profession Religion, Yes; Methodist.
Habits, not stated.
Nativity, Iowa; (Parents born in New York State).
Physicians Committing, A. W. Allen & C. A. Johnson
Correspondents, None given in papers

No. for Year, 8
Insane Relatives, none: father intemperate
Cause Exciting, not known
Cause Predisposing, possibly some heredity
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not
Date of this Attack, recent
Duration, Short duration
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, - 28 -
Time of Leaving, Dec. 25'96.
Time in Hospital, 4 mo. 8 days
Result, Disc Apr. 30/96 Rec.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Exalted
Depressed,
DELUSIONS: Many of grandeur
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: ?
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Talks constantly is a happy, careless manner

Personal and Medical History of Myrtle Z. Cole

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

[illegible] 5ft 3½ WEIGHT, 96 lbs. NUTRITION, Fair
[illegible]RMALITIES,
Coatings, yellowish Promptness Movement,
[illegible]qual Size, Normal
[illegible] normal Accommodation, normal
"
[illegible]DINATION, Arms, Normal
Legs, "
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other
ARTICULATION,
Slurred,
Hesitating, Normal
FACIAL EXPRESSION, Happy
SENSIBILITY,
HEART, normal
No Atheroma
LUNGS, seem normall
GYNAECOLOGICAL EXAM., Aug 21 - Normals, fibrous uterus, cystic degeneration of cervix
MENSTRUATION, Profuse
OPHTHALMOSCOPIC EXAM.,
TAKEN,

EXAM. URINE, Aug 20/96
Urine 24 hrs -
Color - Reddish Yellow
Character, Flaky Sed
Sp Gr. - 1018
Reaction - Alkaline
Albumen - None
Sugar "
Urea
Sediments Triple phosphates, Amorphous phosphates, Urates, Bladder & Renal cells and some blood corpuscles.

HABITS, ~~Dirty~~, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Fair Medium, Poor,
SLEEP, 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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Myrtle Z. Cole.

1895

This patient was brought here by Sheriffs Deputy John Manning + attended by Dr. Stanley with following history. Patient is in only fair physical condition. No history of consanguinity or insanity in family, but father was intemperate. This is 1st attack: symptoms manifested recently, by insane actions in St Paul + Minneapolis. The disease appears to be increasing; no rational interals; not variable; derangement now shown in that she has delusions. Thinks she is employed, at an enormous salary, by different firms. Patient is not disposed to injure others nor suicidal nor filthy, nor destructive in habits. If she has been subject to any severe disease &c or had any head injury is unknown. She has not been restrained or confined. Supposed cause of disease not known. She has had no medical treatment. On personal examination it is found she has hallucinations + all subjects, and her Commitment is recommended for the reason that her disease is of such a nature as to require, for her recovery, treatment while under legal restraint. —

Aug 17 On admission, was put to B 2 W. (G.H.N. Rpt: Complexion fair; hair light brown; eyes blue; condition of skin normal; a few bruises noticed on arms + legs; is quite clean: behavior rather noisy; is coherent, but has delusions).

" 18 Nurses Notes Aug 18/95. Very talkative in bed all day. has many delusions. Appetite fair sleeps well. Bowells constipated gave cathartic moved freely. Complains of neck, limbs and arms bruised. Pulse 72 Resp 18 Temp 98. Aug 19/95. Up on Ward. quite noisy singing + talking most of time. Appetite fair. gave cathartic. Bowells moved. went walking. Massage treatment 30 min. Slept 4 hrs.

" 20 Very talkative, quite excited. Bowells moved by cathartic. Massage treatment 40 min. went walking gave tonic. slept 6 hrs. Temp 98.2 Resp 18 Pulse 70. Aug 21/95 Quite noisy. Massage treatment 1 hr has delusions that she is very wealthy. imagines that she is not a patient. cathartic given + tonic

" 22 Slept 5 hrs. takes tonic. quite excited. talks a great deal. Appetite good. gave cathartic. went walking. Massage 1 hr. Menses in 24 hrs ℥ XXIV. Aug 23/95. Quieter today. Appetite good slept fairly well. sick part of night. vomited, and had diarrhea. has had most of time. Morphine Sr 1/8

" 24 Noisy part of day. Massage 1 hr. Appetite good. gave cathartic. slept well. Up on Ward. takes tonic

" 25 For following 7 days there is not much change except that patient is quieter eats and sleeps well. Bowells regular. takes tonic, and cathartic helps some on Ward. has delusions that she is very wealthy.

Summary. Patient quite noisy, and excited. Has many delusions that she is very wealthy. Rec'd + massage treatments. Once had one day vomited and had diarrhea. Morphine Sr 1/8. Temp 98. Pulse 72. Resp 18. Appetite good. Bowells moved by cathartic. takes tonics, seems more quiet of late, sleeps well.

Sept 3 Gone to Ward.

Sept 4 Patient quite talkative, took tonic + treatments. Goes riding + walking. Given Massage.

Sept 30 Talks a great deal. + incoherently at times. Clean + neat. Goes riding + walking + assists in dining room at times. Appetite good. Bowels irregular. Takes tonic + cathartics. Sleeps well. Oct 1 Massage 45 Minutes. Electric treatment 15 min.

Oct 9 Massage 1 hour. Oct. 10 Menses. Oct 24 Quite talkative + agreeable in behavior. Works in centre dining room. Appetite good. Bowels irregular. Takes cathartics. Goes walking. Nov 14 Leave to A. I. Nov 16 Menses. Nov 30 Very pleasant on Ward. Works in employes dining room. Gen. health good.

Personal and Medical History of Myrtle Z. Cole.

Dec 8 Agreeable + pleasant in appearance. Talks sensibly. Appetite good. Sleeps well. Works in employes dining room. Dec 25 Went Home a little loquacious but fairly well recovered.

Discharged

Personal and Medical History of Julia Beregan

LEGERT, FIDLAR & SAMUELS, DAVENPORT, IOWA.

Whole No. 4182.
Residence, St Paul, Minnesota.
Date Admission, 17th August 1895.
Admitted by, Dr Phelps Hour, 6.45 P.M.
How Sent, G. Wilbrick, Jopt. Ramsey County
Sex, Female
Age, — 59 —
Civil Condition, widowed
Children, — one —
Age Youngest Child, 30 years
Occupation, Housewife: (Husband was laborer)
Degree Education, not educated
Profession Religion, Yes; Catholic
Habits, not known — (Is filthy) —
Nativity, Ireland; Parents also born there.
Physicians Committing, Dr. J. Stanley & Dr. C. Nelson
Correspondents, None given in papers

No. for Year, 10.
Insane Relatives, Dont know
Cause Exciting, Old Age
Cause Predisposing, Old Age.
Form,
Accompanying Bodily Disorder, Feebleness
Suicidal or Not, Not.
Date of this Attack, unknown; probably some time
Duration, probably long —
No. of Attack, 1st.
No. of Admissions, 1st
Age First Attack, not Stated
Time of Leaving, Jan. 9. 96
Time in Hospital, 4 Mo. 23 da.
Result, Died - Heart clot.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Sluggish
Clear or Confused,
Quick or Sluggish,
MEMORY: Impaired
Past Events, "
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:

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indifferent
Exalted,
Depressed,
DELUSIONS: Delusive ideas
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Partly coherent
Coherent or Incoherent,
Voluble or Reticent, Answers questions fairly well

Personal and Medical History of Julia Beregan

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 86 lbs. NUTRITION, Impaired
WOUNDS OR ABNORMALITIES, Blind in right eye
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Right eye blind Size,
Response Light, Normal in left Accommodation,
SIGHT, Blind in Right impaired in left
HEARING,
COORDINATION, Arms, Fair } Rather feeble with age
Legs, " }
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
Mitral regurgitant murmur.
LUNGS,
GYNAECOLOGICAL EXAM., Sept 9 95 - Uterus in normal position - Laceration of left side of cerv. Rectocele - Suplannde above urethra.
MENSTRUATION, ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, dirty Clean, Careless,
BOWELS, Normal, normal Constipated, Irregular,
APPETITE, ~~Good~~, poor Medium, Poor,
SLEEP, Good, good ~~Poor~~, Irregular,
PULSE, Irregular. Atheroma of ~~Resp.~~, arteries 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,

TAKEN,

EXAM. URINE, Aug 19/95
Urine 32 hrs -
Color - Brown Red
Character - Heavy White
Sp Gr - 1020
Reaction - Alkaline
Albumen - None
Sugar "
Urea
Sediments # Triple phosphates - Amorphous
Mates - crys and urates

Personal and Medical History of Julia Beregan.

1895

This patient was brought here, by Deputy Sheriff Kinney & attended by Mrs Kinney, with the following history. The patient is in aged, but fair, condition. As to consanguinity or heredity, not known; this is 1st attack, but when symptoms first manifested, unknown. The disease appears to be increasing, but variable & there are rational intervals. Derangement now shown by general enfeeblement of intellect, tearing clothes & noisy at night. She is not disposed to injure others, nor suicidal: she is very filthy & destroys clothing. No peculiarities previously shown: as to habits, not known, nor as to any severe disease or head-injury. She has not been under medical treatment nor has she been restrained or confined - Supposed chronic disease, old age. Patient was found locked in a house, filthy in the extreme: she has no recollection of anything that has occurred within the last few months.

Aug 17 On admission, was sent to B4 W. (G.H. Rept. Complexion dark; hair gray; eyes dark blue; Condition of skin, hot & dry: is blind in right eye: eruptions on head & small scratches all over body; nose & both eyes bruised: is dirty; feet & legs swollen; behavior quiet. Is demented and body.

" 18 Nurses Notes. Behavior quiet. Appetite fair. Slept well all night. Bowels regular. Scratches all over head

" 19 " " " " " " " " " " "

" 20 Noisy part of day. Habits dirty. Was angry because kept in bed, and refused supper

" 21 Dressed and up on Ward. Quiet, eats, and sleeps well. Bowels regular. same report for 22nd & 23rd

" 24 Patient old and feeble. Quiet, eats and sleeps well. Bowels regular. Temp 98. Resp 20. Pulse 76

" 25. Has spell of crying to day. Goes out doors. Appetite good. Slept well during night. same report for 26th 27th 28th 29th 30th & 31st quiet in behavior. dirty in habits.

Summary. No change noticable since admission. Talks very little but coherent. Habits dirty. Appetite fairly good. Sleeps well. has no cough. Quiet. Bowels regular.

Sept 1 Old & feeble; wanders around ward - Appetite fairly good. Bowels regular Goes out of doors. Sleeps well - Habits dirty. Sept 6th Trans. to B 3.

" 11 Fell & hurt her hip. Appetite better - Seems to want all right.

Oct 7 Seems about same - Is quite noisy at times - Very dirty in habits - was put to bed.

" 28 Appetite good. Habits dirty. Restless & noisy during day. Complains of limbs paining

Nov 20 Still in bed. Appetite good. Habits occasionally dirty. Quiet in behavior. Bowels regular. Trans. to Inf. Nov 26 Very noisy & out of bed most of time. Eats quite well. Untidy in habits - Bowels regular. Nov 30 Did not eat well to day. Appetite usually good Dec 1 - Up on ward. Appetite good. Bowels constipated

Dec 8 Untidy in habits. Noisy at times. Trans. to B 3. Jan 4 Complains of pains in her hip. Appetite good. Bowels regular. Quite noisy at times.

Jan 9 Died today rather unexpectedly. Although she was old and decrepit & a faint was natural at any time.

Died Jan. 9, 1896.

Personal and Medical History of Lottie Daniels

from p. 364

Lottie Daniels

See Case Book 26 fol 288

Dec 1 – July 28 – 1901. (+ previous history)

June 20 to Sept. June 24 - 25 visited by husband, takes out doors exercise, attends chapel and amusements, does no work, Sept. 2. Wt. 116½ #. Sept. to Dec.

No change in general condition Nov. 30 Wt. 123½ #.

Up to Feb. 1, 1913. General health good: bowels regular: quite deaf: converses in whispers: at times does not sleep well: talks to herself: is up a great deal at night: takes exercise: assists with the ward work.

Personal and Medical History of Julia Beregan.

1895

This patient
the following
heredity, not
Disease appears
shown by Genera
injure Others,
Known: As to al
medical treatme
Patient was found
that has occur

Aug 17 On admission
Condition of sk
over body; nose

" 18 **Nurses Notes.** ... quiet. slept well all night. No complaints. Scratches all over head

" 19 " " " " " " " " " " "

" 20 Noisy part of day. Habits dirty. Was angry because kept in bed and refused supper

" 21 Dressed and up on Ward. Quiet. eats and sleeps well. Bowels regular. same report for 22nd 23"

" 24 Patient old and feeble. Quiet eats and sleeps well. Bowels regular. Temp 98. Resp 20. Pulse 76

" 25. Has spell of crying to day. Goes out doors. Appetite good. Slept well during night. same report for 26" 27" 28" 29" 30th and 31" quiet in behavior. dirty in habits.

Summary. No change noticable since admission. talks very little but coherent. habits dirty. Appetite fairly good. sleeps well. has no cough. Quiet. Bowels regular.

Sept 1 Old & feeble, wanders around ward - Appetite fairly good. Bowels regular Goes out of doors. Sleeps well - Habits dirty. Sept 6th Trans. to B 3.

" 11 Fell & hurt her hip. Appetite better - Seems to waste all right.

Oct 7 Seems about same - Is quite noisy at times - Very dirty in habits - was put to bed.

" 28 Appetite good - Habits dirty. Restless & noisy during day. Complains of limbs paining

Nov 14 Still in bed. Appetite good. Habits occasionally dirty. Quiet in behavior. Bowels regular. Trans. to Inf. Nov 16 Very noisy & out of bed most of time. Eats quite well. Untidy in habits - Bowels regular. Nov 30 Did not eat well to day. Appetite usually good Dec 1 - Up on ward. Appetite good. Bowels constipated

Dec 8 Untidy in habits. Noisy at times. Trans. to B. 3. Jan 4 Complains of

pains in her hip. Appetite good. Bowels regular. Quite noisy at times.

Jan 9 Died today rather unexpectedly. Although she was old and decrepit & a failure was natural at any time.

Died Jan. 9' 1896.

Personal and Medical History of Lottie Daniels

From p. 364

1899 (Sent by Dr. Bliss)

Sept. Gen'l health & appetite good: sleeps well: goes walking & riding: neat & tidy: Has delusions: Quiet, but usually quite obstinate: never speaks above a whisper: complains of pain in throat & in different parts of body: hearing is impaired Wt. 117# Sept 1- Feb 28 1900 (Dr Heysendale.) Neat: Has delusions: Does not converse never speaks above a whisper: Troublesome at times: appetite good often restless at night: General health good: Jan 1st Wt. 125#. Sept- Aug 31 1900 (Dr Linton.) Quiet on ward: Has delusions about her voice: General health good: Appetite good: Menstruates regularly: June 23 Sick in bed 3 days. July 20 Vaccinated Sept 1- Nov 30 No change mentally or physically Is quite deaf. Pleasant & agreeable in manner. Nov 24 Wt. 119# Dec 1- Feb 28 Appetite good. Bowels regular: menstruates regularly: Attends chapel & amusements: Mch 1st Wt. 129#. Mar 1 June 1 1901 No change in mental or physical condition. Does no work. May 30 Wt. 125#

June 1 to Sept. June 24-25 visited by husband, taken out door exercise, attends chapel and amusements, does no work, Sept. 2. Wt. 116½#. Sept. 1. to Dec. No change in general condition Nov. 30 Wt. 123½#.

Up to Feb. 1, 1903. General health good: bowels regular: quite deaf: converses in whispers: at times does not sleep well: talks to herself: is up a great deal at night: takes exercise: assists with the ward work.

Personal and Medical History of Annie Wittenzluer (Wittenzller)

Whole No. 4183.

Residence, Wabasha, Minn. (2nd Ward).

Date Admission, 21st August 1895.

Admitted by, U.S. Jby. Hour, 1:30 PM.

How Sent, Malcolm Kennedy. Jof P. Wabasha County.

Sex, — Female —

Age, about 40.

Civil Condition, single

Children,

Age Youngest Child,

Occupation, Housework; (father a farmer)

Degree Education, limited to reading & writing.

Profession Religion, Yes: Roman

Habits, Not intemperate

Nativity, Wisconsin (Parents born in Germany).

Physicians Committing, W. J. Milligan & P. N. Keely

Correspondents, Name given — (Brother)

see slip attached

Mr. Wittenzluer Mr. Cleary, Butterfield R.C. Browns Co. Minn. Dec '97

No. for Year, 11.

Insane Relatives, none

Cause Exciting, Rattlesnake bite in 1875.

Cause Predisposing, "Chronic"

Form,

Accompanying Bodily

Suicidal or Not,

Date of this Attack,

Duration,

No. of Attack,

No. of Admissions,

Age First Attack,

Time of Leaving,

Time in Hospital,

Result,

Rochester ‡ State ‡ Hospital

Name Telegraph Dress

℞ George Miller
Belchertown
Swedlund Co
Minn.

For George Witzelmer

Dr.

Address for Mrs Witzelmer

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Sluggish

Clear or Confused, clear

Quick or Sluggish,

MEMORY:

Past Events, Good

Recent Events, "

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Fairly correct

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Has dizzy spells at times.

* In a quiet undertone tells about these but gets confused when asked reasons about them. Appears quite dull & defective.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: Has delusive trains of thought

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Says she has seen spirits

ILLUSIONS: walking up steps in the Clouds

CONVERSATION:

Coherent or Incoherent, mostly coherent, talks

Voluble or Reticent, readily answers all questions in a slow measured manner of speech. Says she has cried a good deal, and that she has been ill treated by mother and others. Says she has seen some boys and girls torture live animals and that she would cry about that. Saw a ladder, and angels going up on *

Personal and Medical History of Annie Wittenzluer

Miss Wittenzluer.

February 3rd, 1896.--Brother called to-day,- He states that as a child she seemed all right- seemed to learn quicker than her two brothers. About 20 she became queer,- it was not thought serious at first but gradually grew worse; she seemed better in Winters.

PUPILS, Equality, Equal — Size,

Response Light, Sluggish — Accommodation,

SIGHT, Impaired Eyes ache.

HEARING, Good

COORDINATION, Arms, slightly impaired

Legs,

TREMORS, Hands, Slight fine tremors — Tongue, fine

Facial Muscles, — General,

REFLEXES, Patellar, Equal normal

Other

ARTICULATION, Hesitating

Slurred,

Hesitating,

FACIAL EXPRESSION,

Somewhat dull

SENSIBILITY,

HEART,

Sounds, are normal

LUNGS, Seem in good condition

GYNAECOLOGICAL EXAM., Aug 23 - Normal condition

MENSTRUATION, Regular

OPHTHALMOSCOPIC EXAM.,

EXAM. URINE, Aug 23/95

Quant 24 hrs - XX, XV

Color - Reddish yellow

Character - Flaky sediment

Sp Gr - 1019

Reaction - Alkaline

Albumen - None

Sugar - "

Urea -

Sediments - Amor. uric acid & mates. Epis am mats. triple phosphates Vag cells

TAKEN,

HABITS, ~~Dirty,~~	Clean,	Careless,
BOWELS, ~~Normal~~,	Constipated,	Irregular,
APPETITE, ~~Good~~,	Medium,	Poor,
SLEEP, ~~Good~~,	Poor, Very	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, Head aches ever since she can remember

Personal and M... A. Wittenbuer

LEGLEY, FIDLAR & GAMBLE, DAVENPORT, IOWA.

Whole No. 4183. —
Residence, Wabasha
Date Admission, 21st
Admitted by, D. C. B. Eby. Hour, [illegible]
How Sent, Malcolm Kennedy, Sh'f. Wabasha County. Form,
Sex, — Female —
Age, about 40.
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Housework; (father, a farmer)
Degree Education, limited (reading, writing.
Profession Religion, Yes: Roman
Habits, not intemperate —
Nativity, Wisconsin; (Parents born in Germany).
Physicians Committing, W. J. Milligan & P. H. Keely
Correspondents, (none given — (Brother)
see list attached
Mr. Wittenbuer McIdears, Butterfield R. Brown Co. Minn. Dec'97

Accompanying Bodily Disorder, None mentioned.
Suicidal or Not, — not —
Date of this Attack, 16 Years ago —
Duration, 15 years —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 24.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Sluggish
Clear or Confused, Hazy
Quick or Sluggish,
MEMORY:
Past Events, Good
Recent Events, "
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Fairly correct
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Has dizzy spells at times.
* In a quiet undertone tells about these but gets confused when asked reasons about them. Appears quite dull & defective.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Has delusive trains of thought
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Says she has seen spirits
ILLUSIONS: walking up steps in the Clouds
CONVERSATION:
Coherent or Incoherent, mostly coherent, talks
Voluble or Reticent, readily answer all questions in a slow measured manner of speech. Says she has cried a good deal, and that she has been ill treated by mother and others. Says she has seen some boys and girls torture animals and that she would cry about that. Sam a sudden and angels going up in *

Personal and Medical History of Annie Wittenbuer

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not Taken WEIGHT, Not Taken NUTRITION, Very good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Quite marked Coatings, pale inactive Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Sluggish Accommodation,
SIGHT, Impaired Eyes ache.
HEARING, Good
COORDINATION, Arms, Slightly impaired

tremors Tongue, fine
General,

EXAM. URINE, Aug 23/95
Quantity in 24 hrs - 1 3/4 qts
Color - Reddish yellow
Character - Flaky sediment
Sp. Gr. - 1019
Reaction - Alkaline
Albumen - None
Sugar - "
Urea -
Sediments - Amor. uric acid & mates. Cyls am mats. triple phosphates Vag cells

TAKEN,

LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., Aug 23 - Normal condition
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty~~,	Clean,	Careless,
BOWELS, ~~Normal~~,	Constipated,	Irregular,
APPETITE, ~~Good~~,	Medium,	Poor,
SLEEP, ~~Good~~,	Poor, Very	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, Head aches ever since she can remember.

Personal and Medical History of Annie Mittenzluer.

195

This patient was brought here by Deputy Sheriff D.C. McKenzie, attended by John Mittenzluer, her brother, with following history. Patient is in fair physical condition. — No history of Consanguinity or Heredity. This is 1st attack; never any others; first Symptoms manifested about 15 years ago, by a sullen disposition. Disease appears to be incoherency but is variable & with rational intervals. Patient is worse in warmer months. Derangement now shown on the subject of religion. She is disposed to injure others, but has never attempted Suicide; Propensity not active. Is disposed to filthy & destructive habits. There has been some aberration of intellect for 15 years. No history of intemperance in self or family. She has not been subject to any severe disease &c nor had any head-injury. Has not been restrained or confined. Supposed cause of the disease is rattle snake bite in 1876. She had no treatment. — On Personal Examination, there are noted obstinacy of expression, incitement & depressions, attitude normal, no disorder of skin Normal: no marks scars or bruises noticed. Is clean. Is quiet & talks sensibly.

Aug 21 On admission, was put on B'm (G.H.N. Rpt. Complexion fair; hair light; eyes blue; condition of skin Normal: no marks scars or bruises noticed. Is clean. Is quiet & talks sensibly.

" 22 Nurses Notes. Quiet and agreeable, talks sensible. Appetite good. Is slept 6 hrs. No cough. Constipated gave cathartic Pulse 88. Resp 20. Temp 97. Aug 23/95. Quiet, talks sensible. Appetite good Bowels moved. Works in dining room, went walking. Menstrated 2 hrs & 1/2 pt. Pulse 88. Resp 20. Temp 96.6

" 23 Same report Pulse 78. Resp 18. Aug 24/95. Same report. Slept well Pulse 72 Resp 18.

" 24 " " " 78 " 18. " 25/95. " " does no work. seems quite stupid.

" 28 Quiet and very stupid today, refusing to come to meals, talks sensible but very little. is menstruating Pulse 75 Resp 20. Aug 29/95. Patient somewhat stupid all day. has strange delusions. is quiet. Appetite good. sleeps well. Bowels moved. Pulse 75 Resp 18.

" 30 Quiet and some brighter today. Appetite good. Bowels moved, sleeps well. does no work, and refused to go out walking. Pulse 78 Resp 18. Aug 31/95. Very quiet in behavior, talks very little. Seems to have strange ideas. Does no work. Went walking. Appetite good. Bowels regular. Same report for Sept 1" 2" 3" 3rd 4" assisted some with the work today (4")

Summary. Patient talks, quite sensible but very little. Quiet behavior. Clean in habits. somewhat careless about her personal appearance. Was quite nervous and stupid during menstruation. Seems to have some strange delusions. Appetite good. Bowels regular. Sleeps well. goes out walking and riding. Assists some with the work. Physical health good.

Sept 1 Very quiet in behavior. Clean in habits. Assists some with the work. Goes riding & walking. Appetite good, bowels regular, sleeps well. Gen. health good.

Sept 29 Menstr. Somewhat stupid. Oct 29 Very quiet & clean in habits; bowels regular; appetite fair, sleeps well. Goes walking & riding. Talks sensibly but very little. Has worked in dining room lately. Nov 29 Menstr. Dec. 29 Menstr.

Dec 30 Quiet, neat & clean. Has delusions but very seldom speaks of them. Appetite good. Bowels regular. Sleeps well. Takes out door exercise. Works in sewing room sometimes. Assists some with work on ward. Talks sensibly on most subjects

Feb. Visited by brother. Mar 29 Menstr. Mar 31 Has a good many delusions. General health good. Appetite fair. Bowels regular. Sleeps well. Apr 27 Menstr.

Personal and Medical History of Annie Mittenzluer.

Apr 29 '98 Visited by her brother Mayer. Quite quarrelsome of late. Trans. to B 1. May 23 Menstr.

May 97 Usually quiet in behavior but contrary & melancholy at times. Seldom speaks. Refuses to go walking & riding. Is neat & clean in dress & habits. Appetite good. Bowels regular. Sleeps well. General health good.

June 6 Summary Nurses Notes by H. Phelps. Very quiet in behavior: Neat & clean in dress: Seldom speaks: never struggles or resists: appetite good: General health good:

Jan 97 Very quiet: Answers questions when addressed. Does not talk: bowels regular.

May 31/97 Very weak: works on ward in dining room: At times talks quite sensibly

Aug 97 Patient not as well mentally as usual: Is irritable & does no work: Appetite is good: sleeps well. Continued by Dr. W.M. Phelps. Nov 29 97 General health good: Always quiet & dull: Talks little: is rather demented Jan 15 98 Visited by brother:

Jan 3. Trans. to Annex. Feb 9 98 Wt. 199#. Feb 12 99 Condition practically unchanged during period. (Cont by Dr. R. A. Bibb.) Mar to Sept 99 Gen'l health & appetite good: bowels regular: sleeps well: takes out door exercise: neat & tidy: quiet: does not converse; but talks incoherently: Has delusions: Aug 18 Wt. 205#

Sept 1. Feb 28/1900 (Dr Heyerdale). Neat & Has delusions. Quiet in behavior: Does not converse Eats & sleeps well: General health good: Usually refuses outdoor exercise Menstruates regularly. July 1st Wt. 200#. Mch 1- Aug 31/1900 Neat. Very stubborn Does not talk much: General health good. ~~July 20~~ Menstruates regularly July 20 Vaccinated. Sept 1- Nov 30 Eats & sleeps well: Assists with ward-work: Tidy in appearance: At times quite disturbed: Converses some at times Nov 1st Wt. 202½#. Dec 1- Feb 28. No change Mch 3 Wt. 203¼#

Mar 1- June 1- 1901 No change in mental or physical condition. Works on ward. May 30 Wt. 201. June to Sept. Takes no out door exercise, does no work, Sept. 2 Wt. 200#. Sept. to Dec No change Nov. 30 Wt. 203#.

Up to Dec Feb 1, 1903. General health good: bowels regular: sleeps well: does no work: quiet and agreeable on the ward: answers questions intelligently. Wt. Dec. 1st 205½#.

Personal and Medical History of Ella. J. Bean

LABERT, FIDLAR & BARBERS, DAVENPORT, IOWA.

Whole No. 4184.
Residence, New Prague, Minn.
Date Admission, 24th August 1895.
Admitted by, Dr. A. F. Kilbourne, Hour, 4 PM.
How Sent, H. Meyer. Jo P. Scott County.
Sex, Female
Age, - 43 -
Civil Condition, Married
Children, - 5 -
Age Youngest Child, 12 years.
Occupation, Housewife. (Husband, Merchant Miller)
Degree Education, Common School.
Profession Religion, Yes; Congregational -
Habits, not intemperate —
Nativity, New York State, (Parents born in Ireland) -
Physicians Committing, A. O. Smith & W. F. McCarthy
Correspondents, J. A. Bean, (Husband)

No. for Year, 12.
Insane Relatives, — None —
Cause Exciting, Not known; except insomnia
Cause Predisposing, Previous attacks
Form,
Accompanying Bodily Disorder, None Mentioned —
Suicidal or Not, very Suicidal & Homicidal.
Date of this Attack, Nearly a Year ago
Duration, - about a year -
No. of Attack, 4th —
No. of Admissions, 2nd here -
Age First Attack, about 32 -
Time of Leaving, May 30. 1898
Time in Hospital, 2 yr. 9 m. 6 da.
Result, Discharged Dec. 17, 1898 Improved.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Quite clear now
Quick or Sluggish, Fairly quick.
MEMORY: Good
Past Events, "
Recent Events, "
Special Subjects, "
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Slightly dulled.
REASONING POWER:
Ordinary Subjects,
Own Mental State, } Slightly impaired only
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Has had spells of excitement at time of menstruation. Had Ovariotomy last Spring. Not so much trouble since she thinks.

EMOTIONAL STATE:
Normal, Calm, Normal
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, } None now
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS: "
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent,

Personal and Medical History of Ella. J. Bean

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Normal Coatings, Promptness Movement,
PUPILS, Equality, " Size, Normal
Response Light, " Accommodation, "
SIGHT, "
HEARING, "
COORDINATION, Arms, "
Legs, "
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal and about 6
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION,
Fairly good
SENSIBILITY,
HEART, Normal on slight examination
LUNGS, " " " "
GYNAECOLOGICAL EXAM.,
MENSTRUATION, Ovariotomy in May
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Sept 5 '95
Urine 32 hrs -
Color yellow
Character cloudy
Sp Gr 1015
Reaction Acid +
Albumen 0
Sugar 0
Urea 0
Sediments amorphous urates triple phosphates uric acid - few epithelial cells

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,

PULSE, 75 Rather full and hard Resp., No atheroma Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother living is nervous
Father or Pat. Relations, Father died aged 77
Brothers or Sisters, Brother had paralysis 3rd recovered.

Personal and Medical History of Ella J. Bean.

1895

This patient was brought here by J. A. Bean, her husband, with the following history: The patient is in good physical condition. There is no history of consanguinity or heredity. This is not 1st attack: seems to be 4th: She had them in 1885-1888-1891, also: duration 6 months to 3 yrs. Has been in Hospital at Batavia, Ill. and in this (Rochester) hospital ⊕; results favorable. Patient has been nervous & irritable, since released from Asylum. Disease appears to be stationary: variable & with rational intervals: She is worse at the times when she should naturally menstruate. Derangement now shown as no particular subject, except undue desire to work and violent & profane talking. She is disposed to injure others, from suddenness. Has attempted suicide, by poison, drowning & shooting, but propensity not now active. Is not filthy or destructive in habits. No peculiarities &c had been known, previous to accession of the disease. There is no history of intemperance in self or parents. Has not been subject to any severe disease &c nor had any head injury. Has been confined in Asylums -, 6 yrs altogether. As to cause of disease, none known, except insomnia. Treatment given has been that at Asylums, and removal of Ovaries (in April 1894): effect beneficial. On personal examination

Note ⊕ She is found to be passionate and nervous. Note. Patient here before, from Oct 12/91 to Sept 22/94. On first coming, was, for some time, inclined to have paroxysms of violence, stopping conversations; occasionally refusing meals: complaining of pains & of aching all over; had a habit of picking her face & keeping it sore, and, at last, caused facial erysipelas. On July 2/92, was taken home by brother, on trial, though not very much improved, but was returned, Aug 27/92, by husband. She had been somewhat worse of late. During following Sept. Oct & Nov, She was, with the exception of 1 or 2 "ugly spells", fairly quiet; sitting by herself, in a dull way & seemingly under control of her delusions. During Jany & Feby '93 she had "ugly & violent spells", quite often, since then & up to about Feb 20/94, patient was very restless, at night; frequently noisy; was given frequent hypnotics, with but little effect. Behavior bad: "ugly & violent spells" were frequent, & at times, she was very hard to control: excited & pugnacious; after about Feb 20/94, she became more quiet & somewhat better behaved, tho' quite stupid, at times: was visited 2 or 3 times by husband, who took her home on trial, but she was not improved to any extent. (See Vol 18. Page 7. No 2841).—

Aug 24 On admission, was put on A'. (G.H.N. Dpt. Complexion fair; Hair red; eyes gray; Condition of skin normal: 4 small white spots on left side of face: Is clean. Quiet and talks sensibly.

" 25 Nurses Notes. Quiet and pleasant. talks sensible. Appetite fair. No cough. Bowels regular.

" 26 Patient sits quietly around on Ward. Appetite fair. Slept well. Went out for a ride. talks sensible. Aug 27/95 Same report. Aug 28/95. Patient becomes somewhat excited at supper table. Aug 29/95. Appetite good. sleeps well. is quiet. Bowels regular. assists at work on Ward. Aug 30/95 Patient takes outdoor exercise. Appetite good. Bowels regular. Works some for herself. Aug 31/95. Patient quiet. talks sensible. Appetite good. slept well. Sept 1/95 Patient became quite excited and talkative. Physical health good. takes outdoor exercise. Sept 2/95 Patient quiet. talks sensible. Appetite fair. sleeps well. Sept 3/95 Same report. patient occupies most of her time reading. Sept 4/95 Patient quiet and pleasant in appearance. talks sensible. Bowels regular.

Personal and Medical History of Ella J. Bean

1895

Sept 5 Patient went for a drive. talks sensible. Appetite fair. quiet and pleasant in appearance.

" 6 Patient somewhat excited and restless during the night. Sept 7/95 same report. Appetite fair.

Summary. Patient is usually quiet and pleasant. At times becomes excited. Usually sleeps well. Appetite fair, talks sensible when not excited. Goes out walking also riding. Occupies her time reading and working for herself. Physical health good.

Oct 1 Quiet & pleasant. Talks sensibly. Appetite fair at times some what restless during night.

Oct 11 Visited by her husband. Oct 31 Quiet & pleasant. Takes plenty of out door exercise & her genual health seems good. Nov. 5 Taken home by her husband.

Nov 13 Returned. Nov 30 Very nervous & excitable & at times very talkative. Does not sleep very well. Appetite quite good. Physical health good.

Dec 9 At times becomes excited & talks somewhat delirious. Appetite good. Sleeps usually well. Jan 11 Visited by husband. Jan 12 Went to church with her husband.

Feby 7 At times quite excitable & very talkative. Physical health good. Appetite good. Sleeps usually well. Goes riding & walking. Occupies her time reading & working for herself. Mar 14 Patient is tantalizing & very disagreeable on ward.

Apr 9 At times very disagreeable. Has morbid ideas & is also inquisitive. Physical health good. Appetite very good. Sleeps usually well. Occupies most of her time reading & working for herself. Takes out door exercise.

May 3 Visited by husband & daughter. Did not seem to care to talk with them. Was very disagreeable. May 14. Very much disturbed. Trans. to B. 2.

May 19. Usually quiet in behavior. Bowels regular. Appetite good. Has delusions. Goes walking & riding.

June 6 Summary Nurses Notes by S.L. Phelps. Appetite good: bowels regular: goes walking & riding: Is easily excited but is usually quiet: Sept 96 Has been quite well mentally: General health is good: Tidy in appearance: Jan & Aug '97 Very easily excited but usually quiet: Works for herself at times: At times is very irritable & disagreeable. Tidy in appearance & habits.

Continued by Dr. R.M. Phelps. Oct 5 Visited by husband. Nov 17 Quite confused: Talks considerably answers questions sensibly at times but mind is quite feeble. Jan 1 Quite excited rather confused in talk. Feb 14 98 Wt 173 Apr 17 Visited by husband. Has been on A' for several months. May 30 Went home on trial. Has been most of the time quite quiet & tractable altho easily excited.

Discharged.

Personal and Medical History of Mary Griese

LIBERT, FIOLAR & SAMBERS, DAVENPORT, IOWA.

Whole No. 4185.

Residence, Winona, Minn.

Date Admission, 26th August 1895.

Admitted by, D. B. Ely Hour, 7.50 P.M.

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

Sex, Female

Age, 53

Civil Condition, married

Children, Six

Age Youngest Child, Thirteen

Occupation, Housewife; husband a laborer

Degree Education, dull educated, in German

Profession Religion, Not a church member

Habits, not intemperate

Nativity, Germany; (Parents also born there)

Physicians Committing, L. L. Yates and Wm. A. Pierce

Correspondents, Aug. Griese (husband).

No. for Year, 13.

Insane Relatives, Says her mother was insane

Cause Exciting, Unknown

Cause Predisposing, heredity & previous attacks

Form,

Accompanying Bodily Disorder, None mentioned

Suicidal or Not, — not —

Date of this Attack, 3 weeks since

Duration, 3 weeks

No. of Attack, 3rd

No. of Admissions, 3rd

Age First Attack, 44 years

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Patient was here before. quiet melancholy and weak minded. Now will not talk though evidently understands.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Mary Griese

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Good

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Normal Coatings, White Promptness Movement, prompt

PUPILS, Equality, Equal Size, Normal

Response Light, Normal Accommodation,

SIGHT, "

HEARING, "

COORDINATION, Arms, "

Legs, "

TREMORS, Hands, " Tongue, Normal

Facial Muscles, " General, "

REFLEXES, Patellar, "

Other

ARTICULATION, Will not talk

Slurred, Formerly good

Hesitating,

FACIAL EXPRESSION,

Semi melancholy

SENSIBILITY,

For former photo see previous history

TAKEN,

EXAM. URINE, Sept 11/95

Urine 24 hrs-

Color Pale yellow

Character Flaky sed

Sp Gr 1009

Reaction Neut

Albumen 0

Sugar 0

Urea 0

Sediments. Amorphous urates-triple phosphates oxalate of lime & pus-a little blood. Granular & fatty casts - epithelial cells & bacteria

HEART, Position normal no murmur sounds distinct and feeble

LUNGS, Normal

GYNAECOLOGICAL EXAM.,

MENSTRUATION, ?

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Rather dirty Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, 75 Normal Resp., Temp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, Slow ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Mary Griese

1895

This patient was brought here by Deputy Sheriff A.W. Fuhrmann, attended by August Griese with following history. Patient is in fair physical condition. No history of Consanguinity, but some of heredity; patient says "mother was insane". This seems to be 3rd attack: others occurred in 1886 & 1893 (duration 6 months); was sent to Rochester Hospital; result of the treatment temporary. First symptoms of this attack were manifested 3 weeks since, by incoherent conversation & interference with neighbors. Disease seems increasing; there are rational intervals, but these do not occur at regular periods. Derangement is now shown by tearing down fences & smashing windows and doors for neighbors by jealousy. Patient has shown a disposition to injure others, but is not suicidal, nor of filthy or destructive habits. Nothing specially noted before the accession of the disease: she showed a violent temper, at times, & some peculiar religious impressions. There is no history of intemperance nor of any severe disease &c: has had no head-injury. As stated, has been in Asylum twice (4 mos). Cause of disease is unknown. She has had no treatment except at Asylum. Patient talks incoherently.

Note ⊗ Patient was here, the 1st time, from May 1886 to Sept 6/87. (see Vol 7. No 1165); during that stay she was, as a rule, quiet & well-behaved, though subject to short periods of excitement. had many & various delusions; worked well in kitchen; also in sewing-room, & went home improved. During her 2nd stay, (see Vol 14 Page 145 No 3435), she was also quiet & well-behaved; patient; tidy in her habits; did no work, for a time; afterward worked some; occasionally would have silly-talking, laughing "spells"; was rather demented. (This patient was among those who had been illegally committed, under "Law of 1893"); was improved on leaving. —

Aug 2 On admission, was put on B 3rd (G.H.R. Ref: Complexion dark: hair brown; eyes gray: condition of skin normal: no marks, scars or bruises noticed: is rather dirty: is quiet: has some delusions.

" 27 Nurses Notes. Quiet in bed all day. Appetite fair. Slept 6 hrs. Bowels moved. T 72 R. 18 P. 98.8

" 28 In bed all day. very quiet. Appetite poor, gave cathartic. slept well. talks sensibly. and questions well

" 29 Up on ward. very quiet. Appetite fair, talks sensibly. Slept 6 hrs T 97+ R 22 P 73

" 30-31 Sept 1-2 all same report as 29th. Sept 3rd Bowels did not move. Sept 5th Bowels moved. quiet. appetite good. Sleeps well. talks sensible Sept 6th-7th same report

Sept 8th-9th Same only patient does not talk. Pulse 76

Summary. Appetite good. very quiet in behavior. Talks very little and rational. Bowels regular. sleeps well. Sept 22 Appetite good. Clean & tidy in habits. Very quiet in behavor. Gen. health good. Does reading & walking

Oct 24 Appetite good. Clean & tidy in habits. very quiet in behavor. Sleeps some at present but incoherently. Nov 27 Does not talk at all. No other change noticeable.

Jan 7 Visited by friends. Did not recognize them. Jan 27 Appetite good. Clean & tidy in habits. Quiet in behavior. Talks none. General health good. Takes outdoor exercise.

Feb 11 Went to bed sick this A.M. Complained of pain in chest. Feb 12 Was restless till 3 A.M. after that time rested well. Feb 12 Complains of pain in back Appetite good. Temp. normal. P 86, R 30. Feb 13 Up on ward. Feb. 25 Has been talking a good deal today about home & children. Mar. 20 Appetite good clean & tidy in habits. Quiet. Talks very little & incoherently. General health

Personal and Medical History of Mary Griese.

good. Takes out door exercise. Apr. 28 No change in any way. May 20 Has been quite noisy today

June 6 Dec 3/96 Dunmiary Nurses Notes by Dr Phelps. Appetite good: neat in habits: General health good: Is occasionally noisy & violent. Feb 97 Is irritable & full of delusions usually quiet: General health good. Aug 97 Lungs & heart examined. General nutrition fair: Chest expansion normal: auscultation - Breath sounds shallow. Respiration 20. Heart sounds weak: no murmurs: Pulse 72 & weak. Circulation poor. extremities cold. Continued by Dr. P.M. Phelps. Oct 3/97 General health good. at times will answer questions fairly well but has spells of crying & irritability. Feb 9/98 Wt 126 Feb 12 Visited by friend. Feb 12/99 Condition practically unchanged during period. (Cont. by Dr R.A. Betts) Mar to Sept 99 Gen'l health good: appetite good: Sleeps well: takes out door exercise: neat & tidy: usually quiet, scolds at times: seldom talks unless questioned: During Mar. worked on sewing flat. - later stopped working: June 12 Visited by friends. Aug 6 Wt 183#

Nov. - Feb 28/1900. (Dr Hyerdale) Disagreeable & scolds at times: Does not converse: Takes out door exercise: Eats & sleeps well: General health good: Works mending: June 12 Wt 173# Mch 1 Aug 31/1900 (Dr Hinton) Neat: At times disagreeable & noisy: answers questions sensibly: General health good: Bowels inclined to be constipated. Does no work: Apr 21. Visited by friends. July 20 Vaccinated.

Sept 1 Nov 30. No change mentally or physically. Dresses neat Attends amusements: does no work: Neat. Converses readily. Nov 24. Wt. 165 1/2#. Dec 1 - Feb 28. No change

Mch 3. 165# Mar 1 June 1 - 1901 no change in mental or physical condition. Does no work. May 31 Wt. 161#. June to Sept. Takes out door exercise, attends chapel and amusements, does no work, Sept. 2. Wt. 162#.

Sept. to Dec. No change in general condition, Nov. 30 Wt. 163 1/2#.

Up to Feb 1, 1903. General health good: appetite good: bowels regular: sleeps well: exercises: assists with the work: usually quiet: at times noisy and disturbed: occasionally violent: is delusional: neat and clean in habits: Dec 3rd visited by friend. Dec 1st Wt 154#.

Personal and Medical History of *Betsy Sieverts*

LARRABEE, FISLAR & DeCAMBELLE, DAVENPORT, IOWA.

Whole No. 4189.
Residence, Olmsted County, Minn.
Date Admission, 3rd September 1895.
Admitted by, Dr. Phelps Hour, 3 P.M.
How Sent, Thomas Fraser, Jo. P. Olmsted Co.
Sex, Female
Age, 43
Civil Condition, single
Children,
Age Youngest Child,
Occupation, House Keeper (father farmer)
Degree Education, Common School
Profession Religion, Yes: Lutheran
Habits, Not intemperate
Nativity, Voss, Norway (Parents born in Norway).
Physicians Committing, Chas. T. Granger and A. S. Adams
Correspondents, Andrew Sieverts (Brother) Byron, Minn

No. for Year, 17.
Insane Relatives, a cousin on father's side: (mother, in persons history)
Cause Exciting, Disappointed affections.
Cause Predisposing, Heredity probably.
Form,
Accompanying Bodily Disorder, Emaciation.
Suicidal or Not, not
Date of this Attack, 20 years ago
Duration, 20 years
No. of Attack, 1st (Continuous)
No. of Admissions, 2nd here (was at St Peter)
Age First Attack, about 25.
Time of Leaving, Mar. 28, 1899
Time in Hospital, 3 yr. 6 m. 25 d.
Result, Died Tuberculosis Pulmonalis

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Rather indifferent
Exalted,
Depressed,
DELUSIONS: Seems to have many and
Systematized or Not, varied delusions
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Volable or Reticent, very and vague

Miss Anna Stevenson
Rock Dell
Minn
Betsy Sieverts
11/12/97

ADMISSION, CONTINUED.
CHARACTERISTICS.

Taken NUTRITION, Unimpaired
Mouth edges indented and deviates to the right. Promptness Movement,
Size, Normal
Accommodation,

COORDINATION, Arms, "
Legs, "
TREMORS, Hands,
Facial Muscles,
REFLEXES, Patellar, Equal and
Other normal
ARTICULATION, Hesitating
Slurred,
Hesitating,
FACIAL EXPRESSION,
Very dull
SENSIBILITY,
HEART, Irregular, no murmur
Lungs. Prolonged expiratory murmur. Harsh inspiration. Dry rubal respiration in left
LUNGS, apex-poor chest expansion, dullness above and below each clavicle. Fine rales in both apices.
TAKEN,
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

Tongue, Slight tremor
General,

4189

EXAM. URINE, Sept 9/95
Urine 24 hrs XVIII
Color Red yellow
Character Flaky dep
Sp. Gr 1020
Reaction Acid
Albumen 0
Sugar Trace
Urea 153 gr
Sediments Epithelium - mucous mates -
Bladder & Vaginal epithelium

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Fair	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, 90 Irregular, compressable, Weak	Resp.,	Temp.,

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

Personal and Medical History of B[illegible]

LAMBERT, FIGLAR & SCHNECKE, DAVENPORT, IOWA.

Whole No. 4189.
Residence, Olmsted County, Minn.
Date Admission, 3rd September 1895.
Admitted by, Dr. Phelps Hour, 3 P.M.
How Sent, Thomas Fraser, Jo. P. Olmsted Co.
Sex, - Female -
Age, - 43 -
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, House Keeper: (father farmer)
Degree Education, Common School
Profession Religion, Yes: Lutheran.
Habits, Not intemperate.
Nativity, Vos, Norway: (Parents born in Norway).
Physicians Committing, Chas T. Krauger & A.S. Adams
Correspondents, Andrew Sievertz (Brother)
Byron, Minn

No. for Year,
Insane Relatives, a[illegible]
Cause Exciting, Disap[illegible]
Cause Predisposing, Heredity [illegible]
Form,
Accompanying Bodily Disorder, Emacia
Suicidal or Not, not
Date of this Attack, 20 years ago
Duration, - 20 years -
No. of Attack, 1st (Continuous)
No. of Admissions, 2nd here (was at St Peter)
Age First Attack, about 25 -
Time of Leaving, Mar. 28, 1899
Time in Hospital, 3 yr. 6 m. 25 d.
Result, Died Tuberculosis Pneumonia.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Rather indafferent
Exalted,
Depressed,
DELUSIONS: Seems to have many and
Systematized or Not, varied delusions
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, very and vague

Personal and Medical History of Betsy Sievertz

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Impaired
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Slight tremor Coatings, yellow. edges indented and deviates to the right. Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Slow Accommodation,
SIGHT, Normal
HEARING, "
COORDINATION, Arms, "
Legs, "
TREMORS, Hands, Tongue, Slight tremor
Facial Muscles, General,
REFLEXES, Patellar, Equal and
Other normal
ARTICULATION, Hesitating
Slurred,
Hesitating,
FACIAL EXPRESSION, Very dull
SENSIBILITY,

TAKEN.

EXAM. URINE, Sept 9/95
Urine 24 hr 3 XVIII
Color Red yellow
Character Hazy dep
Sp Gr 1020
Reaction Acid
Albumen 0
Sugar Trace
Urea 153 gr.
Sediments Epithelium - amor mates -
Bladder & Vaginal epithelium

HEART, Irregular, no murmur
Lungs. Prolonged expiratory murmur. Harsh inspiration. Dry rhal respiration in left above and below each clavicle. Fine rales in both apices.
LUNGS, apex - poor chest expansion, depress
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Fair	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, 90 Irregular, compressable Weak	Resp.,	Temp.,

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

Personal and Medical History of *Betsy Sievers*

1895

This patient was brought here by Sheriff Stewart, attended by Martha Stevenson, with following) history. Patient is in somewhat poor health. There is no history of consanguinity but some of heredity, a cousin on father's side, insane: (in previous history, mother said to be insane). This is 1st attack, continuous for about 20 years; she has been at St. Peter; also at this (Rochester) Hospital®; no improvement: first symptoms of disease were manifested by melancholia: the disease appears to be stationary: not variable: no rational intervals: She wanders from home; is excitable, alternating with melancholia. Derangement now shown as above stated: Patient is not disposed to injure others: nor suicidal, but will destroy her clothes. Previous to accession of the disease, she differed from fear of injury. There is no history of intemperance in self or parents, nor of any severe disease &c. Supposed cause of the disease is disappointed affections. Treated only at Hospitals. On personal Examination, patient is emotional, emaciated; pulse 130: heart irregular. NOTE. Now before from Mar 15/88 to June 16/89. (was, at that time transferred hither from St. Peter Hospital). Had been admitted to St. Peter Aug 30/78. The history which came with patient at that time stated that she had developed insanity 6 years ago; been continuous since with exacerbations manifested by morbid craving for money, and hatred towards relatives, and desire to wander: somewhat destructive to clothing & careless of person. After coming to Rochester Hospital, she became quiet and better behaved; worked on ward & was in Laundry nearly every day. Allowed to go home with Peter, on trial.

NOTE® Vol 2 page 24 to 26

Sept 3 On admission, was put on B[2] W[d] G.H.N. Rpt. Complexion Dark: hair brown, streaked with gray; eyes gray; condition of skin normal: no marks, scars or bruises noticed: Is quite dirty; behavior quiet: talks sensibly).

" 4th Nurse's Notes. Very quiet, talks sensibly. Appetite fairly good slept 5 hrs, restless rest of night; Bowells did not move. no complaint. Pulse 86 Resp 19. Temp 98

" 5th Very quiet. no delusions. appetite fair. Bowells did not move. Slept 6 hrs. Pulse 86 Resp 18 Temp 98.

" 6th Same report Sept 7/95 Very quiet. no delusions. gave cathartic. Bowells moved. appetite fair. slept well.

" 8th 2nd of same report Sept 10/95 Quiet. talks very little. Slept. Bowells did not move, does no work. went out walking. Pulse 78. Resp 18. Sept 11/95 Quiet in behavior, clean in habits. Appetite fair. sleeps well bowells moved. goes walking. Pulse 78 Resp 18 Sept 12/95 Patient wants to sit on the floor most of the time, got very angry today when made to get up. appetite good, sleeps well Bowells moved Pulse 80 Resp 16 Sept 13/95 Quiet, talks very little, appetite good Bowells moved. Slept well, went walking, does no work Pulse 75 Resp 20. Same report for 14th 15th 16th and 17th only bowells did not move on 17th

Summary. Patient talks sensibly when spoken to. Talks very little. Does not express any delusions. Clean in habits. neat in personal appearance, always anxious to sit on the floor. behavior very quiet. goes out riding 2d walking Appetite good Bowells constipated, at times. takes cathartics. sleeps well, and is very quiet during the night.

Sept 25 Very quiet in behavior. Somewhat careless in appearance. Clean in habits. Does not walking & riding. Does not express any delusions. Appetite good; sleeps well; bowels regular Talks quite sensibly but very little. Oct 5 Month. Quite noisy. Oct 29 Quite noisy at times

Personal and Medical History of *Betsy Sievers*

1 Very careless in personal appearance. Clean in habits - Does no work. Appetite good, bowels regular, sleeps well. Nov 27 Appetite good; bowels regular; clean in habits, but careless in appearance. Has delusions & is quite noisy at times. Goes wandering & riding Does no work

Dec 9 Month. - Quite noisy. Untidy but clean in habits. Talks incoherently & has delusions. At times complains of headache - Appetite fair Sleeps quite well Bowels irregular - Takes out door exercise - Does very little work. Jan 17 Month Noisy & nervous - Jan 31 Trans. to Annex. Feb 18 Appetite good Not noisy but restless - Does no work. Mar 7 Visited by her niece Mar 10 Month.

Mar 25 Appetite good. Clean & tidy in habits. Is not noisy but rather restless. Occasionally violent - General health good. Does not talk. Takes out door exercise

Apr 8 Month. Apr 30 Occasionally becomes very much excited & is violent. Works at times

May 15 Month. June 1 to Oct 31/96 Appetite fair. Clean in habits: Quite noisy: At times talks incoherently: General health good. May 97 Does no work: sits idly about: No change in any way: Quite demented: May 97 Menstruation regular: General health good: No other change. August Appetite fair: habits untidy: Is noisy & restless: Quite emaciated: General health good: Works in dining room part of time. Continued by Dr. R.M. Phelps Oct 28/97 Patient quite emaciated Rather noisy at times. Nov 8 Visited by niece: Coughs & expectorates a good deal at times. Jan 30 98 Trans to A[2] Nr 185. July 3 Visited by Niece Was in bed a few days ago, had a bad cold. Temp. 99. Sept 11 Visited by niece.

Jan 3 99. Visited by brother. Is failing more rapidly & relatives were notified.

Jan 18 99 Visited by brother. Jan 14 Visited by friend. Jan 15 By niece. Feb 98 Patient's condition quite poor at times has dyspnoea. Instead of the local breaking down of one part of the lungs there seems to be a general disease of both Lungs.

1899 Mar. 10-27: Has been failing for some months: has been troubled particularly with diarrhoea: Is inclined to be irritable & seems annoyed by attention: coughs a great deal: usually sits in her own room: has become very much stooped & chest narrow: shoulders bent: seems to have considerable pain when she coughs & rest is more or less disturbed: Mar 28 Visited by friend: Mar 29 Put to bed: Has slight rise of temp: Mar 29 Temp. 100 4 Pulse 108: Resp. 60 & very labored: bowels constipated: appetite very poor: Mar. 23 Trans. to Inf. Talking generally: talks but little: Is greatly emaciated: Appears to suffer great pain in lungs: Mar. 26: Pulse very weak at 5:30: Temp. 96[3] Resp. 37. Mar. 27. Became unable to take nourishment: Very restless all day. Died 2:30 a.m.

Died.

Personal and Medical History of Lottie Daniels

LIBBEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4193.
Residence, Austin, Minn.
Date Admission, 9th September 1895. Hour, 1/45 P.M.
Admitted by, Dr. Herzog
How Sent, S.S. Washburn, Jo P. Mower County
Sex, Female.
Age, 41
Civil Condition, Married
Children, none
Age Youngest Child,
Occupation, Housewife
Degree Education, Common School
Profession Religion, Yes: Catholic
Habits, probably good
Nativity, Kentucky; (Parents born in Ireland)
Physicians Committing, C.A. Johnson and O.W. Gibson
Correspondents, J.A. Sutherford, Austin, Minn (Brother)

No. for Year, 21.
Insane Relatives, none
Cause Exciting, unknown.
Cause Predisposing, previous attack
Form,
Accompanying Bodily Disorder, Deafness?
Suicidal or Not, not. (on previous Commitment she was Suicidal)
Date of this Attack, February 1895
Duration, Done 7 months
No. of Attack, 2nd
No. of Admissions, 2nd (Here in Sept 1894)
Age First Attack, -40-
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, (Inf) much confused
Quick or Sluggish, ✓
MEMORY: Probably impaired
Past Events, " "
Recent Events, " "
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, Impairrd
Own Mental State, Much "
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Depressed and ugly
DELUSIONS:
Systematized or Not,
Special Subjects, Has many and various
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks to self and scolds only
Coherent or Incoherent, in whispers
Voluble or Reticent, Refuses to answer questions

Personal and Medical History of Lottie Daniels

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Somewhat impaired - not much
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, ✓ yellow Promptness Movement,
PUPILS, Equality, Equal Size, N
Response Light, Accommodation,
SIGHT, Good
HEARING, Deaf
COORDINATION, Arms, Probably good
Legs, " "
TREMORS, Hands, } not noted "Struggles" Tongue,
Facial Muscles, } General,
REFLEXES, Patellar, Can't get struggles
Other
ARTICULATION, Probably good
Slurred, Whispers
Hesitating,
FACIAL EXPRESSION,
Angry no special notes
SENSIBILITY,
HEART, No murmurs noted struggles
LUNGS, Normal
GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Sept 20/95
Urine 24 hrs — 3 X I
Color — Yellow
Character — Many flaky dep
Sp Gr — 1020
Reaction — Alkaline
Albumen — Trace 1/50 %
Sugar — 0
Urea — 10 to 90
Deliquesces to triple phosphates amorphous urates

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 Lottie Daniels.

1895

This patient was brought here by Sheriff's Deputy J.A. Rutherford, attended by Geo Rutherford, with the following history. Patient is in fair physical condition. There is no history of Consanguinity or heredity. This is 2nd attack: the other occurred in 1894 and she was sent to this (Rochester) Hospital in Sept 1894. Patient has been in Austin, since February: She has hallucinations of various sorts. The Disease, for the last 3 months, has been worse: it is variable and there are rational intervals, but not at regular periods. She now imagines that some one is going to do her some injury: talks in a whisper, fearing some one is hearing her. She is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits: no previous peculiarities known of. No history of intemperance in self or parents. (On previous commitment it was stated that she had Typhoid in 1891; was also very deaf). She had treatment at home.

Note. Cause of Disease unknown. She had no medical relief. Note. Patient was here before, from Sept 12/94 to Sep 19/94. During that stay, she was very homesick, sad & despondent: had delusion that someone was going to kill her. Her brother came and took her home against advice of physicians on going, she still had some very troublesome delusions & worried a good deal. (Vol 26 p 285 to 385)

Sep 9 On admission, was put on B2 (G.H.N. Rpt). Complexion fair: hair auburn: eyes gray: Condition of skin normal: no marks scars or bruises noticed. Is clean: fought, when asked to bathe. Is quite deaf and has delusions).

" 10 Nurse's Notes. Patient in bed all day, resisted when her temperature was taken appetite good. Slept 6 hrs. bowells did not move Temp 98.4

" 11 Menstruating. Appetite good. Urinated. bowells moved. resisted while bathing in bed all day, quite deaf. Temp 99.2 Slept 5½ hours.

" 12 Quiet in behavior, in bed all day. Appetite good. Slept 6 hrs. Urinated. bowells moved does not talk much. her voice very weak. Sept 13/95 Up on ward. quiet in behavior, appetite good, Slept 6 hrs Sept 14/95 No change noticed talks to herself appetite good. very quiet. transfered to B 1 Sept 15/95 Quiet in behavior in bed during forenoon, complains of headache, ate breakfast. bowells did not move, talked very little, voice very weak talks to herself, slept well.

" 16 Very quiet in behavior, appetite good. bowells moved. slept 7 hrs. talks to herself most of time, resisted when pulse was taken.

" 17 In her room all day, very quiet appetite good. bowells did not move, slept 6 hrs.

" 18 Urinated 2½ pts in 24 hrs. appetite good. bowells moved. slept 5 hrs very quiet behavior good. does not work, refused to go walking.

" 19 Very quiet. appetite good. sleeps quite well. bowells did not move has delusions, imagines she is going to be poisoned.

" 20 Behavior good. appetite fair. sleeps well. bowells constipated, gave cathartic neat about her personal appearance, and clean in habits.

" 21 Appetite good. sleeps well. bowells moved. talks to herself. has delusions.

" 22 Behavior good. quiet. talks to herself. very seldom talks to any one. voice very weak. appetite fair. bowells moved. sleeps quite well.

" 23 Quiet in bed during forenoon. ate no breakfast. ate dinner. refused to go walking.

Personal and Medical History of Lottie Daniels

Summary. Patient is quiet in behavior, neat in personal appearance clean in habits. has delusions imagines someone is trying to poison her. refuses to take medicine. is quite deaf voice very weak never speaks above a whisper talks to herself most of the time. talks quite sensible. seldom talks to any one. refuses to riding or walking does no work. appetite quite fair sleeps well, is quiet during the night. bowells irregular. resisted to have temp or pulse taken.

Sept Menstr. Sept 29. Visited by friends. Sept 25 Very quiet in behavior; clean in habits & neat in appearance. Her voice seems very weak, she will not speak above a whisper & is also quite deaf. Sleeps well; appetite fair; bowels irregular. Does no work & refuses to go out of doors. Has delusions - imagines some one is trying to kill her. Oct 2 Quite noisy most of day. Fought with ladies & was very disagreeable. Oct 5 Fought in dining room this morning. Oct 7 Trans. to C. 1, Oct 11 Sick in bed today. Menstr. " 14 Up & around ward again. Oct 19 Very contrary & disagreeable today. Oct 22 Quiet in behavior - does not speak above whisper. Appetite fairly good; sleeps well; clean in habits; bowels regular. Nov 1 Menstr. Nov 27 Very contrary at times. Will not speak aloud. Clean in dress & habits. Has delusions & refuses to go out of doors. Appetite good; bowels regular; sleeps well. Nov 30 Menstr. Dec. 30 Usually very quiet but contrary when spoken to. Seldom struggles. Does not speak above a whisper. Refuses to go riding & walking. Neat in dress & habits. Appetite good. Bowels regular. Sleeps well. General health good. Jan 17 Menstr. Feb 1/97 Menstr. Feb. 26 Very contrary & disagreeable at times. Has delusions & struggles Mar 5 Sick in bed & complains of headache Took powder but refused the ginger Took powder 10 PM. Mar 10 Up & around again. Mar 30 Menstr. Mar 30 Apparently not very well. Quite contrary & disagreable at times. Neat in dress & habits. Has delusions. Seldom struggles. Appetite poor. Bowels constipated. Does not sleep very well. Refuses to go riding & walking. May 15 Menstr. regularly. May 30 Quite disagreable & contrary at times. Does not speak above a whisper is neat & clean in dress & habits. Struggles occasionally Refuses to go riding or walking. Appetite good. Bowels regular. Sleeps well General health good.

June 1 Dec 96 Summary Nurses Notes by Dr. Phelps. Patient usually quiet in behavior but cross and contrary when interfered with. Occasionally struggles: Appetite fair: bowels regular: General health fair. Feb 97 Always quiet: Not so troublesome as formerly

Apr 1/97 Appetite good. Clean in habits. Works in sewing room.

Aug 97 Lungs & heart examined:- General nutrition rather poor: respiration impaired. Chest expansion limited, on left side especially. Percussion note hyperresonant over whole of chest, slightly more dull on left side: Breath sounds shallow: respiration 16. Heart sounds full & strong: Pulse 72 full & regular Continued by Dr. P.M. Phelps Oct 1 Patient transferred from Annex to A. Patient usually quite agreeable in behavior. Health good at this time she is inclined to complain

Jan 30 Wt. 102. Mech & trans. to Annex May 1 Sick in bed. Jan 1899 General condition has continued about the same during period.

(See p. 344)

Personal and Medical History of Maggie Forrester

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4199

Residence, Austin, Minnesota.

Date Admission, 17th September 1895

Admitted by, Dr. Herzog Hour, 4½ P.M.

How Sent, S. S. Washburn, Jo. P. Mower County

Sex, Female.

Age, - 25 -

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Housework

Degree Education, Not known

Profession Religion, Catholic.

Habits, Unknown

Nativity, Says "Does not know": (as to parents will not answer).

Physicians Committing, E. N. Washburn and O. W. Gibson

Correspondents, (of H.H.H.) Michael Forrester (father)
(to family Physician) Elma Howard Co. Iowa.

No. for Year, 27.

Insane Relatives, Says mother: brother Deistic

Cause Exciting, unknown

Cause Predisposing, Heredity

Form,

Accompanying Bodily Disorder, none mentioned

Suicidal or Not, not

Date of this Attack, Several months since

Duration, Seven al months -

No. of Attack, unknown

No. of Admissions, 1st

Age First Attack, 24 (about) (?)

Time of Leaving, July 28 1895 ?

Time in Hospital, 1 yr. 10 mo 11 da.

Result, Died Tuberculous Pulmonalis.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Maggie Forrester

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken 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

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

LUNGS,

TAKEN,

EXAM. URINE, Sept 24/95

Urine 24 hrs - ℥ XVI

Color Brown Red

Character Dark flaky dep

Sp Gr 1025

Reaction Acid +

Albumen 0/50 %

Sugar 0

Urea 456 gr

Sediments, Uric acid crystals - amorphous urates -

GYNAECOLOGICAL EXAM., Sept 25'95 - Uterus retro-verted toward right side - Extreme tenderness

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 Maggie Forrester

1895

This patient was received here at the hands of Sheriffs Deputy L.D. Carter, attended by Mary E. Carter, with the following history. Patient is in fair physical condition. As to cause assigning unknown: she said, at one time, that her mother died in the Asylum: no other idiotic. As to this being 1st attack, unknown. She has acted strangely, for several months. Disease appears to be increasing, lately: his is variable. For the last month, she has spent most of her time in bed: it is difficult to get her to talk or answer questions. Patient is not dispposed to injure others, nor suicidal, no filthy nor destructive in habits. She has shown peculiarities of temper & habits. Goes without eating, for several days, & then makes up by an enormous appetite. As to habits of self or parents, unknown. She has had no severe disease or or head-injury: has not been restrained or confined. Cause of the disease is unknown. No medical treatment. Patient committed here, for following reasons. (3) She is exposed to want of food & shelter; (4) neglected by relatives & friends: (5) requires care and treatment for recovery ——— On admission, Patient B.[2] (G.H.M. Hosp. Complexion dark: hair dark brown: eyes brown: condition of skin normal: no marks scars or bruises noticed. Is clean. Talks sensibly: persistes loud, at baths).

Sept 17

" 18 Nurse's Notes. Quiet in bed all day has delusions. Appetite very poor. Slept well. Constipated gave bath complains of pain in back. Menstruating. Pulse 82 Resp 18 Temp 98.6

" 19 Quiet in bed all day has delusions. Appetite poor. Bowells moved freely. Slept well. complains of pain in back Menstruating T 98.6 P 80 R 18. Sept 20/95 Afternoon part of day. complains of back: refuses to eat very quiet: takes tonic: Urinated in 24 hrs 3 XXj. Slept 7 hrs. Sept 21/95 In bed most of day Appetite poor. gave cathartic: Bowells moved. has many delusions. quite irritable

" 20th and 21st Afternoon part of time. complains of back ache. slept well takes tonic Temp 98.4

" 22nd Afternoon. Constipated. gave cathartic takes tonic. fed with tube. Reid treatment (Gyn. & electric.)

" 25. 26. 27. 28. 29 No change. quite irritable. bowells moved. takes tonic. appetite better sleeps well

" 30th No change. visited by sister. refused to talk with her. Appetite very good. Constipated. Slept 7 hrs

Oct 1st Quiet and impudent. Appetite good. Bowells usually moved by cathartic. Slept 7 hrs

Summary. Quiet in behavior, quite impudent in bed part of first week. Complained of pain in back. Temp about normal also pulse & Resp. Appetite poor refused to eat at first. fed with tube one meal. eats quite well, takes tonic. Menstruating. Urine in 24 hrs 3 XVj. Reid Electrical treatment. Visited by father & sister. Sleeps well. bowells usually constipated Receives Gynaecological treatment

Oct 2 Gyn. treatment given Oct 3 Electrical treatment Oct 4 & 7 Gyn. & Electrical treatments given. Appetite good; Sleeps well; bowels usually constipated, takes cathartics also gyn. treatments. Talks sensibly but is quite impudent at times. Refuses to go walking or riding.

" 16 & 18 Gyn. treatments. Oct 29 Galvanic treatment. Nov 1 Appetite good, sleeps well, bowels usually constipated. Talks rationally. Nov 5 Trans. to A. 2. Nov 6 Ate nothing & is very stubborn Nov 7 Trans. to B 2. Nov 14 & 15 Electrical treatments.

Nov 19 Galvanic treatment given Nov 20 Menstr. Nov 21 Electrical treatment Nov. 25 & 29 Gynaecological treatments given. Dec. 2, 3, 4, 6, 9, 27. Jan 3, 6, 8, 13, 15, 17, 20, 22, 24 Gyn. Treatments given Jan 8 Works a little at times. Has many delusions. Very impudent at times

Personal and Medical History of Maggie Forrester.

Jan 6 Very excited. Has to be dressed & undressed. Jan 27 Menstr. - Appetite fair. Bowels irregular. Fought — undressed during day. Jan 28 Trans. to C. 2. Jan. 29 Undressed hardly several times during day. Jan 30 Fought. Wanted to stay in bed. Secluded - 4 hrs. Trans. to C. 3. Feb 28 More quiet last few days. Mar 30 Quiet & agreeable in behavior for past month. Neat & tidy. Irregular about eating. General health apparently good. Trans. to Annex. Apr. 28 Has a good appetite. Clean & tidy. Quiet. Does not talk. General health good. May 19 Menstr.

May 26 Visited by friends - Did not recognize them.

June 96 Summary Nurses Notes by Dr. H. Phelps. Clean in habits: quiet but impudent: General health good Nov. Very disagreeable at present. Very noisy at times -

Mar 97 During past few mths very violent & destructive: noisy all of the time. General health impaired - is pale & thin. Apr 97 Seems to be failing in health. Appears to be more stupid. May 1st Quite feeble, refuses to go to bed:

Apr 13 Put to bed: coughs & expectorates a good deal: Visited by father:

" 18 Visited by priest. May 28 Sick at stomach: refuses medicine.

June 17 97 Has been constantly confined to bed: coughs & expectorates a good deal. July 1st Still failing: Trans. to Infirmary - July 28 Has been constantly in bed: failing gradually: See Sick ward records on file.

Died today.

Died.

From p. 376. No. 4208 Petra Larson

pain & gradually grew weaker: usually very quiet and depressed: occasionally restless and noisy: Nov. 19 Visited by clergyman: seemed to fear death:

Apr 21. Died 3 a.m.

Died

Personal and Medical History of Agnes Knair

LOBERT, FIGLAR & SHAMBERG, DAVENPORT, IOWA.

Whole No. 4207.
Residence, 58 Jessamine St. St. Paul
Date Admission, 25th September 1895 11:45 P.M.
Admitted by, Dr. Phelps Hour,
How Sent, G. Willrich, Jo P. Ramsey County
Sex, Female
Age, 29 years
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Housewife; husband a laborer.
Degree Education, Common School
Profession Religion, Not a church-member
Habits, probably good
Nativity, Monomonee Wis (Parents born in Germany).
Physicians Committing, J. F. Baker and A. Hahn
Correspondents, (name given in papers)

No. for Year, 35.
Insane Relatives, None
Cause Exciting, not known
Cause Predisposing, previous attacks
Form,
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, 20th Sept
Duration, about 3 days
No. of Attack, 4th, seen 1st
No. of Admissions, 1st
Age First Attack, about 25.
Time of Leaving, June 16 '96
Time in Hospital, 8 mo. 22 da.
Result, Discharged Nov. 10 '96. Improved

Agnes Knair, who is twenty-nine years old, is a woman with quite a peculiar history. About two years ago it is said that she arose from her warm bed in the middle of the night, when snow was on the ground, and, without putting on any warmer clothes than those she wore when she arose, she walked several blocks in the wintry air. A few nights ago she again took one of these nightly journeys in scant attire, and a few days after she started to run away from her home as fast as she could. She, too, was sent to the hospital for the mentally deranged, for proper treatment.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Very sluggish
MEMORY: Probably impaired
Past Events, " "
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Rather imbecil in talk and appearance, talks rather reluctantly

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

Personal and Medical History of Agnes Knair

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, none Coatings, none Promptness Movement,
PUPILS, Equality, equal Size, Normal
Response Light, Accommodation,
SIGHT, good
HEARING, good
COORDINATION, Arms, Normal
Legs, "
TREMORS, Hands, None Tongue, None
Facial Muscles, General, "
REFLEXES, Patellar,
Other
ARTICULATION, Clear and silly
Slurred, in talk, slow
Hesitating, hesitating
FACIAL EXPRESSION, Silly
SENSIBILITY,

EXAM. URINE, Sept 28/95

Urine 24 hrs	3 XI II
Color	Yellow
Character	Heavy Flaky dep
Sp Gr.	1018
Reaction	Neutral
Albumen	0
Sugar	
Urea	
Sediments	Sq Epithelial cells, of linings of Bladder and Vaginal Cells & few triple phosphates

TAKEN,

HEART, Sounds normal
LUNGS, Respiration quickened
GYNAECOLOGICAL EXAM., Oct 2/95. Normal position of Uterus. — Some hemorrhoids.
MENSTRUATION, Says regular
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, ✓	Careless,
BOWELS, Normal,	Constipated, ✓	Irregular,
APPETITE, Good, ✓	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, 96	Resp., 26	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother dead
Father or Pat. Relations, Father living
Brothers or Sisters, 1 Brother "

Personal and Medical History of Agnes Knaus

LEIGHT, PICKAS & SHARRERS, DAVENPORT, IOWA.

Whole No. 4207
Residence, 68 Jessamine St. St. Paul
Date Admission, 25th September 1895 Hour, 5.45 PM.
Admitted by, Dr. Phelps
How Sent, G. Willrich, J.P. Ramsey County
Sex, Female
Age, 29 years
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Housewife; husband a laborer
Degree Education, Common School
Profession Religion, not a church-member
Habits, Probably good
Nativity, Kenomowac Wis. (parents born in Germany)
Physicians Committing, J. F. Baker and A. Hahn
Correspondents, (none given in papers)

No. for Year, 35
Insane Relatives, none
Cause Exciting, not known
Cause Predisposing, previous attacks
Form,
Accompanying Bodily Disorder, none mentioned by
Suicidal or Not, not
Date of this Attack, 20th Sept 1895
Duration, about 5 Days
No. of Attack, 4th, seemingly
No. of Admissions, 1st
Age First Attack, about 25.
Time of Leaving, June 16 '96
Time in Hospital, 8 mo. 22 da.
Result, Discharged Nov. 10 '96. Improved

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Very sluggish
MEMORY: Probably impaired
Past Events, " "
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Rather imbecil in talk and appearance, talks rather reluctantly

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

Personal and Medical History of Agnes Knaus

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, none Coatings, none Promptness Movement,
Size, Normal
Light, equal
Accommodation,
COORDINATION, Arms, Normal
Legs, "
TREMORS, Hands, None
Facial Muscles,
Tongue, None
General, "
REFLEXES, Patellar,
Other
ARTICULATION, Clear and silly
Slurred, in talk, slow
Hesitating, hesitating
FACIAL EXPRESSION,
Silly
SENSIBILITY,
HEART,
Sounds normal
LUNGS, Respiration quickened
TAKEN,

EXAM. URINE, Sept 28/95
Urine 24 hrs - 3 XI II
Color Yellow
Character Heavy Flaky dep
Sp Gr 1018
Reaction Neutral
Albumen 0
Sugar
Urea
Sediment Oxalates of lime & Bladder & Vaginal Cells & few triple phosphates

GYNAECOLOGICAL EXAM., Oct 2/95. Normal position of Uterus. — Some hemorrhoides.
MENSTRUATION, Says regular
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, ✓	Careless,
BOWELS, Normal,	Constipated, ✓	Irregular,
APPETITE, Good, ✓	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, 96	Resp., 26	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother dead
Father or Pat. Relations, Father living
Brothers or Sisters, 1 Brother "

buying the bulk of it from Russia. A
tina, Australia and other countries. He
tinued: "I appeal to these statements
a grand summary of necessities for
aper access to the consumers of the
rld. These adverse conditions will con-
ue to augment and must be met by suche
crease in the cost of reaching the con-
mers as will discourage production
road while it expands the area of our
n grain fields."
Great for the Northwest.
James Fisher, Q. C., of Winnipeg, read a
aper on "The Volume and Value of Com-
Publishers Paper Water

Personal and Medical History of Agnes Knair.

1895

This patient was brought here by Deputy Sheriff Kinney & attended by Mrs Preston, with the following history of Case. Patient is in fair condition. There is no history of Consanguinity or heredity. This is not 1st attack; seemingly the 4th; they have occurred respectively 2, 3 and 4 & 5 years ago; each lasting 2 or 3 months. First Symptoms of the attack manifested 20th day of Sept. by sleeplessness and insane delusions. Disease appears to be stationary: there are however, rational intervals but at no regular periods. Derangement now shown by a religious mania. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. No hereditaries were previously shown. There is no history of intemperance in self or family. Patient has some scalp wounds on left side of forehead, as shown by scars. She has not been restrained or confined. Do not know cause of disease; She has had no regular treatment. She has chronic hysterical mania.

Sept 25 On admission, was put on B. (G.H.N. Rft. Complexion dark: hair brown: eyes gray: condition of skin normal; small scars, under left eye & on forehead: is clean: behavior quiet: has delusions; talks & acts silly).

" 26 Nurse's Notes. Quiet in bed all day. has delusions. Appetite good. Constipated. P 80 R 24 T 98.8

" 27 In bed all day. Quite silly. quiet in behavior, Appetite good gave cathartic. bowells moved. Slept 6 hrs Temp 98. Pulse 80 Resp 25. Sept 28/95 Up on ward. has delusions. Urine saved in 24 hrs 0 1/2 fs Appetite good Temp 98.4 Pulse 90 Resp 22.

" 28 " Very silly. has crying spells. Appetite good. Constipated. slept 5 hrs.

" 30 " No change in behavior, appetite fair. Constipated. gave cathartic. worked little in D room

Oct 1 " Is silly has spells of laughing & crying. Appetite good. bowells moved. went riding. Slept 5 hrs

" 2 " Same Oct 3/95 same. menstruating no change during period. Slept 4 hrs Noisy 4 hrs

" 4 " Extra noisy 1 hr crying & talking. works little in dining room. Appetite fair. Slept 3 talked 4 hrs

" 5 " No change in behavior. Slept 6 hrs. slightly noisy Appetite fair. constipated. works in D room

" 6 " Extra noisy. crying part of AM. very silly. Appetite fair. Slept 6 hrs quite noisy 2 hrs

" 7 " 8 " 9 " Same as report

Summary. Very silly and noisy. no special delusions seem somewhat varied. Appetite good. Sleeps fairly well. works little in dining room. Temp normal. Pulse & Resp varies. goes walking. Menstruating about 3 days no change during period amount about normal.

Oct 10 Try silly & noisy at times. Has spells of laughing & crying. Appetite good. bowels irregular; sleeps fairly well. Trans. to Annex. Oct 20 Try noisy at times at night clean in habits. Appetite quite good. Trans to B 3 Oct 30 lies a great deal. Clean in habits Talks sensibly at times Menstr. Nov 4 Trans. to Annex.

Nov 20 Menstr. Nov 29 Usually quiet & talks sensibly Bowels not very regular Gen. health good. Jan 30 Appetite good. Clean & tidy in habits. Quiet in behavior Talks quite sensibly. Works in laundry part of time. General health good. Takes outdoor exercise. Feb 12 Does not work in laundry. Says she does not feel well. Feb 13 Menstr. Feb 5. Has a bad cold. Coughs a good deal Gets Asm. P. 130 - T 101. Feb 16 Much better. Up on ward. Mar 1 Has been working in laundry for several days. Is very noisy on ward.

Personal and Medical History of Agnes Knair.

Acts & talks silly. Mar 26 Menstr. Mar 29 Appetite good. Clean & tidy in habits. Noisy on ward. Works in laundry part of time. General health good. Takes out door exercise. Apr. 17 Menstr. Apr. 28 More quiet no other change. May 10 Menstr. June 7 Appetite good. Habits clean Quite noisy on ward. Works in laundry part of time Talks & acts silly General health good. Takes out door exercise. June 16 Went Home.

Discharged.

Personal and Medical History of Petra Larson

LEIGHEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4208.

Residence, Dakota County, Minnesota.

Date Admission, 26th September 1895 4.15 P.M.

Admitted by, Dr. Herzog. Hour,

How Sent, Thos. P. Moran. Jo. P. Dakota County

Sex, Female

Age, 31.

Civil Condition, single

Children, one

Age Youngest Child, 15 months.

Occupation, Housekeeper; father farmer.

Degree Education, Common School.

Profession Religion, Lutheran

Habits, probably not good.

Nativity, Denmark; (parents also born there).

Physicians Committing, Octavius A. Beal and V. J. Hawkins

Correspondents, Wm. Johnson Joseph (Sister) & Annapolis Sheet Mound Minn.

No. for Year, 36.

Insane Relatives, a cousin on father's side.

Cause Exciting, "crossed in love"

Cause Predisposing, Heredity & previous attack.

Form,

Accompanying Bodily Disorder, Nervousness.

Suicidal or Not, Suicidal, by drowning: frequently acts.

Date of this Attack, about 20th Augt 1895.

Duration, about 3 weeks.

No. of Attack, 2nd (one in Jany 1893).

No. of Admissions, 1st.

Age First Attack, — about 29.

Time of Leaving, Apr. 21. 1899

Time in Hospital, 3 yr. 6 m. 26 d.

Result, Died. Tuberculosis Pulmonalis

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, Incorrect

REASONING POWER: Impaired

Ordinary Subjects,

Own Mental State, "

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Depressed

DELUSIONS:

Systematized or Not, Special Subjects, Transitory or Not, } Fearful of everything as going wrong; thought our measurement of her head was injuring her people.

HALLUCINATIONS:

ILLUSIONS: —

CONVERSATION:

Coherent or Incoherent, Voluble or Reticent, } Won't talk much, seems afraid of doing or saying something wrong.

Personal and Medical History of Petra Larson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken 147 NUTRITION, good

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, None Coatings, None Promptness Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, normal Accommodation,

SIGHT, says good

HEARING, " "

COORDINATION, Arms, Normal

Legs, "

TREMORS, Hands, None Tongue, None

Facial Muscles, General, "

REFLEXES, Patellar, Equal both ✓

Other .

ARTICULATION, Normal

Slurred,

Hesitating,

FACIAL, EXPRESSION, Sad

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

TAKEN,

EXAM. URINE, Sept 29/95

Quant 24 hrs 32 Oz

Color Yellow Red

Character Cloudy

Sp. Gr. 1018

Reaction Acid

Albumen 0

Sugar T

Urea T

Sediments # Crystals of Lime, triple phosphates, Bladder epithelium, Amorphous Urates & pus

GYNAECOLOGICAL EXAM., Oct 2/95 – Retro-version of uterus & bound down by adhesions.

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, ✓	Careless,
BOWELS, Normal,	Constipated, ✓	Irregular,
APPETITE, Good,	Medium,	Poor, ✓
SLEEP, Good,	Poor, ✓	Irregular,
PULSE, 80 strong	Resp.,	Temp., Normal

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, Slow? ONSET GRADUAL OR SUDDEN, gradual according to her

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

Mother or Mat. Relations, Mother perhaps insane. Grandmother insane.

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Petra Larson

1895

This patient was brought here by Deputy Sheriff John Josephson, attended by Anna Josephson, with following history. Patient is in fair physical condition. Habits probably not good, as she has an illegitimate child. There is no history of consanguinity, but some of heredity, a cousin on father's side having been insane. This seems to be the 2nd attack; one occurring in January 1893, lasting some 3 months; recovery made: was not in hospital. First symptoms of this attack were manifested about 20th August 1895; by melancholia. The Disease seems stationary, but variable with rational intervals, but there not at any regular periods. Derangement now shown in that she has fears of some injury to body; thinks that they are (somebody is) going to cut off her arms. Patient is not disposed to injure others, but has attempted suicide by drowning; propensity now active. Has no filthy or destructive habits. No peculiarities of previously manifested. There is no history of intemperance in self or Parents, nor of any severe disease or head-injury. She has not been restrained or confined. "Crossed in love" is supposed cause of the disease. She has been under treatment by nerve sedatives & tonics. On personal Examination, it is found that the fears bodily injury: is nervous & ill natured: says that she has committed a great sin).

Sep 28 On admission, was put on B2 W. (G.H.N. Hosp. Complexion fair: hair brown; eyes blue; Condition of skin normal; no marks, scars or bruises noticed; is clean: quiet: has delusions).

" " Nurse's Notes. Quite excited. has delusions. appetite poor very restless, no sleep. Constipated. Pulse 79. Resp 17. Temp 98.4 6

" 28 In bed today. quite resistive. bowells moved. Appetite poor. Spoon fed. slept 2 hrs Out of bed 3 hrs. gave cathartic. Temp 98.4. Pulse 76. Resp 18

" 29 Up on ward quick in behavior, resisted in going to bed, had to be undressed did not sleep. Urine saved for 24 hrs 3 XI. appetite fair.

" 30 quite nervous and excitable has delusions that every thing is wrong, it is wrong to eat &c. very sad. appetite poor, bowells moved.

Oct 1 Quiet in behavior. appetite fair. bowells moved slept 3 hrs. works little in D room

" 2 " No change in behavior. quite resistive at times " 4 " " " " "

" 3 " Quiet but very still and sad. appetite poor, constipated. " 4 " " " " "

" 4 " Quiet. constipated. gave cathartic. sleeps poorly " " " " "

" 5 " No change in behavior, had to be undressed at bed time. appetite fair. spoon fed most of time. bowells moved. Oct 6/95 Quiet but sad. appetite poor. sleeps poorly

" 7 " Quite resistive at times. thinks that every thing she does is wrong. Gyn treatment. talks sensible

" 8 " - 9 = 10 " same report.

Summary. Patient very quiet and sad. quite resistive at first, at times talks sensible. has delusions that every thing is wrong. sleeps very little. appetite fair. fed with spoon sometimes. bowells usually constipated. temperature about normal. pulse & Resp varies a little. receives gyn treatment

Oct 14-16-18 Given gyn. treatments. Quite sad. cries a good deal. Usually resists going to meals & bed. Appetite fair. Fed at 11 A.M. at special dinner. Sleeps poorly. Bowels irregular

Oct 30 Gyn treatment given. Nov. 1 Appetite fair. Sleeps fairly well. Bowels quite regular

Personal and Medical History of Petra Larson.

Cries quite often Nov. 6 Resists going to meals. Appetite very poor. Bowels regular.

Nov. 11, 13, 15 & 18. Gyn. treatments given Nov. 13-14-15-18 Galvanic treatments. Nov. 20 & 22 Gyn. treatments 22nd electrical treatment - Sleeps very poorly Nov. 25 & 29 Gyn. treatments

Dec 2 Sleeps very little - Does sleeping done - Gyn. treatment. Dec. 4, 6, 9, -27, Gyn. Treatments - Takes bowie. Jan. 3-6-8-10-13-15-17-20-22-24-27-29-31 Gyn. treatments Cries often - tries to get out. Appetite good - Works in dining room. Feb. 1-3 & 10-12-14-17-19-21-24-26-28 Gyn. treatments. Feb 29 Seems much better - Sleeps better - Appetite good. Mar 15 No change in patient Apr. 16 Takes treatments. Appetite good - Sleeps well. Tries continually to get out. Menses regularly. Works at times. Apr 30 Treatments given 27 & 29. May 1 & 11 & 13. May 16 Appetite good. Bowels regular. May 30 Gyn. treatments given 16-18-20-26 June. 1. Appetite quite good - Bowels regular - Goes riding & working Gyn. treatment. June. 2. Menses. June. 12 Appetite quite good. Still tries daily to get out. Is melancholy & silly. July 18 Patient resists going to meals at times - Tries to get out every chance she gets. Appetite good. Bowels regular. July 23 No change in patient Menstruates regularly. July 27, 29. Treatments given. Assists with work a little.

Aug 9 Appetite good: Sleeps well. Still tries to get out. Aug. 10 Snatched music keys & got out as far as lawn. Aug. 31 No change - Sept. 26-27 & 28 Visited by Sister & child

Sept. 28 Gyn. treatment. Sept. 29 Assists with work. Appetite good: bowels regular: Sleeps well: is melancholy. Oct. 2, 4, 7. Gyn. treatments - Oct. 27 Bowels regular, appetite good, melancholy. Assists with dining-room work. Sleeps well. Tries to get out every time door is opened. Takes out door exercise. Oct 30, Nov. 2-6 Gyn. treatment

Nov. 6. Went Home - Returned Dec. 28. 1896.

1897 May Summary Nurse's notes by Dr. S.L. Phelps. Quiet most of time: Tries to get out of door when ever opened: talks to herself: Appetite fair: sleeps quite well: does very little work: very absent minded: Aug 7th Usually Quiet & neat: appetite good: bowels regular: Assists some with work: Aug 24 Trans to Annex Continued by Dr. R.W. Phelps. Nov. 8 97 General health good: Talks in a vague way about going home. Will not talk very much about anything else: Is rather feebleminded. Feb 9 W. 106 lbs

May 9 '98 Visited by brother. July 5 Visited by friend. Nov 24 Appetite poor. Sleeps well. Habits clean Works on ward. Takes outdoor exercise. There is considerable impairment of health:

Jan 29 '99. Visited by relatives: Jan 27 '99 Health poor. Trans. to Infirmary. Feb 20 Gets steadily weaker. (Cont. by Dr. Pehl.) Oct. 21 '99 Temp. 99 2/5: Is coughing more & expectorating freely: unusually pale and weak: remains in bed greater part of day: Previous to this time has been making effort to stay up because she felt that if she went to bed she would never be able to get up. Urines & feces daily: says herself that she cannot speak aloud:

Feb 28 Has appeared a little brighter and stronger this my Visit: Mar. 6: Appetite has failed: Is given tonic & stimulants: Mar. 9: complains of pain in chest: Mar. 25: Pain in left side: from this time on complained of

(See p. 368)

Personal and Medical History of Veronica Bisser

ABBOTT, FISLAR & BOARDMAN, DAVENPORT, IOWA.

Whole No. 4211.
Residence, St. Paul. Minn.
Date Admission, 28th September 1895.
Admitted by, Dr. Phelps Hour, 5th P.M.
How Sent, J. Willrich, Jail P. Ramsey County
Sex, Female
Age, 41 years
Civil Condition, married
Children, — 4 —
Age Youngest Child, 3 years (?)
Occupation, Housewife, (Husband laborer)
Degree Education, Fair: reads & writes German.
Profession Religion, R. Catholic
Habits, probably good
Nativity, Germany (Parents also born there).
Physicians Committing, John. J. McNamara and A Blanchette
Correspondents, Blasius Bisser (husband)
963 Case St. St Paul. Minn

No. for Year, 39.
Insane Relatives, None
Cause Exciting, Probably childbirth
Cause Predisposing, "Chronic"
Form,
Accompanying Bodily Disorder, none given
Suicidal or Not, not, but will injure others
Date of this Attack, about 7 years ago
Duration, about 7 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 34.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Seems Confused
Quick or Sluggish, Sluggish
MEMORY: Fair as far as can ascertain
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State, Says not right in her mind at times.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indifferent
Exalted,
Depressed,
DELUSIONS: Delusive ideas
Systematized or Not,
Special Subjects, Not found on examination
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Talks considerably. Answers with fair accuracy, yet wanders off on side subjects rather irrelevant.

Copy of notice of hearing petition for appointment of Blasius Bisser as guardian for Veronica Bisser served upon Dr A.J. Kilbourne, Supt. and filed with commitment papers Mch — 1898.
S

Veronica Bisser

ON, CONTINUED.
RISTICS.

NUTRITION, Very good
...kle, which is immovable. Brother when born yrs old
Promptness Movement,
Normal
...modation,

COORDINATION, Arms, Normal
Legs, "
TREMORS, Hands, None
Facial Muscles,
REFLEXES, Patellar, Right 5 Left 7
Other
ARTICULATION, Good
Slurred,
Hesitating,
FACIAL EXPRESSION, Fair
Somewhat obstinate and offended
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem Normal
GYNAECOLOGICAL EXAM., Oct 7 '95 - Uterus seems in normal position - Laceration of cervix
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,

Tongue,
General,
EXAM. URINE,
TAKEN,

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,") Can't learn
Mother or Mat. Relations, Denies any hereditary. Answers a little uncertain
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Veronica [illegible]

LIBBEY, FISCHER & HAMBERG, DAVENPORT, IOWA.

Whole No. 4211.
Residence, St. Paul. Minn.
Date Admission, 28th September 1895.
Admitted by, Dr. Phelps Hour, 5th P.M.
How Sent, S. Willrich, Jail. Ramsey County
Sex, Female
Age, 41 years
Civil Condition, married
Children, — 4 —
Age Youngest Child, 3 years (?)
Occupation, Housewife; (Husband, laborer)
Degree Education, fair: reads & writes German.
Profession Religion, R. Catholic
Habits, probably good.
Nativity, Germany; (Parents also born there).
Physicians Committing, John. G. McNamara and A. B. Lucker
Correspondents, Blasius Bresser (Husband)
965 Case St. St. Paul. Minn

No. for Year, 39.
Insane Relatives,
Cause Exciting, Probably [illegible]
Cause Predisposing, [illegible]
Form,
Accompanying Bodily Disorder, none
Suicidal or Not, not, but will injure others
Date of this Attack, about 7 years ago
Duration, about 7 years
No. of Attack, 1st.
No. of Admissions, 1st
Age First Attack, about 34.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Seems Confused
Quick or Sluggish, Sluggish
MEMORY: Fair, as far as can ascertain
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State, Says not right in her mind at times.
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indifferent
Exalted,
Depressed,
DELUSIONS: Delusive ideas
Systematized or Not,
Special Subjects, Not found on examination
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Talks considerably. Answers with fair accuracy, yet wanders off on side subjects rather irrelevant.

Personal and Medical History of Veronica Busser

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Very good
WOUNDS OR ABNORMALITIES, Scar of varicose ulcer on inside right ankle, which is immovable. Broken when boy six yrs old
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, yes Accommodation,
SIGHT, Good
HEARING, "
COORDINATION, Arms, Normal
Legs, "
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Right + Left +
Other
ARTICULATION, Good
Slurred,
Hesitating,
FACIAL EXPRESSION, Fair
Somewhat obstinate and offended
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem Normal
GYNAECOLOGICAL EXAM., Oct 7 '95 - Uterus seems in normal position - Laceration of cervix
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,

TAKEN,

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,") Can't learn
Mother or Mat. Relations, Denies any hereditary. Answers a little uncertain
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Veronica Beisser

1895

This patient was brought here by Deputy Sheriff Kinney & attended by her husband, with the following history. Patient is in fair condition. There is no history of consanguinity or heredity. This is 1st attack, continuous; first symptoms manifested about 7 years ago. Disease appears to be increasing, intovariable & with paternal intervals: She has "maniacal spells". Derangement now shown by her having hallucinations, particularly as to some undue influence. Is garulous and incoherent. Patient is disposed to injure others, but is not suicidal, not filthy nor destructive in habits. No peculiar parents, nor of any nor under medical husband believes, lately as a Musi

Veronica Beisser,

March 13th, '96.---Husband states that seven years ago she showed some insanity. He has known her for 18 years and thinks she was always "strong headed" Disease grew gradually: no heredity known.

Sep 28. On admission, (Skin normal: both pupils normal: both knee reflexes retired).

P 80 R. 24. T 98.2

Sept 29 " **Nurse's Notes.** Quiet. up on ward. Appetite good. Slept 9 hours. Constipated
" 30 In bed all day. quiet in behavior, gave cathartic. bowells moved. Appetite fair. Slept 4 hrs. T 98.4 P 82. R 22
Oct 1 Up on ward. Appetite good. bowells moved. quiet in behavior. Slept 6 hrs. Temp 98.4 Pulse 80 Resp 19
" 2 Quiet. Appetite good. bowells moved. Menstruating profusely. works in dining room
" 3-4-5-6-7-8- same report. Oct 9/95 Patient same tries to get away when out walking sleeps well. Oct 10-11-12 no change

Summary. Quiet in behavior, does not seem to have any delusions does not talk English. Temp. Pulse, and Resp. about normal, goes walking and tries to get away. sleeps fairly well. Menstruating Oct 2-5. Appetite good works some in dining rooms.

Oct 19 Has spells of laughing & crying. Lays to lussy occasionally. Appetite good; bowels regular; sleeps well. Tries to get away when out walking. Assists some in dining room. Nov 1 Has delusions at times. Bowels quite irregular. Tries to run away when out. Nov 10 Destroys clothing - Quite violent at times
Nov 16 Fought & had to be undressed at bedtime. Nov 26 Trans. to C. 3.
Dec 23 Violent in behavior. Untidy in appearance. Appetite & General health fair.
Jan 9 Fought nurses. Feb 15 Fought nurses. Never want to bathe - Always resists.
Feb 1 More agreable past week. But never wants to come back when taken out of doors. Mar. 5 Resisted being bathed & fought nurses. Mar. 16 Very obstinate & disagreeable. Works on ward with good results. Not allowed to go out because she tries to run away. Appetite good - Apr. 30 Kept in bay on account of being destructive & meddlesome with furnishings. Quite violent at times & obstinate. Dirty in habits. Appetite very good. Never bathes willingly & is usually noisy after a bath. Bowels regular. Menstr. regularly. May 30 Does not improve any. Very quarelsome & disagreeable. May 31 Visited by her husband.

Personal and Medical History of Veronica Beisser

1897

June 6 Summary Nurse's Notes by Dr. S.L. Phelps: Periodical, somewhat vaguely: worse at times Of late always in bay with violent patients: requires close watching. Nov. 96 Fights quite often: Very stubborn & cross at times: Genl health seems Good: Apr. 97 Habits clean Appearance untidy: very cross & stubborn: genl health fair: appetite good: Aug 97 Very noisy at times: occasionally violent: keeps some with work: Appetite good: bowels regular. Continued by Dr. W.M. Phelps. Nov. 98 Patient on 6. Inclined to be violent. So rather irritable in manner. So strong & healthy. Feb 27 Wt. 166.# Feb 99 Patient has delusions so inclined to be violent: So at times rather incoherent & unreliable. (Cont. by Dr. R.A. Bell)

1899 Mar. to Sept Genl health excellent. appetite good. sleeps well. takes out door exercise: bowels regular. mentally regular. untidy: noisy & inclined to be violent at time. does no work

Aug 24 Visited by husband - Sept 1- Feb 28 1900 (Dr Heyerdale) Violent & noisy at times untidy in habits. General health good. Eats & sleeps well. Goes out for exercise. Trans. to B 3. Jan 17 Wt 188.# Mch 1 - Aug 31 1900 At times noisy Vulgar & resistive. Disinclined to bathe or have hair combed.

General health good. Eats & sleeps well. Bowels regular. Fed on tray in bay. Mayer Struck patient in face. July 5 Visited by husband. July 21 Vaccinated. Sept 1- Nov 30 (Dr Heyerdale) Sept 27. Suffering with severe diarrhea. Vomited some. Trans. to Infirmary. & put upon liquid diet. Sept 26 Improved. Trans. to B 3. Nov 30 Wt. 165.# Health good. Occasionally noisy & profane & strikes other patients. Takes out door exercise. Menstruates regularly. Dec 1- Feb 28 1901 - No change. General health good. Feb 15 1901. Wt. 163.#

Mar. to June 1901 Patient shows no change in either mental or physical condition. May 29 Wt. 162#. June to Sept. No change shown in general health. Aug. 25 Wt. 156#.

Sept to Dec General health good, is unoccupied. kept in bay most of the time, is violent and noisy, scolds a great deal and uses vulgar language, strikes nurses & patients, is at times destructive, menstruates regularly, taken out of door exercise. Nov. 25 Wt 151#.

Dec. to Feb. 1st '03 No changes.

Personal and Medical History of *Veronica Bresser*

1897

This patient was brought here by Deputy Sheriff Kinney & attended by her husband, with the following history. Patient is in fair condition. There is no history of consanguinity or heredity. This is 1st attack, continuous; first symptoms manifested about 7 years ago. Disease appears to be increasing, but variable & with rational intervals: She has "maniacal spells". Derangement now shown by her having hallucinations, particularly as to some undue influences. Is garulous and incoherent. Patient is disposed to injure others, but is not suicidal, nor filthy nor destructive in habits. No peculiarities & were previously shown. There is no history of intemperance in self parents, nor of unpenevered disease &c or head injury. She has not been restrained or confined nor under medical treatment. Cause of disease is probably Childbirth. This condition, the husband believes, began 7 years ago, subsequent to Childbirth. She has been arrested twice lately as a nuisance, for breaking neighbors windows, firing rocks &c. ——

Sep 28. On admission, was put on B2 W (G. H. N. Rft. Complexion dark; hair brown; eyes gray; condition skin normal: both feet swollen, & sore on left foot, left arm bruised; is very dirty; refused to bathe, (no delusions noticed).

P 80 R 24 T 98.2

Sept 29 Nurse's Notes. Quiet. up on ward. Appetite good. Slept 7 hours. Constipated

" 30 In bed all day. quiet in behavior, gave cathartic. bowels moved. Appetite fair. Slept 4 hrs. T 98.4 P 82 R 22

Oct 1 Up on ward. Appetite good. bowels moved. quiet in behavior. Slept 6 hrs. Temp 98.4 Pulse 80 Resp 19

" 2 Quiet. Appetite good. bowels moved. Menstruating profusely. works in dining room

" 3-4-5-6-7-8- same report. Oct 9/95 Patient same tries to get away when out walking sleeps well. Oct 10-11-13 no change

Summary. Quiet in behavior, does not seem to have any delusions does not talk English. Temp. Pulse, and Resp. about normal; goes walking and tries to get away. Sleeps fairly well. Menstruating Oct 2-5. Appetite good works some in dining rooms.

Oct 19 Has spells of laughing & crying. Says to hurt occasionally. Appetite good; bowels regular; sleeps well. Tries to get away when out walking. Assists some in dining room. Nov 1 Has delusions at times. Bowels quite irregular. Tries to run away when out. Nov 15 Destroys clothing - Quite violent at times

Nov 16 Fought & had to be undressed at bedtime. Nov 26 Trans. to C. 3.

Dec 23 Violent in behavior. Untidy in appearance. Appetite & General health fair.

Jany. Fought nurses. Feb 15 Fought nurses. Never want to bathe - always resists.

Feb More agreable past mth. but never wants to come back when taken out of doors. Mar. 5 Resisted being bathed & fought nurses. Mar. 16 Very obstinate & disagreeable. Works on ward with poor results. Not allowed to go out because she tries to run away. Appetite good. Apr. 30 Kept in bed on account of being destructive & meddlesome with furnishings. Quite violent at times & obstinate. Dirty in habits. Appetite very good. Never bathes willingly & is usually noisy after a bath. Bowels regular. Menstr. regularly. May 30 Does not improve any. Very quarelsome & disagreeable. May 31 Visited by her husband.

Personal and Medical History of *Veronica Bresser*

1897

June 6 Summary Nurse's Notes by Dr. S. L. Phelps: Periodical, somewhat vaguely: worse at times Of late always in bed with violent patients: requires close watching. Nov '96 Fights quite often: very stubborn & cross at times: genl health seems Good: Apr '97 Habits clean appearance untidy: very cross & stubborn: genl health fair: appetite good: Aug '97 Very noisy at times; occasionally violent: Helps some with work: Appetite good: bowels regular. Continued to (illegible) Declined to be violent. So (illegible) Feb 25 Patient has delusions (illegible). (Sent by Dr. R. A. Bell) (illegible) takes out door exercise: bowels (illegible) violent at time: does no work (illegible) Violent & noisy at times (illegible) sleeps well. Goes out for exercise. Trans. to B 3. Jan 17 Wt 188.# March 1 - Aug 31 1900 At times noisy vulgar & resistive. Disinclined to bathe or have hair combed. General health good: Eats & sleeps well: bowels regular. Fed on tray in bay. Mayer struck patient in face. July 5 Visited by husband. July 21 Vaccinated. Sept 1 - Nov 30 (Dr. Heyndale) Sept 27. Suffering with severe diarrhea: vomited some. Trans. to Infirmary. & put upon liquid diet. Sept 26 Improved. Trans. to B 2. Nov 20 Wt. 165.# Health good: Occasionally noisy & profane & strikes other patients. Takes out door exercise. Menstruates regularly. Dec 1 - Feb 28 1901 - No change. General health good. Feb 15 1901 - Wt. 163.# Mar. to June 1901 Patient shows no change in either mental or physical condition. May 29 Wt. 162#. June to Sept. No change shown in general health. Aug. 25 Wt. 156#.

Sept to Dec General health good, is unoccupied. kept in bay most of the time, is violent and noisy, scolds a great deal and uses vulgar language, strikes nurses & patients, is at times destructive, menstruates regularly, taken out of door exercise. Nov. 25 Wt 157#.

Dec. to Feb. 1st '03 No change.

Personal and Medical History of Mary Ann Fitzpatrick #2

LOBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4214.
Residence, Stewartville, Minn.
Date Admission, 2nd October 1895.
Admitted by, Dr. J. J. Kilbourne, Hour, 2.30 P.M.
How Sent, Thomas Fraser, Jo. P. Olmsted County
Sex, Female
Age, — 22 —
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, at home, on farm (father a farmer)
Degree Education, Common School.
Profession Religion, Yes: Catholic.
Habits, Probably Good —
Nativity, Olmsted County, Minn (Parents, Ireland)
Physicians Committing, E. W. Cross & Christ. Graham
Correspondents, Mrs Edward Fitzpatrick (mother) Rochester, Minn.

No. for Year, 42.
Insane Relatives, None
Cause Exciting, Worry
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, None mentioned —
Suicidal or Not, not —
Date of this Attack, One month ago
Duration, — one month —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 22 —
Time of Leaving, Dec. 15' 95
Time in Hospital, 2 mo. 13 da.
Result, Dice. Improved May 6' 96.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm, Calm but at times excitable
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks willingly and quite
Coherent or Incoherent, sensibly
Voluble or Reticent,
General Nervousness

Personal and Medical History of Mary Ann Fitzpatrick #2

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, good color good
WOUNDS OR ABNORMALITIES, Goitre on left side
TONGUE, Tremors, None Coatings, slight coat Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, good
SIGHT, "
HEARING, "
COORDINATION, Arms, Normal
Legs, "
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other Both absent
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Normal has palpitation at times
LUNGS, Normal Pneumonia twice
TAKEN,

EXAM. URINE, Oct 17/95

Urine 32 hrs	7/
Color	Yellow
Character	Clear
Sp. Gr.	1018
Reaction	Acid +
Albumen	0
Sugar	0
Urea	0.

Sediment, Oxalate of lime, ammoniurates.

GYNAECOLOGICAL EXAM., Oct 4' 95 - Retroversion and anteflexion of uterus. Extreme tenderness
MENSTRUATION, Scanty but regular
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, ✓	Careless,
BOWELS, Normal, ✓	Constipated,	Irregular,
APPETITE, Good, ✓	Medium,	Poor,
SLEEP, Good,	Poor, ✓	Irregular,
PULSE, Normal but compressable	Resp.,	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") One sister has Asthma
Mother or Mat. Relations, 1 Brother has lung trouble. Mother quite healthy. Father nervous from
Father or Pat. Relations, excessive use of Tobacco. 1 Uncle died insane. 1 Cousin was insane
Brothers or Sisters,

Personal and Medical History of Mary Ann Fitzpatrick #2

1895

This patient was brought here by Sheriff C. W. Stewart, attended by Dr. Fitzpatrick, with following history. Patient is in apparently good physical condition. There is no history of Consanguinity or heredity. This is 1st attack, symptoms manifested one month ago. State of the disease not definitely mentioned: not variable; no rational intervals. Derangement now shown by care of parents; fearing they come to harm or go to Poor-House. Patient is not dispos'd to injure others, nor suicidal, nor filthy nor destructive in habits. No peculiarities were previously shown. Father uses tobacco to excess. She has not had any severe disease (ie or head-injury); has not been restrained or confined. Supposed cause of the disease is worry. She has had no medical treatment. On personal examination, she is found to be in a state of Constant Mental Excitement. (Patient is committed here because her disease is of such a nature & stage as to require, for her recovery, care & treatment while under legal restraint). — — — — — — — — — —

Oct 2 On admission, was put on 1 3/2 W (G. H. N. Rpt. Complexion dark; hair light-brown; eyes blue; Condition of Skin normal: Goitre on left side of neck: is clean: quiet; talks sensibly).

Oct 3 **Nurse's Notes.** Quiet, up & onward. Appetite good. slept 5 hrs. bowels constipated gave cathartic. received Electrical treatment. Pulse 80 Resp 24 Temp 99. T 98.8 R 22 P 80

" 4 Quiet in behavior, bowels moved. slept 5 hrs. electric & gym treatment. went walking. Appetite good.

" 5 Talks rational. behavior good. slept 6 hrs. constipated. takes tonic. Electrical treatment. P 94 R 24 T 99

" 6 "and 7" no change. had electrical and gym treatment on J"

" 8 "Very nervous and excited today. walks up and down hall asking to get out. has delusions that a man is after her with a knife. urine in 24 hrs 0 LXXIJ

" 9 "Quiet today. Appetite good. bowels regular, takes tonic. slept well. went walking.

" 10 "has delusions that she sees people. quite meddlesome at times. takes tonic. sleeps & eats well

" 11 "-12"-13" same report 14" rec'd gym treatment. takes tonic. Complains of pain in abdomen

" 15 "Is very troublesome. Appetite good. bowels regular. slept well. has delusions that some one is after her to hurt her. Oct 16/95 Behavior is uncertain. can't depend on any-thing she says. gym treatment. bowels regular. slept well. tonic. pains across abdomen. worked

Summary. Patient is quite rational at times, while at other times has many delusions. says she is not insane, was brought here on account of property thinks she sees her folks &c Electrical and gym treatment every other day Appetite good. bowels regular. sleeps well. takes tonic Temp 99 Pulse 92 Resp 24

Oct 18 Given gym. treatment. Appetite fair. Bowels irregular. Sleeps well, quiet in behavior but quite impudent at times. Goes walking & riding. Takes tonic. Visited by brother & friend. Has delusions. Oct 22nd Complains of pain in left limb. Oct 24 Visited by mother & brother. Oct 29 Galvanic treatment given. Oct 30 Gym. treatment. Nov 1 Appetite fair; bowels irregular; sleeps fairly well. Quiet in behavior. Complains of pain at times. Is very inquisitive & quarrelsome. Nov 13, 11, 15 & 18 Gym treatments. Nov 13, 14, 15, 18 Galvanic treatment Nov 20, 22, 25 Gym Treatments. Nov 21st Electrical Treatment Nov 27 Seems to A.V. Nov 29 Gym. Appetite good. Bowels constipated. Nov. 30. Visited by Mother & brother-in-law

Dec 1 Gym. Treatment. Appetite good. Sleeps well. Bowels irregular. Seems quite nervous. Neat in person. Works some in mending room. Goes walking &

Personal and Medical History of Mary Ann Fitzpatrick #2.

riding. Dec 4 Mends. Trans. to A 1 Dec 15 Went Home. Has always Seclemmuded & quiet. Some delusive ideas probably but not prominent

Discharged.

Personal and Medical History of Mabel Anderson.

LIBBEY, PISLAR & EHARRICH, DAVENPORT, IOWA.

Whole No. 4222.
Residence, Winona, Minn
Date Admission, 8th October 1895.
Admitted by, Dr. Phelps Hour, 7:30 P.M.
How Sent, Sh. L. Buck, Jail. Winona County
Sex, Female
Age, 19 years.
Civil Condition, single
Children,
Age Youngest Child,
Occupation, has none
Degree Education, Common School
Profession Religion, Methodist
Habits, probably good.
Nativity, Rochester, Minn (Parents born in Sweden).
Physicians Committing, D. A. Stewart and W. J. English
Correspondents, Sister Mrs Ellen Brown
174 E Third St Winona

No. for Year, 50.
Insane Relatives, father & her sister have insane
Father was very intemperate — Heredity —
Cause Exciting,
Cause Predisposing, Heredity
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, — No —
Date of this Attack, during last 3 months
Duration, — Some 3 months —
No. of Attack, 1st "
No. of Admissions, 1st "
Age First Attack, — 19 —
Time of Leaving, December 3 '95
Time in Hospital, 1 mo. 26 da.
Result, Disc. Improved May 6 '96.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Seems confused
Quick or Sluggish, Quick
MEMORY: Seems good
Past Events, " "
Recent Events, " "
Special Subjects, " "
PERCEPTIVITY: Alert
Alert or Dull,
Correct or Illusive, partially correct
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State, "
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
La Grippe last March 2 weeks in bed sick 4 months

EMOTIONAL STATE: Excitable
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS: Delusive ideas
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None noted
ILLUSIONS:
CONVERSATION: Talks willingly
Coherent or Incoherent, Mostly coherent but in
Voluble or Reticent, a rather rambling way
Talks a good deal at times, says she is ugly at times

Personal and Medical History of Mabel Anderson.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Good but pale anaemic
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Normal Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Normal Accommodation,
SIGHT, Says good
HEARING, Normal
COORDINATION, Arms, Normal
Legs, "
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Normal
LUNGS, Seem normal
TAKEN,

EXAM. URINE, Oct 16/95
Urine 32 oz
Color Red yellow
Character Heavy white dep
Sp Gr 1015
Reaction Alkaline
Albumen 0
Sugar 0
Urea 0
Sediment. Triple phosphates amor urates sodium urates & Epithilial cells

GYNAECOLOGICAL EXAM., Oct 14 '95. Retroversion of uterus
MENSTRUATION, Regular No pain
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, ✓	Careless,
BOWELS, Normal, ✓	Constipated,	Irregular,
APPETITE, Good, ✓	Medium,	Poor,
SLEEP, Good, ✓ regular	Poor,	Irregular,
PULSE,	Resp.,	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, Since last march ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother has heart disease
Father or Pat. Relations, Father Inebriate
Brothers or Sisters, Sister Insane 2 Brothers healthy

Personal and Medical History of *Mabel Anderson*

1895

This patient was brought here by Sheriff H. W. Fuhrman, attended by Mrs Ellen Brown, with following history. Patient is in fair physical condition, no consanguinity; but there is history of heredity: her father, John Anderson, was in this (Rochester) Hospital June 1/88 to Aug 16/88; and her sister Annie also here from Aug 9/89 to Feb 3/90. This is 1st attack: symptoms manifested during last 3 months: she imagines she is rich; is very flighty and talks incessantly & irrationally. Disease seems increasing: but variable with rational intervals, but not at regular periods. Derangement now shows in all objects: appears maniacal. Patient is not disposed to injure others, no suicidal, no filthy nor destructive in her habits. Her father was very intemperate. Supposed cause of disease is hereditary. She has had no medical treatment. On personal examination she was found to be Excitable; showed hallucinations; talked continuously & incoherently. Acts having had any severe disease, no sanction.

Oct 8 On admission, was put on B² (G.H.N. Dept. Complexion fair; hair light; eyes blue; condition of skin normal: no marks scars or bruises noted; is rather dirty. Is quiet and talks sensibly).

" 9th Nurse's Notes. Behavior, good in bed all day. talks sensible, appetite good. Sleeps well: constipated. Pulse 78 Resp 18 Temp 98.4

" 10th Quite excited, laughing and talking very loud. appetite good. constipated. Slept 7 hrs. Pulse 74 Resp 18 Temp 98.4

" 11th Quiet in behavior, transferred to B 1. Appetite good. bowells moved. Sleeps well. goes walking

" 12th Quite excited today laughing and talking very loudly, during the forenoon; quieter in P.M. appetite good. bowells moved. went walking Pulse 78 Resp 18.

" 13th-14th-15th-16th-17th-18th-19th same report 20th-21st-22nd Patient quieter. but still talks a great deal about trying to run away.

Summary. Patient is quite noisy in behavior most of time very excited at times laughing and talking very loud. talks sensibly on some subjects. at times talks incoherent no delusions noticed goes out walking and assists with the work. general health good sleeps well; bowells regular. appetite good. neat in personal appearance clean in habits.

Oct 29 Quite noisy in behavior. Laughing talking very loud most of time. Has to be watched very closely when out walking. Appetite good; bowels regular; Sleeps well; General health good. Goes riding & walking; assists with work; is neat in personal appearance Clean in habits. Nov 6 Mental. Nov 15 Very noisy all afternoon - Moved to B 3 in evening. Nov 17 Ran away this morning - was very much excited when brought back. Was quite noisy part of day - has to be closely watched.

Nov 23, 24, 25, 26, 27, 28, 29. Visited by Mother Very much excited - Talks all day - does no work

Dec 2 Visited by Matron - Quite noisy - Talks a great deal -

" 3 Went Home. at request of sister. Still rather restless & wild.

Discharged

Personal and Medical History of

Personal and Medical History of Barbara Gross

LIBBEY, PISCAR & BAUMBERG, DAVENPORT, IOWA.

Whole No. 4226.
Residence, Owatonna, Minnesota
Date Admission, 14th October 1895.
Admitted by, Dr. Herzog — Hour, 6.45 PM
How Sent, W. B. Chadwick, Jail. Steele County
Sex, — Female —
Age, — 25 Years —
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Household duties; father a farmer
Degree Education, but little; 2 terms of Common school
Profession Religion, Catholic
Habits, — Probably good —
Nativity, Bohemia: (Parents also born there)
Physicians Committing, J. W. Smersh & B. M. J. Coulin
Correspondents, Mrs Anna Gross (mother) Owatonna, Minn

No. for Year, 574.
Insane Relatives, none
Cause Exciting, had La Grippe, 2 years ago.
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, None Mentioned
Suicidal or Not, not —
Date of this Attack, one year ago
Duration, one year —
No. of Attack, 1st.
No. of Admissions, 1st
Age First Attack, about 24. —
Time of Leaving, Dec. 20' 96.
Time in Hospital, 2 mo. 6 da,
Result, Dism. Improved May 6' 96.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal, Calm, Rather depressed
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have delusive ideas
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Slow and coherent
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Barbara Gross

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION,
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Slight coating Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Normal Accommodation,
SIGHT, Normal
HEARING, "
COORDINATION, Arms, Normal
Legs, "
TREMORS, Hands, None Tongue, None
Facial Muscles, " General, "
REFLEXES, Patellar,
Other
ARTICULATION, Hesitates in answ-
Slurred, ering questions
Hesitating,
FACIAL EXPRESSION,
Rather worried
SENSIBILITY,
HEART, No murmurs
LUNGS, Seem in good condition
GYNAECOLOGICAL EXAM., Oct 18' 95. Uterus in position, Some hyperaemia of os. Yellow discharge which has excoriated external parts.
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Oct 14/95
Urine in 24 hrs 3 LIV
Color Yellow
Character Cloudy
Sp. Gr. 1021
Reaction Acid +
Albumen 0
Sugar 0
Urea
Sediment. Pus cells. epithelium from bladder. Oxalate of lime, amor urates and sodium urates prium

HABITS, Dirty, Clean, ✓ Careless,
BOWELS, Normal, ✓ Constipated, Irregular,
APPETITE, Good, ✓ tonic given Medium, Poor,
SLEEP, Good, Poor, ✓ Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, 1 year ONSET GRADUAL OR SUDDEN, Slow
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy
Father or ~~Pat.~~ Relations, insane many times
Brothers or Sisters, None

Personal and Medical History of Barbara Gross

1895

This patient was brought here by Sheriff J. Z. Barncard, attended by Anna Gross, with following history. Patient is in fair physical condition. There is no history of consanguinity or heredity. This is 1st attack; symptoms first manifested one year ago; laughing some times & did not know what about. Disease appears to be increasing; variable; no regular, rational intervals. Derangement now shown by fear, at night: cannot sleep on account of fear: leaves work unfinished, daytimes. Patient has neither shown disposition to injure others, nor is she suicidal, nor of filthy or destructive habits. Before accession of the disease, she was of excessive sedentary habits; suppressed sexual desires & nymphomania. There is no history of intemperance in self or parents, nor of any severe disease &c or head-injury. She has not been restrained or confined. Patient had "La Grippe" two years ago. She has had no medical treatment. On personal Examination she complained of headache: slight Elevation of T. Pulse 140.

Oct 14 On admission, was put on B.P. (G.H.N. Rpt. Complexion fair; hair light brown, eyes gray; Constitution & skin normal: no marks scars or bruises noticed: is quite dirty: no delusions noticed).

" 15 **Nurse's Notes.** Quiet in AM fought in PM tried to get out of room; does not seem to have any delusions. Appetite good. Slept 4 hrs. bowells moved. complains of pain in back. Pulse 98 Respiration 21 Temperature 99.

" 16 Upon ward, talks quite sensible. bowells moved. Appetite good. worked in D room Temp 99 Pulse 100 Resp 22 Slept 3 hours restless.

" 17 Quiet tried to get away when door was opened. Was seen at T.W. slept 5 hours. out of bed 1 hr. bowells regular. appetite good. takes tonic 18th and 19th same report

" 18 No change. very stubborn and resistive. took knife out of D room to cut her hair with it. slept 5 hrs Temp 98.8 Pulse 88. Resp 20.

" 19 Quite excited today crying, and asking to go home. tried to get away when out walking. hid under a sidewalk. slept 3 hrs. for the following seven days the patient is reported as quiet in behavior, sleeps well appetite good. bowells regular. has delusions. works some in D room.

Summary. Excited at times and cries to home. has delusions bowells regular. Appetite good. tries to escape when out walking took a knife out of dining room. sleeps good. Temp normal 98

Nov 8 Goes out walking - Tries to get the keys - Works in dining room - Bowels regular Takes tonic Talks sensibly; cries at times & asks to go home.

Nov. 11, 13, 15, 18, 20, 22, 25 Gym. treatments given Dre. 2469 Gym. treatment. Dre 11 Complains of sore throat & headache. In bed today. Throat sprayed often & dressed with powder. Dre 12 In bed. T 99.7 P 92 R 21 Dre. 13 Upon ward. Quiet in behavior. Talks sensibly. Sleeps well. Appetite good. Works some on ward & in dining room. Bowels irregular. Went Home.

Discharged.

Personal and Medical History of Julia Lee McClung

From 376.

Sept 1. Fro 28 1900 (Dr. Heyndale) Is usually quiet. Remains in room most of time Reads. Eats & sleeps well. Menstruates regularly. At times talks freely at others seems shy or embarrassed & will not speak. Jan 3 Very disagreeable Refuses to eat at times. Jan 15. Wt. 107# Fro 21 Very disagreeable refused to dress herself. threw herself on floor when dressed.

McK 1. Aug 31 (Dr Linton) During March was stubborn & resistive & very disagreeable. sometimes refused food & required mechanical feeding. During April somewhat better: conversed more freely & took more interest in surroundings but complained of not being well. During May became untidy: Bathes to B'. During June & July: Quiet & conversed rationally not untidy tho somewhat careless & inclined to stay in room. Bowels regular: slept well: took out door exercise: occasionally attends chapel & amusements July 16 Vaccinated. Aug 20 Menstruated.

Sept 1. Nov 30. Appetite good: slept well: untidy in habits & appearance: sometimes rather stupid: converses readily part of time. & sometimes joins in games: At times obstinate & disagreeable & will then attack nurses & patients & has to be kept in restraint. Reads a good deal of time: Sometimes uses profane language. Dre 1- Fro 28 No change in condition or behavior. McK 1 Wt. 100#

Mar 1 - June 1 - 1901 No change in mental or physical condition. Does no work. May 29 Wt. 99½#. June to Sept. No change Sept. 2 Wt. 98#. Sept. to Dec Oct. 15 visited by mother and sister No change mentally or physically. Nov. 23 Wt. 102#.

Up to Feb 1, 1903. General health rather poor: occasionally has hemhrage from lungs: expectorates a great deal: has dull areas in the apexes: at times has a rising temperature: appetite good sleeps well: bowels usually regular: takes exercise but does no work: untidy and careless: expectorates over herself continuously: as a rule does not answer questions: is delusional: has hallucinations occasionally is violent: Sept. 27-8, visited by sister Nov. 29th Wt. 92#.

Personal and Medical History of Julia Lee McClung.

LEIGHT, FOLEY & CLARKSON, DAVENPORT, IOWA.

Whole No. 4229
Residence, St. Paul, Minnesota.
Date Admission, 17th October 1895.
Admitted by, Dr. Shelby - Hour, 4½ P.M.
How Sent, G. Willrich, Jof P. Ramsey County
Sex, Female -
Age, 24 -
Civil Condition, single
Children,
Age Youngest Child,
Occupation, Has none - (father dead).
Degree Education, High - School.
Profession Religion, Presbyterian
Habits, Probably Good.
Nativity, St Paul, Minn. (Parents born in Kentucky).
Physicians Committing, Jennette M. McLaren and Arthur Sweeny
Correspondents, Mrs. Mary McClung
460 Oglehart St

No. for Year, 54.
Insane Relatives, grand father's sister, paternal side, insane
Cause Exciting, unknown
Cause Predisposing, hereditary -
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, very Suicidal.
Date of this Attack, 2 years ago
Duration, 2 years
No. of Attack, 1st (Seemingly Continuous).
No. of Admissions, 2nd time (was at McBride's)
Age First Attack, about 22 -
Time of Leaving, Apr. 28-1904 - Died.
Time in Hospital, 8 y. 5 m. 11 d.
Result, Died - Pulmonary Tuberculosis - 1 yr.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Rather confused.
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Probably impaired
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:
Normal, Calm,
Indifferent, Very indifferent
Exalted,
Depressed, depressed
DELUSIONS:
Systematized or Not, Can't determine any by
Special Subjects, conversation but probably
Transitory or Not, Has many.
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Very reticent
Voluble or Reticent, Refuses to answer questions & converse. Will answer more about her mental state for the reasons for it. Is said to always keep silent about this. The nurse accompanying her says at times she is very obstinate. At times refuses to eat

Personal and Medical History of Julia Lee McClung.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Tremulous Coatings, none Promptness Movement, Fairly so
PUPILS, Equality, Equal Size, Normal
Response Light, Accommodation,
SIGHT, Good
HEARING, o
COORDINATION, Arms, Slightly co-ordination. A tremulous uncertain action of muscles is the
Legs, most prominent element
TREMORS, Hands, Tremulous. rather fine tremor Tongue, Tremors
Facial Muscles, Slight on traction General,
REFLEXES, Patellar, 9 Equal
Other
ARTICULATION, Good
Slurred,
Hesitating,
FACIAL EXPRESSION, Intelligent
meditative and slightly depressed
SENSIBILITY,

EXAM. URINE, Oct 29/95
Urine 24 hrs 32 XIV
Color Yellow Red
Character Heavy white dep
Sp Gr 1018
Reaction Acid +
Albumen o
Sugar
Urea
Sediments. Amorphous urates. Triple phos-

HEART, Rapid on examination perhaps nervous. Admits some palpitation
LUNGS, Normal on superficial examination TAKEN,
GYNAECOLOGICAL EXAM., Oct 28 '95. Uterus retroverted toward right side. Movable.
MENSTRUATION, Regular usually and normal
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, ✓	Careless,
BOWELS, Normal,	Constipated, somewhat	Irregular,
APPETITE, Good,	Medium, ✓ fair	Poor,
SLEEP, Good, ✓	Poor,	Irregular,
PULSE, Regular normal	Resp.,	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, few weeks peculiar for 2 yrs ONSET GRADUAL OR SUDDEN, Rather quiet
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, "Grand-father's" sister is the only one mentioned.
Brothers or Sisters,

Personal and Medical History of Julia Lee McClung.

1895

This patient was brought here by Wm McMurran, attended by nurse, with the following history of case. Patient is in fair physical condition: there is no history of consanguinity, but some of heredity: grand father's sister, paternal side, was insane. This is 1st attack; seemingly continuous; patient has been at Milwaukee Sanitarium, Wauwatosa, Wis for past 2 years; no benefit: two years ago she became depressed & irrational. Disease seems stationary: not variable; no rational intervals. Derangement now shown by general melancholy, no violence; talks little; and is occasionally noisy & obstreperous. She is not disposed to injure others. She has made several attempts at suicide; threw herself in front of a train; also, by a knife: is not filthy or destructive in her habits. Patient was rather peculiar for 2 years, prior to onset; nothing marked. There is no history of intemperance, in self or family, nor of any severe disease &c. Has been confined only at above Sanitarium. Cause of disease, unknown. Has had only the usual treatment at a Sanitarium. On personal examination, she is found to be very taciturn; refusing to respond to any question concerning herself. —

Note — Patient was here before, from May 3/93 to May 6/93. (only 3 days), when she was taken by brother & sister to McBride's Sanitarium. During her stay here, she was rather timid; did not talk much; manifested a rather reckless spirit & did not care what she did. Showed no delusions, while here, tho' history stated she had those of "persecution". (For further details of history, at that time, see Vol 21 page 389 No 3335). —

Oct 17 — On admission, was put on B[1]/G H & Opt. Complexion fair: hair light brown: eyes gray: condition of skin normal: no marks scars or bruises noticed: is clean: behavior quiet. no delusions noticed) Eyes R 966 R 16

" 18th **Nurse's Notes.** Quiet in behavior, talks sensibly, appetite good. slept 9 hrs. bowells regular.

" 19th Very quiet in behavior, in room all day. no delusions. talks very little. visited by sister and nurse. Appetite good. slept 8 hrs. bowells did not move. Temp 99 Resp 18 Pulse 95

" 20th same report but that patient is menstruating 21st same. takes cathartic.

" 22nd Quiet most of day. visited by her sister in the afternoon. became very excited and fought her. had to be held for short time. slept 7 hrs Temp 98 Pulse 88 Resp 18.

" 23rd Very quiet in her room. refused to go walking. sleeps well. took cathartic. bowells moved T 98 R 24 P 95

" 24th 2nd 25th same report. 26th Appetite poor. bowells irregular, took cathartic. makes improvement in appearance & habits change

" 27th Quiet in room most of time, appetite good bowells moved (gave cathartic) T R 20 P 85

" 28th-29th-30th-31st About same report. Appetite fair to good. bowells irregular. takes cathartic. sleeps well. refuses to go walking.

Summary. Patient quick and agreeable in behavior, talks sensibly expresses no delusions. stays in her room, refuses to come out on hall with the other women. Appetite not very good but improved in last few days. sleeps well. bowells very irregular. usually constipated. takes cathartics every day. refuses to go walking was very excited on 22nd & fought her sister. had to be held by nurse

Amount of urine passed in 24 hrs 1½ qts

Nov 20 — Patient is very quiet in behavior, neat in all respects; goes out walking. Talks sensibly; appetite not very good. Bowels irregular. Takes cathartic; sleeps well. Does a little work; talks sensibly. Very quiet in behavior, neat in personal appearance. Seems to take no interest in her surroundings. Has to be watched closely when out. Dec 13 Menstr.

Personal and Medical History of Julia Lee McClung.

Dec 31. Very quiet. Stays in her room most of time. Takes out door exercise. Neat in personal appearance. Clean in habits. Expresses no delusions. Appetite fair. Bowels quite regular. Sleeps well. Jan 11 & 12. Visited by brother. Jan 14 Menstr.

1896 Feb 13 — Always sitting in room. Always quiet. Rarely answers questions. then only in monosyllables. Health apparently good. Looks intelligent. does not get occupied with anything (Phys note) Feb 9 Menstr. nervous during period Feb 28 No change in patient. Appetite fair. Bowels irregular. takes cathartics. Sleeps quite well. Mar. 15 Menstr. Quite nervous & irritable during period. Mar. 31 Quiet in behavior. Stays in her room most of time. Takes out door exercise. Appetite fair. Bowels irregular. Takes cathartics. Sleeps well. Lazy in appearance. April About same. Visited by brother. May 30 Much brighter. takes more interest in things. plays games & visits with ladies in their rooms. Appetite very good. Bowels irregular. Takes cathartics. Sleeps well. Does a little work. Takes out door exercise.

June — Summary Nurse's Notes by Dr. S.L. Phelps: Seems much brighter: takes more interest in surroundings: reads & plays games: appetite good: takes out door exercise: Nov 96 Genl health good: no mental change: Jan 97 Went home for visit: Has been a good deal better this fall: Seems always reserved & bashful: quiet: no delusions noted but evidently at times has some peculiar ideas: Genl health good: May 97 No change: Aug 97 Very quiet & agreeable on ward: at times melancholy: appetite good: bowels regular: takes out door exercise: tidy in habits & appearance: Does no work: genl physical health continues good.

Continued by Dr. Ruth Phelps. Sept 4 '97 Patient went home today on a visit. Sept 13 Returned. was quiet & behaved quite well while at home. Apr 18 Went home for a visit returned on May 1st. Feb 7 '99 Patient has been rather dull in manner: is quite obstinate usually sits around in a quiet way & talks very little. Laughs to herself at times: No change in genral condition. (Cont by Dr R A Bibb).

1899 to Dec. Genl health much impaired: has failed considerably during period: Appetite is usually fair: very poor at times: sometimes refuses meals, especially breakfast: only occasionally takes out door exercise, neat in habits but careless about personal appearance: menstr. regular: sometimes remains in room is very melancholy & cries a great deal: at other times is more cheerful & pleasanter & occasionally plays games with other patients: does not seem to take much interest in anything but reading: at times reads books for hours - sometimes aloud: but does not seem to comprehend what she is reading: recently has been growing more impudent & obstinate: rather silly - seems embarrassed when spoken to: at other times is indifferent & inclined to be sarcastic: often answers questions quite sensibly: but most of her remarks are meaningless: Aug 20-23 Visited by sister: has many delusions Thinks that if her mother's letters are destroyed she will go to hell. See Folio 392

Personal and Medical History of Mary J. Campbell.

LABERT, FIDLAR & BARBERS, DAVENPORT, IOWA.

Whole No. 4237.
Residence, Hayward, Minn.
Date Admission, 21st October 1895.
Admitted by, D. & B. Ely — Hour, 6.40 P.M.
How Sent, Sheman Blackmer, Sheriff Freeborn County
Sex, Female
Age, about 40 (?)
Civil Condition, single
Children, 2
Age Youngest Child, —
Occupation, has none
Degree Education, not educated
Profession Religion, not a church member
Habits, not intemperate —
Nativity, Vermont; (parents also born there)
Physicians Committing, J.A. Blackmer and G.W. Barck
Correspondents, See "Office Register"

No. for Year, 60.
Insane Relatives, none
Cause Exciting, not known
Cause Predisposing, "Chronic"
Form,
Accompanying Bodily Disorder, time mentioned
Suicidal or Not, not —
Date of this Attack, Always insane; grew worse last March
Duration, a very long time
No. of Attack, not 1st
No. of Admissions, 1st.
Age First Attack, (?)
Time of Leaving, Nov. 16. 1897
Time in Hospital, 2 yr. 26 da.
Result, Discharged 11/16/97 under Peterson Law. Unimproved.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish,
MEMORY: Says not impaired
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull and silly
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Upper teeth project fully 1/2 inch beyond lower. Face is asymetrical. Head carried towards left. Mouth and nose seem drawn towards left

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,

Person

Mary J. Campbell

HEIGHT,
WOUNDS
TONGUE,
PUPILS,
SIGHT,
HEARING
COORDIN
TREMOR
REFLEX
Other
ARTICU
Slurred,
Hesitatin
FACIAL
Silly
SENSIB

HEART, Sounds somewhat extra strong.
LUNGS, good
GYNAECOLOGICAL EXAM., Oct 28 '95. Complete prolapsus of uterus.
MENSTRUATION, yes
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, ✓	Careless,
BOWELS, Normal, ✓	Constipated,	Irregular,
APPETITE, Good, ✓	Medium,	Poor,
SLEEP, Good, ✓	Poor,	Irregular,
PULSE,	Resp.,	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother died of Heart disease
Father or Pat. Relations, Father died in the War
Brothers or Sisters, 7 brothers 1 healthy 1 has bad cough

Rochester State Hospital.

Mary J Campbell

Patient.

Order for Discharge of Patient

Under Law 1897.

Filed NOV 8 1897 18

D. K. Dietz
Sec

Mary J. Campbell

ADMISSION, CONTINUED.

CHARACTERISTICS.

of Eaten (Wts) NUTRITION, Fair

Promptness Movement, Fairly Prompt

Size,

Accommodation,

Tongue,

General,

EXAM. URINE, Oct 31/95

Urine 24 hrs 3 XXVIII
Color yellow
Character Light flaky dep
Sp. Gr. 1015
Reaction Acid
Albumen 0
Sugar
Urea
Sediments. A few of the columnar and squamous bladder epithelium, some few oxalate of Lime crystals

TAKEN,

Persona

LEBERT, FIDLAR & RAWBERG, DAVENPORT, IA.

Whole No. 4

Residence,

Date Admission

Admitted by,

How Sent, St

Sex,

Age,

Civil Condition,

Children,

Age Youngest C

Occupation,

Degree Educatio

Profession Religi

Habits,

Nativity, Verm

Physicians Com

Correspondents,

MENTAL ACT

Clear or Conf

Quick or Slu

MEMORY: x

Past Events,

Recent Event

Special Subje

PERCEPTIVIT

Alert or Dull

Correct or Ill

REASONING

Ordinary Sub

Own Mental

Special Subje

GENERAL DE

Upper teeth

Face is asym

Mouth and

Office Secretary Board of Trustees,

MINNESOTA * STATE * HOSPITALS * FOR * INSANE.

Copy.

On filing the certificate and report of the Physicians of the Rochester State Hospital for Insane, upon an examination of Mary J Campbell *a patient committed to said Hospital from the County of* Freeborn *and received there on the* 21st *day of* October *1896, recommending the discharge of said* Mary J Campbell *on the ground* No harmful tendencies, her demonstration is not such as to make her unable to care for herself, & to do some work, has a home to go to.

Ordered, that said patient, Mary J. Campbell, *be and hereby is discharged from the said Rochester State Hospital, under the provisions of Chapter 212, General Laws Minn. 1897; and that the Secretary of said Board forthwith notify the Judge of Probate of said* Freeborn *County, and send a copy of this order to the Medical Superintendent of said State Hospital.*

Dated Nov 1st *1897.*

Johan Coleman
J. H. Block
T. H. Titus
Trustees.

Personal and Medical History of Mary J. Campbell

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken (age 41) WEIGHT, not taken (1145) NUTRITION, Fair

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Not much Coatings, None Promptness Movement, Fairly prompt

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT, good

HEARING, Slightly impaired

COORDINATION, Arms, Seems trifle poor

Legs, " " "

TREMORS, Hands, Fairly steady Tongue,

Facial Muscles, General,

REFLEXES, Patellar, ? - Equal

Other

ARTICULATION, Slurred somewhat specific combs

Slurred, marked but suspect like pan inebriate

Hesitating,

FACIAL EXPRESSION,

Silly somewhat asymetrical

SENSIBILITY,

HEART,

Sounds somewhat extra strong.

LUNGS, good

GYNAECOLOGICAL EXAM., Oct 28 '95. Complete prolapsus of uterus.

MENSTRUATION, yes

OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE, Oct 31/95

Urine in hrs 3 XXXVIII

Color yellow

Character Light flaky dep

Sp Gr 1022

Reaction Acid

Albumen 0

Sugar

Urea

Sediments. A few of the columnar and squamous bladder epithelial, some few odalats of Kind & amor urates

HABITS, Dirty, Clean, ✓ Careless,

BOWELS, Normal, ✓ Constipated, Irregular,

APPETITE, Good, ✓ Medium, Poor,

SLEEP, Good, ✓ Poor, Irregular,

PULSE, Resp., Temp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Mother died of Heart disease

Father or Pat. Relations, Father died in the War

Brothers or Sisters, 7 brothers 1 healthy 1 has bad cough

Personal and Medical History of Mary J. Campbell

1897

This patient was brought here by Deputy Sheriff E. A. Ellickson, attended by Mrs. Lovesay (cousin), with following history. Patient is in fair physical condition. There is no history of consanguinity or heredity. Patient is stated to have "always been insane"; never sent to hospital: symptoms grew worse, last March: disease appears to be increasing, but with rational intervals, but these, not at regular periods. Derangement now shown as the subject of her mother's death: She is not seriously disposed to injure others; is not suicidal: is disposed to filthy & destructive habits, but presently not now active. Previous to accession of the disease, she was always quick tempered. There is no history of intemperance in self or parents; nor of any severe disease &c a tendency to head. She has not been restrained or confined: Cause of the disease, not known. Had had no medical treatment.

Oct 21 On admission, was put on B.S. (G.A.N. Kpt.: Hair brown, streaked with gray: eyes gray: condition of skin normal; no marks scars or bruises noticed: is clean: behavior noisy: recruits being bathed).—

" 22 Nurses Notes. Cried all day. Had delusions. Appetite good. Slept 3 hrs. Bowels unwound. Pul. 72. Resp. 20 Tem. 98

" 23 Cried all day Complains of pain in stomach. Has delusions. Slept about 4 hrs. Appetite good. Talk quite sensible

" 24 Cried part of day Complains of stomach. Appetite good. Bowels regular. Slept 5 hrs. 25th Up on ward Quiet. eats & sleeps well

26 Quiet. Appetite good. Slept 6 hrs. Bowels unwound. Oct 27 same. Oct 28 Quiet in behavior. Has delusions Goes out walking. Oct 29 Quiet in behavior. Talks sensibly. Appetite good. Sleeps well. Goes out riding & walking. Oct 30 Quiet in behavior. Has delusions Assists some in dining room. Goes riding & walking. Answers questions well. Oct 31 Quiet in behavior Sleeps well Appetite good. Talks rationally Nov 1 Quiet. Goes riding & walking Helps in dining room. Takes cathartic Bowels generally constipated Nov 2 Quiet. Talk sensible. Sleeps well. Appetite good.

Nov. 3 Quiet. Goes riding & walking Acts quite silly at times Bowels unwound. Sleeps well.

Nov. 4 Quiet in behavior. Sleeps well. Appetite good. Bowels regular.

Summary Patient is quiet in behavior. Has crying spells quite often. Says her stomach troubles her. Talks sensibly. Does not express any delusions. Sleeps well. Appetite good. Takes treatment

Oct 30 Gyn. treatments given Nov 2 Has crying spells at times. Takes treatments Goes riding & walking; is quiet in behavior; bowels regular. Menstuates regularly; Sleeps well; has delusions Nov. 11 Gyn. treatment given. Nov 14 Trans. to A. W. Menstu. Nov 15 Gyn. treatment given. Nov 20 Trans. to Inf. Nov. 22 Operation done Amputation of cervix, cystocle & Emmett's perineum. Took ether well, good reaction. Nov. 31 Made a good recovery is up on ward. (See Nurses Records)

Dec 15 Appetite very good. Bowels regular. Dec 18 Visited by her brother

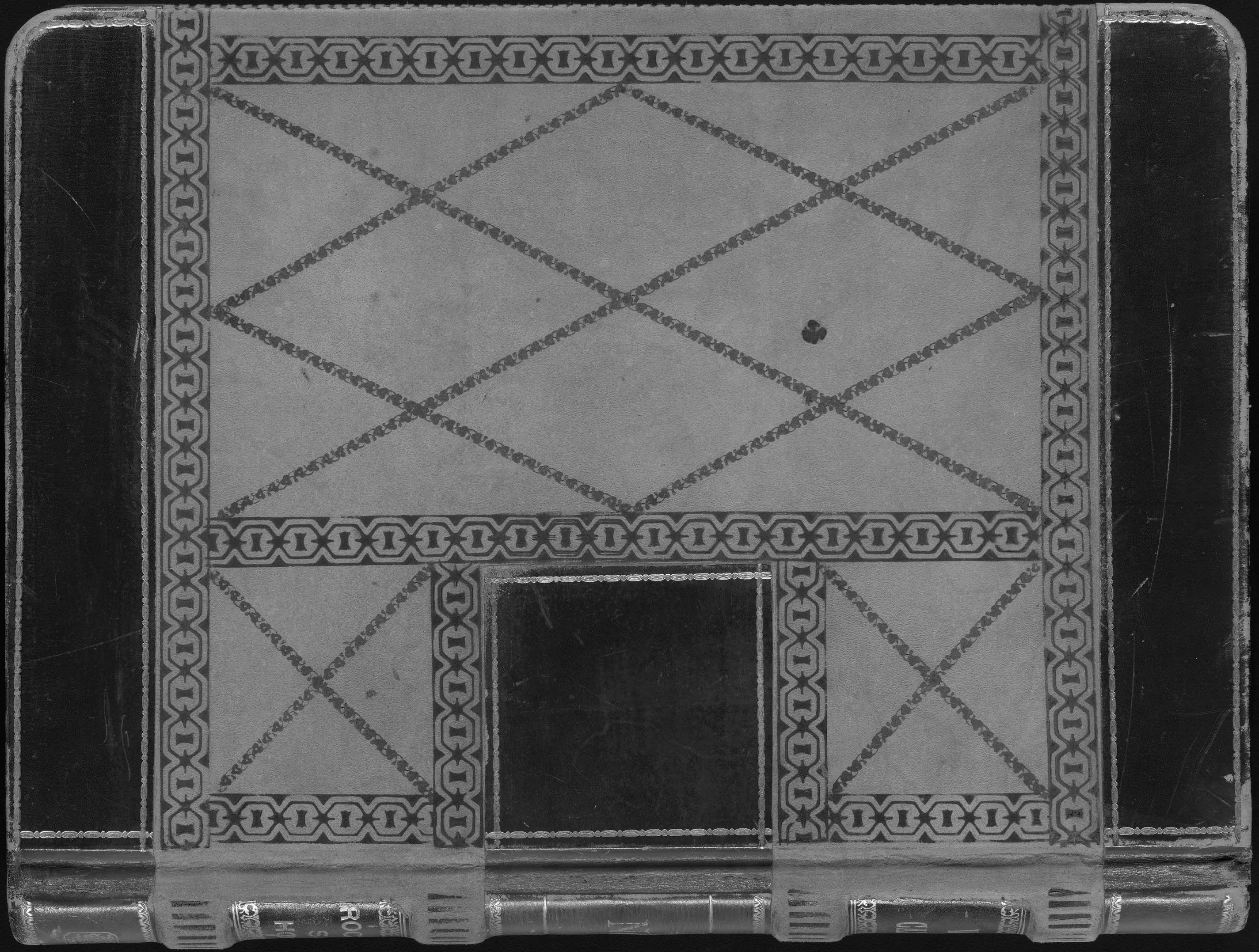
" 29 Has a good appetite. Bowels quite regular. Sleeps well. Menstu.

Jan 30 Goes walking & riding. Talks in a very silly manner. Appetite good. Bowels regular Clean in habits Does very little work on the ward. Mar 2 (Phys. Rec.) Sick in bed with inflammatory rheumatism - pain in limbs & arms - moaning & crying most of the day - Put upon alkaline treatment & hot soda baths. On morning of 17th pain had left her almost, swelling had gone down was able to sit up on ward. Mar 4. General health good. Bowels regular. Menstu. Temp cross during period. Mar 7 Complained of pain in

limbs. put to bed - Sick record kept. Mar. 17 Better - up on ward -

Mar 30 Menstu. Apr. 15 Appetite good. Bowels regular. Goes walking - Works some on ward. Sleeps well. May 10 Appetite good. Works on ward - Goes riding & walking. Sleeps quite well. Quite cross at times.

June Summary Nurses Notes by Dr. L. L. Phelps:- Gen'l Health good; quite talkative: at times noisy: imbecile: works some on ward: May 9th Appetite has been poor for some time: menstu. regular: Trans. to Infirmary

Dec. 31 Operation done for complete prolapsus of uterus, curettment: high amputation of cervix, cystocle & Emmett's perineum: took ether well: reaction good: Jan. 30 '97 Has been kept in bed to keep pressure from perineum: Appetite good & in every way has done well: Has been able to be up for perhaps two days but has been kept in a recumbent position: Feb '97 Seems to be getting along well: So able to be up on ward all day: May '97 Gen'l Health Good: no mentas change: July '97 Lungs & heart examined: Gen'l nutrition good: Chest Concave: Resp. 26: Chest expansion fair: Heart: pulse 76 to 112 very irregular but no murmurs. Continued by Dr. Ruth Phelps. Nov. 6 '97 Patient sent out today under Peterson Law. Has been a quiet patient & inclined to be irritable & quite imbecile.

Discharged