

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

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Version 3
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Respectfully,

Egbert Tidball & Chambers.

Aspaas	Halbert C.	321.		
Anderson	John #5	361		

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Berg	George	9	
Bailey	David E	137	from C & C Hospital St Paul
Bell	Stephen D.	153	
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Bagley	Charles	285	
Boehler	Charles	13	the records fail to prove anything of it — claims to was filed before under this name but
Boelter	Edward M.	317	
Blom	Carl A.	337	
Bayer	John A.	377	

Crofoot	James. K	65.	
Coleman	Cornelius	81.	
Coughlin	John 2nd ad.	189	Here before Feb 1890 – Dec 29/90 No 13 p. 131 – 222/91
Clark	Jabish	225	from Alms-House, St Paul
Carlson	Axel	229	
Cunningham	Peter. G.	269	was an attendant here about 2 years ago
Cooley	Frank. D.	309	
Callahan	James #2	381	was at Independence, Iowa, 7 – 8 years ago
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Hanson	Martin	97
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Hammon	John Jr.	209
Hall	Philander M. 2nd ad.	241
Howard	Richard	249

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Johnson	Lars Gustof	365
Joyce	Richard	85

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Kramer	Hubert	233
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Kolbras	Richard	329

Lynch	Daniel	13	
Lindell	John Anderson	157	
Livingston	W. R.	345	Has been in St Helen at various times
Lundstrom	Aug	373	Here before - Jan 93 - Mar 94
Luedke	Charles	397	

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Moen (or Moon)	Ole	141		
Meyer	Frederick	181		
Miller	Chas. P.	257	was in Hospital in South Dakota, 2 years ago.	
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Moran	Michael	341	from "Little Sisters of the Poor" & St Joseph's Hospl.	

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Nilson	A. B.	293	
Nickel	August	305	
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Orian or Oian	Halvor Olson	131	
Oakes	Theodore C.	1145	
Ortolf	Chris.	173	for St Paul Elec House

Ploc (or Plots)	Joseph	45
Porter	William 2nd ad.	93
Picha	John	169
Petralbie (Bihalty)	Frank	261

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Richter	Henry G.	49	
Ryder	Jacob	53	
Reeves.	Frederick W.	57	
Rice	W. J.	101.	
Ryan	Jeremiah	277	Just recently released from State Prison

Sample	William (M)	17	
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Personal and Medical History of John Daley

LABBET, PUSLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3815.
Residence, Cottage Grove, Washington County. Minn
Date Admission, 17th August 1894.
Admitted by, D. Phelps Hour, 7:30 P.M.
How Sent, Rudolph Lehnicke, Jof P. Washington Co. Y.
Sex, Male
Age, 22 Years
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Farmer
Degree Education, probably fair
Profession Religion, Catholic
Habits, Good.
Nativity, St. Paul, Minnesota
Physicians Committing, B. J. Merrill & O. S. Watkins
Correspondents, George Daley, St Paul Park, Washington County, Minn (his father)

No. for Year, 14.
Insane Relatives, Maternal grandfather & maternal aunt
Cause Exciting, Unknown
Cause Predisposing, heredity
Form, Mania acute
Accompanying Bodily Disorder, — None —
Suicidal or Not, — not —
Date of this Attack, within the past week —
Duration, about a week or so.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 22 years.
Time of Leaving, July 16/95
Time in Hospital, 10 mo. 29 da
Result, Rec. 7/8/96

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ed by D. Herzog. Sept 21/94.

MENTAL ACTIVITY:
~~Clear or~~ Confused, Yes —
~~Quick or~~ Sluggish, Yes —

MEMORY:
Past Events, somewhat impaired.
Recent Events, poor.
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, in the main, correct

REASONING POWER:
Ordinary Subjects, poor.
Own Mental State, poor.
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
The patient's skin is greasy, unhealthy; breath is foul & secretions locked up. He is now in a stupid, depressed condition, following an attack of acute mania. He

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

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
} None brought up

CONVERSATION:
~~Coherent or~~ Incoherent, somewhat
~~Voluble or~~ Reticent, Yes

He is slow to answer questions & his ideas are confused & flow sluggishly. He remembers his actions on admission, but does not appreciate their significance. No special treatment indicated, but pil. ABS at night. —

Personal and Medical History of John Daley

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 in WEIGHT, 139 pds. NUTRITION, Very fair
WOUNDS OR ABNORMALITIES, See "S. R." on next page.
TONGUE, Tremors, Slight fine Coatings, None Promptness Movement, Slow
PUPILS, Equality, Equal Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Seems Good —
HEARING, Seems Good —
COORDINATION, Arms, unimpaired; finger to nose, eyes shut, good.
Legs, Standing on feet, Good. Standing, eyes shut, good.
TREMORS, Hands, Slight Tongue, Slight
Facial Muscles, None. General, None
REFLEXES, Patellar, Equal; 2 —
Other
ARTICULATION, ✓
Slurred,
Hesitating,
FACIAL EXPRESSION, Dull
SENSIBILITY, ✓
HEART, Irregular; impulse feeble; no murmurs. —
LUNGS, Seem good —

TAKEN,

Further notes on EXAM. ~~URINE~~, by D. Phelps (following data from letter). Mr. Daley about right weeks a few days before coming here. Caught a horse & drove it frantically about; got under horse's feet &c. Was finally induced to quiet down, but in night, eluded his captors & came home. A day or two later had another "frantic spell". Was very quiet the day taken to jail but exceedingly irked after put in cell.
Memo: Given me Oct 29/94 pm

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,	Careless,
BOWELS, Normal,	kept / seem	Constipated, Yes	Irregular,
APPETITE, Good, Yes		Medium,	~~Poor~~,
SLEEP, Good,		Poor,	Irregular,
PULSE,		Resp.,	Temp.,

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

Personal and Medical History of John Daley

1894

This patient was brought here by Deputy-Sheriff D. J. Lynch + attended by B. J. Gilbert, with the following history. Habits have been good. There is history of heredity, his maternal grand-father and maternal aunt (having) been insane. Cause of this attack is unknown; form is acute mania; there is no accompanying bodily disorder. First symptoms manifested within the past week. This is 1st attack. Insanity is now shown by hallucinations + illusions. Patient has shown a disposition to injure others; but is not suicidal, nor filthy nor destructive. There is no history of any bodily disease or head-injury. He has not been restrained or confined, nor under medical treatment. —

Aug. 17 On admission, was put in C 3 (S.R. Complexion dark; hair dark; eyes brown; condition of skin
" 18 good; no marks or scars noted: bodily condition fairly clean. Is noisy + excited). Aug 18/94. Slept none; was noisy all night; up, yelling + pounding the door. Tm. Pulse 120. R. 20. T(o) 98.6. Appetite very
" 19 Good; bowels moved during night + room was dirty, this morning. No cough noticed. Is restless + noisy, today, but not ugly; has illusions; "knows every man he sees". Makes no complaints; was out walking, morning + afternoon. Aug 19/94. Slept 6 hours; was noisy 3 hours, during last night. Tm Pat. R 21. T(o) normal. Appetite Good; bowels move freely; behavior about as yesterday. Goes walking daily.
" 20 Aug 20/94. Noisy 3 hours, restless, + slept but 6 hours, last night. Tm. Pulse 68. R 20 T(o) normal.
" 21 Is still noisy + restless, by day; has many delusions. Talks incoherently. Aug 21/94. Restful and slept all night, last night. Tm. Pulse 80. Conduct + behavior do not change any. Appetite very good.
" 22 Aug 22/94. Restless 3 hours, but sleeping 6 hours, last night. Tm. Pulse 58. Behavior slightly
" 23 improved, though he is still somewhat noisy, by day. Still manifests delusions. Aug 23/94. Slept well (8 hours) last night. Tm. Pulse 58. Appetite good; bowels regular. Behavior improving.
" 24 Talks rationally, at times, but still shows delusions. Aug 24/94. Slept only 4 hours, was restless + noisy balance of night. Tm. Pulse 68 - He is very annoying to other patients. Tried to run away, today.
" 31 Aug 31/94. During the first 3 nights of this week, patient continued restless + noisy + slept only about 5 or 6 hours, each. Pulse, taken daily, ranged from 58 to 68. Appetite was good bowels regular, during that same period. Behavior, by day, noisy; talk was incoherent + he was very annoying to other patients. He showed, also, many delusions. During the 3 following nights he slept 7 to 8 hours, on each. Behavior has become more quiet. He is not inclined to talk but answers questions, quite rationally. Last night, he slept only 3 hours; noisy + restless + hours. Also, had slight hemorrhage from the nose. Summary. Came onward, in a noisy + excited condition. Was very annoying to the other patients; was restless + noisy, at night, also. Talked incoherently and manifested many delusions; a high pulse; Temperature remained normal. Appetite good. - Has improved in behavior; is more quiet; sleeps better; has "drowsy spells" during the day. Still shows delusions. Physical condition apparently good, but not much change in Mental Condition.
Sept 2/94 Sep 2/94. Wt 144 pds. (a gain of 5 pds. since admission). Sep 9/94. For some days has been quite
" 12 restless + noisy; annoying + aggravating to the other patients. Sep 12/94. Has been quiet + better-
" 24 behaved the past few days. Talks a great deal to himself, but generally incoherently. Seems to be improving slowly. Sep 24/94. Since last note, there has been a change for the worse which has continued
" 30 up to the present date. Noisy, restless + annoying to the other patients; troublesome, ugly + very Contrary. Uses very bad language; at times, is drowsy. Restless also by night + sleeps poorly. Sep 30/94. During part of the past week he has been fairly quiet by day, but most of the time he is restless + noisy, both by

Personal and Medical History of John Daley.

1894
Sept 30 Con day + by night + sleeps poorly. Appetite very good; bowels regular. Physical Condition very good.
Conduct + behavior, for the most part, noisy, troublesome, ugly + aggravating to the others. Talks a great deal, but generally incoherently. Manifests delusions + illusions. Habits neat. Is on medicine. Seems improving slowly.
Oct 1/3. Oct 1/94. Wt 151 pds. (a further gain in flesh of 7 pds). Pulse 74. Is still on medicine. Oct 3/94. Appeared on hall, this morning, with a black eye + bruise on left side of face; a patient (Zenopolski) says he struck this
" 9 patient, but this statement cannot be verified. Oct 9/94. During past week, has been quiet + better behaved.
" 10 Talks to himself but incoherently. Oct 10/94. Out working today, filling ice-boxes; worked well + intelligently.
" 17 Oct 17/94. Noisy today + annoying; was hit in back by an ugly fellow-patient; no serious hurt was done. -
" 26 Oct 26/94. For the past 2 weeks, with the exception of about 4 or 5 days, occasionally, patient has been, again, on his worst behavior. He has also been restless + noisy the greater part of each night. -
He has also been given to noisy singing + dancing. Has not been working outside, lately. —
" 31 Oct 31/94. Has been quiet + better-behaved the past 5 Days. Still talks to himself + incoherently.
Was on medicine 23 Days, during month. Still shows delusions. Habits clean. No improvement especially.
Nov 1/30 Nov 1/94. Wt 163 pds. (a gain of 12 pounds in weight, in past month). Pulse 96. Nov 30/94. Does not seem to gain
Dec 1 mentally. Dec 1/94. Wt 172 pds (a further gain in flesh of 9 pounds, in past month). Pulse 70. —
" 28/31 Dec 28/94. Visited by mother. Dec 31/94. Appetite very good; bowels regular. Physical condition is very good.
Inclined to be noisy; in other respects, well-behaved. Talks incoherently + shows delusions. Habits clean.
1895 Patient does not seem to gain, mentally. Notes show him frequently noisy + restless at night. Jan 1/95. Wt 172 pds.
Jany 1
" 31 Pulse 96. Jan 31/95. Behavior noisy, during day; otherwise very good. Talks incoherently. Still shows delusions.
Febr 1/15 Febr 1/95. Wt 170 pds. Pulse 84. Febr 15/95. Has been noisy, occasionally, at night, but noisy, more or
" 24 less, every day. Febr 24/95. No change noticeable. Still inclined to be noisy by day; + sometimes by night.
Mar 1/15 March 1/95. Wt 167 pds. P 68. March 15/95. Eats + sleeps well, of late. Noisy, more or less, every day. —
" 21 March 21/95. Had a "stupid spell" at bed time; had to be carried to bed. Will effect noticed. —
" 28/30 March 28/95. Has had "noisy spells" the past few Days. Mar 30/95. Quiet, the last few days. -
Still has some restless nights. Talk incoherently, + has delusions. No improvement noticed. -
Apl 1/17 Apl 1/95. Wt 173 pds. P 84. Apl 17/95. Is noisy + surly; sometimes extremely noisy during day; —
" 30 Apl 30/95. Has frequent noisy nights: noisy + spells also, often by day. Generally incoherent + shows delusions.
Physical condition good; habits clean. No improvement to note in mental condition.
May 1/14 May 1/95. Wt 175 pds. P 92. May 14/95. Quite often noisy, restless, at night + noisy, more or less, every day.
" 23 May 23/95. Inclined to be troublesome, today. May 24/95 - Is stupid and has nothing to say.
" 31 May 31/95. No special change to report. Occasionally restless + noisy at night. Is somewhat stupid.
June 1/30 June 1/95. Wt 169 pds. P 88. June 30/95. During first week of this month, he was somewhat noisy +
troublesome; stupid at times, + would not talk: during the last 3 weeks he has been more quiet,
July 1 + well-behaved. Mental and brain seems improved some. July 1/95. Wt 162 pds. Pulse 84.
" 3 July 3/95. Works some outside. Eats + sleeps well. Behavior good. Physical condition also good.
" 10/17 July 10/95. Quiet + well-behaved. Mental condition seems very much improved. July 17/95. Transferred to 13!
" 15 July 15/95. Continues to improved. Quiet + well-behaved. Works outside. Visited by his mother, today.
" 16 July 16/95. Allowed to go home with his mother.

Dr. Chard

Personal and Medical History of Emil R. Johnson

Whole No. 3819.
Residence, Stillwater Town; Washington County
Date Admission, 22nd Augt. 1894
Admitted by, D. Phelps — Hour, 7:30 PM
How Sent, Rudolph Schnicke, Jof P. Washington Co.
Sex, Male
Age, 18
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, None
Degree Education, probably limited or poor
Profession Religion, Lutheran
Habits, Intemperate
Nativity, Sweden
Physicians Committing, T. C. Clark & Ed. H. Echolm
Correspondents, Edward O. Johnson (brother) Stillwater Minn

No. for Year, 18
Insane Relatives, None
Cause Exciting, Epilepsy
Cause Predisposing, Chronic
Form, Dementia epileptic
Accompanying Bodily Disorder, Epilepsy
Suicidal or Not, Has threatened suicide
Date of this Attack, at 5 Years of age
Duration, Some 13 Years —
No. of Attack, many during that period
No. of Admissions, 1st
Age First Attack, 5 Years
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Ex'ed by D. Ely, Aug 23/94.

MENTAL ACTIVITY:
Clear or Confused, somewhat confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Impaired
Recent Events, Impaired
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, correct
REASONING POWER:
Ordinary Subjects, Poor
Own Mental State, Poor
Special Subjects, Poor
GENERAL DESCRIPTIVE REMARKS:
Patient is of a low mental type; is quite demented; can hardly comprehend anything asked of him.

EMOTIONAL STATE:
~~Normal, Calm~~; Demented
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, None noted
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS: None
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, reticent

Personal and Medical History of Emil R. Johnson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3½ WEIGHT, 114 pds NUTRITION, Good.
WOUNDS OR ABNORMALITIES, see "S.R." on next page
TONGUE, Tremors, fine Coatings, coated Promptness Movement, prompt
PUPILS, Equality, Equal Size, normal
Response Light, Yes Accommodation, Yes
SIGHT, Good —
HEARING, Good.
COORDINATION, Arms, fingers to nose, eyes shut, slight incorrectness
Legs, standing, eyes shut, stands steadily —
TREMORS, Hands, slight Tongue, fine
Facial Muscles, none General, none
REFLEXES, Patellar, Equal; about ++
Other
ARTICULATION, Hesitating
Slurred, fingers account
Hesitating, Yes
FACIAL EXPRESSION, Dull
SENSIBILITY, Normal
HEART, Sounds good
LUNGS, Sounds good

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

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

Personal and Medical History of Emil R. Johnson

1894

This patient was brought here by Sheriffs Deputy Edward Johnson, with following history. He will drink if he can obtain liquor. There is no history of heredity. Supposed cause of this attack is Epilepsy; form of attack, Chronic; first symptoms of disease were manifested at 5 years of age; by mild Epileptic attacks. He has many of these, and there has been a progressive mental deterioration since childhood. Insanity now manifested by a tendency to incendiarism & to injure others. Some sudden passion. He has threatened to commit suicide, when crossed in his purposes. Is also of filthy and destructive habits. Cause for Epileptic attacks is not known; he never had any injury about the head, that is known of. He has not been restrained or confined. Patient has been treated for his Epileptic attacks, for the last 13 years, without benefit. — " —

Aug 24 On admission, was put on B^r (S.K. Complexion dark; hair brown; eyes blue; condition of skin good; no marks noticed, but there are some scars on first finger on right hand & one on left wrist; bodily — condition clean; behavior is good). Aug 23/94. Was restless for 4 hours, sleeping but 4 hours, last night — Am. Pulse 112 R 19. T(R) 100. Appetite good; bowels seem regular; Patient had 3 convulsions during " 23 the night. No cough noticed. Is obstinate, today. Talks but seldom. Shows no delusions, as yet. Habits cleanly.

" 24 Aug 24/94. Slept 5 hours, restless 1 hour, last night. Had 4 nocturnal convulsions. AM. Pulse 98. R 19.

" 25 T(R) 99. Conduct & behavior about as yesterday. Aug 25/94. Slept 7 hours, was restless a couple of hours, last night. Had 2 nocturnal convulsions. AM. Pulse 99. T(R) 99. Appetite good; talks but little; " 26 reads considerably. Is on medicine. Aug 26/94. More restful, sleeping 8 hours, last night, slightly restless for an hour or so. AM. Pulse 102. Appetite good; bowels regular; no change to note in behavior.

" 27 Aug 27/94. Quiet & sleeping 8 hours, last night. AM. Pulse 104. Is obstinate & stubborn; talks but " 28 little. Takes medicine regularly. Aug 28/94. Slept 7 hours, restless 2 hours, last night. Am. P 100.

" 29 Appetite good; bowels regular. Aug 29/94. Restless 2 hours, but slept 7 hours, last night. Had 4 fits during the night (10^15 PM. 11^15 PM. 12^35 PM. 1^30 AM). Am. Pulse 99. Behaves well; appetite is good.

" 30 Aug 30/94. Slept 7 hours, restless 2 hours, during the night; had 3 nocturnal fits (9^30 PM. 11^45 PM 1^5 AM).

" 31 7 AM. Pulse 108. Still on medicine. Aug 31/94. 7 AM. Pulse 106. Had 4 fits during the night. Behavior is good: appetite good; bowels regular. Habits are cleanly. Physical condition quite fair.

Sept 1 Sept 1/94. Had 2 fits last night. Was given hypodermic of nitro-glyc 1/100 gr. at 8^30 PM. 7 AM. Pulse 98—

" 2 Sept 2/94. Was again given a similar hypodermic at bed-time, last evening. Had a convulsion at 3^20 " 3 AM. Wt, today, 117 pounds (a trifle for gain in flesh). Sept 3/94. AM. Pulse 98. Appetite is good; " 4 bowels regular. On medicine. Is very dull & stupid, today. Sept 4/94. Was given hypodermic of nitro-glyc 1/100 gr. at 8^30 last evening: Appetite only medium; bowels slightly constipated. —

" 5 Sept 5/94. Had 2 convulsions, during the night. Appetite improved; bowels more regular. AM. Pres.

Summary. During past week, patient has been sleeping 7 to 8 hours, each night. Convulsions have occurred (as detailed above) always at night. Takes medicine 3 times a day and has also been given hypodermics of nitro glycerine as above stated. These seem to have helped him considerably. Is obstinate & stubborn at times, though, on the whole, is well-behaved. Appears very dull & stupid, at times. Talks but little; reads some. Physical condition is good. —

" 7/9 Sept 7/94. Had 6 convulsions, during the night. Sept 9/94. one convulsion repeated last night.

" 11/9 Sept 11/94. 3 nocturnal convulsions reported. Sept 12/94. Had 5 convulsions during night.

" 13/9/5 Sept 13/94. 3 convulsions, last night. Sept 14/94. one nocturnal convulsion. Sept 15/94. 2 nocturnal convulsions reported.

Personal and Medical History of Emil R. Johnson

1894

Sep 30 Sep 30/94. During the last half of this month, 2 or 3 nocturnal convulsions have been reported; some of these have been quite severe; others light. The last 2 fits were particularly hard ones & he bit his lip, in one of them. On three different nights during past week, patient has been given a hypo. of nitro-glycerine 1/100 gr, about bed-time. Notwithstanding these convulsions, he has been sleeping quite well, at night; behavior is not very good; he is quite stupid & very obstinate, at times. Bowels are regular.

Oct 1/3 Oct 1/94. Wt 112 pds. (has lost 5 pds in weight, during past month). Pulse 98. Oct 3/94. Is nightly given hypodermic of nitro-glycerine, 1/100 gr, about bed-time. He is still very stupid, obstinate & cranky.

" 6 Oct 6/94. Continues to be given these hypodermics nightly. Fits seem growing less numerous — Is restless & of a mean disposition. Crying & wanting to go home. Appetite only medium — Habits are cleanly.

" 7 Oct 7/94. Had a "spell" today; pain about head; "hallowing"; seemed dazed — Was very stubborn.

" 31 Oct 31/94. Is very stupid, stubborn, irritable & of a mean disposition. Appetite good, though he seems to be losing in flesh. Seems depressed & cries, at times. Hypodermics have been discontinued for some time & no fits have been reported since 6^th inst. Is sleeping better at night.

Nov 2/13 Nov 2/94. Wt 111½ pds. Pulse 116. Nov 3/94. Bromides discontinued; he is looking badly; bit his tongue nearly all " 30 day. Is given Sedlitz-powder, every other morning. Nov 30/94. Improving some, as to physical condition. Talks and

Dec 1/3 read some; appetite good; bowels regular. Dec 1/94. Wt 119½ pds (some gain in flesh). Pulse 112. Dec 3/94. Was " 8 struck & kicked by a fellow-patient (A Jansen) & received a black eye. Dec 8/94. Left leg swollen & red spot " 11 in left side of calf; poultice applied & patient put to bed. Dec 11/94. Leg better & is up, onward. To day-

" 31 Dec 31/94. Patient does not seem to improve; is cranky, obstinate and convulsions are also very frequent-

1895 Jan 2 Jan 2/95. Wt 130 pds. (a gain of 10½ pounds in past month). Pulse 100. Jan 31/95. Is stupid & troublesome; " 31 will not mind a word, unless taken & made to do so. Appetite ravenous. Has been gaining in flesh. Articulation slow. Reads some; walks out, at times. Has fits, nearly every night: they seldom occur by day.

Feb 1/11 Feb 1/95. Wt 132½ pds. P 88. Feb 11/95. During past 10 nights he has had 11 convulsions (some very hard ones) and on 4 of these nights he had 3. Is, today, tractable, walking hall & singing, nearly all day.

" 27 Feb 27/95. Since 11^th inst, 28 nightly convulsions have been reported (in one night he had 6 of them); and 2 by day. He began taking bromides on 18^th inst: occasionally gets into fight with fellow patients & receives some scratches & bruises. Feb 28/95. 8 convulsions, last night, and two, today. — He " 28 lies about all the time; very stupid; talks but little. Appetite medium; bowels constipated & is given medicine. He is very cranky & mean, toward other patients. He is very sluggish.

Mar 2/11 March 2/95 Wt 130 pds. P 112. March 11/95. So far, this month, patient has had 69 nightly convulsions, (in one night 10; in another 11). 2 or 3 are reported by day. He has been very sluggish & stupid, for past " 28 week; wants to lie by the fire, all the time: very obstinate, and cranky toward everybody. — Coughs considerable, at times. March 28/95 — Appetite poor: 18 nocturnal convulsions, reported since 13^th inst. Patient is very stupid, dull & sluggish. No improvement to note.

Apl 1/4 Apl 1/95. Wt 122 pds (has lost considerably, in flesh). P 88. — April 4/95. Bromides discontinued.

" 20/23 Apl 20/95. Bromides again given. Apl 23/95. Has been eating so as to overload his stomach, for

" 30 3 or 4 days — Apl 30/95. Only 7 convulsions (6 by night & one by day), since the 24^th inst: Patient has lost some in weight & brighter than usual, for a few days past. Eats no meat. On extra diet. Still of a cranky disposition & "temperament". No special improvement noticed

May 2 May 2/95. Wt 119 pds. Pulse 82. (Has been losing in flesh, the past few months; no special cause) —

(carried to 112)

Personal and Medical History of George Berg

LIBBEY, FISLAR & BLACKBURN, DAVENPORT, IOWA.

Whole No. 3823.
Residence, 607 York St. St. Paul, Minn
Date Admission, 27th August 1894.
Admitted by, Dr. Phelps — Hour, 7 P.M.
How Sent, John B. Oliver, Jof P. Ramsey County
Sex, Male
Age, 32
Civil Condition, Married
Children, one
Age Youngest Child, —
Occupation, Paper hanger
Degree Education, not given
Profession Religion, not a church member
Habits, Intemperate —
Nativity, Sweden —
Physicians Committing, Geo. J. Hanley & S.W. Lobeland
Correspondents, (wife) Minnie Berg
607 York Street

No. for Year, 22.
Insane Relatives, none
Cause Exciting, Drink —
Cause Predisposing, Intemperance
Form, Dementia paralytic.
Accompanying Bodily Disorder, alcoholism —
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, 32 (?)
Time of Leaving, 28th September 1895
Time in Hospital, 1 year: 1 month: 1 day.
Result, Died: Epileptiform seizure during congestive attack in General Paresis —

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Examined by Dr. Eby Aug 28/94.

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, Correct
REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Fair
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, Yes
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, None at present
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS: none
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:
One week ago patient says he was crazy for 2 days; he was very maniacal; say's he's all right now. He is very nervous & is troubled with insomnia. 4 months ago his right eye commenced & trouble him; it gradually got to its present condition.

St Paul Dispatch Dec 31. 94.

THE CARVING KNIFE.

George Berg Threatens His Wife With One.

George Berg, a paperhanger, 607 York street, was four months ago committed to the insane asylum at Rochester. His wife, Lena, visited him last Saturday, and his appearance was such that she thought she would take him home. The doctor told her that it would be unwise, but she decided to bring him. Saturday night he got into a rage about something, and rushed after her with a carving knife. In her attempt to get away, her arm was severely wrenched. She notified Officer McTaggart, who locked up Berg. Mrs. Berg explained the matter to the court this morning, and, on motion of Attorney George Walsh, Judge Twohy ordered him taken before the probate court for an examination, with a view of recommitting him to Rochester.

Medical History of George Berg

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

WEIGHT, 112½ lbs. NUTRITION, not very good.
ALITIES, see "S.L." on next page.
TONGUE, Tremors, none fine Coatings, slight coat. Promptness Movement, prompt
PUPILS, Equality, unequal, (left normal. Rt dilated paralytic Size, —
Response Light, Yes Accommodation, Yes.
SIGHT, Good in left eye; impaired in right.
HEARING, Good.
COORDINATION, Arms, Finger to nose, eyes shut, Correct.
Legs, Standing, eyes shut, Stands well. —
TREMORS, Hands, slight Tongue, slight
Facial Muscles, none General, none
REFLEXES, Patellar, Equal: abt 6 or 7.
Other
ARTICULATION,
Slurred,
Hesitating, Good
FACIAL EXPRESSION, Normal
SENSIBILITY, Normal
HEART, rapid; slightly enlarged; sounds weak.
LUNGS, Lungs good

EXAM. URINE,
TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother dead } "Consumption"
Father or Pat. Relations, Father dead }
Brothers or Sisters, 6 brothers, 5 sisters. Mother living is a drunkard, sister healthy. Mother was in a comatose condition for 3 days at one time. No hereditary history further than above. —

Personal and Medical History of George Berg

LARKEY, PUDLAR & GLANDEVE, DAVENPORT, IOWA.

Whole No. 3823.
Residence, 607 York St. St. Paul, Minn
Date Admission, 27th August 1894.
Admitted by, Dr. Phelps — Hour, 7 P.M.
How Sent, John B. Oliver, Jof P, Ramsey County
Sex, Male.
Age, 32
Civil Condition, Married
Children, one
Age Youngest Child, —
Occupation, Paper hanger
Degree Education, not given
Profession Religion, not a church member
Habits, Intemperate —
Nativity, Sweden —
Physicians Committing, Geo. J. Hanley and S.W. Rohland
Correspondents, (wife) Minnie Berg
607 York Street

No. for Year, 22.
Insane Relatives, None
Cause Exciting, Drink —
Cause Predisposing, Intemperance
Form, Dementia paralytic.
Accompanying Bodily Disorder, alcoholism —
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, 32 (?)
Time of Leaving, 28th September 1895
Time in Hospital, 1 year: 1 month: 12 day.
Result, Died: Epileptiform seizure during congestive attack in General Paresis —

EXAMINATION ON ADMISSION

Exd by Dr. Ely Aug 28/94.

MENTAL CHARACTERISTICS.

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, Correct

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

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

DELUSIONS:
Systematized or Not, None at Present
Special Subjects,
Transitory or Not,

HALLUCINATIONS: None
ILLUSIONS: none

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

GENERAL DESCRIPTIVE REMARKS:

One week ago patient says he was crazy for 2 days; he was very maniacal; says "he's all right now". He is very nervous & is troubled with insomnia. 4 months ago his right eye commenced to trouble him; it gradually got into its present condition.

Personal and Medical History of George Berg

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7 1/4 WEIGHT, 112 1/2 lbs. NUTRITION, not very good.
WOUNDS OR ABNORMALITIES, see "S.L." on next page.
TONGUE, Tremors, Some fine Coatings, Slight coat. Promptness Movement, prompt
PUPILS, Equality, unequal, (left normal. Rt Mydriasis paralytic Size, —
Response Light, Yes Accommodation, Yes.
SIGHT, Good in left eye; impaired in right.
HEARING, Good.
COORDINATION, Arms, Finger to nose, eyes shut, Correct.
Legs, Standing, eyes shut, Stands well. —
TREMORS, Hands, Slight Tongue, Slight
Facial Muscles, none General, none
REFLEXES, Patellar, Equal: abt 6 or 7.
Other
ARTICULATION,
Slurred,
Hesitating, Good
FACIAL EXPRESSION, Normal
SENSIBILITY, Normal
HEART, rapid; slightly enlarged; sounds weak.
LUNGS, Lungs good

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother dead. } "Consumption"
Father or Pat. Relations, Father dead. }
Brothers or Sisters, 6 brothers, 5 sisters. 1 brother living is a drunkard; sister healthy. Mother was in a very low condition for 3 days at one time. No hereditary history further than above. —

Personal and Medical History of George P Berg

1894

This man was brought here, in due form, by a deputy Sheriff, with following history. Habits are very intemperate. There is no hereditary history. Supposed cause of this attack is drink; form of attack is acute; it commenced one week ago. He is now abusive & shows delusions. Is dispossed to injure others. But is not suicidal, nor filthy nor destructive. Previous to attack, showed much irritability. He has not been restrained or confined, nor under medical treatment. —

Aug 27 On admission. was put on B² (S.R. Complexion dark; hair black; eyes blue; condition of skin
" 28 good; no marks, scars or bruises noted: bodily condition dirty. Is well-behaved). Aug 28/94. Slept 8 hours, last night; restless only about an hour. AM. Pulse 98. R 20. Te 99⅖. Appetite good; bowels regular; no cough noticed. Behavior is good, though somewhat restless. Talks a good deal but no delusions noticed. —
" 29 Complains of a slight soreness in left side. Aug 29/94. Restless 4 hours, sleeping but 2 hours, last night. —
AM. Pulse 96 Te 99. Appetite keeps good. He is very restless, today. "Wants to go home" — no delusions
" 30 have yet been noted. Complained some of a pain in Stomach, today. Aug 30/94. Again passed a restless night & slept only 5 hours. AM. Pulse 100. R 19. Te 98⅘. Behaves well. Talks freely & at times, quite
" 31 sensibly. Aug 31/94. Restless 3 hours, but sleeping 6 hours, last night. AM. Pulse 98. Appetite is good; bowels regular. Behaves well; no delusions yet noted; Complains of soreness in his left side. —
Sep 1 Sep 1/94. Slept 5 hours, restless 4 hours, last night. AM. Pulse 99. Is quite restless today. Wt today 114 pds.
" 2 Sep 2/94. Was more restful, sleeping 7 hours, last night. Behaves well; talks freely & at times, sensibly.
" 3 Sep 3/94. Restless 2 hours, but slept 7 hours, last night. AM. Pulse 88. Is quite restless & uneasy, today.
" 4 Was struck by a fellow-patient (Jos Faulen Jr.) on left side & side is quite sore. Sep 4/94. Restless 5 hours and slept only 4 hours, last night. AM. Pulse 86. Very restless today; shows delusions. Appetite good; bowels regular
" 5 Sep 5/94. Slept 6 hours, restless about 2 hours, last night. AM. Pulse 88. Again very restless, today. Was struck in the side by another patient (F Dickerson); side quite sore. Still shows delusions. On medicine,
" 6 for several days past. Sep 6/94. Restless 3 hours, sleeping 6 hours, last night. AM. Pulse 84. Behavior
" 10 is somewhat quieter today, though he still shows some uneasiness. Sep 10/94. During these 4 days, he has shown no special change. Has continued to sleep poorly, at night. He behaves fairly well though still somewhat restless & annoying to the other patients, which gets him into trouble. He still manifests delusions - says "he is going home today; the Judge of Probate has discharged him" Talks incoherently, incoherently, most of the time. Habits are clean. Works some in dining room
" 19 Sep 19/94. No particular change. Talks incoherently & vulgarly. Works in dining-room. On medicines
" 30 Sep 30/94. Behavior, of late, is good, though still inclined to be somewhat annoying. Is very talkative and still manifests delusions. Continues to take medicine. Rests & sleeps well. Works a little around.
Oct 1/5 Oct 1/94. Wt 147½ pds. (This evidently is a mistake. PM). Pulse 108. Oct 5/94. Is, today, noisy and
" 10 quarrelsome & very abusive to everybody. Still shows delusions. Oct 10/94. Very abusive & a fellow patient (John. E. Mullen); Mullen took him down an floor, but did not try to hurt him
" 24/25 Oct 24/94. In bed, part of day; Complained of pain in side. Oct 25/94. Had trouble with a
" 26 fellow-patient (Wm Haenggi) & threw a chair at another (Wm Kingston). Oct 26/94. Ate a
" 27 very large amount at noon. Vomited considerable in PM & went to bed. Oct 27/94. Restless 6 hours & slept but 4 hours, last night. Was sick & vomiting, vomit, during the night. AM. Pulse 53 R 17 Te 99.2. PM. Pulse 56 R 18. Te 98.8. Vomiting; ate nothing today: is sick in bed.
" 28 Oct 28/94. Pulse 60. Te 98.9. Ate nothing but drank some eggnog; is sick at his stomach.

Personal and Medical History of George P Berg

1894 Oct

DETAILED HISTORY OF SICKNESS OF MR Geo Berg
DIAGNOSIS.

DATE	HOUR	PULSE: AM	PULSE: PM	RESP: AM	RESP: PM	TEMP.: AM	TEMP.: PM	
30		5	60	22		98		1 P.M. Came on ward from R.V. sick — given bed and left to bed. — 1 given pt hot potato. — 6 P.M. took hot eggnog. — 8 P.M. given sleeping dose. — Slept 7 hours.
31	7	5	64	20	20	100	102	7 a.m. took ½ pt of hot milk also hot eggnog. — 9 a.m. took ½ pt hot eggnog. — 12 pm took bouillon and steak for dinner. — 6 P.M. took hot milk but ate nothing — given for supper. — Slept 8 hours.
Nov 1	7	5	120	24	19	20	100	6 Towels moved fairly ate some solid food for breakfast. — Took ½ pt milk with cereal for dinner. — Took ½ pt milk with cereal for supper. — Slept 8 hours.
2	7	5	124	76	20	18	103	99.2 Took glass hot milk & some bread for breakfast. — Bowels moved. — Took some food for dinner. — Slept 8 hours.
3	7	5	88	88	24	16	100	99.2 Took Milk toast and hot custard for breakfast. — Bowels quite regular.
4	7	5	88	96	20	18	99	99 Took cup tea with toast and butter with for breakfast. — Bowels regular. — Took cup tea with toast and stewed chicken for dinner and supper. — Slept 8 hours with toast. — Bowels fairly regular.
5	7	5	96	80	24	24	98.4	99 Attitude very good. Bowels regular.
6	7	5	120	72	18	18	99	99 Is very noisy at times.
7	7	5	124		20		98.6	Appetite good. bowels regular very noisy at times frequently.
8	7	5	120		24		99	3 P.M. Transferred to R 2 E. 1894 AM upon ward.

— diately became unwell. Did not seem to know out of last fit & at 5 20 had another.

(carried to page 140)

Personal and Medical History of George Berg

1894

Aug

Sep

Oct

" 28 Oct 28/94. Pulse 60. Temp 98.9. Ate nothing but drank some eggnog; is sick at his stomach.

Personal and Medical History of George Berg

1894

Oct 29 and is vomiting. Oct 29/94. Restless 6 hours, sleeping only 3 hours, last night. Am. Pulse 58. Temp 99.2.
" 30 Eats but very little. Vomiting, at times. Oct 30/94. 7 Am. Pulse 54. Temp 99. Transferred to C3. -
" 31 after coming on this (C3) ward, patient was given a hot bath & put to bed. Given a pint of hot milk.
6 Pm. Took a hot eggnog - 8 Pm. Was given a sleeping dose; slept 1 hour. Oct 31/94. 7 am.
Patient took a pint of hot milk, also a hot eggnog. 12 M. Took beef tea & steak for dinner.
6 Pm. Took hot milk, beef-tea and gruel for supper. (See attached record of pulses &c)
Nov 1 Nov 1/94. Was quite restless, during the night and slept only 3 hours. Bowels have moved freely -
He ate some solid food, for breakfast. 2 Pm. Has eaten quite well today. Was given 2 sponge baths.
" 2/3 Nov 2/94. Has eaten well, again today. Bowels moved freely. Nov 3/94. Appetite very good.
" 4 Bowels quite regular. Nov 4/94. Eats well, takes nourishing food. Bowels fairly regular -
" 6/7 Nov 6/94. Is very noisy at times. Nov 7/94. Frequently noisy, at times, today & disturbs the
" 8 other sick patients. Nov 8/94. Up, Dressed & on the hall. 3 Pm. Transferred back to B3 -
" 20 Nov 20/94. Has remained up a ward daily. At times, quite noisy & loud talking). Is rather easily
" 30 excited & agitated. Nov 30/94. Talks quite freely, but still manifests delusions. Is walking
about the ward. Behaves fairly good, except given to loud talking & profanity. Habits Clean.
Dec 1 Dec 1/94. Wt 125 pds. (a gain of 12½ pds, in weight, since admission). Pulse 102. Eats his food
" 14 Dec 14/94. Is still easily excited & provoked - A fellow patient (Holland) bothered him, today, whereupon
" 25/26 he struck him (Holland). Dec 25/94. Keeps about the same. Dec 27/94. Was today visited by
wife, who spent the greater part of the day with him. (Patient is still in a very excited
Condition, mentally, with unsystematized delusions of grandeur - Is talkative and profane;
quarrelsome, if crossed - Dr H's note). Wife seemed anxious to take him home on trial.
Wife was allowed to take him home on trials.

Dec 31 Dec 31/94. Attacked his wife with a carving knife, today & being otherwise violent, he was sent for and
1895 instructions given to bring him back. Jan 2/95. Was brought back today - Wt 117 pds. Pulse 102 -
Jan 10/11 Jan 9/95. Escaped to the basement, while going out for a walk; was caught before he got out. Jan 14/95. Complains
" 15/16 of pain in stomach. Jan 15/95. Ate bed, part of the day. Jan 28/95. Went to bed for part of the time, today.
" 31 Is sick at his stomach; vomits after eating. Jan 31/95. Talks loudly & boisterously; abusive towards patients.
Deluded. Appetite poor; Complains, at times, of being sick at his stomach. At times threatening in talk -
Says he is going to have Dr K arrested, if he is not released. Physical condition seems quite good -
Feb 3/4 Feb 3/95. Wt 119 pds. Pulse 106. Feb 4/95. Had a fit; in appearance just like a fit of Epilepsy, lasted
" 17/18 about 5 minutes. Feb 17/95. Choked Edward Johnson No 3, today. Feb 25/95. Had trouble with Attendant
Kurbank; jumped on Burbank's back & began pounding him; patient was set down on a bench;
claimed his shoulder was wrenched, but he showed no signs of this when he wanted to play game of billiards.
" 27/28 Feb 27/95. Noisy & abusive to everybody, today. Feb 28/95. Had a convulsion, (same as the previous one);
lasted about 5 minutes; was afterward noisy & abusive to everybody. Shows many delusions.
Mar 2 Appetite fairly good; bowels free. Is clean & tidy in habits. Mar 2/95. Wt 122 pds. Pulse 96.
" 19 March 19/95. 8 Am. Is very stupid & appears as though he had just had a fit: can hardly
talk & seems to be partly paralyzed - Has put to bed. 2 Pm. Did not seem to realize
anything. 4.30. Had an very hard convulsion; fell out of bed & rolled eyes, which imme-
-diately became swollen. Did not seem to come out of last fit & at 5.30 had another.

(Carried to page 140)

Personal and Medical History of Daniel Lynch

LEIGHT, FISCHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3826.

Residence, 6th & Hittson 5th St. Paul

Date Admission, 30th August 1894.

Admitted by, D. C. B. Ely — Hour, 7 P.M.

How Sent, John. B. Olivier, Jr. C., Ramsey County

Sex, Male -

Age, 27 Years

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Laborer

Degree Education, Probably limited

Profession Religion, Catholic

Habits, "Drinks Everything". Morality ?

Nativity, Ireland.

Physicians Committing, D. C. Jones & J. W. Finnell

Correspondents, Mother living; address 5th & Hittson.

No. for Year, 25.

Insane Relatives, No history obtainable

Cause Exciting, Unknown: Sunstroke possibly

Cause Predisposing, Not stated: probably bad habits.

Form, Dementia terminal

Accompanying Bodily Disorder, General debility -

Suicidal or Not, Threatened suicide yesterday.

Date of this Attack, unknown

Duration, Probably some time, seems chronic

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, -(?)-

Time of Leaving, June 6. 1900

Time in Hospital,

Result, Transfered to Hastings

EXAMINATION ON ADMISSION

Ed by Dr. C. B. Ely. Aug 31/94.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, medium

MEMORY:

Past Events, Probably good

Recent Events, Good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Medium

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, fair

Own Mental State, poor

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

He has not been well for last 6 or 7 years

EMOTIONAL STATE:

Normal, Calm, and, at times

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, Has a delusion that being

Special Subjects, waked from sleep is the

Transitory or Not, Cause of his Condition.

HALLUCINATIONS: none

ILLUSIONS: None

CONVERSATION:

Coherent or Incoherent, Coherent.

Voluble or Reticent,

Personal and Medical History of Daniel Lynch

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6½ WEIGHT, 115 lbs NUTRITION, Not good.

WOUNDS OR ABNORMALITIES, See "S. L." on next page.

TONGUE, Tremors, None Coatings, heavy coat, at base Promptness Movement, prompt

PUPILS, Equality, Equal Size, dilated

Response Light, yes Accommodation, Yes

SIGHT, Good

HEARING, Good

COORDINATION, Arms, finger to nose, eyes shut, would not do test.

Legs, standing, eyes shut. Stands firmly.

TREMORS, Hands, none Tongue, none

Facial Muscles, None General, none

REFLEXES, Patellar, Equal; about 7 or 8

Other

ARTICULATION,

Slurred,

Hesitating, Good

FACIAL EXPRESSION,

Depressed

SENSIBILITY,

Normal

HEART, Sound - good

LUNGS, Sound - good

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Record kept Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Resp., Temp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Mother living; healthy.

Father or Pat. Relations, father dead; wounded in war

Brothers or Sisters, 1 brother, 2 sisters; all well: say none of relatives have been insane.

Personal and Medical History of Daniel Lynch

1894

This man was brought here by Deputy Sheriff Kenny, with the following history. Intemperate; "drinks everything". Insanity (?). There is no history of heredity. Cause of this attack is unknown, there is no history of anything except a vague one of sunstroke. Form of attack is Chronic, deficient: suffers from General debility. When first symptoms of disease were manifested is not known. Insanity is now shown by Dementia. This is 1st attack. Is disposed to injure others, from premeditation; threatened suicide Yesterday. Disposed to filthy & destructive habits. Also refused to wear his clothes and hasn't bathed for months. There is no history obtainable of any peculiarities &c previous to accession of the disease. He has not been restrained or confined, nor under any medical treatment. ——

Aug 30 On admission, was put on B3 (S.R. Complexion light; hair black; eyes blue; Condition of skin good; — no marks, scars, bruises or eruptions noted. Bodily condition very dirty. Behavior good). Aug 31/94. Slept
" 31 well (8 hours) last night. HM. Pulse 84. R. 22. T(o) 99 2/10. Appetite good; bowels seem regular; no cough noticed. Behavior is good. Talks but little, no delusions noticed. Complains of a "tired feeling" —
Sep 1 Sep 1/94. Apparently rested & slept well, last night. Wants to sleep also, during the day. Still complains of that "tired feeling". Pulse 86. T(o) 99.2/10. Wt, today, 115½ pds. Continues well behaved.
" 2 Sept 2/94. Restless a couple of hours, but slept 7 hours, last night. HM. Pulse 80. R. 21. T(o) 99 6/10
" 3 Appetite good; bowels regular. Sep 3/94. Slept only 5 hours, last night; was restless for 4 hours or so.
" 4 HM. Pulse 86. Behaves well. Talks some; no delusions yet noticed. Sep 4/94. Rested better, sleeping
" 5 8 hours, last night. HM. Pulse 92. Otherwise, no change noticeable. Sep 5/94. Slept 7 hours, restless
2 hours or so, last night. HM. Pulse 81. Appetite keeps good; bowels regular. Well-behaved; very
" 6 quiet; talks but little. Sep 6/94. Restless 2 hours, but sleeping 7 hours, last night. Am. Pulse 82.
Appetite not very good, today; Complains of a slight headache. Behavior good; no delusions noticed. —
" 13 Sept 13/94. During past week, patient has been sleeping well, each night. Pulse has been about normal; appetite good; bowels regular; behaves well; at times, in quite high spirits; at others, moody & melancholy. For past 3 days, he has been quite restless, walking the floor quite rapidly, and talking to himself. Delusions, also, have been noted during these past 3 days. He is inclined to be reticent, though he speaks when spoken to. Habits neat & clean. Physical health seems good.
" 14 Sep 14/94. Has been very restless, during the day time. Walks the hall & keeps talking to himself.
" 30 Sep 30/94. Is better behaved, on the whole, though still quite restless, always walking & talking to self.
Oct 1/16 Oct 1/94. Wt 121½ pds (a gain of 6 pds, in past month). Pulse 88. Oct 16/94. Very restless,
" 31 today: Sleeps poorly at night. Oct 31/94. Appetite good; bowels seem regular. Continues very restless; walks the hall incessantly, unless compelled to sit down. Habits are clean & tidy. Goes out walking, regularly, with the rest. Indolent and does no work.
Nov 2 Nov 2/94. Wt 126 ½ pds (a further gain in flesh). Pulse 92. Nov 8/94. Passed a restless night. Restless, today —
" 30 Nov 30/94. Cranky, at times. "Wants some to kill him". Restless by day & walks the floor, a good deal
Dec 1 Dec 1/94. Wt 126½ pds. Pulse 104. Dec 31/94. Restless, noisy & gesticulating. Untidy in dress; does no work.
1895 Jan 31 Jan 1/95. Wt 133½ pds (quite a gain in weight). Pulse 96. Jan 31/95. Patient does not look as well as previously. Continues restless & walks the hall, a great deal. Talks incoherently; gesticulates &c. Is untidy about his appearance: Goes walking. Appetite generally good. Somewhat quarrelsome, at times.
Feby 1/14 Feb 1/95. Wt 132 pds. P 76. Feb 14/95. Has been striking patients, the past 2 days. (cutting Wm. Thompson
" 28 over the eye). Feb 28/95. Restless; walking the hall; gesticulating; Cranky toward the other patients.

Personal and Medical History of Daniel Lynch

1895

Feb 28 Talks now, except to himself. Appetite good. Bowels seem regular & he makes no complaints. —
Mar 2 March 2/95. Wt 132 pds. P 88. March 31/95. Does not change in any way: "Wants now, to be killed" —
Apl 1/30 April 1/95. Wt 129½. " " Apl 30/95. No special change. Restless; talking; walking the hall, gesticulating;
May 1/30 Incontinent. Goes out walking; does no work. May 1/95. Wt 130 pds. P 80. May 1/95. Filthy, once.
" 31 May 31/95. No special change noticeable. Walks about, talking to himself. Indolent; does no work. —
June 1 June 1/95. Wt 132 pds. Pulse 92. June 2/95. Habits filthy. June 18/95. Habits become very filthy & he
" 30 was transferred to B3. June 30/95. No change to report since his coming on to this hall.
July 1/31 July/95. Wt 131 pds. Pulse 76. July 31/95. Is about the same. Appetite good: Bowels regular: Behavior quiet, most of the time: never speaking to any one. Habits filthy & he is untidy about his dress.
Aug 1/31 Aug 1/95. Wt 134 pds. Pulse 80. Aug 31/95. Has been restless; flourishy in dress; hardly ever speaking
Sep 1/30 to anyone, but will answer when spoken to. Habits rather filthy. Sept/95. Wt 134 pds. Pulse 96. Sep 30/95. No change.
Oct 1/31 Oct/95. Wt 126 pds. Pulse 90. Oct 10/95. Transferred to Annex. Oct 31/95. No change from general state above.
Nov 1/30 Nov 1/95. Wt 132. " " 90. Nov 26. Dec 31/95 — Jany 31/96. During this period, patient has been quiet
Dec 31 and inoffensive; Rather stupid; has done no work. Seldom speaking. Habits clean, but he is
Jan 31 untidy about his dress. Health apparently good. Seems to be quite contented here. —
Feb 1/94 Feb 1/96. Wt 130 pds. Pulse 96 (and intermittent). Feb March & to Apl 30/96. During the period, patient has been
Mar to Apl 30 quiet & rather stupid: seldom speaking: does no work. Habits clean. Dresses tidy. Health apparently good.
May 1/30 Summary Nurses Notes by Dr. Phelps. Patient quiet, demented, rather stupid, occasionally noisy at
Aug 1/97 night. No bodily illness noted. Aug 31/97 Wt. 120# Oct 31/97 Health good. Melancholy in appearance
rarely talks: is untidy: Does no work. Jan 31/99 Interesting notes show no change of
importance during period. Feb 1-July 31/99. (Dr. Wanous) Wt. 116# No change mentally or
1900 physically. Aug 1- Jan 31/1900 (Dr Chapple) Wt. 116#. No appreciable change during period
Jan 31 Has been rather thin, but does not complain. Is very quiet & demented: untidy in
Feb 1 habits & inactive. Feby/1900. Wt 130#. Pos. March. Ten days temperature shows variations
June 6 to 100 4/10. June 6. No change, mentally or physically. Is thoroughly demented & inactive. Does not talk. Habits untidy. Was, today transferred to Hastings Hospital.

Personal and Medical History of William Sample (M)

LIBBEY, PERKINS & GLADDERS, DAVENPORT, IOWA.

Whole No. 3832.

Residence, Etna, Bloomfield, Fillmore Co. Minn

Date Admission, 7th September 1894.

Admitted by, Dr. Phelps Hour, 4 PM.

How Sent, E.V. Farrington, Jof P., Fillmore County

Sex, Male

Age, — 46 —

Civil Condition, Married

Children, four

Age Youngest Child, —

Occupation, Farmer

Degree Education, Probably fair

Profession Religion, Is a church member

Habits, Good

Nativity, Lower Canada

Physicians Committing, J.H. Phillips and P.A. Bakke

Correspondents, C.A. Colton, brother-in-law.

Phebe L. Sample (wife) (Colton) LeRoy. Minn

Etna. Minn

No. for Years 31.

Insane Relatives, one sister (died at Rochester from this disease)

Cause Exciting, not known

Cause Predisposing, probably heredity -

Form, Mania chronic

Accompanying Bodily Disorder, Rheumatism

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 43 -

Time of Leaving, 26th March 1895.

Time in Hospital, 6 mos - 19 Ds.

Result, Discpd. Sept 26/95 = ——

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exd by Dr. Ey. Sept 10/94 =

Exd by Dr. Phelps 10/1/94.

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, Quick

MEMORY:

Past Events, Good

Recent Events, Good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Medium

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, Good

Own Mental State, Fair

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None noted

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None noted

ILLUSIONS: None noted.

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, free

GENERAL DESCRIPTIVE REMARKS:

Exam. 10/1/94. pupils oval; larger from above downward. left little the larger; knee-jerk very much exaggerated (8-9); little or no incoordination. Delusions not exactly brought out, though a semi-suspicious manner was noticed all the time; admitted hearing queer things and saying some false accusations. Denied being dangerous. Nurses said he walked queer but this, perhaps, accounted for by fact.

Personal and Medical History of William Sample

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Ft 11½ WEIGHT, 249 pds. NUTRITION, Good.

WOUNDS OR ABNORMALITIES, See "S. R", on next page.

TONGUE, Tremors, fine Coatings, slight; tongue large & flabby Promptness Movement, prompt

PUPILS, Equality, Equal Size, normal

Response Light, Yes Accommodation, yes

SIGHT, Good

HEARING, Good

COORDINATION, Arms, finger to nose, eyes shut, no incoordination

Legs, Standing, eyes shut, sways a little.

TREMORS, Hands, none Tongue, none

Facial Muscles, none General, none

REFLEXES, Patellar, Equal; 7 or 8

Other

ARTICULATION,

Slurred,

Hesitating, Good

FACIAL EXPRESSION,

Normal

SENSIBILITY,

Normal

HEART,

Good

LUNGS, Good

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Record kept Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Resp., Temp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, history good

Father or Pat. Relations, history good

Brothers or Sisters, one sister insane; 4 brothers living, healthy; 2 sisters living, healthy. No hereditary history further than above.

Personal and Medical History of Wm. Sample

1894

This man was brought here, in due form, by a Sheriff's officer, with the following history. There is probably sound history of heredity, as one sister died at Rochester, committed as insane. Cause of this attack is not known; form is chronic; accompanying bodily disorder "Rheumatism"; first symptoms of disease now manifested about 3 years ago; he then began to have insane delusions. This is the 1st attack. Insanity now shown in that he claims his wife has eleven hundred Dollars which she got by making a house of prostitution of the Church. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any severe bodily disease &c. He has not been restrained or confined, nor under medical treatment. ——

Sept 7 On admission, was put on B½ S.R. Complexion light; hair light brown; eyes blue; condition of skin good; no marks scars or bruises noted; bodily condition clean. Behavior good. Remarks quite rational). ——

" 8 Sep 8/94. Slept fairly well, last night. Appetite fair; bowels regular. No cough observed. Behavior is good; he talks quite rationally. Makes no complaints. Sep 9/94. Slept well, (8 hours) last night. Am. Pulse 96. R 26. T@ 100. Appetite good; bowels normal. Behaves well and works industriously on the ward. —

" 10 Sep 10/94. Again, Slept well last night. HM. Pulse 100. R 26. T@ 100·3. Talks quite rationally.

" 11 Is slightly nervous today. Sep 11/94. Slept well; quiet as usual & well-behaved. HM. Pulse 102 R 27. T@ 100.3. Was visited by brother and sister, to-day. Sep 12/94. HM. Pulse 102. R 24. T@ 101.2

" 13 Appetite continues good. Is defensive. Was somewhat stubborn, in bath-room, today. Sep 13/94. Apparently rests & sleeps well, at night. HM. Pulse 100. T@ 99.6. appetite good; bowels regular.

" 14 Behavior is good. Talks rationally, when spoken to. Visited by another brother, today. Sep 14/94. HM. P 72 Continues quiet & well-behaved; quite industrious; helps on ward. Inclined to be absent-minded.

" 15/16 Talk occasionally; quite rational - Sep 15/94. HM. Pulse 99. No particular change. Sep 16/94. P. 108.

" 17/21 T@ 100·2. No change noted. Sep 17/94. About same. Sep 21/94. Since last noted, patient has been sleeping well, each night. Pulse, taken each morning, has ranged from 98 to 90 (today): He has been uniformly well behaved. Talks rationally, most of the time. Industriously helping with work, on the hall. Is somewhat anxious to go home. **Summary**. Patient is inclined to be somewhat stubborn, at times. Is also inclined to be absent-minded. No definite delusions have been noted beyond that remarked above (on 12th inst). He plays cards; reads considerably, during the day - Habits are cleanly. Patient is in good physical condition. Sep 25/94. Behaves well; talks freely & rationally. Sleeps well, at night. Appetite is good and bowels regular,

" 26 Sep 26/94. Had a "cranky spell" today; did not want to take a bath or to change his clothes.

" 30 Sep 30/94. Apparently rests & sleeps well. Appetite good; bowels normal. Behavior is good, but he is occasionally inclined to be somewhat stubborn. Talks freely rationally; reads, plays games &c.

Oct 1/3 Oct 1/94. Ht 244 pds. Pulse 90. Oct 18/94. Visited by Sisters, today. Oct 23/94. Was, today, visited

" 24 by his brothers. Oct 24/94. Is a good, quiet patient. Reads, plays games. Does no work. His habits are neat & clean. No delusions noted unless there be something of this kind when he displayed an unwillingness & refused to take a bath or to change his clothes (as above mentioned on 2 distinct occasions - Sep 12th and 26th ult.). Was today transferred to B' East. —

" 31 Oct 31/94. Continues quiet & well-behaved. Appetite good. Is somewhat anxious to go home.

Nov 7/13 Nov 7/94. Wt 245 pds. Pulse 79. Nov 13/94. Feeling slightly unwell. Examined today. Complains

" 14 of pain in stomach. Pulse 98. Appetite poor. Nov 14/94. Sup & around & feeling quite well". —

Personal and Medical History of Wm. Sample

1894

Nov 20 Nov 20/94. Confined to bed today, with pain in stomach. Pulse 95. R 18. T@ 98 2/5. Ate no dinner.

" 21/30 Nov 21/94. Sup today & feeling well. Nov 30/94. Keeps about the same. Quiet & well-behaved. Still shows delusions. Says that people are trying to get his property from him" - While outside on the grounds, he is always watching for a chance to escape & has made attempts to get away - Has had no "distinct spells". Inclined a good deal to play checkers &c but is not given to working any. Appetite good; habits clean.

Patient was today visited by his wife & brother & permission was given them to take him out about the grounds - but they failed to return him to the ward -

Dec 11 Dec 11/94. Patient was reported as giving great trouble at home & as acting very strangely - Attendants (Tyler & Deuchardt) were sent after him; found him in the house - Patient said "that attendants would have to get more help & that, if they took him, it would not be alive; or, at least, he would be badly bruised up" - after parleying & talking, about 2 hours & attendants being unable to take him unless at them any disadvantage, patient was caught "off his guard" & in about 2 seconds he was hand cuffed. He had almost constantly had some weapon of defense in his hand & was in such a state of mind that he might have made use of them - He expressed a desire to go into a bed-room where Attendants had discovered 2 guns, & before patient reached that door, attendants were upon him, & after a short resistance, secured him -

" 15 Dec 15/94. He has been resting poorly, the past few nights; Complains of pain in Stomach. Takes part of the day.

" 19 Dec 19/94. Visited by nephew. Dec 28/94. Ran away, again, today. Dec 31/94. Advised that he had gone home.

1895 Jany 1/31 Jan 1/95. Was sent for & brought back, by attendants (Palen & Deuchardt). Jan 2/95. Wt 238½ pds. Pulse 80.

" 23/31 Jan 23/95. Visited by sister - Jan 31/95. Behaves well - Talks freely; Works some on the ward. -

Feb 1/10/28 Feb 1/95. Wt 235 pds. Pulse 108. Feb 20/95. Visited by sisters. Feb 28/95. Behaves well, though somewhat uneasy; "Wants to get away". Talks freely. Plays games &c. Reads some. Is at times, depressed

Mar 1/ & crying. Works some on the ward. March 2/95. Wt 230 pds. Pulse 88. Mar 7/95. Is depressed and

" 8 crying, today. March 8/95. Became angry today & threw a fork at patient (Edward Johnson), striking him on side of head: fork rebounded & struck patient J Hennie, making 2 small cuts on side of his face. March 18/95. Visited by sister. With above exception, patient has

" 18 been quiet & well-behaved. March 25/95. Visited, today, by Sisters. ——

" 25 March 25/95. Patient was allowed to leave today, on trial. ——

Discharged

Personal and Medical History of Patrick Galvin

LEBERT, FICKAS & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 3833.
Residence, St. Paul. Minn. [from in Co Co hospital since aug 1894.
Date Admission, 7th September 1894.
Admitted by, Dr Ely — Hour, 7 PM
How Sent, John. B. Oliver, Sof P. Ramsey County
Sex, Male
Age, 35
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Street Inspector
Degree Education, Not stated
Profession Religion, R. Catholic
Habits, Probably intemperate
Nativity, Ireland —
Physicians Committing, Arthur B. Aucker and Victor Sweeny
Correspondents, Wm M. Flaherty
556 Robert St — St Paul Minn

No. for Year, 32.
Insane Relatives, he says none
Cause Exciting, Either alcoholic or traumatic
Cause Predisposing, not stated
Form, Mania acute
Accompanying Bodily Disorder, recovering from gun-shot wound in head
Suicidal or Not, Shot himself in head, Aug 17/94 —
Date of this Attack, probably about a week ago
Duration, probably a week
No. of Attack, not stated
No. of Admissions, 1st
Age First Attack, not stated
Time of Leaving, Nov. 24. 1897
Time in Hospital, 3 yr. 2 mo. 17 d.
Result, Died - Organic Brain Disease.

EXAMINATION ON ADMISSION

Edly D. Herzog, Oct/94.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, Very Poor
Recent Events, Very Poor
Special Subjects,
PERCEPTIVITY:
Alert or Dull, alert
Correct or Illusive, illusive
REASONING POWER:
Ordinary Subjects,
Own Mental State, Poor
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Wound on forehead has nearly healed - The Condition of the pupil of the right Eye would seem to point to some injury to the nerves by the trauma - The tissues have spread and grown on the inner canthus of the right Eye obliterating part of it. —

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

Personal and Medical History of Patrick Galvin

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7½ WEIGHT, 156 lbs. NUTRITION, Fairly Good.
WOUNDS OR ABNORMALITIES, bullet-wound at root of nose, slightly to right.
TONGUE, Tremors, fine tremors Coatings, none Promptness Movement, fairly prompt
PUPILS, Equality, unequal; right larger Size, left normal
Response Light, left responds; right, not. Accommodation, left responds; right, not.
SIGHT, impaired, particularly of right
HEARING, seems good
COORDINATION, Arms, good; finger to nose, eyes shut, Good.
Legs, fair; Standing on foot, not very steady; Standing, eyes shut, fairly well.
TREMORS, Hands, slight Tongue, Yes
Facial Muscles, no General, slight.
REFLEXES, Patellar, ? - equal
Other
ARTICULATION, —
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds weak; Bruit loud sucks 1st sound at apex —
LUNGS, Seem good.

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

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

Personal and Medical History of Patrick Galvin

1894

This Patient was brought here by Deputy Sheriff M. R. Goss, with the following history. He, probably, has been addicted to the use of alcoholics to a considerable Extent. He says there is no insanity in family. If this condition existed before the injury (see below), it was of alcoholic origin; if after the injury, it is traumatic. Form of attack is acute, exalted. He is now recovering from a gun shot wound of the head. He shot himself in the forehead, August 12/94; was rational at time of admission to Hospital, but about one week ago, became excited, irrational, incoherent, violent, frightful &c; insanity now manifested in no subject in particular. Patient is not disposed to injure others; latter suicidal, as above stated; is not filthy or destructive(?). No peculiarities were previously shown, nor is there any history of severe disease &c. Patient has been in the C & C Hospital since the above date (Aug 12/94); the bullet & 8 pieces of bone were removed.

Sep 7 On admission, vaccination O.K. (S.R. Complexion light; hair gray; eyes blue; condition of skin clean; fingers left hand crooked; blind in right eye; wound in forehead; bodily condition clean; behavior stubborn). " 8 When taken up to ward, Pulse 120. R 22. T@ 100. Sep 8/94. Slept 6 hours; restless & noisy 2 hours, last night. AM. Pulse 100. R 20. T@ 99.8. Appetite good; bowels regular; is restless & excited to-day. PM. Pulse 80. R 20. T@ 100.8. Shows delusions; recognizes everyone as some former friend. No cough observed. " 9 Sep 9/94. Restless & noisy 4 hours, sleeping but 4 hours, last night. Soiled his bed, and room during the night. AM. Pulse 90. R 20. T@ 101. Appetite good; bowels free. PM. P 94 R 26. T@ 99.6. Has been restless & out of bed, nearly all day. Head dressed. " 10 Sep 10/94. Was noisy for 2 hours, but slept 5 hours, last night. AM. Pulse 96. R 22. T@ 99.4. Out of bed, most of the time, again, today. Would not leave dressing on head. PM. Pulse 84. R 21. T@ 99.2. " 11 Sep 11/94. Slept 8 hours, was restless 2 hours, last night. AM. Pulse 86. R 22. T@ 99. Is restless & talkative, today. Comes down & asks for some one. Drinks a great deal of water. PM. Pulse 90, R 22. T@ 99.6. Head dressed. Wound is healing found. " 12 Sep 12/94. Restless & noisy the greater part of the night, slept only 2 hours. AM. Pulse 100. R 18. T@ 98.6. Appetite continues good; bowels regular. PM. Pulse 74. R 22. T@ 101. Has been noisy & restless the greater part of today. " 13 Sep 13/94. Noisy 2 hours, but sleeping 6 hours, last night. AM. Pulse 94. R 20. T@ 99. — PM. Pulse 96 R 22 T@ 99.6. Head dressed; discharge considerable. Bowels have moved freely. " 14 Sep 14/94. Noisy 7 hours, sleeping only 1 hour, last night. AM. Pulse 96. R 20. T@ 99. PM. Pulse 96 R — 22. T@ 100. Appetite good; fed by nurse, today. Bowels regular. Was noisy 4 hours, during the day. Removes dressing from head. " 15 Sep 15/94. Slept but 2 hours; noisy & restless 6 hours, last night. AM. Pulse 92. R 22. T@ 99.8. PM. Pulse 112. R 22. T@ 100. Calls for water, continually. — " 16 Sep 16/94. Slept 3 hours, restless & quite noisy for 5 hours, last night. AM. P 84. R 20. T@ 99.8. PM. Pulse 88. R 20. T@ 100. Appetite good; bowels regular. " 17 Sep 17/94. Slept but 4 hours; was noisy & restless 2 hours, last night. AM. Pulse 82. R 20. T@ 99.4. 9 Am. Was restrained in order to keep wound dressed. 6 PM. Released. Head dressed; wound discharging some. 11.20 PM, was put in restraint, again. " 18 Sep 18/94. Slept 3 hours, noisy 5 hours, during the night. AM. P 80. Head dressed. Patient has been in restraint 16 hours. PM. Pulse 84. " 19 Sep 19/94. Noisy 5 hours, sleeping but 3 hours, last night. AM. Pulse 84. R 20. T@ 99. Appetite very good; bowels regular. Head dressed; wound doing nicely. He has again been in restraint, 14 hours. " 20 Sep 20/94. Slept only 1 hour; noisy 7 hours; destroyed restraint sheet during the night. —

Personal and Medical History of Patrick Galvin

1894 continued

Sep 20 Slept some during the day. Head again dressed - In restraint 12 hours. PM. Pulse 88. — " 21 Sep 21/94. Again restless & noisy. [illegible] Appetite

29/21/3833.

DETAILED HISTORY OF SICKNESS OF MR Patrick Galvin
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
Aug									Weight 158 pounds - Slept 6 hours
	7	5	74	76	20		99+		
2	7	5	92	76	20	20	99.8	99.6	Bowels moved this a.m. - is quite noisy
									gives a bath - after which goes fairly quiet.
3	7	5	84	68	20	20	98.6	99+	Has a bullet wound over left eye - just
4	7	5	74	74	20		99		between the eyes - much disfigured.
5	7	5	68	64					Wound is healing considerable. Appetite
6	7	5	78	64					Wound is healing - appetite good - bowels regular - slept 8 hours.
7	7	5	74	70					Has been quiet to day - slept 8 hours
8	7	5	96	88					Given bath 7 a.m. - appetite good - bowels
9	7	5	100	78					regular - has been a little excitable to day.
10	7	5	88	72					6.30 became very excited and violent
11	7	5	96	90					after meal much injured
12	7	5	84	80					Slept 5 hours
13	7	5	80	70					Slept 6 hours
14	7	5	86	74					Has been fairly quiet
15	7	5	94	80					Bath - Appetite good bowels regular
16	7	5							Slept 4 hours
17	7	5	84	80					7 a.m. - Wound dressed - remained
18	7	5	76	62					well all day - bowels constipated - gave
19	7	5	80	84					Rochelle water 3 -
20	7	5	80	72					bowels moved - Appetite good
21									Up out walking - walked 1/2 mile.
									Sleeping well
									Appetite good - bowels fairly regular.
									Says his eyes are weaker of late
									otherwise appetite good - bowels
									regular
23	7	5	80	76					
24	7	5	76	76					
25	7	5	76	80					
26	7	5	100	84					
27	7	5	76	80					Appetite good bowels regular
									Eyes some what weaker. Is gaining
									flesh rapidly - slept 8 hours
28	7	5	88	72					Slept 8 hours
29	7	5	80	80					Slept 9 hours
30	7	5	76	76					
31	7	5	76	80					Patient doing very well. Appetite
									good bowels regular. Eyes not very
									strong - would nearly - almost say
									blind - may write.

(carried to page 55)

Personal

1894

This pa
been
Sept
it

" 14 R –

" 15 day. Remov
PM. Pulse 96. R
" 16 Sep 16/94. Slept 3 hours
" 17 A.M. Pulse 88. R 20. To 10
noisy & restless 2 hours, last night.
to keep wound dressed. 6 P.M. Relea
" 18 put in restraint, again. Sep 18/94. Slept
" 19 Head dressed. Patient has been in restraint 16 hours. P.M. Pulse Sat. Sep 19/94. noisy 4
hours, sleeping but 3 hours, last night. AM. Pulse 84. R 20. To 99. Appetite very good; bowels
regular. Head dressed; wound doing nicely. He has again been in restraint, 14 hours.
" 20 Sep 20/94. Slept only 1 hour; noisy 7 hours; destroyed restraint sheet during the night. –

ctro,
pued.
his bed,
e. PM. P 94
4. Was noisy
of bed, most of
21. To 99.2. –
To 99. Less restless
m. P.M. Pulse 90,
es & noisy, the greater
petite Continues good;
the greater Part of today.
e 94. R 20 To 99. –
de. Bowels have moved freely.
e 96. R 20. To 99. P.M. Pulse 96
ular. Was noisy 4 hours, during the
; noisy & restless 6 hours, last night.
so. Calls for water, continually. –
last night. AM. P 84. R 20. To 99.8
ular. Sep 17/94. Slept but 4 hours; was
20. To 99. 4. 9 Am. Was restained in bed
essed; wound discharging some. 11 30 PM, was
s, noisy 4 hours, during the night. Am P 80.
Slept
Dec

Personal and Medical History of Patrick Galvin

1894 continued

Sep 20 Slept some, during the day. Head again dressed - Restraint 12 hours. P.M. Pulse 88. –
" 21 Sep 21/94. Again restless & sleepless. Appetite

1.29 3833.
1.21.

DETAILED HISTORY OF SICKNESS OF MR Patuck Galvin
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
Sept 21									
	7	3	86	22	20	24	100		Night Bowels moved
									Daily Appetite good Bowels regular
22	7	5	80	20	22.6	22	24	98.6	Night Bowels moved Appetite good Bowels
									Daily Quiet up Appetite good Bowels frequently
									Daily also Sleeps restless Head dressed
23	7	5	80	24	22.8	20	20	98.6	Head dressed 3 P.M. dressed Dressing
									5 P.M. Head redressed
24	7	5	116	20	28.8	28	20	99.8	Bore out of restraint sheet 5 30 a.m.
									6 30 put in restraint again 8 30 Head dressed Bowels moved freely
25	7	5	120	20	29.6	24	22	99.4	Out of restraint Head dressed
26	7	5	86	20	22.4	24	20	98.8	Bowels moved free to day Eyes worse
									Bore well Head healing slowly
									so fairly Quiet
									10 P.M. Head dressed
27	7	5	102	20	22.4	20	22	100.2	Had a crying spell eyes pain he was dead
									Head dressed 2 30 Became noisy
									excited & violent and noisy.
28	7	5	76	20	19.8	20	20	100	Given bath Appetite good bowels
									Quiet Daily Head dressed 2 P.M.
									Dressing Dressed
29	7	5	80	20	21.8	16	20	99.4	Bowels moved Appetite good
									Noisy restless Head dressed
30	7	5	108	24	20.6	16	20	99.8	Night Quite noisy restless Night
									Head Eyes pressure strong vision injured
									and violent
Oct 1	7	5	94	20	22.4	20	22	99	Appetite good Bowels regular
									Wound healing slowly

(carried to page 55)

Perso

1894

" 14 Oct
R – 2 2.
" 15 Day. Removes
PM. Pulse 92. R 22.
" 16 Sep 16/94. Slept 3 hours,
" 17 PM. Pulse 88. R 20. T 10
noisy & restless 8 hours, last night.
to keep wound dressed. 6 PM. Relea
" 18 put in restraint, again. Sep 18/94. Slept 3 hours, noisy 8 hours, during the night. AM. P 88.
" 19 Head dressed. Patient has been in restraint 16 hours. PM. Pulse 84. Sep 19/94. Noisy 8
hours, sleeping but 3 hours, last night. AM. Pulse 84. R 20. T 99. Appetite very good; bowels
regular. Head dressed; wound doing nicely. He has again been in restraint, 14 hours.
" 20 Sep 20/94. Slept only 1 hour; noisy 7 hours: destroyes restraint Sheet during the night. —

Personal and Medical History of *Patrick Galvin*

1894 continued

Sep 20 slept some during the day. Head again dressed - In restraint 12 hours. PM. Pulse 88. —
" 21 Sep 21/94. Again restless & sleeping poorly, last night. AM. Pulse 106. R. 22. T 101. Appetite
Continues good; bowels regular. Head dressed, Regularly. PM. Pulse 80. R 22 - T ——". —
Summary: Patient came in ward in a very excited Condition. Showed delusions. Thinks
he is to leave soon & expects some one to call for him." Recognized Everyone he sees, as some
friend, & calls them by some name. Thinks his friends are near & shouts to them frequently
to come & help him". Would not leave dressing on head, thus causing wound to be exposed
a good deal of the time. On 10th day after admission, he was put in restraint & so remains,
(as above detailed) up to the present - Wound in head is doing nicely. Appetite good, bowels regular.
" 22 Sep 22/94. Bowels moved during the night. Sleeps during day, frequently. Is destructive, to day -
" 23 Sep 23/94. Head dressed this morning. 3 PM. Removed dressing. 5 PM. Head re-dressed. Is in restraint
" 24 Sep 24/94. 5.30 Am. Tore out of restraint sheet. 6.30 Am. Was put in restraint again - 8.30 Am. Head
" 25 dressed. Bowels moved freely this morning. Sep 25/94. Is out of restraint. Head was again dressed.
" 26 Sep 26/94. Is fairly quiet. Eyes are somewhat sore. 10 Am. Head dressed. Wound is healing slowly -
" 27 Bowels very free today. Sep 27/94. 8.30 Am. Head dressed. Had a "crying spell" today. "Wishes he
" 28 was dead" - During the day, he became very excited, noisy & violent. Sep 28/94. 9 Am. Head dressed;
" 29 Wound doing very well. Appetite good; bowels quite free. Sep 29/94. Head again dressed,
" 30 this morning - Patient is very restless, to day - Bowels very free - Sep 30/94. Was quite noisy,
mostly all last night. 7 Am. Became very noisy, excited & violent. Wound healing nicely -
Oct 1/2 Oct 1/94. Continues about the same. Wound is healing well, but slowly. - Oct 2/94. Fairly quiet and
slept 6 hours last night. Wt. today, 158 pounds. Has gained a good deal in flesh. Was quite noisy, for
" 5 a time. Given a bath, after which he was fairly quiet. Oct 5/94. Wound has healed considerably.
" 6/9 Oct 6/94. Patient has been quiet, to day. Sleeps 5 to 6 hours, nightly. Oct 9/94. Became very excited
" 15 and violent this evening; after a while, quieted down. Oct 15/94. Has been fairly quiet, of late.
Appetite has been good; bowels regular. 7 Am. Up in ward & dressed. PM. Remained up, all day.
" 17 Oct 17/94. Has remained up, daily. Went out at walking, to day, & walked about ½ a mile. Sleeps well, at night.
" 20/30 Oct 20/94. Says his eyes are weaker, of late, than usual. Oct 30/94. Wound is nearly closed up, now.
Patient is doing very well. He has remained up daily; appetite has continued good & he is gaining
quite rapidly in flesh. Bowels are regular. He sleeps well; takes out door exercise. Eyes not very strong.
Nov 4 Nov 4/94. Patient up & on ward now, all the time. Eye is healing slowly. Quiet & well - behaved. Passes
the day, either in reading, or leisurely walking up & down the hall. Does not do any work. Habits clean.
" 8 Nov 8/94. Sleeps well, at night. Appetite good; bowels regular; reads some; plays cards; talks quite freely;
" 15 walks about the ward; goes out very seldom. Nov 15/94. Remains about the same, from day to day; he has
" 22 melancholy spells, though infrequently. Nov 22/94. Sleeps well: appetite good; bowels regular.
" 30 Nov 30/94. Continues restful at night; sleeps very well. Is quiet & well - behaved. Passes his
time, in about the same way, Each day; reading &c; Takes some interest in his surroundings. -
Dec 1/7 Dec 1/94. Wt 159½ pds. (a gain of 3½ pds, since admission) - Dec 7/94. During the past 4 days,
Eye & forehead & face have been swollen & inflamed - poultices applied, also an opening made here
considerable pus discharged - Is now improving - Patient sleeps well. Works some in the ward -
" 18/24 Dec 18/94. Face & eye dressed; look worse than usual: considerable inflammation. Dec 24/94. Inflamed

(carried to page 55)

Personal and Medical History of Peter C. Johnson

LIBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3835.

Residence, Faribault, Minn

Date Admission, 10th September 1891 —

Admitted by, Dr. Phelps Hour, 4:30 P.M.

How Sent, A. N. Mott, Jo P., Rice County.

Sex, Male

Age, 64

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, has none now; was saloon-keeper.

Degree Education, probably limited

Profession Religion, not a church member

Habits, probably has been intemperate; fair now.

Nativity, Denmark.

Physicians Committing, F. M. Rose and G. W. Wood

Correspondents, none given in papers

A. T. Brandrold, Faribault, Rice Co., Minn.
legally appointed guardian.

No. for Year, 34

Insane Relatives, none known of

Cause Exciting, solitary life + probably self-abuse.

Cause Predisposing, previous attack.

Form, Dementia alcoholic chronic.

Accompanying Bodily Disorder, indolent ulcer, left leg.

Suicidal or Not, not.

Date of this Attack, 6 or 7 years ago

Duration, some 6 or 7 years

No. of Attack, probably 2nd

No. of Admissions, 2nd

Age First Attack, about 57.

Time of Leaving, Feb. 21. 1900

Time in Hospital, 5 yr. 5 m. 11 d.

Result, Died Chronic Alcoholism + Ascites.

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 Peter C. Johnson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4½ WEIGHT, 121 lbs NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT,

HEARING,

COORDINATION, Arms,

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

LUNGS,

TAKEN,

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 Peter C. Johnson

1894

This man was brought here, in due form by a Deputy Sheriff. The following is a history of this Case. Habits are probably intemperate, as he has been a saloon-keeper. There is no history of insanity known of. The cause of this attack is unknown, except solitary life and probably self-abuse; form of attack is chronic. He has an indolent ulcer on left leg. First symptoms of the disease were manifested some 6 or 7 years ago; was suspicious & fast. This is probably the 2nd attack (severe) though he has been subject to frequent attacks for over 6 years; never been wholly right since 1888. Insanity is now manifested principally on money matters; he also imagines his friends are trying to poison him. Struck his sister who cares for him. Is not suicidal. Habits are not particularly filthy or destructive. Previously, was always eccentric.—

Note. Patient was at this (Rochester) Hospital before, from September 19/88 to April 18/89. While there, he was quiet & orderly; at first very much depressed; manifested, during first few months, no interest in his surroundings; irritable; averse to bathing or changing his clothes. For some time after first by coming, did not know where he was, or why sent here. Saw no use for inquiring into these matters". Showed delusions "of fear". Patient was troubled a good deal by asthma. Chiefly by night & was treated for same, but without much effect. Was somewhat improved on leaving.

Sep 10 On admission, was put on B^{d}. (S.B. Complexion dark; hair dark; eyes blue; condition of skin good; no marks or scars noted: right leg, from knee down, is badly swollen & inflamed & sore: left ankle, also is quite badly swollen & on this ankle is an old sore; bodily condition clean: behavior good). ——

N.B. For history of patient during his previous stay, see Vol. 11. pages 67. No. 1867. P 90. R 27. T 100.

" 11 Sep 11/94. Slept 7 hours, last night; was quiet. A.M. Pulse 88. R 21. T 100. Appetite fair; bowels regular. No cough observed. Is very well-behaved; talks quite rationally. Complains of leg paining him, when walking.

" 12 Sep 12/94. Slept well, 8 hours, last night. A.M. Pulse 80. R 24. T 99^{4}. Continues quiet. Appetite fair.

" 13 Sep 13/94. Again, slept quite well, last night. A.M. Pulse 76. Appetite improving. Behavior good. Talks quite freely & rationally, when spoken to. Inclined to be somewhat absent minded; habits cleanly.

" 14/15 Sep 14/94. A.M. Pulse 74. No change to note. Sep 15/94. A.M. Pulse 76. Is about as usual.—

" 16 (Somewhat restless & slept only 6 hours, last night). Sep 16/94. A.M. Pulse 88. No special change observed.

" 17/22 Sep 17/94. Slept better, last night. A.M. Pulse 80. Sep 22/94. During this, the 3rd week of his stay, patient has been somewhat restless each night, but sleeping 6 to 7 hours, nightly. Pulse has been about normal. He has been uniformly quiet & well-behaved. Talks freely & rationally, when addressed. He seems to be melancholy, at times. His "old sore" causes the leg to swell considerably & make knee slightly stiff, causing him also much pain when he is out walking. Sore is dressed daily. Habits are clean.

" 30 Sep 30/94. Sleeps well. Is a very quiet patient; at times, seems melancholy. Appetite good; bowels regular.

Oct 1/8 Oct 1/94. Wt 126 pds. (a slight gain in flesh, since 18th inst.). Pulse 60. Oct 8/94. Leg sore dressed

" 18/28 antiseptically. Oct 18/94. Sore continues to be dressed daily. Oct 28/94. Leg seems getting worse.

" 31 Oct 31/94. Is very quiet. Talks freely; no delusions noticed. Sore on leg is quite painful, of late.

Nov 1/4 Nov 1/94. Wt 128½ pds. Pulse 72. Nov 4/94. Leg still sore, but swelling is reduced: about normal

" 23/30 size now; is dressed daily. Nov 23/94. Leg looks considerably better. Nov 30/94. Leg has been dressed daily; is all healed up, now, but is covered with scales. Patient has a very bad cough. He behaves well; talks sensibly. Appetite good; bowels regular. He works some on the ward. Dec 1/94. Wt 126½ pounds. Pulse 76

" 31 Dec 31/94. Not much, if any change; stands or walks about. Talks but little. Makes no complaints.

Personal and Medical History of Peter C. Johnson

1895

Jan 2/19 Jan 2/95. Wt 121 pds. Pulse 60. Jan 19/95. Was kicked by another patient (Andreas Nelsen). Jan 31/95. He

Feb 1/16 behaves well. Talks sensibly, when addressed; no delusions noted. Coughs considerable. Appetite generally

" 28 good. Habits clean & tidy. Feb 1/95. Wt 121½ pds. P 76. Feb 16/95. Continually coughing & spitting up phlegm.

Feb 28/95. A very quiet, orderly & well behaved patient. Makes no complaints. Coughs considerably.

Mar 2/31 Read some, but does not play games &c. Is clean & tidy in his habits & personal appearance.

Mar 1/95. Wt 122 pds. P 68. March 31/95. Appetite moderate; he breathes with some difficulty. Talks

Apl 1/30 to himself. Does not go out walking. Still coughs and expectorates a good deal. Is losing in flesh.

Apl 1/95. Wt 117 pds. P 68. Apl 30/95. No special change. Still much troubled by "coughing-spell."

May 2/10 May 2/95. Wt 118½ " " 72. May 10/95. Walks out but cannot go far, on account of "coughing spells".

" 11/31 He coughs & expectorates almost continually. Appetite fairly good. Bowels free. May 11/95. Transferred to A^{4}.

" 31 May 31/95. Patient has chronic asthma; also coughs & expectorates a great deal. Constitution, generally, is weak & debilitated. He is well-behaved; makes no complaints: has received no injuries: talks quite sensibly, but, at times, is rambling in his conversation & slightly incoherent. Cleanly in his habits.

June 1/ Walks out with the other patients, daily. June 1/95. Wt 113 pds. Pulse 80. June 30/95. No change to note.

July 30/31 July 1/95. Wt 112 pds. Pulse 88. (Is steadily losing in flesh). July 31/95. Still, no special Change.

Aug 1/ Had a friend, John Mattson, calling upon him yesterday. Aug 1/95. Wt 113 pds. Pulse 70.—

" 15 Aug 15/95. Patient seems to be failing; appetite poor; sleeps fairly well. Goes out walking, but he

" 31 complains very much about asthma & cannot keep up with the rest. Aug 31/95. No special Change.

Sep 1 Sep 1/95. Wt 110 pds. P 84. Appetite good, at present: bowels regular. Goes walking. Sleeps well.

" 14/30 Sep 14/95. Slept only 2 hours, during the night. Sept 30/95. Up, nearly all night: troubled with asthma.

He sleeps considerably in day time. Patient is always complaining of being confined here & says he ought to be sent home. Goes out walking but says it hurts him. Generally, no change to note.

Oct 1/21 Oct 1/95. Wt 115 pds. Pulse 86. Oct 20/95. Wanted to be let out & waited to go home. Evidently holds

" 30 delusions, as he said "we put something in his food, that gave him the asthma", which troubles him very much. Oct 30/95. Condition remains about same, from month to month.

Nov 1 Nov 1/95. Wt 114 pds. Pulse 80. Dec 1/95. Wt 112 pds. Pulse 96. Jany 1/96. Wt 111 pds. Pulse 86.

Dec 1 Jan 31/96. Is still greatly troubled with asthma: appetite poor & he is losing in weight: Bowels regular.

Jan 1/31 Sleeps poorly, only about 3 to 4 hours, at night, but takes some sleep in day time. He is neat & clean in dress. Behavior good: does not go walking, as he is too weak. "Thinks he got the asthma from the food here".

Feb 3/29 Feb 3/96. Wt 113 pds. P 78. Feby 29/96. Continually troubled with asthma & growing more feeble. Appetite & sleep poor.

Mar 3 but frequently sleeps during day: does not go out walking: habits neat & clean. Mar 3/96. Wt 110 pds. Pulse 96.

" 27/31 March 27/96. Failing rapidly & was put on extra diet (with regular). Mar 31/96. Is making some gain.

Apl 1/ Apl 1/96. Wt 111½ pds. Pulse 76. Apl 20/96. Refused urine. Apl 29/96. Refused his supper. Says his cough bothers

" 30 him "so he cannot move". Apl 30/96. Asthma very bad of late: sleeps poorly at night: is up half the nights, coughing & spitting; sleeps some during day. Is clean in habits. Mentally, Condition shows no special change.

May 1/96 Summary Nurses Notes by Dr. Phelps. Patient a chronic case: quite senile: has considerable stomach trouble

to probably due to heart disease secondarily. Wt. 116 to 130 lbs. No illness of special note as he has

Aug 1/97 been upon Infirmary for a few days at a time on account of his stomach trouble.

See Folio 354 Transfer Book A.

Personal and Medical History of John Highlen

Whole No. 3845.
Residence, Miscoe Winona County, Minn
Date Admission, 18th September 1894.
Admitted by, D. Kilbourne Hour, 4:30 P.M.
How Sent, A. L. Buck. Jof C. Winona County
Sex, Male -
Age, 26 years
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Farmer
Degree Education, not given
Profession Religion, not a church member
Habits, Good
Nativity, Norway -
Physicians Committing, E. D. Keyes 2nd D. B. Pritchard
Correspondents, George Highlen, Money Creek P.O. Houston Co. Minn

No. for Year, 45.
Insane Relatives, Father been in Rochester 18 years.
Cause Exciting, Death of brother, last fall.
Cause Predisposing, Heredity
Form, Melancholia chronic.
Accompanying Bodily Disorder, Deaf in left ear.
Suicidal or Not, Suicidally inclined -
Date of this Attack, about 1 year ago
Duration, about a year
No. of Attack, 1st (Continuous)
No. of Admissions, 1st
Age First Attack, about 25.
Time of Leaving, Oct. 24. 1896.
Time in Hospital, 2 yrs. 1 mo 7 da.
Result, Died - Phthisis.

EXAMINATION ON ADMISSION

Exly Drs Chelpox Herzog Feb 19/94. **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:
~~Clear or~~ Confused, } had to get answers & they are
~~Quick or~~ Sluggish, } totally unreliable -

MEMORY:
Past Events,
Recent Events, } very poor
Special Subjects,

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

REASONING POWER: } Is not able to Concentrate
Ordinary Subjects, } his mind on any subject
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient is in rather poor physical condition; health is foul & liver sluggish. He is slow to comprehend questions and his answers are often irrelevant. His statements are inconsistent & unreliable and his ideas flow in a loose, disjointed manner.

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

DELUSIONS:
Systematized or Not, unsystematized.
Special Subjects, Denies relatives &c
Transitory or Not, Transitory

HALLUCINATIONS: none noticed
ILLUSIONS: "
CONVERSATION:
Coherent or Incoherent, Incoherent -
Voluble or Reticent, reticent

Personal and Medical History of John Highlen

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ WEIGHT, 112 lbs NUTRITION, rather poor & anaemic
WOUNDS OR ABNORMALITIES, See S R immed. Page.

John Highlen. (See 1/95 - See this memo for uncertain

29/29

A letter from his brother George states that his father's name is Gullick Gullickson, and that John himself, showed mental trouble for the first time in February, 1894. His brother died the preceding October and his death seemed the starting point of John's depression. Otherwise there is nothing of note.

Facial Muscles, not marked — General, —
REFLEXES, Patellar, 9; Equal. EXAM. URINE,
Other - ankle clonus -
ARTICULATION, rapid
Slurred, —
Hesitating, Rapid
FACIAL EXPRESSION, Shifting & uneasy
SENSIBILITY,
HEART, rapid, with murmur as of slight mitral regurgitation
LUNGS, seem good

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Seems Kept

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, (2.)
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Jotur Highlew

LEBERT, FULTON & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3846.

No. for Year, 45.

Residence, Miscoy, Winona County, Minn

Insane Relatives, Father been in Rochester 18 years.

Date Admission, 18th September 1894.

Cause Exciting, Death of brother, last fall.

Admitted by, D. Kilbourne Hour, 4 30/60 P.M.

Cause Predisposing, Heredity

How Sent, H. L. Buck. Jof C. Winona County

Form, Melancholia chronic

Sex, Male -

Age, 26 years

Civil Condition,

Accompanying Pa[illegible]

Children,

Age Youngest Child,

Occupation,

Degree Education, [illegible]

Profession Religion,

Habits,

Result, Died - Phthisis. mo 7 da.

Nativity,

Physicians Committing, E. [illegible] - W.W. Pritchard

Correspondents, George Highlew, Money Creek P.O. Houston Co. Minn

EXAMINATION ON ADMISSION

Exby Drs Chelpox Herzog Feb 19/94. **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:

~~Clear or~~ Confused, } hard to get answers & they are totally unreliable -

~~Quick or~~ Sluggish, }

MEMORY:

Past Events, }

Recent Events, } very poor

Special Subjects, }

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Illusive

REASONING POWER: } Is not able to concentrate his mind on any subject

Ordinary Subjects, }

Own Mental State, }

Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:

Patient is in rather poor physical condition; health is foul & liver sluggish. He is slow to comprehend questions, and his answers are often irrelevant. His statements are inconsistent & unreliable and his ideas flow in a loose, disjointed manner.

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Yes

Depressed,

DELUSIONS:

Systematized or Not, unsystematized.

Special Subjects, Denies relatives &c

Transitory or Not, Transitory

HALLUCINATIONS: Hand noticed

ILLUSIONS: "

CONVERSATION:

Coherent or Incoherent, Incoherent -

Voluble or Reticent, reticent

Personal and Medical History of Jotur Highlew

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ WEIGHT, 112 pds NUTRITION, rather poor & anaemic

WOUNDS OR ABNORMALITIES, See "S R" in next pages.

TONGUE, Tremors, Coarse Coatings, { dry grayish at base; bright edges - Promptness Movement, sluggish & uncertain

PUPILS, Equality, Equal Size, little dilated

Response Light, respond excessively Accommodation, respond excessively -

SIGHT, Normal - 2 -

HEARING, somewhat impaired -

COORDINATION, Arms, Fair; finger to nose, eyes shut, fair -

Legs, fair; standing at foot, fair; standing, eyes shut, fair -

TREMORS, Hands, Some Tongue, Some

Facial Muscles, not marked - General, -

REFLEXES, Patellar, 9; Equal. EXAM. URINE,

Other - ankle clonus -

ARTICULATION, rapid

Slurred, —

Hesitating, Rapid

FACIAL EXPRESSION,

Shifting & uneasy

SENSIBILITY,

HEART, rapid, with murmur as of slight mitral regurgitation

LUNGS, seem good

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Reserved Kept

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, (?)

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Peter Highlen

1894

This patient was brought here by Sheriff John Gay, with the following history. There is history of heredity. His father having been in Rochester 18 years. Death of brother, last fall, seems to be the cause of this attack, which is chronic, depressed. Patient is deaf in left ear. First symptoms of the disease were manifested about 1 year ago; was depressed and dazed at death of brother: this attack has been continuous for about a year. Insanity now shown by the belief that he is dismembered; wants to get down under the ground and talk with people there; denies any relatives. He is not disposed to injure others; has tried to get in the creek several times; is not filthy or destructive. There is no history of any severe disease or or head-injury, so far as known. He has been restrained by watching, since this attack came on. Form on medical treatment, is not known.

Sep 18 — On admission, was put on B.Z. (S.R. Complexion light; hair light; eyes light blue; Condition of skin good; no marks, scars, bruises or eruptions noted; bodily condition clean; behavior good). P 90. R 24. T(o) 99.2

" 19 — Sep 19/94 Slept 6 hours, restless 2 hours, last night. Ate. Pulse 90. R 20. T(o) 98. Appetite good; bowels regular; no cough observed: makes no complaints. Behavior is very good. Shows delusions, however. — Examined today (see particulars of same). The following is proposed treatment. Rx. Pulv. ipecac. Hydrarg. Chlor. mite. āā gr. ½; sod. bicarbi. gr X. M. Ft. chart No IV. sig. one every 2 hours; To be followed by: — Rx. Mucis. Ulm. 3i. ℥ iii: Tr. belladon. ℥ ii: Tr. cinchona Comp. ℥ ii: Elix. curantic ad. ℥ xiij. M. sig. ℥ss. t.i.d. (HHH).

" 20 — Sep 20/94. Somewhat restless, again last night, but slept fairly well. Ate. Pulse 104. T(o) 100.3. Appetite good; bowels regular. Behaves well. Industrious; works in dining room. Habits clean. On no medicine. —

" 21 — Sep 21/94. Slept 6 hours, last night. Ate. Pulse 104. T(o) 100.1. No special change to note in condition.

" 22 — Sep 22/94. Restless 3 hours, but sleeping 6 hours, last night. Ate. Pulse 102. Shows delusions. Takes medicine regularly.

" 23 — Sep 23/94. Slept 6 hours, restless 2 hours, last night. Ate. Pulse 99. Otherwise, no particular change noticeable.

" 24 — Sept 24/94. Again restless 3 hours last night: Slept about 6 hours. Ate. Pulse 114. Conducts well-behaved. Habits good. Talks but little; Shows delusions. Works. Still on medicine.

" 25 — Sep 25/94. Passed last night, about as usual. Behavior good. Works. Inclined to be reticent. Still shows delusions.

Oct 2 — Oct 2/94. During Early part of this, the 2nd week, patient's rest & sleep at night were quite poor; he is at present sleeping much better, (about 7 hours), each night. Pulse, the past few days, has become more nearly normal. Behavior is very good. He works in dining-room. Is very quiet: talks but little, almost only in answer to questions; still shows delusions. Thinks he is George Washington and wants to be addressed so." Appetite fair; bowels seem regular. Seems melancholy, at times. Walks out daily, for exercise. Still on medicine. (Wt today 112 pounds. 0 7 5)

" 8 — Oct 8/94. Likes to lie about in bed & on the floor. Works in dining-room. Is on medicine —

" 13 — Oct 13/94. Still lies about: does not look well.

" 17 — Oct 17/94. Still lies about on the floor. Still looks badly.

" 20/31 — Oct 30/94. Went to bed today; Complained of pain in his chest. Oct 31/94. Appetite only medium, and patient seems to be losing in flesh. Talks when questioned. Patient is still in his bed. —

Nov 2/3 — Nov 2/94. Wt 119 pds. (has made some gain in flesh). Pulse 64. Is in bed, today. T(o) 98.8. Nov 3/94. Was up, in afternoon.

" 30 — Nov 30/94. Lies about on floor & seats; complains of headache; Behavior good; works in ward.

Dec 1/4 — Dec 1/94. Wt 119½ pds. Pulse 68. Dec 14/94. Visited by sister &c. Dec 31/94. No Change. Talks more; works some,

Jan 2/31 — Jan 1/95. Wt 119½ " " 70. Jan 31/95. Keeps about the same. Untidy in dress. Sleeps with work.

Feb 3/28 — Feb 1/95. Wt 118½ " " 64. Feb 28/95. Talks more; depressed. Untidy. Works in dining-room appetite fairly good. (Is on extra diet) — Makes no complaints, except of headache), at times.

Personal and Medical History of Peter Highlen

1895

March 2/95. Wt 112 pds. Pulse 78. March 31/95. No special change. Dull & depressed. Lies about on the floor —

Apl 3/1 — Apl 1/95. Wt 110½ " " 72. Appetite poor; he eats but little & has been steadily loosing in flesh.

" 10/14 — Apl 10/95: Still eats but little. Lies about on the settees; coughs considerable. Apl 12/95. Put to bed, in bed.

" 13 — Pulse 94. T(o) 100.4. Apl 13/95: Eat very little: bowels probably constipated. (?) Transferred to Infirmary ward.

" 20 — Patient is much run-down & emaciated. On regular diet & mercurie, 3 times, daily. Apl 20/95. Has been restless, at night & sleeping poorly; Cough & raises phlegm, during the night. Apl 22/95. Patient appears to gain flesh, perceptibly. Appetite good; is on regular diet. Apl 27/95. Noisy, most all night, has had some severe "coughing spells" both by night & day. Apl 30/95. No special change. Is very noisy, at times, during night. "Coughing spells" continue, & raises considerable phlegm. — Otherwise, about the same.

May 3 — May 3/95. Wt 94½ pds (Continues to loose in flesh). Ate. appetite poor & bowels regular.

" 6 — May 6/95. Still much troubled by cough. Lies quietly in bed and makes no complaints.

" 15 — May 15/95. Bowels move regularly, twice a day. Patient remains in same condition, day after day. Is still much troubled by "spells of coughing". May 22/95. No change noticeable. Lies quietly in bed.

" 31 — May 31/95. Sleeps poorly, some night. Has severe coughing spells" both day & night. Eats quite well.

June 4 — (See attached nurse's record). June 4/95. Patient up, in chair, every day, 5 to 6 hours. Is on regular

" 10 — extra diet: also on medicine. June 10/95. Lies very quietly in bed. Bowels regular. appetite good.

" 15/30 — June 15/95. About as usual. Goes out, in roller-chair, part of the time. June 30/95. Sleeps well. Goes out on the grounds, in roller-chair, every day. Appetite well. He remains in about the same Condition every day. Makes no Complaints — (6/26) — Patient received massage-treatment. Bowels move —

July 3/14 — July 3/95. Wt 92 pds. July 14/95. Lies quietly in bed: makes no complaints: appears about the same, from day to day. Is given massage-treatment, quite often. The last few days, has been got up & has been out on lawn, in roller chair, every day. July 31/95: Last note still holds good. There appears to be no change in his condition, from day to day. Massage-treatment continued.

Aug 6 — Aug 6/95. Lies quietly in bed. appetite fairly good; bowels regular. Is given massage treatment, quite often.

" 9/17 — Aug 9/95. Lately, is taken out on lawn, in roller-chair. He coughs a little, at times. Aug 17/95. Claims he is too weak to get up. Massage-treatment continued. He sleeps from 7 to 8 hours, nightly.

" 24 — Aug 24/95. Patient up, on ward. does not want to exercise much. Continually lying around on beds. Sleeps 6 to 7 hours, nightly. Quiet; Speaking only when spoken to. Habits are fairly clean.

" 31 — Aug 31/95. About the same. Massage-treatment continued. (see attached record) —

Sep 1 — Sep 1/95. Patient up, on ward: very quiet: sits in same place, most of the time. Appetite quite

" 10 — good: bowels regular: goes out walking, every day. Sep 10/95. Complained of pain in stomach.

" 11 — Put to bed. Sep 11/95. Restless 2 hours, but slept 6 hours, last night. Am. Refused breakfast. — Pulse 116 R 24 T(o) 101.5. Ate a light dinner: Wt today, 104 pds; (has gained some in flesh).

" 16 — Sep 16/95. Has been sleeping well, the past few nights. Still keeps his bed: P. R & T now about normal, & have been so, for some days past. Patient seems to be improving quite rapidly.

" 22 — appetite quite good: bowels regular. Sep 22/95. Lies quietly in bed. Appetite good: Sleeps well.

" 30 — Sept 30/95. Appears much improved. Still lies steadily in bed. bowels are quite regular.

Oct 4 — Oct 4/95. Wt 93 pds (clothes-off); has lost some in flesh — some 11 pounds, during the month —

" 7/11 — Oct 7/95. Patient lies steadily in bed: is doing well. Oct 11/95. Condition has not changed any.

" 26/27 — Oct 26/95. Has remained steadily in bed & has been doing well. Oct 27/95: Taken up and Dressed. —

" 31 — Oct 31/95: Remains up: be quiet & well-behaved. Otherwise condition remains about same.

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Personal and Medical History of Olaf E. Stranberg

LOBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3848.
Residence, 106 Bell St. St. Paul, Minn
Date Admission, 19th September 1894.
Admitted by, S. Phelps. Hour, 7 P.M.
How Sent, John B. Olivier, J. P. Ramsey County
Sex, Male.
Age, 42 years
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Laborer
Degree Education, not given
Profession Religion, Lutheran
Habits, always has been a drinker; otherwise moral
Nativity, Sweden
Physicians Committing, J. W. A. Gravel and J. A. Karsten
Correspondents, Mary Stranberg
address of kin 106 Bell St. St. Paul

No. for Year, 47.
Insane Relatives, none known
Cause Exciting, no known cause
Cause Predisposing, previous attacks
Form, Mania sub-acute
Accompanying Bodily Disorder, none
Suicidal or Not, - Not -
Date of this Attack, probably some time ago
Duration, probably some time
No. of Attack, 3d probably
No. of Admissions, 2nd
Age First Attack, not given
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

Seen by Dr. Phelps and Herzog: 9/20/94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, not very clear, but
Quick or Sluggish, fairly quick
MEMORY:
Past Events, says is good; probably unreliable
Recent Events, by reason of slight incoherence.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, rather dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, somewhat impaired. Some answers irrelevant
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Has flushed face; some excitement & general walled condition.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Slightly
Depressed,
DELUSIONS:
Systematized or Not, No systematized.
Special Subjects, no delusions noted though
Transitory or Not, inaccuracies in statement
HALLUCINATIONS: -
ILLUSIONS: -
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Talks a little irrelevantly, at times. Can give fair account of most things. —

Copy of order for hearing petition for appointment of O. J. Mattson as guardian for Ole E. Stranberg served upon Dr. A. J. Kilbourne Sept. 1 filed with Commitment papers. Oct. '96. D

...ION, CONTINUED.

...RISTICS.

NUTRITION, Fair
Promptness Movement, fairly prompt
normal
...modation,

COORDINATION, Arms, Good;
Legs, Good; standing on foot, good; standing, eyes shut, Good.
TREMORS, Hands, Not much
Facial Muscles,
REFLEXES, Patellar, Normal; equal
Other
ARTICULATION,
Slurred,
Hesitating, Fairly Good
FACIAL EXPRESSION,
Fairly Good.
SENSIBILITY,
HEART, 1st Sound at apex a little weak; Fairly good.
LUNGS, Good

Tongue,
General,


3848

TAKEN,

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Fairly clean Careless,
BOWELS, Normal, Record to be kept Constipated, Irregular,
APPETITE, Good, says has been Medium, Poor, says has been.
SLEEP, Good, Poor, Irregular,
PULSE, 115 Resp., Temp., N —
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, probably short ONSET GRADUAL OR SUDDEN, rather sudden -
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, none noted
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Olaf E. Stra

LOBERT, FORLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3848.
Residence, 106 Bell St. St Paul, Minn
Date Admission, 19th September 1894
Admitted by, S. Phelps. Hour, 7 P.M.
How Sent, John B. Oliver, Jr P. Ramsey County
Sex, Male.
Age, 42 years
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Laborer
Degree Education, not given
Profession Religion, Lutheran —
Habits, Always has been a drinker; otherwise moral
Nativity, Sweden
Physicians Committing, J.M.A. Gravel & P.A. Kanten
Correspondents, Mary Stranberg
address of wife 106 Bell St. St. Paul

No. for Year, 47.
Insane Relatives, none k
Cause Exciting, no known
Cause Predisposing, previous attacks
Form, Mania sub-acute
Accompanying Bodily Disorder, none
Suicidal or Not, — not —
Date of this Attack, probably some time ago
Duration, probably some time
No. of Attack, 3d probably
No. of Admissions, 2d
Age First Attack, not given
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Eddy Dr Phelps & Herzog 9/21/94

MENTAL ACTIVITY:
Clear or Confused, not very clear, but
Quick or Sluggish, fairly quick
MEMORY:
Past Events, } days is good; probably unreliable
Recent Events, } by reason of slight incoherence.
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, rather dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, somewhat impaired; some answers irrelevant
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Has a flushed face; some excitement & general rattled condition —

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, slightly
Depressed,
DELUSIONS:
Systematized or Not, no systematized.
Special Subjects, } no delusions noted though
Transitory or Not, } inaccuracies in statement
HALLUCINATIONS: —
ILLUSIONS: —
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Talks a little irrelevantly, at times. Can give fair account of most things. —

Personal and Medical History of Olaf E. Stranberg

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 6 feet ½ in. WEIGHT, 165 pds. NUTRITION, Fair
WOUNDS OR ABNORMALITIES, See "S.D." on next page.
TONGUE, Tremors, none of note Coatings, "big" — Promptness Movement, fairly prompt
PUPILS, Equality, equal Size, normal
Response Light, normal Accommodation, ✓
SIGHT, Good ?
HEARING, Fair
COORDINATION, Arms, Good;
Legs, good; standing a foot, good; standing, eyes shut, Good.
TREMORS, Hands, not much Tongue,
Facial Muscles, General,
REFLEXES, Patellar, normal; equal EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating, Fairly Good
FACIAL EXPRESSION,
Fairly Good.
SENSIBILITY,
HEART, 1st sound at apex a little weak; Fairly good.
LUNGS, Good


3848

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Fairly clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Record to kept Medium, Poor, says has been.
SLEEP, Good, says has been Poor, Irregular,
PULSE, 115 Resp., Temp., N —
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, probably short ONSET GRADUAL OR SUDDEN, rather sudden —
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") } none noted
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of *Olaf. E. Strandberg*

1894

This man was brought here by Deputy Sheriff Kinney and an assistant, with following history of case. Patient has been in this (Rochester) Hospital before (see notes below &) — He has always been a drinker; otherwise moral. There is no hereditary history, so far as known. No known cause for this attack: form of attack is paroxysmal. There is no accompanying bodily disorder. First symptoms of disease were manifested about 1890; nothing further known. This is probably 3d attack. Insanity is now known by General Dementia. Patient has not been disposed to injure others, nor is he suicidal, nor filthy nor destructive. No peculiarities were previously manifested. There is no history, so far as known, of any bodily disease & ahead-injury.

Note. Patient was here before, from June 9/90 to Aug 16/92. (See Vol 14. page 76. No 2416) — Was then brought here in hand-cuffs; a state of acute mania. During July & august of that year (1890) he improved slowly, seemingly, but, from time to time, fell back; was frequently violent during August; often noisy, at night, & such continued on to end of November, when he became more quiet, affable & pleasant. During first 6 months of 1891, patient was, the greater part of the time, violent, pugnacious, noisy, loud-talking & abusive to physicians & others: was always more or less maniacal; dirty in habits & masturbated frequently; was twice blistered. During July, he made quite marked improvement; subsequently, had another change for the worse: became moody & depressed. During December, he again began to make improvement. talked quite rationally & worked some outside. During April & early part of May 1892, — patient suffered from severe tooth-ache & a swelling of jaw. During June & July, he had a "sick spell" (nothing serious), whirling in head, Dizziness &c. During August, was much improved & kept on improving until he was taken home. ——

Sep 19 **On admission**, was put in B³ (S.R. Complexion light; hair light brown; eyes blue; condition of skin good; no special marks; scars on left leg & 5 small ones, on back; no eruptions noticed: bodily condition, Clean; came here in restraint; was also violent & noisy). Sep 20/94. Behavior was violent and noisy after coming onward: had to be taken to C³ at 1 Am: did not sleep any during the night; restless & noisy; had to be locked up in a single room. AM. Pulse 110. R 22. T 99.6. Appetite fairly good; bowels are constipated: no cough noticed; makes no complaints. Talks incoherently. Examined today. The following is the proposed treatment: Give 2 drops croton oil now: give hot bath, with cold to head, at bed-time; give following tomorrow: ℞ Magnesii sulph. ℥j: Potassii acetatis ʒiii; Tr. nucis. vom. ℥ij ℈ Aquae ad. ʒviij. Hs. sig. ℥ss t.i.d. (Diet No 6). = Sep 21/94. Slept but 3 hours, during the night. Extremely noisy 2 hours; slightly noisy 3 hours; AM. Pulse 88. R 25. T 99.8. Appetite is good; bowels have not yet moved. Is restless & noisy, today. Destructive; tore his bed clothing during the night: also inclined to be filthy. Sep 22/94. Slept but 2 hours; was restless & noisy 7 hours: was given a hot bath last night, as directed; destructive; tearing his clothing & bedding. AM. P 116. R 20. T 99.6. Appetite fair; bowels still badly constipated; no change to report in behavior. — Sep 23/94. Noisy & restless 9 hours, & slept only 2 hours, last night. Destroys his mattress also. AM. Pulse 90. T 99.2. Appetite fair; bowels have moved. No change to note in behavior. Sep 24/94. Slept 5 hours, during the night; very noisy 4 hours. AM. Pulse 86. T 98.8. Appetite fairly good; bowels again moved; no special change in behavior except that he has been somewhat quieter this afternoon. Sep 25/94. Fairly restful, sleeping 6 hours,

Personal and Medical History of *Olaf. E. Stranberg*

1894

Sep 25 (cont'd) last night. AM. Pulse 72. T 98.8. Bowels move quite regularly now; is fairly well behaved & fairly quiet; talks quite rationally & seems to have improved considerably the past day or so. —
" 26 Sep 26/94. Was quite noisy 2½ hours, but slept 6 hours, during the night. AM. Pulse 80. T 99.2. He is restless & noisy, when outside, but quiet while in the hall. Talks quite rationally. Habits Clean.
" 27 Sep 27/94. More restful, sleeping 7 hours, last night. AM. Pulse 72. T 99.4. Appetite good;
" 28 bowels again constipated. Behaves well; quiet; talks rationally. Sep 28/94. Was given sleeping-dose at bed-time & slept 7 hours, last night. Appetite good; bowels have moved; Behavior is very noisy, while outside; talking loudly to himself; is also very restless. But, while in hall, his
" 29 behavior is fairly good. Sep 29/94. Slept 6 hours, last night. AM. Pulse 80. T 98.4. Appetite fairly good; bowels becoming more regular. Patient is still noisy, restless, & spells.
" 30 Sep 30/94. Appetite good; bowels move quite regularly. No noticeable change in behavior, of late.
Oct 1 Oct 1/94. Has been sleeping fairly well, the last 2 nights. Otherwise, is about as usual.
" 2 Wt. today, 166 pds. Pulse 68. Oct 2/94. AM. Pulse 74. Seems fairly well today & somewhat
" 3 improved since yesterday. Talks fairly rationally. Oct 3/94. Was restless & noisy for 6 hours, last night. AM. Pulse 78. Appetite keeps good: Bowels now regular. Quietly behaved, by day.
Summary. — Upon coming onward & for some days afterward, patient was in a "spell" — was noisy, violent and often destructive; also somewhat filthy in habits. Talking to himself, loudly & noisily & in a rambling, incoherent way. On some days, he seemed to improve in conduct and behavior; at other times, appeared to lapse into his former condition. When in the improved, he talked quite rationally, and was quiet & well behaved & cleanly in habits: but when in one of his "spells," behavior was the reverse & he was also filthy & destructive. Fairly quiet, at present
" 9 Oct 9/94. Since last note, patient has been noisy & restless, about 8 hours, each night, and has been
" 10 sleeping very poorly; occasionally, he has been destructive, tearing his mattress. Oct 10/94. Did not sleep
" 31 any, all night; restless & noisy, most of the time. Oct 31/94. Has continued restless and noisy, sometimes extremely so, nearly every night, since last noted; sleeping very poorly & on some nights none at all; (his sleep, since 10th inst, has not averaged more than about 4 hours, nightly). He has also been quite often destructive, tearing up his mattress & bed clothing. Appetite is good & bowels regular. He is also noisy, inclined to be destructive, by day; is very ugly at times. Has to be kept in C³, under very close watch. Talks incoherently. Habits filthy & dirty. —
Nov 1 Nov 1/94. Wt. 164 pds. Pulse 78. Nov 12/94. On a few nights, he has been restless & noisy, nearly all night;
" 13 also destructive. Nov 13/94. Has been receiving "Combination baths" for the past 10 days; also extra diet. Patient
" 30 is dirty & filthy in habits. Nov 30/94. Continues restless & noisy, quite frequently, at night; also destructive. Behavior at times, very wild & ugly. Talks incoherently & very loud. Destructive & tearing his clothing, by day, also. Habits dirty & filthy. (7 Days dirty during the month). Dec 1/94. Wt. 158 pounds. Pulse 72.
Dec 1 " 8 Dec 8/94. Conduct & behavior do not change any. Noisy & very restless, each night. Today, transferred to C³.
" 17 Dec 17/94. No improvement to note. Bowels Constipated: was given enemata. Received quite a severe
" 31 kick on leg, below knee, from Mr Zeuchofsky, today. Dec 31/94. Above general note still good; no improvement noted.
1894/1895 Jan 1/95. Wt 156 pds. Pulse 86. Jan 31/95. Of late, though still somewhat noisy & restless, he has been
Jan 1/31 sleeping better, at night. Behavior, also by day, has improved some, during the past months and he is not so noisy & destructive. Dirty habits have been somewhat checked by enemata at bed time. Physical health seems good.

(carried to 148)

Personal and Medical History of Giovanni B. Zan

LIBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3849.
Residence, St Paul, Minn.
Date Admission, 20th September 1894.
Admitted by, Dr Phelps Hour, 7 PM
How Sent, John B. Oliver, Jof P. Ramsey County
Sex, Male
Age, 31
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Sculptor
Degree Education, quite Good
Profession Religion, Yes; Catholic
Habits, Good
Nativity, Corsica
Physicians Committing, H B Aucker & Arthur Sweeney
Correspondents, (none given in present papers)
Brother's address was. J B Zan 37, Chester St St Louis

No. for Year, 48
Insane Relatives, He says
Cause Exciting, Injury to h
Cause Predisposing, Previou
Form, Dementia
Accompanying Bodily Disorder,
Suicidal or Not, – Suici
Date of this Attack, quite
Duration, Proba
No. of Attack, Numero
No. of Admissions, 2nd Here
Age First Attack, Proba
Time of Leaving, Not
Time in Hospital, 5 m
Result, N

JOY IN THE JINGLE

John Leoni Derives Pleasure from Smashing Show Windows.

HE MODELED IN MINNEAPOLIS

Going from Here to Chicago Where He Is Now Under Arrest for Vandalism.

If any plate glass windows were mysteriously smashed here last spring, the mystery is now explained by the arrest of a very erratic character in Chicago. The prisoner is John Leoni, a Corsican, 32 years of age. He has been in this country nine years.

Leoni's chief joy is to send heavy, pear-shaped stones crashing through big windows. He is a soap and clay modeler by occupation, but his peculiar mania necessarily makes him a wanderer. He was arrested Thursday in Chicago after the police of that city had been on the watch for the window smasher for over two months and some 200 windows had suffered. After his arrest, Leoni talked freely of his mania, attributing it to a fall he had seven years ago, at which time he sustained a severe fracture of the skull. According to his own story there is no music so sweet as the jingle of falling glass. For the purpose of making the job as artistic as possible, he saved as he found them stones as big as



THE WINDOW BREAKER

a man's fist and pear shaped. Each "dornick" would then be carefully washed and polished with a flannel rag to a brilliancy worthy of the use to which it was to be put. The window was always selected in advance and the monomaniac derived no little satisfaction from walking around with the stone in his pocket waiting for the proper time to get in his work. The smashing was done after nightfall and after a careful search of the vicinity to insure that there were no officers about.

Leoni described his condition in detail to a Chicago reporter, making no concealment of the fact that he had been arrested as insane several times, even having been in a St. Paul hospital for nearly a year. It was here that he submitted to a trepanning operation, after which he was worse than before. He said that he expected to be sent to an asylum again for this latest offense but anticipated no benefit from it except that he would have something to occupy his mind. What he really needed, he thought, was some place on a farm, where there was no glass to smash.

In recounting his history it came out that Leoni had worked for the Smithsonian institute as a modeler, for one of the big soap manufacturers at the world's fair and for Rogers, the well known maker of small groups of statuary. All these positions he lost through his insane passion for smashing glass.

Inquiry at the Palace museum today revealed the fact that Leoni was one of the attractions for the Minneapolis public for five weeks late in February and early in March. From here he went to Milwaukee, going from there to Chicago, where he has since been. While here he did not abandon himself to his passion so far as known and his associates knew nothing of his peculiar mania.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exd by Dr Herzog Sept 25 1894

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

MEMORY:
Past Events, Recent Events, Special Subjects, } Seems Good

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

REASONING POWER:
Ordinary Subjects, Own Mental State, } Seems good
Special Subjects, Somewhat peculiar in regard to suicide.

EMOTIONAL STATE:
Normal, Calm, Yes, with
Indifferent,
~~Exalted~~,
~~Depressed~~,

DELUSIONS:
Systematized or Not,
Special Subjects, No
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, C
Voluble or Reticent, fai

GENERAL DESCRIPTIVE REMARKS:

Patient seems, at present, fairly rational but is of a mercurial & excitable disposition. He justifies his attempt at suicide with fair logic, saying "that his life was worthless & unenjoyable & he might as well make an end of it." There is a history of strange periodical attacks of insanity of the nature of what is called "psychical Equivalent of Epilepsy" - none of these have, except, been observed here. He is, at present, pale & anaemic owing to the operation performed in St Paul. On admission, he was dejected but has now nearly recovered. –

Personal and Medical History of Giovanni B. Zan

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7¼ in WEIGHT, 119½ lbs NUTRITION, Poor; anaemic.
WOUNDS OR ABNORMALITIES, Scar of trephining operation over occiput, left side.
TONGUE, Tremors, Slight Coatings, None Promptness Movement, Prompt
PUPILS, Equality, Yes Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Some myopia, particularly of right eye, of some years standing.
HEARING, Good.
COORDINATION, Arms, right impaired; left good: finger to nose, eyes shut, right impaired
Legs, Slight impairment: Stands better on left leg than right; standing, eyes shut, Romberg's Sign
TREMORS, Hands, Slight Tongue, Yes
Facial Muscles, No General, No.
REFLEXES, Patellar, 6 – 7, equal a Nearly so.
Other
ARTICULATION,
Slurred,
Hesitating, Somewhat hurried
FACIAL EXPRESSION,
Active, Changing
SENSIBILITY,
HEART, Sounds weak; soft murmur over aortic valve; 1st sound – probably anaemic.
LUNGS, Seem good

EXAM. URINE,

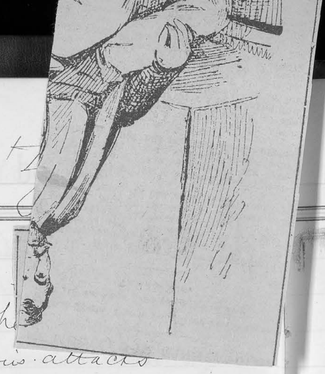
TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Record kept Poor, Irregular,
PULSE, 98. 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 Giovanni B. Zan

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.



Whole No. 3879.
Residence, St. Paul, Minn.
Date Admission, 20th September 1894.
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, John B. Olivier, Jail, Ramsey County
Sex, Male
Age, - 31 -
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Sculptor
Degree Education, Quite Good.
Profession Religion, Yes; Catholic
Habits, Good.
Nativity, Corsica -
Physicians Committing, A B Aucker & Arthur Sweeney
Correspondents, (none given in present papers)
Brother's address was. J. B. Zan 37, Chester St. St Louis Mo.

No. for Year, 48
Insane Relatives, He says
Cause Exciting, Injury to h
Cause Predisposing, previous attacks
Form, Dementia epileptic
Accompanying Bodily Disorder, none
Suicidal or Not, - Suicidal -
Date of this Attack, Quite recent
Duration, probably short
No. of Attack, numerous
No. of Admissions, 2nd here (has been in various hospitals)
Age First Attack, probably 22 -
Time of Leaving, Mch 1st '95
Time in Hospital, 5 mo. 10 ds.
Result, Recovered

EXAMINATION ON ADMISSION

Ed by Dr. Herzog, Sep 25/94 =

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } Seems good
Recent Events, }
Special Subjects, }

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

REASONING POWER:
Ordinary Subjects, } Seems good
Own Mental State, }
Special Subjects, Somewhat peculiar in regard to suicide.

EMOTIONAL STATE:
Normal, Calm, Yes, with slight depression.
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not,
Special Subjects, None noticed
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:

Patient seems, at present, fairly rational but is of a mercurial & excitable disposition. He justifies his attempt at Suicide with fair logic, saying "that his life was worthless & unenjoyable & he might as well make an end of it." There is a history of strange periodical attacks of insanity of the nature of what is called "psychical Equivalent of Epilepsy" - how often these have, as yet, been observed here. He is, at present, pale & anaemic & weak from the operation performed in St. Paul. On admission, he was Salivated but has now nearly recovered. -

Personal and Medical History of Giovanni B. Zan

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7½ in WEIGHT, 119½ lbs NUTRITION, Poor, anaemic.
WOUNDS OR ABNORMALITIES, Scar of trephining operation over occiput, left side. -
TONGUE, Tremors, Slight Coatings, none Promptness Movement, prompt
PUPILS, Equality, yes Size, normal
Response Light, normal Accommodation, normal
SIGHT, Some myopia, particularly of right eye, of some years standing.
HEARING, Good.
COORDINATION, Arms, right impaired; left good: finger to nose, eyes shut, right impaired
Legs, Slight impairment: stands better on left leg than right; standing, eyes shut, sways slightly
TREMORS, Hands, Slight Tongue, Yes
Facial Muscles, no General, no.
REFLEXES, Patellar, 6 - 7, equal a Nearly so.
Other
ARTICULATION,
Slurred,
Hesitating, Somewhat hurried
FACIAL EXPRESSION,
active, changing
SENSIBILITY,
HEART, Sounds weak; soft murmur over aortic valves 1st sound - probably anaemic.
LUNGS, Seem good

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, 98.	Resp.,	Temp.,

Records kept

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

Personal and Medical History of Giovanni B. Zan

1894

This man was brought here by Deputy Sheriff W.N Goss with the following history of his case. He says there is no hereditary history. Supposed cause of these attacks, injury to head nine years ago; form chronic & depressed. No accompanying bodily disorder; was found wandering in his underclothes, in a demented condition. He had numerous such attacks. Was at this (Rochester) Hospital in May June & until 10 July last; has since been an inmate of St Peter Hospital. Insanity now manifested by General depression, with attacks of oblivion in which he acts very strangely. Patient is not disposed to injure others, but he is suicidal; attempted to hang himself last night. Is not filthy or destructive. Had a depressed fracture of the skull on his admission to the City and County Hospital; trephine operation on skull 2 weeks ago, with relief of headache. Has been confined to bed while at that hospital. —

Note. Patient was here before; (See Vol. 27 page 253 No 3733); from May 28/94 to July 10/94. At the time of his then coming, very little history accompanied him; nothing seemed to be known about him. Very shortly after admission, he gave quite an account of himself, of the injury which seems to be the cause of these attacks, (which are periodical), of the various hospitals he had been in &c; was uniformly well-behaved; talked freely & sensibly; showed no delusions; worked intelligently; did some work in his line as a sculptor, (in soap); had no "spells" during his stay here, and said he had no "feelings" of any while here. Was somewhat boastful & of a "free & easy" manner. From the first, made quite steady improvement & this continued until he was permitted to leave. —

Sep 20 **On admission**, was put on C2 (S.R. Complexion light; hair dark brown; eyes gray; condition of skin good; has a mole on left leg, above knee; scars on head, from operation above mentioned; bodily condition clean; behaved good: was sick; put to bed). When taken inward Pulse 96. R 24. T. 99.8. — .——

" 21 Sep 21/94. Slept 8 hours, last night. AM. Pulse 84. R 19. — T. 99. Drank a glass of milk for breakfast and one egg with for dinner and Supper: bowels somewhat costive; no cough observed; Still confined to bed; has been very quiet all day. Talks but little. PM Pulse 88. R 20. T. 99. Complains of head paining, at times. Sep 22/94. Slept fairly well, last night; also sleeps a great deal during the day. AM. Pulse 80. R 20. T. 99. Is constipated: was given 2 ℥ hunyadi water; bowels afterwards moved. Ate but very little today; also complained of pain, saying that his bowels had not moved for 5 days. PM. Pulse 76. R 19. T. 99. Sep 23/94. Was restless & slept only 6 hours last night. AM. Pulse 76. R 20. T. 99.8. Appetite very poor. Complains of bad taste in mouth; uses a mouth-wash every 2 hours. Patient was up & on ward, about 3 hours today; he appears quite weak. PM. Pulse 76. R 20. T. 99.6. Sep 24/94. Awake an hour or so but was quiet; slept 7 hours, last night. AM. Pulse 76. Appetite improving very slowly. PM. Pulse 92. Has been up, on the ward, all day. Read & down: seems very quiet. Sep 25/94. Slept 7 hours, last night; was very quiet, while awake. Mouth-wash discontinued. AM. Pulse 76. PM. Pulse 72. Bowels are not in very good condition. Patient converses quite freely, at times. Examined today when the treatment proposed was Rest, nutritious diet & ferruginous tonic; ℞ Basham's mixture ½ oz, 3 times, Daily. Sep 26/94. Quiet & slept 7 hours, last night. AM. Pulse 72. Appetite much improved; PM. Pulse 80. Has been up & on the ward, all day. Talks freely, of the different hospitals he has been at &c; Sep 27/94. Slept 6 hours last night; quiet while awake. AM. Pulse 92. PM. Pulse 92. Appetite fair; Complains of head feeling sore, at times. Patient does not appear very strong, as yet.

Personal and Medical History of Giovanni B. Zan.

1894

Sep 28 Sep 28/94. More restful, sleeping 7 hours, last night. AM. Pulse 88. PM. Pulse 72. Bowels, of late, are fairly regular. Patient has been up & on the hall, all day. Sep 29/94. Restless & disturbed last night, and slept only 3 hours. AM. Pulse 86. PM. Pulse 72. Bowels moved several times during the night & are quite loose today; moved 5 times, each movement accompanied with severe pain. Sep 30/94. Slept 7 hours, last night. AM. Pulse 96. PM. Pulse 72. Appetite not very good. Complains of bowels, having pain in them; also of having passed some blood. Up & down from his bed, still.

Oct 1 Oct 1/94. Quiet and slept 7 hours, last night. AM. Pulse 92. Still complains of pain in his bowels. 9 AM. was put to bed. Gave patient Enema of lead & laudanum, and one oz. of warm starch-water; 10.30. gave him powder; also at 12.30. PM. Feels much better. Pulse 92.

" 2 Was visited by friends this afternoon. Oct 2/94. Slept 7 hours, last night. AM. Pulse 96. — Soup, on ward, today & feeling better. Appears much brighter today. Talks about the lady who visited him yesterday. PM. Pulse 92. Oct 3/94. Sleeps restfully; 7 hours nightly now; AM 98. PM. P 92. Appetite quite good. Commenced working on ward today. Takes medicine 3 times a day.

" 4 Oct 4/94. Again slept well (7 hours) last night. AM. Pulse 84. PM. Pulse 86. Bowels are regular, of late. He appears more bright & cheerful. Goes out daily on the grounds. Habits clean. Talks freely & quite rationally. **Summary**. Patient came on ward in a weak and Exhausted condition: was given baths & put to bed. Conversed but little & did not seem to take any interest in his surroundings: seemed in deep thought, the greater part of the time: remained so until about the 11th day after admission, when the visit of his friends seemed to cheer & brighten him up considerably; afterwards up to the present time improving in strength and taking considerable interest in the ward & in what is going on around him. —

" 8 Wt (on 5th inst) 120 pds. Oct 8/94. Has despondent spells, sometimes, but these don't last long.

" 15 He works on ward a great deal. Oct 15/94. Patient is doing very well. Seems quite contented.

" 22 Oct 22/94. Continues to make good progress. Takes a good deal of interest in the ward & does a good deal of work about it. Appetite good; bowels regular. Goes out on the grounds, frequently.

" 31 Oct 31/94. Patient has improved very much during this month. Takes quite an interest in his surroundings & helps considerably with the work. Takes exercise outside, daily. Quite contented.

Nov 2 Nov 2/94. He has been gaining in flesh & physical condition is much improved. Habits neat & clean.

" 30 Nov 30/94. Behaves well. Talks freely & sensibly. Mental & physical condition good. Is on parole. Takes on ward.

Dec 1/94 to Jan 31/95 Dec 1/94. Wt 144 pounds (a marked gain in flesh). Pulse 78. Dec 31/94. Keeps improving. Is happy & contented.

Jan 1/95 Jan 2/95. Wt 147½ " Pulse 86. Jan 12/95. Transferred to C2. Jan 14/94. Asked to be moved back

" 15 to 15 & request granted. Jan 15/95. Has commenced taking care of Employes quarters & Fire-house.

" 31 (on 12th inst). Jan 31/95. Uniformly quiet & well-behaved. Talks freely & sensibly. Physical and mental condition good. Is happy & contented. "On parole". Keeps Employes quarters very neat & clean.

Feb 1/95 to Feb 28 Feb 1/95. Keeps about the same. Feb 28/95. No special change. Has been quiet & well-behaved; civil & very obliging. Has been taking excellent care of Fire Hall & Employes quarters. Has taken part in 2 or 3 Entertainments "Got up for benefit of the patients". Is in good mental and physical condition. Is very neat & tidy in appearance. —

Mar 1 March 1/95. Was permitted to leave A Day; he gave us to understand that he had entered into a contract with the Dime-museum Manager at St. Paul.

Dan'l Rargel

Personal and Medical History of Peter Kramar.

LEBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3850.
Residence, Hastings, Dakota County, Minn.
Date Admission, 21st September 1894.
Admitted by, D. Phelps — Hour, 7 P.M.
How Sent, Thos. P. Moran, Jof. P. Dakota County.
Sex, Male
Age, about 18 —
Civil Condition, Single —
Children, no children
Age Youngest Child,
Occupation, Laborer; worked in Cooper Shops
Degree Education, Probably fair.
Profession Religion, Is a church member
Habits, Good —
Nativity, Hastings Minnesota.
Physicians Committing, H. M. Hoxie and H. Van Beeck
Correspondents, Jacob Kramar (his father) Hastings, Dakota Co. Minn

No. for Year, 49.
Insane Relatives, no history of heredity —
Cause Exciting, Bathing in river, Sunday 9/16/94.
Cause Predisposing, not stated.
Form, puberscent insanity.
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, September 17th 1894
Duration, about 4 days —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 18 —
Time of Leaving, January 1st '95
Time in Hospital, 3 mos. 9ds.
Result, Recovered

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Early D. Dementia; Sept 1894

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

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Yes
DELUSIONS: Systematized or Not, Special Subjects, Transitory or Not, } None brought out
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, reticent.

GENERAL DESCRIPTIVE REMARKS:
Patient is in poor physical condition. his thoughts are vacillating & unsteady, & he seems unable to hold his attention to the subject on hand. His attention is readily distracted. He is nervous, fearful & timorous. He volunteers no information & refuses to reply to a great many of the questions, as his mind seems unable to comprehend ideas that are at all involved.

Personal and Medical History of Peter Kramar

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7in WEIGHT, 116 lbs NUTRITION, Not good: abdomen tense & tender; peeti muscles tense.
WOUNDS OR ABNORMALITIES, See "L. L." on next page.
TONGUE, Tremors, Very slight Coatings, grayish Promptness Movement, slow
PUPILS, Equality, equal Size, dilated
Response Light, sluggish Accommodation, sluggish
SIGHT, Seems good
HEARING, Seems good
COORDINATION, Arms, Legs, } Fairly good, by usual tests.
TREMORS, Hands, None Tongue, Very slight
Facial Muscles, None General,
REFLEXES, Patellar, Equal; about 0.
Other
ARTICULATION,
Slurred, No —
Hesitating, Yes
FACIAL EXPRESSION,
Dull & Depressed
SENSIBILITY, —
HEART, Rapid action: Impulse feeble — 1st aortic sound somewhat muffled — no murmurs —
LUNGS, Seem good —

TAKEN,

EXAM. ~~URINE~~,
Examination: Sept 22/94.
Proposed treatment
Calomel (purge) + a digestant bitter tonic mixture of nux vomica pepsin & muriatic acid; ordinary special diet.

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular, Yes
APPETITE, Good, Medium, Poor, Yes
SLEEP, Good, Poor, yes Irregular,
PULSE, 84. 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 Peter Kramar

1894

This patient was brought here by Deputy Sheriff J.H. Stylland and his (patient's) father, with the following history - Habits have been good. There is no hereditary history. Supposed cause of the attack is bathing in the river, on Sunday Sep. 18/94: form of attack, acute. There is no accompanying bodily disorder. First symptoms of the disease were manifested on Monday, Sept. 17/94, by insomnia, wandering from place to place, assuming strange attitudes; strange acts; this is 1st attack. Insanity is now shown as above, and by inability, or indisposition to answer questions. Patient has shown no disposition to injure others, nor is he suicidal. No filthy or destructive habits. There is no history of any bodily disease, &c or injury to head. He has not been restrained or confined. Under treatment only since Sep 17/94.

Sep 21 On admission, was put on B² (S.R. Complexion fair; hair light; eyes blue; condition of skin good; no marks, scars or bruises noticed; bodily condition dirty; behavior good) - Sep 22/94. Restless 4 hours, sleeping but 4 hours, last night. H.M. Pulse 92. R 28. T @ 100 3/5. Appetite not good; bowels regular; no Cough noticed.

" 23 Patient makes no complaints. Behaves well; talks but little; no delusions noted. Sep 23/94. Restless 4 hours, but slept 4 hours, last night. H.M. Pulse 90. R 24 T @ 100. Appetite still poor. Behaves well but is quite stupid; does not seem to know his name, at times, or where he came from. Sep 24/94. Was given a sleeping dose at 8:30, last evening; was restless for 2 hours, but slept 7 hours, during the night. No change to note in Condition, today.

" 25 H.M. Pulse 78 R 24 T @ 99.2. Is on medicine. Sep 25/94. Slept 6 hours, restless for 2 hours, last night. H.M. Pulse 80. Appetite continues poor. Behavior not good; Crawls around on the floor & under the tables; does not seem to know anything. Takes medicine regularly. Sep 26/94. Was restless 3 hours, sleeping only about 5 hours, last night. H.M. Pulse 84. Behavior is somewhat better today; mental condition also

" 27 seems brighter. Appetite is fair; bowels regular. Sep 27/94. Was given sleeping dose at 9 P.M. last evening; slept 8 hours; restless about 3 hours, during the night. H.M. Pulse 82. Behavior not good. He is quite stupid.

" 28 Appetite poor. Sep 28/94. Restless 3 hours, but Sleeping 6 hours, last night. H.M. Pulse 80. Is still on medicine. There is no special change to note in his condition. Sep 29/94. Restless 2 hours, but

" 29 Sleeping 6 hours, last night. H.M. Pulse 74. Is well-behaved. Mental improvement seems to be slight.

" 30 Appetite fair; bowels regular. Takes medicine regularly. Sep 30/94. Slept 8 hours, restless 3 hours, last night. H.M. Pulse 78 R 21. T @ 98 4/5 - No particular change to note. Very quiet. Still somewhat stupid.

Oct 1 Oct 1/94. Slept 6 hours, restless for 2 hours, last night. H.M. Pulse 95. Appetite good; bowels regular; seems, at times, to be making some improvement. Makes no complaints. Is still on medicine.

" 2 Oct 2/94. Restless 3 hours, sleeping 6 hours, last night. H.M. Pulse 88. No special change noticeable.

" 3 Oct 3/94. Slept only 5 hours, was restless for 3 hours, last night. H.M. Pulse 70. Behaves well; appetite

" 4 good; talks but little; makes no Complaints. Oct 4/94. Slept better, 7 hours, last night. Restless an hour or so. H.M. Pulse 92. Appetite keeps good. He is very reticent, talking but little; makes

" 5 no complaints. Works in the dining-room. Oct 5/94. Slept 8 hours, restless 2 hours, last night. Appetite good; bowels generally regular. Seems quite stupid & mind sluggish. Does not read or play games. Is dull & uninterested. Medicine is Continued. Habits are cleanly. —

Summary. On admission, patient was stupid & mind was sluggish, and seems quite so, at the present time. Answers questions at times, but is rather reticent. Appetite is now good; he makes no complaints. Some days he seems fairly bright. On admission, physical condition was weak but this has improved (Wt 119 - 124½ #s; a gain of 5½ #s since Coming). Is still on medicine.

" 8 Oct 8/94. Behavior good: answers questions, at times. Seems improving quite well. —

Personal and Medical History of Peter Kramar

1894

Oct 10 Oct 10/94. Seemed quite bad, this P.M.; was talking around & restless. Was restless 4 hours, sleeping

" 11 but 3 hours, last night. Oct 11/94. Slept only 2 hours, was restless 5 hours, last night. Seems worse this morning & is in about the same condition as on admission. Patient is also very mischievous.

" 15 Oct 15/94. During past 4 nights he has been very restless (about 4 hours each) and has been sleeping very poorly. Has been very restless, mischievous & very troublesome by day. Bothering the patients,

" 24 today, & it requires one man to take care of him. Oct 24/94. During the past week or so has been given, daily, a hot bath, with cold applications & this has had the effect of making him more quiet. He has also been given a few sleeping doses & has been resting better the past few nights.

" 26/31 Oct 26/94. Talks freely & quite sensibly, to-day. Oct 31/94. Patient receives hot baths, with cold applications, daily - Behavior is good; is more quiet - Talks freely - Memory, however, still seems poor. Appetite good; he sleeps better at night - Physical Condition is improving.

Nov 2/15 Nov 2/94. Wt 140½ #s. (a gain of 15 pounds, in the past month); Pulse 96. Nov 15/94. Has been restless & noisy for 4 hours, on each of past 2 nights & has slept only about 4 hours, on each.

" 17/18 Nov 17/94. So restless; lazy & bothersome - Nov 18/94. Patient was today given a hot-bath.

" 24/25 Nov 24/94. Has been given hot-bath twice, on each of past 4 days. Nov 25/94. Patient improving;

" 30 he now talks quite freely & sensibly & works some on the ward - Nov 30/94. Appetite good; he behaves well; reads some; goes walking; works in dining-room - Clean & tidy, in appearance.

Dec 1 Dec/94. Wt 148 #s (a further gain of 7½ #s, in past month). Pulse 88 - Physical Condition is

" 6 very much improved. Dec 6/94. Had trouble with another patient (D. Stolland) today; got

" 19 kicked & struck in face. Dec 19/94. Has continued to improve & was transfered to A1 today.

" 31 Dec 31/94. Rests & sleeps well. Behavior is good - Appetite very good & bowels are regular.

1895 He talks freely & sensibly - Always happy & contented - Works in dining-room. Habits clean.

Jan 1 Jan 1/95. Father wished to take him home & he was, today, allowed to leave on trial.

Discharged Feb 6th '95.

Personal and Medical History of Joseph Ploc (or Plots)

LIBERTY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3854.
Residence, Blooming Prairie, Steele County, Minn
Date Admission, 27th September 1894.
Admitted by, Dr. Kilbourne Hour, 12. M.
How Sent, Wm B. Chadwick. Jof P. Steele County
Sex, Male
Age, 27 (in next November 1894)
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Farmer
Degree Education, Probably Fair
Profession Religion, Yes; a Catholic
Habits, Good.
Nativity, Bohemian
Physicians Committing, E. E. Bigelow and J. H. Davis
Correspondents, Frank Plots, Blooming Prairie Minn (Brother)

No. for Year, 53.
Insane Relatives, None
Cause Exciting, Disappointment in love.
Cause Predisposing, not given
Form, Melancholia acute
Accompanying Bodily Disorder, None
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, 27 (about).
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Ended by D. Herzog; Dec 27/94 -
Ended by D. Phelps 10/1/94. (see opp. page)

MENTAL ACTIVITY:
Clear or ~~Confused~~, Yes
~~Quick~~ or Sluggish, Somewhat
MEMORY:
Past Events, Seems good
Recent Events, Seems good
Special Subjects, except as to behavior, since attack
PERCEPTIVITY:
Alert or ~~Dull~~, Fairly
Correct or ~~Illusive~~, in the main
REASONING POWER:
Ordinary Subjects, good
Own Mental State, Good
Special Subjects,

EMOTIONAL STATE:
Normal, ~~Calm~~,
Indifferent,
Exalted,
Depressed, Slightly
DELUSIONS:
Systematized or Not,
Special Subjects, } None brought out.
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS: Mentions illusions in past
CONVERSATION:
Coherent or ~~Incoherent~~, Yes
~~Voluble~~ or Reticent, Yes

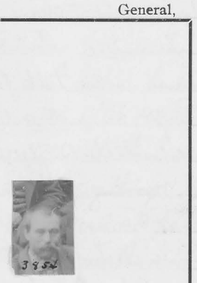
GENERAL DESCRIPTIVE REMARKS:
Patient says he feels well, at present, but has been sleepless, at nights, & says he has been very despondent and melancholy since his fiancee married another. He mentions illusions which was the cause of his insane behavior & which he now recognizes to be such, but the exact nature of which he doesn't remember. He also had "crying spells" under a dominant idea affair, the nature of which he cannot describe. He, at present, talks fairly rationally & seems to realize his condition but is slightly depressed. -

Personal and Medical History of Joseph Ploc (or Plots)

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 3/4 WEIGHT, 139 1/2 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES, See "S. R." on next page.
TONGUE, Tremors, No Coatings, Heavy white Promptness Movement, Prompt
PUPILS, Equality, Yes Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good; Finger to nose, eyes shut, good.
Legs, Good; Standing on foot good: Standing; Eyes shut, good.
TREMORS, Hands, None Tongue, None
Facial Muscles, — General, —
REFLEXES, Patellar, 0; equal
Other
ARTICULATION,
Slurred,
Hesitating, Normal
FACIAL EXPRESSION,
Slightly depressed
SENSIBILITY,
HEART,
Seems good
LUNGS, " "



TAKEN,

D. Phelps EXAM. ~~URINE~~, 10/1/94.

Dull; wont talk much; evidently under influence of delusive ideas. Denies knowing any cause or reason for being here. Talks little and reluctantly. - Owns up to headaches, but to no other physical disease. Behavior mysterious & dull.

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, 68	Resp.,	Temp.,

Record kept

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

Personal and Medical History of Joseph Ploc (or Plots).

1894

This patient was brought here by Shereff Bancard and J. D. Backus and brother Frank, with the following history. Habits have been good; there is no history of heredity. Supposed cause of this attack is disappointment in love; having been engaged to be married; the girl married another man; there has been depression of mind; despondency; constant; wakeful; cannot sleep, nights; up & down, nights; up 3 times last night & changed his shirt each time; says he did so, because he wanted to go to town & see his brother. There is no accompanying bodily disease. This is the 1st attack; despondency began 3 months ago; would change his horses around frequently, and go from one part of the field to the other; seemed to be absent minded & brooding over his trouble with relation to his affair with the girl. He now meditates on his troubles & is seeking to leave. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any bodily disease or or injury to head. He has not been restrained or confined, nor under treatment.

Sep 27 On admission, was put on B² (S.R. Complexion light; hair light; eyes hazel; Condition of skin good; no marks scars or bruises noticed; bodily condition clean; behavior is good). Sep 28/94. Was very restless for four hours, sleeping but 4 hours, last night. HM. Pulse 90. R 22. T @ 100. Appetite is not good; bowels seem regular; no cough observed. Behaves well; talks fairly when addressed & sensibly. Makes no complaints.

" 29 Sep 29/94. Again slept only 4 hours, last night; was quite restless 4 hours. HM. Pulse 92. R 21. T @ 99 ⅖. Appetite still poor; bowels seem normal; talks but little; has delusions. Examined 9/27. Was given Calomel purge, tonight; follow by Saline in morning; afterwards bitter digestant tonic. Try & avoid hypnotics. DH.

" 30 Sep 30/94. Slept only 4 hours, restless 4 hours, during the night. HM. Pulse 79. R 20. T @ 99 ⅘. Patient had a "crying spell" during the night; would not stay in bed, in dormitory and slept on the floor.

Oct 1 Oct 1/94. Restless 5 hours, sleeping only 3 hours, last night. HM. Pulse 80. Is stupid & obstinate, today. Made an attempt to escape, while out walking. Appetite continues poor. Wt, today, 133 pounds. (has lost 6½ pounds since coming). Is on medicine, the past 4 days. Oct 2/94. Slept poorly (5 hours) last night; was restless 3 hours or so. HM. Pulse 76. Very obstinate. Again made an attempt to Elope, while out for a walk: had to be held, until he was brought in ward. Has not eaten dinner or supper, today. Oct 3/94. Slept only 3 hours, last night; was very restless for 5 hours or so. HM. Is very stubborn, today. Did not want to take a bath. Has not eaten any breakfast or dinner, today took only a light supper. Bowels are irregular; was given Seidlitz powder before his supper.

" 4 Oct 4/94. Restless 3 hours, slept only 5 hours, last night. HM. Pulse 80. Sits about, quietly; talks but seldom; stubborn; Eats nothing. Oct 5/94. Slept 5 hours, restless for 3 hours, last night. HM. Pulse 80. Ate nothing today; is wilful & stubborn; answers questions in a way, but briefly. Does not read or play games. Seems dull & uninterested. Oct 6/94. Slept 5 hours, restless for 3 hours, last night. HM. Pulse 56. On being urged by D., he drank some milk; Ate very little supper. Is stubborn; talks none. Oct 7/94. Restless 3 hours, sleeping but 5 hours, last night. HM. Pulse 80. Ate fairly well, today. Restless; wants to get out & go to work. Otherwise, no particular change.

" 8 Oct 8/94. Slept poorly, again, last night; Restless 4 hours, Sleeping only 4 hours. HM. Pulse 58. Again, has eaten fairly well, today. Answers questions, at times, but talk very little. Is stubborn.

" 9 Tried to run away, again, today. Oct 9/94. Slept 5 hours; was restless 2 hours, last night. HM. Pulse 62. Appetite medium. Sits or stands idly about. Is stubborn. Talks but seldom.

" 10 Oct 10/94. Slept 5 hours, restless 2 hours, last night. HM. Pulse 57. Appetite medium. Is melancholy,

Personal and Medical History of Joseph Ploc (or Plots)

1894 cont'd

Oct 10/ crying at times; talks none. Continues stubborn & is somewhat stupid. Oct 11/94. Passed last night about as the preceding one. HM. Pulse 60. Appetite poor. He is much depressed. Stupid, stubborn & talks none.

Summary. Patient has, since admission, been stubborn & rather stupid. Talks but very little, & some days, none at all; only, when questioned closely, will he reply. Appetite has been poor, since his coming & does not improve any. Bowels seem regular. He is more melancholy & depressed of late; has "crying spells"; wanting to get away from here; wants to work. Does not make any improvement. Probably holds delusions.

" 14 Oct 14/94. Appetite fairly good. Is stupid & stubborn. Discontented. Always trying to get out.

" 16/ Oct 16/94. Again, making efforts to get out. Oct 21/94. Usually restless for 3 hours a night, sleeping only about 5 hours. Oct 23/94. Complaining of tooth ache, today. Is stubborn and wilful;

" 24 trying to get out. Oct 24/94. Got out & escaped, between the hours of 9 PM and 5:30 AM of Oct 25th

" 25/ Oct 25/94. Brought back, by a farmer, at 4 PM, today. Oct 31/94. Does not seem to improve any.

31 Is very stubborn & wilful. Always trying to get out of the doors & requires constant watching. Appetite is very changable. He seems discontented & dissatisfied here. Wants to go home.

Nov 7/8 Nov 2/94. Wt 135 pds. Pulse 52. Nov 8/94. Has been given "Electrical treatment" 3 times a week.

" 30 Nov 30/94. Appetite changable; (had to be fed on 28th inst); he stands idly about, in a stupid manner.

Dec 1/ Talks none. Is obstinate & stubborn. Dec 1/94. Wt 136 pds. Pulse 60. Dec 31/94. Occasionally

19 restless, at night, yet sleeps fairly well. Is still stubborn & wilful. Trying to get out of the Doors. Appetite changable. Talks none. Does not go out walking; Reads some no does he participate in

Jan any games & amusements. Is tidy about his dress & appearance. Jan 2/95. Wt 144 (some gain in

" 31 flesh). Pulse 66. Jan 31/95. Stubborn & stupid. Talks none. Stands idly about. Physical health seems good.

Feb 1/ Feb 1/95. Wt 143 pds. Pulse 76. Feb 18/95. Visited by mother. Feb 22/95. No particular improvement,

" 28 22 although he is not as stubborn, as previously. Feb 28/95. Stands idly about; in the same place; talks none, at all. Works none. Does not walk out. Appetite changable. Is untidy in appearance.

Mar 2/ March 2/95. Wt 150 pds (is steadily gaining, in flesh, each month). P 64. Mar 22/95. Visited by friend.

" 31 22 March 31/95. No change noticeable. Still somewhat stubborn; talks none. Is very untidy.

Apl 1/ April 1/95. Wt 153 pds. P 60. Apl 10/95. Noticed he had a black eye this morning. Cause not known.

" 18 20 Apl 18/95. Tried to run away, while out walking; had some little difficulty in getting him back.

" 30 Apl 30/95. No change to note. Is stupid; talks none, what so ever; Goes out walking. Still untidy.

May 1/ May 1/95. Wt 156 pds. P 62. May 8/95. Very stubborn & wanting to run away. Still stupid

" 31 May 31/95. Stupid & stubborn; talks none at all. Goes out walking, but is idle & does no work.

June 1/ June 2/95. Wt 159 pds. P 88. June 20/95. Visited by friends. June 30/95. No noticeable change.

July 1/ 30 July 1/95. Wt 160 " " 76. June 12/95. Patient took off his clothes, while outside, today.

" 31 July 31/95. No change, in either his mental or physical condition, to note at this date.

Aug 1/ Aug 2/95. Wt 163 pds. P 92. Aug 8/95. Began to talk, today. Aug 31/95. No special change

31 Except that he now talks some. Is quite stubborn, at times, & inclined to be melancholy.

Sep 1/ Works in dining room & on the hall. Sep 2/95. Wt 164 pds. P 82. Sep 30/95. Keeps about the

30 same, from, month to month; cranky & stubborn. While out walking recently (20th), patient

indecently exposed himself & when requested to be more careful, he struck nurse & had to be

Oct 1/ taken to the ward. Oct 1/95. Wt 158 pds. P 70. Oct 18/95. More reasonable of late. Is less

" 31 16 cranky & stubborn. Goes out walking every day. Makes no complaints. Work on ward. Oct 31/95. No change.

(carried to 324)

Personal and Medical History of Henry G. Richter

LIBBEY, PISCAL & GUMBERS, DAVENPORT, IOWA.

Whole No. 3856.
Residence, Omaha, Nebraska.
Date Admission, 27th September 1894.
Admitted by, D. Phelps. — Hour, 7 PM.
How Sent, John B. Oliver, Jof C. Ramsey County
Sex, Male.
Age, 50
Civil Condition, married
Children, Yes 5 children
Age Youngest Child,
Occupation, Fur Cutter.
Degree Education, not stated
Profession Religion, Evangelist.
Habits, somewhat intemperate
Nativity, Russia.
Physicians Committing, Orvie Martel and Geo. L. Gurney
Correspondents, — none given in papers —

No. for Year, 55.
Insane Relatives, father + uncle + aunts
Cause Exciting, — money —

H Henry Gustav, Gottlieb,
Richter, Judge, Jujil,
France

Wife + Lowe
Omaha Whitmaker
815 S. Leavenworth St
(815 S. 18th Street)

Result, Recovered

Orly Dr. Phelps + Herzog; Sept 29/94

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick ~~or Sluggish~~, very quick + tumultuous ideas of exaggerated and incorrect character.

MEMORY:
Past Events, Tells many things; probably untrue.
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, alert but incorrect
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, very poor
Own Mental State, poor
Special Subjects, poor

GENERAL DESCRIPTIVE REMARKS:
Says: at Lincoln Asylum 3 mos, last year.
Says: he is expert fur-cutter + dyer; Exaggerates everything.

EMOTIONAL STATE:
~~Normal, Calm~~,
~~Indifferent~~,
Exalted, somewhat exalted
~~Depressed~~,

DELUSIONS:
Systematized or Not, No
Special Subjects, No
Transitory or Not, Transitory delusions + incoherence

HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Rambling
Voluble or ~~Reticent~~, Exceedingly voluble

Personal and Medical History of Henry G. Richter

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7 3/4 WEIGHT, 130 pd. NUTRITION, not much impaired, puffiness under eyelids.
WOUNDS OR ABNORMALITIES, See 5. R. inner page.
TONGUE, Tremors, fine, at rest Coatings, — Promptness Movement, prompt, slightly bright.
PUPILS, Equality, equal Size, normal
Response Light, good Accommodation, good
SIGHT, uses glasses; for 20 years
HEARING, Good.
COORDINATION, Arms, — fingers to nose, eyes shut, fair
Legs, — standing on foot, quite poor. standing eyes shut, fair.
TREMORS, Hands, (Signature attached) Tongue, fine, at rest —
Facial Muscles, General,
REFLEXES, Patellar, — O —
Other
ARTICULATION,
~~Slurred~~, Fairly good; foreign
~~Hesitating~~, accent.
FACIAL EXPRESSION,
Slight smoothness
SENSIBILITY,
HEART, 1st; at apex, a little rough.
2° pulmonic, a little sharp
LUNGS, Good.

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, 100 pul: (Standing)	Resp.,	Temp.,

Kept
Record

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, Says "was at Lincoln" 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 Henry G. Richter

LIBBEY, FISCHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3856.
Residence, Omaha, Nebraska.
Date Admission, 27th September 1894.
Admitted by, D. Phelps. — Hour, 7 PM.
How Sent, John B. Oliver, Jof C. Kaucey County.
Sex, Male.
Age, 50
Civil Condition, married
Children, Yes 5 children
Age Youngest Child,
Occupation, Fur Cutter.
Degree Education, not stated
Profession Religion, Evangelist.
Habits, somewhat intemperate
Nativity, Russia.
Physicians Committing, Orde Martel and Geo. L. Gurney
Correspondents, — none given in papers —

No. for Year, 55.
Insane Relatives, father + uncle + aunts
Cause Exciting, — money —
Cause Predisposing, Heredity.
Form, mania sub-acute
Accompanying Bodily Disorder, none
Suicidal or Not, unknown; prob. homicidal
Date of this Attack, unknown; probably recent
Duration, probably short.
No. of Attack, unknown
No. of Admissions, 1st
Age First Attack, unknown.
Time of Leaving, Nov. 3rd '94
Time in Hospital, 1 mo. 6 ds.
Result, Recovered

Dr. Phelps + Herzog; Sept 28/94

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick ~~or Sluggish~~, very quick + tumultuous ideas of exaggerated and incorrect character —
MEMORY:
Past Events, Tells many things; probably untrue —
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, alert but incorrect
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, very poor
Own Mental State, poor
Special Subjects, poor
GENERAL DESCRIPTIVE REMARKS:
says: at Lincoln Asylum 3 mos, last year.
says: he is expert fur-cutter + dyer; Exaggerates everything.

EMOTIONAL STATE:
~~Normal~~, ~~Calm~~,
~~Indifferent~~,
Exalted, somewhat exalted
~~Depressed~~,
DELUSIONS:
Systematized or Not, No
Special Subjects, No
Transitory or Not, Transitory delusions + incoherence
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Rambling
Voluble or ~~Reticent~~, Exceedingly voluble

Personal and Medical History of Henry G. Richter

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7 3/4 — WEIGHT, 130 lbs. — NUTRITION, not much impaired, fairness under Epilepsy.
[redacted] ...next page.
Promptness Movement, prompt, slightly bright.
Size, normal
Accommodation, good
...yes shut, fair
...ite floor. Standing eyes shut, fair.
Tongue, fine, at rest —
General,

EXAM. URINE,

Other
ARTICULATION,
~~Slurred~~, Fairly good; foreign accent.
~~Hesitating~~,
FACIAL EXPRESSION,
Slight Smoothness
SENSIBILITY,
HEART, 1st at apex, a little rough. 2° pulmonic, a little hot.
LUNGS, Good.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal, kept	Constipated,	Irregular,
APPETITE, Good, Record	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, 100 full: (standing)	Resp.,	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, says "was at Lincoln" 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 Henry G. Richter

1894

Was brought here by Sheriffs Deputies Chas F. McBride and W. E. Oakes with the following history of his case. Habits somewhat intemperate; has been taking 2 or 3 glasses of whiskey in the day; There is strong history of heredity; his father, uncle & some aunts having been insane. Supposed cause of this attack is money: form of attack is acute, agitated. There is no accompanying bodily disorder. When first symptoms of disease were manifested is unknown; no. of attack also unknown; insanity is now manifested in the subject of money; millionaires he wants his children to be; also in contracts & nobility. If suicidal, unknown. Has no filthy or destructive habits. — He tried to stab a lady in the shop, where he was working. If he has had any severe bodily disease &c or head injury is unknown; if restrained, or confined, or under medical treatment is also unknown. Talks of nobility, money, kings of Prussia &c. —

Sep 27 On admission, was put on B² (L.R. Complexion light; hair dark; eyes blue; Condition of skin good; Scars over pubic bone & on both legs; no eruptions noticed. Bodily Condition clean. No bodily peculiarities noted. Behavior good, though he seems quite excited). Sep 28/94. Was very restless for 3 hours and slept only about 3 hours, last night. T.M. Pulse 110. R 22. T. 99⅘. Appetite good; bowels seem regular. No cough noticed. Behaves well though somewhat restless. Talks continually & shows delusions. Makes no complaints.

" 29 Sep 29/94. Again passed a poor night; slept 5 hours; was restless 3 hours. T.M. Pulse 102. R 22. T. 99 — Appetite good; bowels regular. Behaves well, but is very restless & talkative, during the day & still shows delusions. Sep 30/94. Again restless 3 hours, sleeping but 5 hours, last night. A.M. Pulse 98. R 21. T. 98 E/0. Appetite keeps good: bowels seem normal. Otherwise, no particular change.

Oct 1 Oct 1/94. Slept only 5 hours, restless 3 hours, during the night. A.M. Pulse 90. Patient doesn't change any, from day to day. Wt today, 133½ lbs (a trifle more again). Oct 2/94. Slept only 4 hours, was restless " 2 " 3 4 hours, last night. A.M. Pulse 98. Appetite good. Otherwise, about the same. Oct 3/94. Somewhat more restful last night, sleeping 6 hours, though restless 2 hours. A.M. Pulse 96. Appetite fair; bowels " 4 regular. Is very restless & manifests many delusions. Oct 4/94. Slept 5 hours, restless 2 hours, during " 5 the night. A.M. Pulse 86. Is very talkative & noisy & day & full of delusions as ever. Oct 5/94. Restless 3 hours & slept but 5 hours, last night. A.M. Pulse 80. Has been very noisy, by spells, all day; also very restless. Still full of delusions. Says he is Chief of Police of Omaha & Germany. Thinks some " 6 one is going to kill him & is staying here for protection. Oct 6/94. Slept 6 hours; restless 2 hours, last night. A.M. Pulse 82. Is not so noisy as usual, today, though still quite restless. Deluded. " 7 Oct 7/94. Restless 4 hours, sleeping only about 4½ hours, last night. A.M. Pulse 80 (NW reports him as having a very bad cough). Appetite is good. Patient is still deluded & also excited, at times. " 8 Oct 8/94. Restless 3 hours, sleeping 5 hours, during the night. A.M. Pulse 82. Is more quiet than usual, today. Answers questions quite freely & promptly but still manifests delusions. Bowels " 9 free. He has some cough. Oct 9/94. Slept 6 hours, restless 2 hours, last night. A.M. Pulse 78. " 10 Behaves well & is quiet; makes no complaints; works some. Oct 10/94. Restless 2 hours, sleeping 6 hours, last night. A.M. Pulse 78. Coughs some, nights. Still shows delusions. Talks quite sensibly " 11 at times. Oct 11/94. Slept 5 hours, restless 3 hours, last night. A.M. Pulse 80. Talks considerably; makes no complaints. Had some trouble with a fellow patient (B. Anderson), today. Appetite is good.

Summary. On admission, was quite excited, very talkative & showed many & various delusions. Imagines he was Chief of all Police & that he was very rich. Has gradually

Personal and Medical History of Henry G. Richter

1894 cont°

grown less talkative, though he still manifests various delusions, & is somewhat excited, at times. Answers questions fairly freely & promptly. He reads some. Has had some cough. Physical condition fairly good. Helps some with work on the ward. Oct 17 Oct 17/94. Restless 3 hours, sleeping but 5 hours, last night. Coughs some, at night. " 31 Oct 31/94. Is now sleeping better. Appetite good. Talks freely; makes no complaints. Habits clean. Helps some with the ward work. Seems to be greatly improved. —

Nov 3 Nov 3/94. Wt 137 lbs. (a gain of 4 pounds in flesh, since his admission). Is uniformly quiet and well-behaved - reads some; goes out walking. Talks freely. Is slightly deluded but greatly improved. Has written a few letters home and is anxious to leave here. Habits clean & neat - note by Dr H. Patient was sent home (to Omaha, Nebraska) by request of his wife. He has lost most of the "delusions of grandeur" which controlled him on admission, but is still excited and talkative. From the statements of his wife, we should infer that he has been in this condition for several years past.

Discharged Feb. 6th '95.

William Holland

From 76.

1894

Nov 20 Nov 20/94. Was visited by Mother & brother at 9 Am., and they was permitted to take him " 21 home, on trial. (See attached Nurses' record) - Nov 24/94. Parents were unable to get along with him and, this morning, at 10 Am., he was again received on ward in a very excited & nervous condition: was given a bath, during which he became vengeful & violent; still has boils on rectum, " 25 some of which are very large & very sore. Nov 25/94. Slept 6 hours, last night. 10 Am. Was put to bed; appetite fair; bowels regular: was noisy, restless, & extremely excited, at times. 1 to 5 Pm, Irresponsible. " 26 Hot baths recommenced at 7 Am. Nov 26/94. Restless 3 hours, but slept 5 hours, last night. Appetite medium; bowels regular: was very restless, excited & filthy: will not have dressing on boils - 2.30 Pm. Was put in restraint. 5 Pm. Has been very noisy, during the afternoon. 6 Pm. Out of restraint. 8 Pm. Put in restraint again. Is given usual baths. (T of water 108°). These baths seem to have a quieting effect on nerves, for several hours after bath. Nov 27/94. Slept but 4 hours, last night; restless 5 hours. 7 Am. Taken out " 27 of restraint. Is more quiet during the day, than previously. Eats fairly well; usual baths given; same effect. " 28 Nov 28/94. Slept 4 hours, restless 3 hours, during night. Is extremely noisy & day & will not stay in bed. " 29½ Nov 29/94. Fairly quiet & slept 5 hours, last night. Is more quiet, today. Nov 30/94. Usual baths continued and the effect, previously described, keeps up. Appetite good; bowels regular. Is very restless, by day; will not lie in bed, but is out on the floor, or sitting on a chair in room, most of the day. Is quite boisterous Dec 1 in speech & action. Dec 1/94. Slept somewhat better (5 hours) last night, though restless one hour or so. " 7 Wt 136 lbs. 10 Am. Is up, dressed & in the ward. Dec 7/94. Is restless, excited & talking incoherently, " 8 also slightly noisy, by day. Usual baths are continued. Dec 8/94. 2 Pm. Was visited by friends; " 13 afterward, became extremely excited, violent & noisy. Dec 13/94. Has continued excited, noisy & violent also very troublesome & was put in restraint; cold applications made to head. At 10 Am. put to bed. " 14 Pm; has been extremely noisy & restless, all day. Dec 14/94. Applications continued during night. Was extremely noisy & excited. Given usual bath, this morning. 10.30 Am. Was transferred to C.E. Behavior there, was quiet until 7 Pm. when he became noisy. Dec 17/94. Slept but 2 hours, last " 15

(carried to 122)

Personal and Medical History of *Jacob Ryder*

LIBERT, FIDLAR & GAMBRILL, DAVENPORT, IOWA.

Whole No. 3858.
Residence, 132 Viola Street, St Paul, Minn
Date Admission, 1st October 1894.
Admitted by, Hour, 7 PM.
How Sent, Jno. B. Olivier, Jof P, Ramsey County
Sex, Male
Age, 52 years
Civil Condition, married
Children, None
Age Youngest Child, —
Occupation, Physician
Degree Education, probably good.
Profession Religion, Jewish Synagogue
Habits, Good, as far as known. —
Nativity, St. Petersburg, (Russia?)
Physicians Committing, Jos. MacNamara & B. J. Paxton
Correspondents, (wife's address.) Aund Ryder
132 Viola St St Paul Minn

No. for Year, 57.
Insane Relatives, none
Cause Exciting, not known
Cause Predisposing, "Chronic"
Form, Dementia paretic
Accompanying Bodily Disorder, Epilepsy (?)
Suicidal or Not, not.
Date of this Attack, April 1894
Duration, Some 6 months
No. of Attack, 1st —
No. of Admissions, 1st
Age First Attack, about 52 (?)
Time of Leaving, October 18th '94
Time in Hospital, 12 ds.
Result, Improved

EXAMINATION ON ADMISSION

Ex'd by Dr Herzog - Oct 3/94 -

MENTAL CHARACTERISTICS.

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

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

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

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

GENERAL DESCRIPTIVE REMARKS:
Patient seems to be a general Paretic. He is much depressed & believes his wife to be unfaithful & cries bitterly.

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

DELUSIONS:
Systematized or Not, Unknown
Special Subjects, Unknown
Transitory or Not, Unknown
HALLUCINATIONS: Unknown
ILLUSIONS: Unknown

CONVERSATION:
~~Coherent~~ or Incoherent, Slightly
Voluble or ~~Reticent~~, Fairly

Personal and Medical History of *Jacob Ryder*

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, (not taken) 10/3 5ft 7in WEIGHT, (not taken) 10/3 127½ lbs NUTRITION, somewhat impaired.
WOUNDS OR ABNORMALITIES, See "S. R." on next page -
TONGUE, Tremors, yes, fine Coatings, heavy white Promptness Movement, Stammering
PUPILS, Equality, left larger Size, about normal
Response Light, Yes Accommodation, sluggish.
SIGHT, Impaired; myopic.
HEARING, somewhat impaired -
COORDINATION, Arms, impaired; finger to nose, eyes shut, not good.
Legs, markedly impaired; Standing on foot, Cannot; Standing, eyes shut, sways some -
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, no General, no.
REFLEXES, Patellar, absent
Other
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION, somewhat dull
SENSIBILITY,
HEART, weak, with soft murmur of 1st sound at apex
LUNGS, seem good.

EXAM. URINE,
TAKEN,

proposed treatment
No treatment could seem to be indicated, except a laxative

OPHTHALMOSCOPIC EXAM.,

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

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

Personal and Medical History of *Jacob Ryder*

1894

This man was brought here in due form, by a Deputy Sheriff, with following history. Habits are good, so far as known. There is no history of heredity. Cause of this attack is not known. Form of attack is Chronic; First Symptoms of disease were manifested in April 1894, by delusions. this is the first attack. Insanity is now manifested in general Delusions. Patient is neither dangerous to injure others, nor suicidal, nor filthy nor destructive in habits. No peculiarities of disposition etc were previously known. Subject to Epilepsy; one attack 2 weeks ago. He has not been restrained or confined. Has been under medical treatment, but particulars are not known. —

Oct 1 On admission, was put on D² (S.R. Complexion dark; hair gray; eyes gray; condition of skin good; has some marks on left thigh; scars over breast, arm, back & shoulders, where he has been cupped; no eruptions noticed. Bodily condition clean. He has false teeth in upper and lower Jaws; false teeth with gold plates. Behavior is good). Oct 2/94. Was restless for 2 hours, and slept only about 2 hours, last night. HM. Pulse 84. R 21. Tem 98. Appetite fair; bowels seem regular; no cough noticed. Behavior is good; he talks but little; no delusions noted. He makes no complaints.
" 3 Oct 3/94. Was more restful, sleeping 5 hours, last night, though restless for a couple of hours. HM. Pulse A 21. Tem 98⅘. Appetite good; bowels regular; behaves well; makes no complaints; no delusions noticed; but he is very absent-minded. Oct 4/94. Very restless for 3 hours, sleeping but 5 hours, last night. HM. Pulse 82. R 18. Tem 98.2. PM. Pulse 80. R 20. Tem 98.6. Is very restless, at times.
" 5 Oct 5/94. Slept but 4 hours, restless 4 hours, during the night. HM. Pulse 80 R 20. Tem 98.6. PM. Pulse 86. Tem 98⅘. Appetite good. Is quite restless; mind seems much "shattered"; does not seem to know much of anything. Oct 6/94. Slept 5 hours, restless 3 hours, last night. HM. Pulse 80. Is very restless, today, pounding at the doors; does not realize where he is.
" 7 Talks in a stumbling sort of way. Oct 7/94. Slept 6 hours, restless 2 hours, last night. — Is restless & deluded. Thinks his wife is up-stairs & he keeps trying to get up there. Answers
" 8 questions in a sort of a way. Oct 8/94. Restless 3 hours, sleeping but 5 hours, last night. AM. Pulse 80. Appetite good; bowels free. Is restless; does not yet seem to realize where he is. Went out
" 9 walking with the rest, today. Oct 9/94. Restless a couple of hours, but slept 6 hours, last night. HM. Pulse 82. Restless, walking about hall & trying to get out. Talks some: shows delusions.
" 10 Oct 10/94. Slept 6 hours, restless 2 hours, during night. HM. Pulse 84. No special Change to note.
" 11 Oct 11/94. Restless 2 hours, but sleeping 6 hours, last night. AM. Pulse 84. Still very restless; does not seem to know where he is. Goes about all, shaking hands & bidding them all "Good-bye".
" 12 Oct 12/94. No particular Change. Articulation slow & impeded. Passed a poor night. AM. 80.
" 13 Oct 13/94. A relative visited him today; remained quite a while; took patient down to the town. This nephew was permitted to take patient home, this afternoon. —

Discharged (Feb 6th '95)

Personal and Medical History of *Patrick Galvin*

Brown 24-

1894

Dec 24/31 parts look some better, today. They are dressed daily. Appetite good; bowels regular. Dec 31/94. Patient is well-behaved & apparently quite rational. Works on ward, a little. Face & eye look about the same every day. They are dressed, every day, with Iodoform gauze dressing. Patient's physical health seems good.
1895
Jan 1 Jan 1/95. Appetite good; bowels fairly regular; eye and face are doing well. He works some on the ward.
" 9 Jan 9/95. Complained of feeling weak & exhausted and sick at his stomach; eye looks somewhat inflamed,
" 11/15 and slightly swollen. Eye dressed. Jan 11/95. Remained in bed today, but ate quite well. Jan 13/95. Operation
" 16 was performed on Eye, this morning; (see particulars in attached Case-Record). Patient put to bed. Jan 18/95. Is up, dressed
" 21 and in the hall. Jan 21/95. Appetite good; bowels regular, but patient complains still, at times, of feeling weak &
" 31 exhausted. Jan 31/95. Eye treated daily & is doing well. (See attached Case-Record). —
Feb 1/13 Feb 1/95. Wt 188 pds. Feb 3/95. Eye probed, every day, by Dr. E.; is doing very well. Promenades hall, most
" 15 of the day. Feb 15/95. Has frequent spells of despondency; otherwise no mental deficiency noticeable.
" 22 Eye probed daily; is doing well. Appetite very good; bowels regular. Feb 22/95. Eye treated daily & is doing
" 28 well; considerable discharge from opening, just below eye. Feb 28/95. Appetite good; bowels regular. Eye is doing well.
Mar 2/8 Mar 2/95. Wt 191 pds. Mar 8/95. Eye probed daily. Is doing very well. Patient goes out walking
" 18 on the grounds when weather is permissible. Mar 18/95. Appetite good; bowels regular; patient
works some on ward; is always cheerful. Eye probed daily & is doing well. Has good physical health.
" 24 Mar 24/95. Patient has no delusions noticeable & always appears rational & he acts so. —
" 31 Mar 31/95. Appetite very good. Bowels regular. Eye probed daily & is improving. He is always cheerful
& contented. Works well on the ward. Goes out on the ground in fine weather. Health good. —
Apl 6 Apl 6/95. Patient quite dependent, at times. Goes out on grounds, alone, every day. Behavior very
good. Eye probed every day but does not appear to improve much of late. Still a discharge of fluid
" 9/18 from opening below eye. Apl 9/95. Wt 192½ pds. Sleeps & rests well. Apl 16/95. Works some on ward.
Is rational & apparently sane, when observed & conversed with. Seems cheerful during last
" 20 week than heretofore. Apl 20/95. Eye doing some better of late, tho' there is still discharge of fluid.
" 30 Apl 30/95. Sleeps well; behaves well. Otherwise about same, in every way. Habits are clean.
May 3 May 3/95. Wt 191 pds. Is up on ward daily. Eye still troubles him. Is treated daily. —
" 5 May 5/95. Complains of constipation & of feeling sick; vomited some. Given Seidlitz powders.
" 30 May 30/95. Eye still requires "treatment". Bowels nine regular plate. In other respects, no change.
June 3/30 June 3/95. Wt 194½ pds. (Has lost in flesh, without apparent cause). June 30/95. Eye probed every
day, by Dr. Eby, but it does not appear to improve any of late. Appetite good, but bowels generally
costive. Goes out on the grounds, at pleasure. Remains in about the same condition, week after week.
July 1/31 July 1/95. Wt 181 pds. July 31/95. No change, in any way. Eye treated daily; seems about the same,
day after day. He works in dining-room. Physical health seems good. Habits clean & tidy. —
Aug 5/10 Aug 5/95. Wt 176 pds. Aug 10/95. Sleeps well. Appetite good. Eye probed daily, but does not seem to
" 31 improve much. Goes out on grounds daily; Works some on ward. Aug 31/95. Keeps about the
same, from month to month. Eye of late, seems to be improving some, but it is very painful,
Sep 5 at times. Sep 5/95. Wt 176 pds. Pulse normal. Complains, still, of eye being very painful,
" 20 at times; also of bowels being costive. Sep 20/95. Remains about the same, from day to day:
Eye does not trouble him much, lately. Works some on ward: has "liberty of the grounds".
" 30 Sep 30/95. No change in patient's condition: at times, very irritable & cranky: & given to much Com-
plaining & fault-finding, without, seemingly, any reason. Possibly still holds some delusions

= Carried to 200 =

Personal and Medical History of Frederick W. Reeves

LABERT, FISCHER & EVANBERGS, DAVENPORT, IOWA.

Whole No. 3863.

Residence, 217 – Pleasant Ave. St. Paul

Date Admission, 8th October 1894.

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

How Sent, Jno. B. Olivier, Jof P. Ramsey County

Sex, Male

Age, 28

Civil Condition, Single

Children, None

Age Youngest Child, —

Occupation, Student

Degree Education, Good

Profession Religion, Is a church member

Habits, Good

Nativity, Wisconsin

Physicians Committing, Gottfried Stamm and A. Shimonek

Correspondents, Brother S. H. Reeves, St. Paul, Minn. C. D. Reeves, Glenwood, Minn.

No. for Year, 62

Insane Relatives, Great grandfather on father's side and Great grandmother – mother's side

Cause Exciting, Inventing of machinery

Cause Predisposing, Heredity –

Form, Dementia primary.

Accompanying Bodily Disorder, Gastric disturbance

Suicidal or Not, – not –

Date of this Attack, Two weeks ago

Duration, Two weeks

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, – 28 –

Time of Leaving, Apr. 10' 95

Time in Hospital, 6 mos 2 ds

Result, Rec.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exd by Dr. Herzog, 10/11/94.

MENTAL ACTIVITY:

~~Clear or Confused~~, fairly clear

~~Quick~~ or Sluggish, Yes

MEMORY:

Past Events, Good

Recent Events, Good

Special Subjects, Does not remember much since attack of last week

PERCEPTIVITY:

~~Alert or Dull~~, somewhat

Correct ~~or Illusive~~, in the main

REASONING POWER:

Ordinary Subjects, Seems good, but somewhat

Own Mental State, Slow

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

Exalted,

~~Depressed~~,

DELUSIONS:

Systematized ~~or Not~~, Yes

Special Subjects, none

Transitory ~~or Not~~, Yes

HALLUCINATIONS:

ILLUSIONS: —

CONVERSATION:

Coherent ~~or Incoherent~~,

~~Voluble~~ or Reticent, somewhat

GENERAL DESCRIPTIVE REMARKS:

Patient has some Constipation with a fermentative Dyspepsia. He seems intelligent & is tidy & cleanly in his habits but is somewhat slow in his mental processes. He speaks fairly of having walked about just before coming here but says they were nonsensical. During the night he took his mattress from the bed & placed it on the floor, claiming that an electric current was passing through the bed. In the morning he referred to his action as nonsensical, but later, his confidence being gained, he acknowledged that he believed so, at the time, & spoke of the wire mattress & iron bedstead as lending substance to the belief, but he says he knows that is impossible as he experienced the same sensation while lying on the floor. His behavior at other times since admission, has been eccentric.

Personal and Medical History of Frederick W. Reeves

SAINT PAUL, FRIDAY. OCTOBER 5, 1894. Pioneer Press

AN INVENTOR IN A TRANCE.

F. W. REEVES OVERTAKEN BY A MYSTERIOUS MALADY.

While Walking Along Eighth Street He Loses All Control of His Muscular System — Conscious of All That Passed About Him He Is Unable to Move or Speak — When Touched on the Shoulder He Collapses—Recovery as Sudden as the Attack.

Frederick W. Reeves of St. Anthony Park, a student of civil engineering and an inventor of delicate and complicated machinery, became the victim yesterday of a peculiar malady, the nature of which his physicians, Dr. A. Shimonek and Dr. Brimhall, assistant city physician, are unable to determine. While walking along Eighth street at 3 o'clock in the afternoon he was suddenly bereft of the use of every voluntary muscle in his body except those controlling the use of his eyes, and stood, like a statue, on the corner of Eighth and Cedar streets fully thirty minutes until Policeman Fillingim, of the central precinct, came along and took care of him.

Mr. Reeves is twenty-eight years old and lives with his mother, Mrs. Jane Reeves, in St. Anthony Park at 2298 Priscilla avenue. His brothers are S. H. Reeves, the well known Seven Corners druggist; C. P. Reeves, who is a candidate for the legislature from Pope county, and A. J. Reeves, of the firmof Reeves & Gilliman, insurance agents. He is Mrs. Reeves' youngest son, and since graduating from the Hamline university, where he took a course in civil engineering, he has been a close student and inventor of machinery. Not long ago he invented and patented a steam engine for use in factories, so constructed that the entire mechanism of the engine works in a case inside the fly wheel, the idea being to save space in engine building for factories. The engine was on exhibition several weeks in his brother's drug store at the Seven corners, and it is said to be of practical value. He has turned out a number of useful inventions, and of late has been applying himself very closely to perfecting a difficult mechanical invention.

This close application to his work, his physicians think, caused that portion of his brain controlling the voluntary muscles to temporarily suspend business for a while, causing his illness of yesterday afternoon, from which, fortunately, he is recovering.

Mr. Reeves got up early yesterday morning and, after eating a light breakfast, rode into town and called at his brother's drug store, returning again about noon. That was the last seen of him until 3:30 in the afternoon when Officer Fillingim saw him standing on the corner of Eighth and Cedar streets. Ordinarily the officer would have paid no attention to such an incident, but in this instance there was something out of the ordinary in Mr. Reeves' position. The young man was standing in the street with one foot on the curb, as if about to step on the sidewalk. The officer expected to see Reeves walk along, but, after watching him a few minutes, decided something must be wrong with the young man, and walked over where he was standing. An interesting discussion followed, participated in only by the policeman. He talked to Reeves, but the young man only rolled his eyes in response to the officer's interrogations. The officer asked him the time honored question about "moving on" and what was the matter with him, but there was no reply. A number of pedestrians gathered around and offered all sorts of suggestions, and finally the officer called the patrol wagon, into which Mr. Reeves was lifted and conveyed to the central station.

Collapsed When Touched.

Another peculiar circumstance in connection with Mr. Reeves, strange physical condition is the fact that, although he had been standing perfectly rigid and upright, the moment the officer touched him he suddenly collapsed and fell in a heap on the sidewalk. His muscles were perfectly relaxed after that, but he still retained no control over them, and but for the fact that his eyes were wide open and apparently performing their customary functions, he might have been dead. He was taken to the central station, where his identity was ascertained and he was taken to his brother's drug store at the Seven corners, and from there in a carriage to his brother's home at No. 217 Farrington Place, Pleasant avenue. Dr. Brimhall, assistant city physician, was first called in to attend him, and then the family physician, Dr. Shimonek. For an hour he sat in an arm chair, perfectly helpless. Then, all at once he jumped to his feet, in perfect possession of his faculties, and almost perfect use of his muscles. He was weak, however, and Dr. Shimonek advised a hot bath and perfect rest for a few hours, when it is thought he will be all right. Before following his physician's instructions though Mr. Reeves related his experience to his brother who in turn told the story to a Pioneer Press reporter last evening.

"I was walking along Eighth street," he said, "on my way to the corner of Eighth and Wabasha, intending to go home, when my shoe lace became untied. I stopped on the corner, and, putting my foot on the curb stone, tied the lace and straightened up to proceed on my way when suddenly I found that I could not move. I was perfectly helpless, and could not even move my tongue. I was acutely sensible of all that was going on around me, could hear and see, but my muscles were all in bondage. One or two people accosted me before the officer came along. They asked me if I was sick and were evidently vexed at me because I looked at them but did not answer their questions. One man amused me so that I felt like laughing by asking me if I was posing for a statue. I heard every word the officer spoke, heard him tell one of the bystanders that he was going to call the patrol wagon to take me to the station and waited patiently for it to come. A thousand thoughts passed through my mind every second while I was being taken to the station. I wondered one moment if I was dead and the next assured myself that such could not possibly be the case. The officers at the station shook me and gave their various opinions as to what ailed me, but still I felt myself in bondage. I listened to the doctor's suggestions at my brother's house and felt greatly relieved when he assured my relatives that I was alive but apparently in some sort of a trance, the nature of which he could not determine. I sat in the chair at my brother's house and wondered what was going to become of me when all of a sudden I felt a suffocating feeling coming over me, and the next instant found that I could use my muscles again. I was so overjoyed at the discovery that I guess I horrified my relatives by dancing about the room like a crazy man. I feel all right now, but I wouldn't go through another experience like that for a good deal."

Mr. Reeves was in good spirits last evening and says he feels as well as ever, except that he feels weak. He says that he could see and hear perfectly all the time, but experienced a sensation of pain in his head.

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

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WEIGHT, 153 lbs. NUTRITION, Fair

Coatings, grayish on Dorsum Promptness Movement, somewhat sluggish

Size, normal

Accommodation, normal

Tongue, Yes

General, none

EXAM. URINE,

Proposed Treatment

Nothing seems particularly indicated & apt just now to deviate from previous treatment with Pil. Aloes, strych & 20 drops dilute nitro-muriatic acid, before meals.

TAKEN,

Kept

Clean,	Careless,
Constipated,	Irregular,
Medium,	Poor,
Poor,	Irregular,
Resp.,	Temp.,

ONSET GRADUAL OR SUDDEN,

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

Personal and Medical History of Frederick W. Reeves

LIBERT, PUGLAS & GUMBERS, DAVENPORT, IOWA.

Whole No. 3863.

Residence, 217 – Pleasant Ave. St. Paul

Date Admission, 8th October 1894.

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

How Sent, Jno. D. Olivier Jof P. Ramsey County

Sex, Male

Age, 28

Civil Condition, Single

Children, none

Age Youngest Child,

Occupation, Student

Degree Education, Good

Profession Religion, Is a church member

Habits, Good

Nativity, Wisconsin

Physicians Committing, Gottfried Stamm & A. Shimonek

Correspondents, Brother A. H. Reeves, St. Paul. Minn
C. D. Reeves, Glenwood, Minn

No. for Year, 62

Insane Relatives, Paternal grandfather – Mother's side

Cause Exciting, Inventing of machinery

Cause Predisposing, Heredity –

Form, Dementia primary.

Accompanying Bodily Disorder, Gastric disturbance

Suicidal or Not, – not –

Date of this Attack, Two weeks ago

Duration, Two weeks

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, – 28 –

Time of Leaving, Oct. 10' 94

Time in Hospital, 6 wks 2 ds

Result, Rec.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ed by Dr. Herzog, 10/11/94.

MENTAL ACTIVITY:

~~Clear or Confused~~, fairly clear

~~Quick or~~ Sluggish, Yes

MEMORY:

Past Events, Good

Recent Events, Good

Special Subjects, Does not remember much since attack of last week

PERCEPTIVITY:

~~Alert or~~ Dull, somewhat

Correct ~~or Illusive~~, in the main

REASONING POWER:

Ordinary Subjects, Seems good, but somewhat slow

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized ~~or Not~~, Yes

Special Subjects, none

Transitory ~~or Not~~, Yes

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

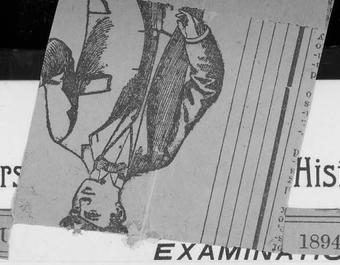
Coherent ~~or Incoherent~~,

~~Voluble~~ or Reticent, somewhat

GENERAL DESCRIPTIVE REMARKS:

Patient has some Constipation with a fermentative Dyspepsia. He seems intelligent & is tidy & cleanly in his habits but is somewhat slow in his mental processes. He speaks freely of having written a book just before coming here but says they were nonsensical. During the night he took his mattress from the bed & placed it on the floor, claiming that an electric current was passing through the bed. In the morning he referred to his action as nonsensical, but later, his confidence being gained, he acknowledged that he believed so, at the time, & spoke of the wire mattress & iron bedstead as lending semblance to the belief, but he says he knows that is impossible as he experienced the same sensation, while lying on the floor. His behavior at other times since admission, has been eccentric.

Personal and Medical History of Frederick W. Reeves



SAINT PAUL

1894.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10in WEIGHT, 153 pds. NUTRITION, Fair

WOUNDS OR ABNORMALITIES, See "S. R." on next page.

TONGUE, Tremors, Slight Coatings, Yellowish or Brownish Promptness Movement, Somewhat sluggish

PUPILS, Equality, Yes Size, Normal

Response Light, normal Accommodation, normal

SIGHT, Seems good

HEARING, Seems good

COORDINATION, Arms, Fair; fingers & nose, eyes shut, some uncertainty

Legs, Fair; stands on foot, fairly well; standing, eyes shut, sways very slightly; running quietly, good.

TREMORS, Hands, very slight Tongue, Yes

Facial Muscles, No General, None

REFLEXES, Patellar, ? equal

Other

ARTICULATION,

Slurred,

Hesitating, Somewhat

FACIAL EXPRESSION,

Slightly dull & depressed

SENSIBILITY,

HEART, Seems good

LUNGS, Seem good

TAKEN,

~~EXAM. URINE~~,

Proposed Treatment

Nothing seems particularly indicated except correction of constipation & dyspepsia & tonic with Pil. Aloes & Strych. & Acid Phos. dil. Drops dilute nitro-muriatic acid, before meals.

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Frederick W. Reeves.

1894

This patient was brought here by Deputy Sheriff M. N. Goes + accompanied by his brothers I. H. Reeves + C. D. Reeves, with the following history of case. He is a student. Habits + morals good. There is quite strong history of heredity; his great-grandmother, on mother's side and grandfather on father's side having been insane. Supposed cause of this attack is inventing of machinery; form of attack is acute; accompanying bodily disorder, gastric disturbance. First symptoms of disease were manifested two weeks ago; imagining that his machine was the grandest ever made and that he was offered $100.000 for it. This is the 1st attack. Insanity now manifested in the subject of machinery. Patient is neither disposed to injure others, nor suicidal, nor filthy, nor destructive. Previously was inclined religiously, much more than usual. There is no history of any severe bodily disease etc or injury to head. He has not been restrained or confined, nor under medical treatment. He has always been an unusual individual in the way of wanting to be alone; rather de- -sponsent and constantly working and talking wheels.

Oct 8 — On admission, was put to bed (S.R. Complexion light; hair brown; eyes brown; Condition of skin good; no marks, scars or bruises noticed; bodily condition clean. Behavior good). When put to bed was in a very nervous + excited condition. Was put to bed. Pulse 80. R 24 T 99. 4. Oct 9/94 Slept but 5 hours last night; was out of bed + slept on floor, most of the night. Says his bowels are costive; has given lavature. Patient eats very well. Is quite nervous to-day. Oct 10/94. Slept out of bed + stay on floor, most of the night. Slept only 1 hour; was restless about 7 hours. Am. Bath + dressed, but stays in his room, most of the time. Appetite good but bowels not very regular. Oct 11/94. Slept only 2 hours; was restless 6 hours, last night — seems very nervous + restless, to-day. Oct 12/94. 730 last night, was given sleeping dose. Slept 4 hours, was restless + hours, during the night. Has been up, on ward, all day. Appetite good; bowels regular; he is on medicines, 3 times a-day. Is very restless, most all the time. Oct 13/94. Was up from his bed, and out on the hall frequently, during the night. Restless 9 hours + slept but 1 hour. Is some quieter, to-day. Talks to himself, during the night. Eats very well. Bowels regular. Oct 14/94. Very restless + disturbed + slept only 2 hours, last night. 10 Am. Given a hot bath (T 107°) with cold applications to head. 730 Pm. This was repeated. Bath seemed to have a quieting effect on his nerves.

Oct 15/94. Went on the hall, about midnight; asked for a sleeping-dose. Slept only 4 hours. Was given a similar bath + applications (at 10 Am and 730 Pm, to-day); T 108°. Effects as before. —

Oct 16/94. Passed a fairly quiet night; slept 8 hours; bowels moved, during the night. Baths etc are given, twice daily. Took 2 long walks to-day; (one in forenoon + one in afternoon). Seemed much quieter + less nervous, toward bed-time. Oct 17/94. Restless; up + about during night; slept but 3 hours. Is not so nervous; and less restless since bath treatment commenced + since taking his long walks. —

Oct 18/94. Again, passed a restless night; up out of bed + about + hours + slept only 3 hours. Bowels fairly regular; appetite good. Oct 19/94. Stays in bed, nearly all night. Complains, to-day, of bowels being constipated. Was given Hunyadi water 7 iv. Oct 20/94. Passed a very restless night; sitting up in bed. Took a 3 mile walk to-day. Ate very well, but bowels are not very regular. Takes medicine 3 times, daily —

Oct 21/94. Passed a very restless night. 10 Pm. Was given sleeping dose. Was out + pacing, part of the time; + part of time, lying on floor. Walked about 3 miles during the day. Oct 22/94. Slept 4 hours, last night. Walked about 2½ miles to-day. Oct 23/94. These baths + applications have been continued twice, daily; T of water has now reached 112. Yet patient has been more restless + nervous, the

Personal and Medical History of Frederick W. Reeves

1894 (cont'd)

Oct 25 — past few days, and baths etc seem to have a less quieting effect. Ate + sats very well; Bowels fairly regular.

" 24 — Oct 24/94. Slept + rested poorly, last night. Given a walk of about 4 miles during the day. Oct 25/94. He [illegible] much disturbed last night + slept only about 4 hours. Again took his regular daily walk. —

" 26/94. Baths are continued, daily (T 110°). He takes medicine 3 times a day, but seems to be under the impression that this medicine has a bad effect on his stomach. Takes his 3 mile walk, daily.

" 27 — Oct 27/94. Baths seem to have lost a good deal of their effect, though they are continued twice, daily.

" 28/29 — Oct 28/94. Has been quite restless, to-day. Oct 29/94. During past + night, patient has been more quiet + restful at night; and has been sleeping about 7 hours at each. Baths + applications have been continued (twice daily). T of water 112°. Has been less restless the past few days. Appetite good; bowels regular. Takes his regular 3 or 4 mile walks daily. Habits are neat + clean.

Nov 7 — Nov 7/94. Patient is restful + usually sleeps 6 to 8 hours each night. Usual hot baths etc have been continued (T of water 112°); During the past few days, has been given a 2½ mile walk, daily. — Appetite is good; bowels fairly regular; Complains some of baths causing pain in stomach. He is quite nervous + restless; cannot sit still for any length of time; is very flighty, or whimsical. He lies in a lounge + sleeps during the day, at times. Nov 9/94. Usual baths given; Effects less noticeable now, than when baths commenced: they have a less quieting + lasting effect. Appetite is very good; bowels regular. Patient is quite forgetful + absent-minded. Goes walking about 4 miles, daily.

" 10 — Nov 10/94. Usual baths continued; he now complains of being weak + exhausted after these baths. —

" 11/94 — Nov 11/94. These baths were discontinued, to-day. Patient goes out walking, to-day. Nov 12/94. Was visited by his brother at 2 Pm, to-day. Nov 14/94. He seems much better of late; is less nervous + restless;

" 14 — appetite very good; bowels regular. Nov 15/94. Has continued restful + has been sleeping all of each night.

" 16 — Nov 22/94. Behaves well; is quiet; reads considerably + plays games. Worries considerably about going home.

" 22/30 — Nov 23/94. Restless to-day; talks considerably of going home. Nov 30/94. Sleeps well, each night. He seems to have improved considerably, during the month. Is fairly quiet + well-behaved. Works some on the ward. Is quite absent-minded; and worries considerably about going home. (See attached record).

Dec 1/94 — Dec 1/94. Wt 163 pounds. (Has been gaining some in flesh). Dec 19/94. Sleeps better; less nervous + restless by day; brighter + takes more interest in his surroundings. Was transferred to N. E., to-day. —

" 24/94 — Dec 24/94. Visited by his brother. Dec 29/94. Appetite very good. Behaves well. Complains of bowels being constipated, and of pains through the small of back. Works in dining-room. Habits are neat + clean.

1895 Jan 3 — Jan 3/95. Wt 163 pds. Pulse 60. Jan 31/95. Appetite good; bowels regular; quiet + well-behaved. Is a little nervous; talks sensibly + quite clearly, still yawns peculiarly when talking. Seems rather absent-minded + indifferent. Spends some of his time in playing cards. Works in the dining-room —

Feb 1/28 — Feb 1/95. Wt 166½ pds. Pulse 88. Feb 28/95. Appetite good; bowels regular. Behaves well; talks freely + sensibly. Does some work on ward. Corresponds with mother + brother quite frequently. Makes no complaints. Attends patients' Dances + card parties etc participating in them + seems to enjoy himself very much.

Mar 1/31 — March 1/95. Wt 168 pds. Pulse 72. March 31/95. No change to note during the month —

Apl 1 — Apl 1/95. Wt 172 " " 80. (Dr's note. No pain complained of to-day. He seems recovered, except for

" 10 — slight impairment symmetrical). Apl 10/95. Brother wrote asking him to be sent home on trial: and he was allowed to go leave, this morning.

Discharged

Personal and Medical History of Ole Hanson Sather

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3868.
Residence, Cannon City, Rice County, Minn
Date Admission, 11th October 1894.
Admitted by, D. Phelps. Hour, 7 P.M.
How Sent, A. G. Mott Jof C, Rice County
Sex, Male
Age, 65.
Civil Condition, Married -
Children, - Eight -
Age Youngest Child,
Occupation, Farmer
Degree Education, Fair
Profession Religion, Yes. Lutheran
Habits, Good; is a great Smoker
Nativity, Norway
Physicians Committing, G. W. Wood and R. N. Jackson
Correspondents, none given in papers -

No. for Year, 67.
Insane Relatives, Brother, Daughter & niece)
Cause Exciting, probably Sunstroke
Cause Predisposing, Heredity -
Form, Mania chronic
Accompanying Bodily Disorder, Rheumatism
Suicidal or Not, Suicidal -
Date of this Attack, about 10 years ago
Duration, Some 10 years, off & on
No. of Attack, 1st (probably Continuous)
No. of Admissions, 2nd
Age First Attack, about 56 or 54.
Time of Leaving, DEC. 10th '94
Time in Hospital, 1 mo. 29 ds.
Result, Recovered

Ed by Dr Herzog. 10/23/94

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear ~~or Confused~~, slightly
Quick ~~or Sluggish~~, fairly

MEMORY:
Past Events, } Slight impairment
Recent Events, }
Special Subjects, }

PERCEPTIVITY:
~~Alert or~~ Dull, somewhat
Correct ~~or Illusive~~, in the main

REASONING POWER:
Ordinary Subjects, } Seems fair
Own Mental State, }
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, alternating with depression
Depressed,

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, } None brought out
HALLUCINATIONS:
ILLUSIONS:

CONVERSATION:
Coherent ~~or Incoherent~~, fairly
Voluble or ~~Reticent~~, quite

GENERAL DESCRIPTIVE REMARKS:
Patient is quite Emotional & will become quite agitated & weep, with slight cause & the next instant be Emotionally Exalted. He answers questions fairly well, but, if left to himself, talks in a somewhat rambling manner. He is somewhat irascible & also obstinate. His arteries are atheromatous. Case presents a picture of Chronic Mania with Senile Changes.

Personal and Medical History of Ole Hanson Sather

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 137 pds NUTRITION, fair, for old a man.
WOUNDS OR ABNORMALITIES, see "D. R.", ansext pag E.
TONGUE, Tremors, Some Coatings, slight grayish Promptness Movement, fairly
PUPILS, Equality, Yes Size, normal
Response Light, normal Accommodation, normal
SIGHT, has been presbyopic, for some years
HEARING, Seems fair
COORDINATION, Arms, slight impairment; finger to nose, eyes shut, some uncertainty.
Legs, very slight impairment: standing a foot, fairly good; standing, eyes shut, sway slightly
TREMORS, Hands, slight Tongue, some
Facial Muscles, none General, none
REFLEXES, Patellar, 5: Equal
Other
ARTICULATION,
Slurred, } slightly; Scandinavian
Hesitating, } dialect
FACIAL EXPRESSION,
mobile
SENSIBILITY,
HEART, soft, short murmur at apex, 1st sound: 2d pulmonic sound
Karp. —
LUNGS, seem good

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Kept Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Read	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 Ole Hanson Satter

1894

This patient was brought here by Deputy Sheriff Charles N. Stewart, with the following history of his case. Uses tobacco somewhat to excess. There is history of heredity; insane relations are a brother, a daughter & a niece. Was stricken, four years ago, by paresis cause of the attack, — which is probably 1st, continuous. Form of attack is chronic; accompanying bodily disorder is rheumatism. First symptoms of disease were manifested some 10 years ago. Insanity now shown by mental vagaries. Thinks himself U.S. President, or Governor; wants to make unreasonable purchases. Patient is not disposed to injure others, but has attempted suicide. Is not filthy or destructive in habits. Previously, showed a religious mania. There is no history of any bodily disease or injury to head. He has now, to be constantly watched. He has had some medical treatment by Drs Rose and Wood, but particulars are not given regarding same.

Note. Patient was here before. From June 23/93 to July 27/93. For some time after coming, was very restless, at night; sleeping poorly; also noisy & destructive; "always wanting to have a smoke and to go home". During 3d week, he became more quiet; slept well; talked rationally and seemed to realize his condition. He kept on improving; was quite rational, though somewhat feeble-minded. Was fairly recovered from the attack when taken home by relatives (See Vol 23 p 297 No 3389)

Oct 11 On admission, was put on B 2 (S.K. Complexion dark; hair dark gray; eyes gray; Condition of skin good; has some marks on right leg, and scars on left knee. No eruptions noticed. Bodily Condition dirty. His right ear is split, at lobe. Behavior is good). Oct 12/94. Slept but 6 hours, was restless 2 hours, last night. A.M. Pulse 74. R 19. T @ 98.8. Appetite good; says "his bowels are all right"; no cough noticed. Is restless & excited today; talks most of the time; no particular delusions noticed. Makes no complaints.

" 13 P.M. Pulse 72. R 20. T @ 98.8. Oct 13/94. Restless for 3 hours, sleeping but 2 hours, last night — A.M. " 72 " 20 " 98. Appetite Keeps good. Again, restless & excitable, today. Talks considerably and wanders from one subject to another. P.M. Pulse 72. R 20. T @ 99. Oct 14/94. Again, passed a poor

" 14 night; sleeping only 5 hours, restless 3 hours or so. A.M. Pulse 72. R 18. T @ 98.6. More quiet today. Makes no complaints. Appetite good; bowels free. P.M. Pulse 74. R 20. T @ 98.8.

" 15 Oct 15/94. Slept poorly last night. A.M. Pulse 74. Is quietly behaved; talks quite freely & sensibly; makes no complaints. Reads some; goes out walking. Was kicked today, unkg. by patient (S.K. Staffpo).

" 16 Oct 16/94. Slept only 5 hours last night; restless about 3 hours; A.M. Pulse 72. Appetite good. Is quiet.

" 17 Talks some; makes no complaints. Oct 17/94. Restless 2 hours, but slept 6 hours, last night. A.M. P. 70

" 18 Is somewhat excited, at times. Does not complain any. Oct 18/94. A.M. Pulse 74. Excited, at times, and noisy, today; talks very loud. Appetite Keeps good. He makes no complaints. Goes walking, daily.

" 19/20 Oct 19/94. A.M. Pulse 72. Is generally quiet; shows delusions. Oct 20/94. A.M. Pulse 74. Grows quite excited, at times, but, generally, is quiet. Appetite keeps good; reads some; goes walking.

" 21 Oct 21/94. A.M. Pulse 76. Is talking loudly & boisterously, today. Oct 22/94. Quite noisy and

" 22/23 excited, at times. Pulse 78. Oct 23/94. Nervous & was crying, for a time, today. Talks loudly

" 24 and is boisterous. Pulse 78. Oct 24/94. Behavior good today & he talks more sensibly. P. 76.

" 25 Oct 25/94. A.M. Pulse 76. Is quiet today & talks quite sensibly. Makes no complaints. Leg is quite swollen & black (from kick received on 15th inst). Summary. Patient has been resting & sleeping poorly at night, almost since admission — being restless 2 to 3 hours & only sleeping 5 or 6 hours, at each. On admission, he was restless & excited; bothered the other

Personal and Medical History of Ole Hanson Satter

Oct 25 patients considerably; during the past week, however, he has grown more quiet & better behaved. Appetite has been good; bowels regular & he is in quite good physical condition. Manifested Delusions; was exalted; imagined he had lots of money &c. Still holds to these delusions, but has been more quiet in regard to them, the past 3 or 4 days. (On Exam 10/23 noted. The Isolation & regularity of diet seem to suit him very well. A tonic of some kind might do good).

" 31 Oct 31/94. Quietly behaved now. Talks freely. Some improved mentally. No complaints. Does no work.

Nov 2/94 Nov 2/94. Wt 142 lbs (has made some gain in flesh, since coming) — Pulse 78 — Nov 15/94. Continues much more quiet & has been well behaved for some time. Has not expressed his delusions

" 30 so often, of late — Nov 30/94. Was visited by friends, today — Behaves well — Appetite good; bowels regular — Talks quite freely; does not express his delusions — Makes no complaints. Is walking.

Dec 1/94 Dec 1/94. Keeps in good flesh & physical condition — Dec 5/94. Patient has so far improved, that he

" 8 was, today, transferred to H. Dec 8/94. Keeps about the same. Moved to B 1, today —

" 10 Dec 10/94. Patient has been quiet & well — behaved while in this (B 1) ward. Has talked quite freely & pleasantly — Has had no "spells" — Has been somewhat anxious to return home — Was visited by a relative today & allowed to go home with him, on trial —

29/21

CLINICAL REPORT.

Patient's Name Halvar Olsen Case Number 3904 Record Commences January 22

DATE.							
Jan. 24							Patient received on ward B 1 at 6 P.M. from B 2 P.M. Eats poorly. Night slept 2 hours
" 25	72	20	98.8	80	20	90.2	Appetite fair bowels regular
" 26	72	28	98.8	60			Night slept 6 hours
" 27	80			84			Patient very quiet and rather melancholy. Speaks to no one
							Sleeps well at night
" 28	84			72			Given shower bath commencing with a temp. of 110° and running gradually down to 85° followed by [illegible] well [illegible]

Personal and Medical History of Ole Hanson Sather

1894

This patient was brought here by Deputy Sheriff Charles N. Stewart, with the following history of his case. Uses tobacco somewhat to excess. There is history of hereditary insane relations on a brothr, a daughter & a niece. Insult to, some years ago, supposed cause of the attack, - which is probably 1st, continuous. Form of attack is chronic; accompanying bodily disorder is rheumatism. First symptoms of disease were manifested some 10 years ago. Insanity now shown by mental vagaries. Thinks himself U.S. President, or Governor; wants to make unreasonable purchases. Patient is not disposed to injure others, but has attempted suicide. Is not filthy or destructive in habits. Previously, showed a religious mania. There is no history of any bodily disease &c or injury to head. He has now to be constantly watched. He has had some medical treatment by Drs Rose and Wood, but particulars are not given regarding same.

Note. Patient was here before, from June 23/93 to July 27/93. For sometime after coming, was very restless, at night; sleeping poorly; also noisy & destructive; "always wanting to have a smoke and to go home". During 3d week, he became more quiet; slept well; talked rationally and seemed to realize his condition. He kept on improving; was quite rational, though somewhat feeble-minded. Was fairly recovered from the attack when taken home by relatives (See Vol 23 / p 297 / no 3389)

Oct 11 On admission, was sent to Br (S.K. Complexion dark; hair dark gray; eyes gray; Condition of teeth good; has some marks on right leg, and scars on left knee. No eruptions noticed. Bodily Condition dirty. His right ear is split, at lobe. Behavior is good). Oct 12/94. Slept but 6 hours, was restless 2 hours, last night. A.M. Pulse 76. R 19. T (o) 98.8. Appetite good; says his bowels are all right; no cough noticed. Is restless & excited today; talks most of the time; no particular delusions noticed. Makes no complaints.

" 13 P.M. Pulse 72. R 20. T (o) 98.8. Oct 13/94. Restless for 3 hours, sleeping but 2 hours, last night — A.M. " 72 " 20 " 98. Appetite Keeps good. Again restless excitable, today. Talks considerably and wanders from one subject to another. P.M. Pulse 72 R 20 T (o) 99. Oct 14/94. Again passed a poor night; sleeping only 5 hours, restless 3 hours or so. A.M. Pulse 72 R 18 T (o) 98.6. More quiet today. Makes no complaints - Appetite good; bowels free. P.M. Pulse 74 R 20 T (o) 98.8.

" 15 Oct 15/94. Slept poorly last night. A.M. Pulse 74. Is quietly behaved; talks quite freely & sensibly; makes no complaints. Reads some; goes out walking - Was kicked today, unkg. by patient (S.K. Stafford).

" 16 Oct 16/94. Slept only 2 hours last night; restless about 3 hours; A.M. Pulse 72 - Appetite good. Is quiet.

" 17 Talks some; makes no complaints. Oct 17/94. Restless 2 hours, but slept 6 hours, last night. A.M. P. 70

" 18 Is somewhat excited at times. Does not complain any. Oct 18/94. A.M. Pulse 74. Excited, at times, and noisy today; talks very loud. Appetite Keeps good. He makes no complaints. Goes walking, daily.

" 19/20 Oct 19/94. A.M. Pulse 72. Is generally quiet; shows delusions. Oct 20/94. A.M. Pulse 74. Grows quite excited, at times, but, generally, is quiet. Appetite keeps good: reads some; goes walking.

" 21/22 Oct 21/94. A.M. Pulse 76. Is talking loudly & boisterously, today. Oct 22/94. Quite noisy and excited, at times. Pulse 78. Oct 23/94. Is nervous & was crying, for a time, today. Talks loudly and is boisterous. Pulse 78. Oct 24/94. Behaves good today & he talks more sensibly. P. 76.

" 25 Oct 25/94. A.M. Pulse 76. Is quiet today & talks quite sensibly. Makes no complaints. Leg is quite swollen & black (from kick received on 15th Inst). Summary. Patient has been resting & sleeping poorly at night, almost since admission - being restless 2 to 3 hours & only sleeping 3 or 4 hours, at each. On admission, he was restless excited; but there the other

Personal and Medical History of Ole Hanson Sather

1894

Oct 25 patients considerably; during the past week, however, he has grown more quiet & better behaved. Appetite has been good; bowels regular & he is in quite good physical condition. Manifested delusions; was exalted; imagined he had lots of money &c. Still holds to these delusions, but has been more quiet in regard to them, the past 3 or 4 days. (On exam 10/23 noted. The isolation & regularity of diet seem to suit him very well. A tonic of some sort might do good).

" 31 Oct 31/94. Quietly behaved now. Talks freely. Some improved mentally. No complaints. Does no work.

Nov 7/94 Nov 7/94. Wt 142 lbs (has made some gain in flesh, since coming) - Pulse 78 - Nov 15/94 Continues much more quiet & has been well behaved for some time - Has not expressed his delusions so often, of late - Nov 30/94. Was visited by friends, today - Behaves well - Appetite good; bowels regular - Talks quite freely; does not express his delusions - Makes no complaints - Goes walking -

Dec 1/94 Dec 1/94 Keeps in good flesh & physical condition - Dec 5/94 Patient has so far improved, that he

" 8 was, today, transferred to H. - Dec 8/94. Keeps about the same. Moved to B. today -

" 10 Dec 10/94. Patient has been quiet & well - behaved while at this (B.) ward. Has talked quite freely & pleasantly - Has had no "Spells" - Has been somewhat anxious to return home - Was visited by a relative today & allowed to go home with him, on trial -

14 miles west of Winona over this way to Rushford, this house. He was taken to the jail at Winona and a physician summoned. The feet were found thoroughly frozen and he was removed the morning of the 5th to the hospital at Winona. Dr. D. B. Pritchard of Winona attending the case.

Temp A.M. 1 6th 103°. Att. Dunhardt was sent to Winona Feb. 6th but did not wish to take the responsibility of moving him. Feb. 6th 4 p.m. temp. 102.8°. 12 p.m. Temp. 104.4° pulse 116 resp 28.

Feb. 7th Asst physician Herzog went to Winona to see him & found him with pneumonia, lower right lobe consolidated. Temp 112° pulse 110 Resp. 28. Feet badly frozen. patient in critical condition. Deemed dangerous to move him. Patient died Feb. 11th of lobar pneumonia following exposure. The remains were taken to Rushford by relatives at the expense of the hospital.

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ford, his
t were
at Winona.
Attendant
sibility
6, Resp 28.
Pneumonia,
patient
of lobar
vis at

Personal and Medical History of Ole Hanson Satter

This patient was brought here by Deputy Sheriff Charles M. Stewart, with the following history of his case. Uses tobacco somewhat to excess. There is history of heredity; nuisance relations are a brother, a daughter + a niece. Insanity broke, Lond Years ago, supposed cause of the attack, which is probably 1st, Continuous. Form of attack is chronic; accompanying bodily disorder is rheumatism. First symptoms of disease were manifested some 10 years ago. Insanity now shown by [illegible] is not dirty [illegible] Note. [illegible] was ve[illegible] smoke[illegible] been [illegible]

Oct 11 [illegible]

" 14 [illegible]

" 15 Oct 15/94. Slept poorly [illegible] makes no complaints.

" 16 Oct 16/94. Slept only 5 hours last night.

" 17 Talks some; makes no complaints.

" 18 Is somewhat excited, at times, and noisy today; talks very loud. Appetite Keeps good.

" 19/20 Oct 19/94. AM. Pulse 92. Is generally quiet; shows delusions; is quite excited, at times, but generally, is quiet. Appetite keep[illegible]

" 21 Oct 21/94. AM. Pulse 76. Is talking loudly & boisterously, today.

" 23 Excited, at times. Pulse 78. Oct 23/94. Nervous & was crying for a time, today. Talks loudly

" 24 and is boisterous. Pulse 78. Oct 24/94. Behavior good today & he talks more sensibly. Pulse 76.

" 25 Oct 25/94. AM. Pulse 78. Is quiet today & talks quite sensibly. Makes no complaints. Leg is quite swollen & black (from kick received on 15th Inst). Summary. Patient has been resting & sleeping finely at night, almost since admission - being restless 2 to 3 hours & only sleeping 5 or 6 hours, at each. On admission, he was restless & excited; bothered the other

Personal and Medical History of Ole Hanson Satter

Oct 25/94 patients considerably; during the past week, however, he has grown more quiet & better behaved. Appetite has been good; bowels regular & he is in quite good physical condition. Manifested delusions; was exalted; imagined he had lots of money &. Still holds to these delusions, but has been more quiet in regard to them, the past 3 or 4 days. (On Exam 123, noted. The Isolation & regularity of diet seem to suit him very well. A tonic of wine & iron might do good).

" 31 Oct 31/94. Quietly behaved now. Talks freely. Some improved mentally. No complaints. Does no work.

Nov 1/94 Nov 1/94. Wt 142 lbs (has made some gain in flesh, since coming) - Pulse 78 - Nov 15/94. Continues much more quiet & has been well - behaved for some time - Has not expressed his delusions so often, of late -

" 30 Nov 30/94. Was visited by friends, today - Behaves well - Appetite good; bowels regular - Talks quite freely; does not express his delusions - Makes no complaints - Does walking -

Dec 1/94 Dec 1/94. Keeps in good flesh & physical condition - Dec 5/94. Patient has to all appearances improved, that he was, today, transferred to A1 -

" 6 Dec 6/94. Keeps about the same. Moved to B1, today -

" 10 Dec 10/94. Patient has been quiet & well - behaved while in this (B1) ward. It has talked quite freely & pleasantly - Has had no "Spells" - Has been somewhat anxious to return home - Was visited by a relative today & allowed to go home with him, on trial -

- Discharged Feb 6th '95 -

From 123. ## Halver Olson Orain

Evans. The relatives were notified but no trace of him was found, until Feby 4th when he was picked up, by some farmers, about 14 miles west of Winona, on his way to Rushford, his home - He was taken to the Jail, at Winona, & a physician summoned. The feet were found thoroughly frozen & he was removed, the morning of the 5th, to the Hospital at Winona. Dr D. B. Pritchard, of Winona, attending the case - Temp. Am of 5th 100°. Attendant Deinhardt was sent to Winona Feby 6th but did not wish to take the responsibility of moving him. Feby 6th 4 Pm, Temp. 102·8° - 12 PM, Temp. 104.4°; Pulse 116. Resp 28. Feby 7th Asst Physician Herzog went to Winona to see him & found him with Pneumonia, lower right lobe, consolidated. Temp. 102° Pulse 110. Resp 28. Feet badly frozen; patient in critical Condition; deemed dangerous to move him. Patient died Feby 11th of Lobar Pneumonia, following Exposure. Remains were taken to Rushford by relatives at the Expense of the Hospital. -

- Died -

Personal and Medical History of James R. Crofoot

LEIGHT, PIDLAR & DAMRELL, DAVENPORT, IOWA.

Whole No. 3812.
Residence, 711 Martin St. St Paul, Minn
Date Admission, 15th October 1894
Admitted by, Dr. Phelps Hour, 2:30 P.M.
How Sent, John B. Oliver, Jof P. Ramsey County
Sex, Male.
Age, - 53 -
Civil Condition, married
Children, - four -
Age Youngest Child,
Occupation, first a minister; lately a carpenter.
Degree Education, probably good
Profession Religion, Methodist (probably)
Habits, Good.
Nativity, New York.
Physicians Committing, Arthur Sweeney and A.B. Ancker
Correspondents, Catherine Crowfoot (wife) 711 Martin Street.

No. for Year, 71
Insane Relatives, Unknown.
Cause Exciting, Loss of a child, 7 years ago.
Cause Predisposing, Probably previous attack
Form, M
Accompanying Bo
Suicidal or Not,
Date of this Atta
Duration,
No. of Attack,
No. of Admission
Age First Attack
Time of Leaving,
Time in Hospital
Result, Re

Diagnosis of J R Crofoot
Specimen of handwriting
10/16/94

Early D.D. Verzoy Oct 16/94.

EXAMINATION ON ADM
MENTAL CHARACTERISTIC

MENTAL ACTIVITY:
Clear or Confused, clear
Quick or Sluggish, fairly quick
MEMORY:
Past Events,
Recent Events, } slightly impaired
Special Subjects, as to names and the "stealing"
PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects,
Own Mental State, } Good
Special Subjects,

EMOTIONAL
Normal, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, } None brought out during Examination.
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, normal

GENERAL DESCRIPTIVE REMARKS:
Describes "Dizzy Spells" during past 6 months, particularly on going down stairs. He talks freely about "the stealing" & states that he only took food & that under the idea that the family was starving. He states that he was in the habit of retiring Early & arising Early so that this leaving the house excited no comment. He states that since the death of his child 7 years ago he has not been quite himself; depressed and with a capricious appetite & some sleeplessness.

Personal and Medical History of James R. Crofoot

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9¼ WEIGHT, 133 lbs NUTRITION, Somewhat anaemic - Gums slight puffiness under eyes -
WOUNDS OR ABNORMALITIES, See "S.K." on next page - slight tendency to atheromatous arteries -
TONGUE, Tremors, slightly tremulous Coatings, somewhat heavily coated Promptness Movement, fairly prompt.
PUPILS, Equality, left somewhat dilated Size, right of normal size.
Response Light, both respond normally Accommodation, both respond very sluggishly -
SIGHT, somewhat myopic & presbyopic - failure began rather suddenly 15 years ago.
HEARING, Reckon impaired; particularly of left side, for 22 years. -
COORDINATION, Arms, slight impairment; finger to nose, eyes shut, some uncertainty
Legs, slight impairment; standing at foot slight difficulty; walking backward fairly good. Stationary Expectant, Zeiges impaying, tandem quickly, Walk same difficulty -
TREMORS, Hands, not marked. Tongue, slight
Facial Muscles, very slight General, -no-
REFLEXES, Patellar, Equal - EXAM. URINE,
Other sluggish
ARTICULATION,
Slurred, } not noticeably
Hesitating, }
FACIAL EXPRESSION, appears intelligent
SENSIBILITY,
HEART, nothing special
LUNGS, " "

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") } no history obtainable
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of James R. Crofoot

LABERT, FIDLAR & SCAMBLER, DAVENPORT, IOWA.

Whole No. 3812.
Residence, 711 Martin St. St. Paul, Minn.
Date Admission, 15th October 1896.
Admitted by, Dr. Phelps Hour, 2:30 P.M.
How Sent, John B. Oliver, Jo. Co. Ramsey County
Sex, Male.
Age, - 53 -
Civil Condition, married
Children, - four -
Age Youngest Child,
Occupation, first a minister; lately a carpenter.
Degree Education, probably good
Profession Religion, Methodist (probably)
Habits, Good.
Nativity, New York.
Physicians Committing, Arthur Sweeney & A.B. Ancker
Correspondents, Catherine Crowfoot (wife) 711 Martin Street.

No. for Year, 71.
Insane Relatives, Unknown.
Cause Exciting, Loss of a child, 7 years ago.
Cause Predisposing, probably previous attack
Form, Melancholia chronic
Accompanying Bodily Disorder, none
Suicidal or Not, has a habit of pounding head against wall
Date of this Attack, about 18 months ago
Duration, some 18 months -
No. of Attack, 2nd probably 1st
No. of Admissions,
Age First Attack, about 46.
Time of Leaving, June 21 96.
Time in Hospital, 1 yr. 8 mo. 6 das.
Result, Recov. Disc. July 30'96

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Examined Dr. Herzog Oct 16/96

MENTAL ACTIVITY:
Clear or Confused, clear
Quick or Sluggish, fairly quick

MEMORY:
Past Events, } slightly impaired
Recent Events, }
Special Subjects, astronomies and the "Stealing"

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

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

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

DELUSIONS:
Systematized or Not, } None brought out during Examination.
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS:
ILLUSIONS:

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

GENERAL DESCRIPTIVE REMARKS:
Describes "Dizzy Spells" during past 6 months, particularly on going down stairs. He talks freely about "the stealing" & states that he only took food that was given him that the family was starving. He states that he was in the habit of retiring early & rising early so that his leaving the house excited no comment. He states that since the death of his child 7 years ago he has not been quite himself; depressed and with a capricious appetite & some sleeplessness.

Personal and Medical History of James R. Crofoot

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 133 lbs NUTRITION, Somewhat anaemic - have slight puffiness under eyes -

...IES, See "S.R." next page - slight tendency to atheromatous arteries -
...tenculous Coatings, somewhat heavily coated Promptness Movement, fairly prompt.
...what dilated Size, right of normal size.
...ond normally Accommodation, both respond very sluggishly -
...ic - failure began rather suddenly 15 years ago.
...particularly of left side, for 22 years. -
...inent; finger to nose, eyes shut, some uncertainty
...rument; standing at first slight difficulty, walking backward fairly good - ...shut, slight swaying, turns quickly, Romberg slight difficulty -

Tongue, slight
General, -

EXAM. URINE,

S...

HEART, nothing special

LUNGS, " "

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Record kept

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, } No history obtainable
Father or Pat. Relations, }
Brothers or Sisters, }

Personal and Medical History of James R. Crofoot

1894

This patient was brought here by Deputy Sheriff Kinney, with following history. He has been a methodist minister; lately a carpenter. If any heredity, unknown. Supposed cause of this attack is loss of a child, 7 years ago. Form of attack is Chronic, depressed. There is no accompanying bodily disorder. Eighteen months ago, he began to steal food from ice-chests & hiding it in boxes in the cellar, where it would spoil. He believes his family were in danger of starvation — 7 years ago, he was much affected by the loss of his son, but no actual insanity was noticed, though his disposition has gradually changed since. Insanity now manifested by the belief that family is starving & that it is necessary to steal food, for their sustenance. Patient is not disposed to injure others. He suffers from headache, which, he thinks, can be relieved by pounding his head against the wall. Is not filthy or destructive in habits. Is very quick-tempered. He has not been subject to any bodily disease &c, nor has he received any head injury. Was arrested several times for theft & has served a term at the workhouse. Has not been under treatment.

Oct 15 On admission, was put on B. C. R. Complexion light; hair gray; eyes gray; Condition of skin good; no marks scars or bruises noticed. Bodily Condition (clean; behavior good). P60. R18. T. 98 4/5

" 16 Oct 16/94. Slept 6 hours, restless a couple of hours last night. AM. Pulse 62. R 19. T. 98 4/5. Appetite generally good; bowels, as a rule, free; no cough observed. Talks freely & sensibly; no delusions noted. He makes no complaints. PM. Pulse 64. R 20. T. 98 5/5. Oct 16/94. Examined today. (See particulars). "Should prefer not to begin any treatment, beyond regulating the bowels, until after further observation. WH"

" 17 Oct 17/94. Slept better (7 hours) last night; restless only an hour or so. AM. Pulse 62. R 19. T. 98 5/5.

" 18 Behaves well; talks freely; reads; goes out walking. PM. Pulse 60. R 18. T. 98 5/5. Oct 18/94. P. 64

" 19 Oct 19/94. AM. Pulse 68. Oct 20/94. AM. Pulse 64. Oct 21/94. AM. Pulse 66. Appetite good; bowels free.

20/24 Oct 22/94. For the past 4 nights has been restless a couple of hours, but has slept about 6 hours, on each.

" 24 Behavior good; talked freely & sensibly; no delusions noted. Head sound. Goes walking. Makes no complaints.

" 24/29 Oct 24/94. Has continued about the same. Was today transferred to A'. Oct 29/94. Has been uniformly well-behaved on this hall. Talks freely & sensibly; no delusions have yet been noted. He reads most of the time. Goes walking. Works some in the ward. Habits neat. Health quite fair.

" 31 Oct 31/94. Visited by a friend from town (Rochester). Apparently rests & sleeps well. Uniformly quiet and well-behaved. Habits clean. Talks freely & sensibly. Seems happy & contented. Reads & writes some. —

Nov 1/30 Nov 1/94. Wt 133 pds. Pulse 66. Nov 30/94. Behavior good; talks freely & sensibly; no delusions noticed. Plays games; goes out "on parole". Has written & received a few letters. Dec 3/94. Wt 136½ pd. Pulse 70. —

Dec 3/94 " 31 Dec 31/94. About the same. Still has parole. Goes down town to service, some Sundays. Pleasant & agreeable.

1895 Jan 3/31 Jan 3/95. Wt 141½ (again of 8½ pounds since coming). Pulse 66. Jan 31/95. Continues quiet & well-behaved. Appetite is good. He is very pleasant & sociable. Reads a good deal; writes some. Is permitted to go down town quite freely, on his "parole". Very willing to assist with work on ward.

Feb 1 Feb 2/95. Wt 140 pds. Pulse 82.

" 28 Feb 28/95. Lives along quietly and contentedly here. Says "he does not care to go away before Spring". Always happy & contented. Enjoys his "parole". Reads a good deal; plays games &c. Works willingly.

Mar 2/28 Physical health seems quite good. March 2/95. Wt 142 pds. Pulse 82. Mar 18/95. Visited by Son.

" 31 Mar 31/95. About as last generally described. Talks freely & sensibly; neat & clean; quick & active in working about. For a time, after being visited by Son, seems to some measure depressed & left-to-himself. Says he had hallucinations but fought them off. Physical Condition seems good.

Personal and Medical History of James R. Crofoot

1895

Apl 1/30 Apl 1/95. Wt 140 pds. Pulse. Apl 30/95. Always quiet & well-behaved. Happy & contented here, but feels lonesome at times; is somewhat wearied when talked to about his people. Is a good and willing worker. Seems slightly affected, mentally. Still has "parole" which he much enjoys.

May 2/30 May 2/95. Wt 142 pds. Pulse 80. May 20/95. Went to Pyota, to visit a few days with some friends.

" 28/31 May 28/95. Returned from his visit. May 31/95. Behaves well: is gentlemanly in manner & appearance — Makes no complaints: talks freely & sensibly: judgment, however, seems poor. Habits clean: health good.

June 1/28 June 1/95. Wt 141 pds. Pulse 76. June 26/95. Visited a friend in the country, remaining to dinner.

" 27 Complains of a bad cold in the head. June 27/95. Has not been feeling well for some time past, but is improving now. June 30/95. Keeps about the same, all the time. Has a "limited parole".

July 1/16 July 1/95. Wt 138½ pds. Pulse 74. July 6/95. Has not been feeling well, for some days: Complains

" 31 of weakness & "faint spells". July 31/95. No special change. Quiet & well-behaved. Seems perfectly contented here: does not want to go home, as he fears he might be brought back in a worse condition than before". Works some on ward. Health is quite good for him.

Augst 1/31 Augst 1/95. Wt 133½ pds. Pulse 78. Augst 31/95. Went on visit with a friend in the country, remained

" 13/30 for dinner. Augst 30/95. Condition about the same, from month to month. Eats & sleeps well: behavior

Sep 14 good. Was allowed to go out into the country for a visit. Sept 14/95. Returned from visit.

" 30 Sept 30/95. Patient seems quite contented here. Does not want to go home, as he says "his people do not want him at home". Is a willing helper with work on the hall.

Oct 1/31 Oct 1/95. Wt 138 pds. Pulse 82. Oct 31/95. No Change noted. Quite contented to stay here.

Nov 2/30 Nov 1/95. Wt 139 " " 76. Nov 30/95. Quiet, well-behaved: seems quite contented here.

Dec 3/31 Dec 3/95. Wt 140½ " " 80 - Dec 31/95. Condition does not change any. Uniformly quiet & well-behaved: talks freely & sensibly. Does not care to go home, as he says "his people don't want him there": is very neat & clean in habits: a good worker on the hall. Takes a great deal of outdoor exercise, as he has a "parole". Claims he walk from 10 to 18 miles a day & that he can't sleep well unless he takes these long walks. Goes to church in town, quite regularly, on Sundays.

1896 Jan 1/15 Jan 1/96. Wt 138 pds: pulse 78. Jany 6/96. Keeps in about the same condition all the time. Goes to church in town, every Sunday. Jan 21/96. Went to St. Paul, for a

" 31 visit. Jan 31/96. Returned, & was again "put on A'". Physical health is quite good.

Feby 1 Feb 1/96. Wt 138½ pds. Pulse. March 1/96. Wt 142½ pds. Pulse. Apl 1/96. Wt 143 pds. Pulse. Apl 30/96. Patient's con-

Mar 2 dition does not change any, from month to month. Appetite good: bowels regular. Has a parole & goes regularly to church on Sundays: also, at other times. Behavior good. Talks freely & sensibly: reads a great deal, but uses somewhat poor judgment. Is willing to help with work on ward. Seems perfectly contented here & does not care to go home. (Has had his son visiting him, lately.)

Apl 1/30 May 1/96. Wt 146 pds. Pulse.

May 1/31 May 31/96. No change noticeable. Seems perfectly contented here & does not want to leave: has a "parole". Goes to town to church & at other times. Is in good physical health & seems quite rational.

June 1/17 June 1/96. Wt 141 pds. Pulse. June 10/96. No change to note. June 10/96. Has received news of the

" 27/30 serious illness of daughter & was requested to come home. June 21/96. Went home, this morning.

Discharged

Personal and Medical History of Gottlieb Sommerhalder

LEBERT, PUELAR & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 3874
Residence, Reeds Landing, Minn.
Date Admission, 17th October 1894.
Admitted by, Dr. Kielbourne Hour, 2 P.M.
How Sent, Malcolm Kennedy, Jof P. Wabasha County
Sex, Male —
Age, 27 Years
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Has none
Degree Education, Probably limited
Profession Religion, not a church member
Habits, Temperate, as far as can be ascertained.
Nativity, Reeds Landing, Minnesota
Physicians Committing, O. A. Low and J. B. Cole
Correspondents, Henry Sommerhalter
Reeds Landing, Minn

No. for Year, 73.
Insane Relatives, None; no history of heredity.
Cause Exciting, Supposed due from Masturbation
Cause Predisposing, Masturbation probably.
Form, Melancholia chronic stuporous
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, about 3 years ago.
Duration, about 3 years.
No. of Attack, 1st (Continuous)
No. of Admissions, 1st
Age First Attack, about 24.
Time of Leaving, 23rd May 1895
Time in Hospital, 7 months 6 Days.
Result, Died; Phthisis pulmonalis.

EXAMINATION ON ADMISSION

Examined by Dr. Herzog Oct 20/94.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or ~~Confused~~, Yes
~~Quick or~~ Sluggish, somewhat
MEMORY:
Past Events, Seems fairly Good.
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Fairly alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Thinks himself Normal
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient confesses to be a masturbator. Has a peculiar greasy feeling of skin & disagreeable odor & a "hang-dog" depressed, shifty look. Answers questions quite readily, but does not volunteer any information. Has a peculiar habit of occasionally stopping in his walk.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Yes
DELUSIONS:
Systematized or Not,
Special Subjects, None brought out
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or ~~Incoherent~~, yes
~~Voluble~~ or Reticent, yes —

Personal and Medical History of Gottlieb Sommerhalder

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6in WEIGHT, 133 pds NUTRITION, Fair
WOUNDS OR ABNORMALITIES, See "S.K." on next page.
TONGUE, Tremors, Coarse; Stammering movements Coatings, Heavy, pasty; Promptness Movement, somewhat slow.
PUPILS, Equality, Equal Size, Normal
Response Light, Considerable Accommodation, Sluggish
SIGHT, Seems good
HEARING, "
COORDINATION, Arms, Good; finger to nose, eyes shut, good.
Legs, Good; Heel on knee good; Standing, Eyes shut, Good.
TREMORS, Hands, Slight Tongue, Yes
Facial Muscles, No General, No
REFLEXES, Patellar, Equal; 0.
Other
ARTICULATION,
Slurred, } Foreign accent
Hesitating, }
FACIAL EXPRESSION,
Depressed & stupid
SENSIBILITY,
HEART, somewhat rapid & sounds weak.
LUNGS,
Seem good.

TAKEN,

EXAM. ~~URINE~~,

and proposed treatment

Cascara aromatic at bed-time.
1/40 gr. Strych. 3 times Daily.

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,
} None brought out.

Personal and Medical History of Gottlieb Sommerhalder

This patient was brought here by James Mc Carthy, a Deputy-Sheriff with the following history. Habits are temperate as far as can be ascertained. There is no hereditary history. Cause of attack is supposed to be masturbation; form of attack epileptic & paroxysmal. There is no accompanying bodily disorder. First symptoms manifested about 3 years ago. This is the 1st attack. Insanity is now shown in no subject (in particular). Patient is not disposed to injure others, nor is homicidal. He has no filthy habits. There is no history of any bodily disease, epilepsy &c, nor of any head-injury. He has not been restrained or confined, nor under medical treatment. Patient is destructive. He sleeps during a large part of the day, and wanders about during the night. At times, he refused to eat. —

Oct 17 On admission, was put on B.3. (S.R. - Complexion dark; hair black; eyes blue; condition of skin good; no marks, scars or bruises noticed. Bodily condition Dirty. Behavior is good). Pulse 82. R 20. T 98/100 +

" 18 Oct 18/94. Slept quite well, (8 hours), last night. Abm. Pulse 90. R 19. T(o) 99.8. Appetite good; bowels have moved: no cough observed. Is quietly behaved: no delusions or hallucinations noted; no complaints.

" 19 Oct 19/94. Rested & slept well (8 hours) again last night. Abm. Pulse 90. R. 20. T 99.4. Appetite good; bowels seem regular. Quietly behaved; does not speak to anyone, but will answer when addressed — Has a peculiar habit, when walking, will stop for a short time, occasionally.

" 20 Oct 20/94. Slept well, last night. Abm. Pulse 90. T(o) 99. Bowels somewhat constipated today. Talks but very little. —

" 21 Oct 21/94. Slept 6 hours during the night; was quiet when awake. Abm. Pulse 112. T 100 +. Actions are stupid.

" 22 Oct 22/94. Slept 7 hours, last night. Am. Pulse 80. T(o) 99.6. Bowels move more regularly.

" 23 Oct 23/94. Slept well, last night. Am. Pulse 90. T 99.5. Appetite good: bowels inclined to be costive. No change to note in his conduct or behavior.

" 24 Oct 24/94. Abm. Pulse 100. T(o) 99.6. Bowels have moved.

" 31 Oct 31/94. Since last noted patient has been restful at night, sleeping well. Pulse has been somewhat accelerated & temperature high (100 2 today). Appetite has continued good; but bowels inclined to be constipated. Behavior dull & stupid: he has a peculiar habit of "chasseeing" back & forth when getting up to walk: hardly ever speaks to any one, but will answer questions. Is a good & quiet patient; generally sitting in one place, most of the time; habits clean; he does no work.

Nov 1/94 Nov 1/94. Wt 138 pds. Pulse 80. Nov 2/94. Pulse 80. T(o) 99 2. Nov 30/94. Appetite fairly good; bowels are regular, at present. Is quietly-behaved; hardly ever speaking to any one, unless spoken to & then hesitates — Has some peculiar habits he goes through, when moving about on the hall. Habit clean. Does not work. —

Dec 1/94 Dec 1/94. Wt 134 pds. Pulse 90. Dec 31/94. No particular change to note from what is above mentioned.

Jan 1/95 Jan 1/95. Wt 126 " " 79 — (has been losing some in flesh, without apparent cause). Jan 31/95. No change.

Feb 1/95 Feb 1/95. Wt 122 " " 72. Is still losing in flesh. Feb 28/95. Appetite poor; bowels regular. Behavior good & quiet. Has found peculiar motions that he goes through, when walking about on hall; stopping short & trying to place his feet in a certain position before he goes further. Habits are clean. He works some on ward.

Mar 1/95. Wt 117½ pds. Still losing in flesh. Pulse 67.

" 7 Mar 7/95. Appetite very poor, & refuses he has to be fed — No change noted in mental condition.

" 14 Mar 14/95. Transferred to A.th. March 20/95. Appetite has been very poor; he took food fairly well;

" 21 had to be fed. Dem-Tha Diet. Mar 21/95. Refused supper last night & breakfast this morning;

" 22 Abm. Took very little dinner & supper. Mar 22/95. Refused breakfast: ate a little dinner & supper.

" 23 Mar 23/94. Refused food today & is rapidly getting weaker. Mar 24/95: Patient could not get out of

Personal and Medical History of Gottlieb Sommerhalder.

1895 Cont'd

" 24 his clothes this morning. Refused breakfast & spat out his medicine, twice. He is very stubborn and can't be induced to do anything against his will. Is weak & emaciated. Habits are cleanly — Transferred to Infirmary Ward, at 11. am. & put to bed then. P 92. R 28. T 102. Is much run-

" 25 down & very weak. B.M. Took a reasonable amount of nourishment today. Mar 25/95: Had a hemorrhage of the lungs at 4 am. & bled about 1½ pints; light red in color. Slept very poorly; was restless

" 26 March 26/95: (Physician's note: slight infra-clavicular retraction on right side; slight dullness on per-cussion, with bronchial breathing over right apex infra-clavicular region; pleo friction sounds over anterior aspect of left duct). Mar 27/95: Took no nourishment, today. Sleeps poorly at night.

" 27 March 27/95: Refused nourishment & medicine, today. Mar 28/95: Took no nourishment, today. Sleeps somewhat better.

" 28 March 28/95: 9 am. Was fed a quart of milk, by tube. March 31/95: Sleeps about 6 hours, nightly. Has

" 30 taken about 1 pint of milk today. (See attached Nurses-record). Apl 2/95: Somewhat restless at

Apl 1 night, still but sleeps about 6 hours, at each. Has to be fed, by the tube, daily. Apl 3/95: Refuses all

" 3 medicine & food, today. Had to be fed by tube. Patient is very despondent and will not converse.

" 5 Apl 5/95: Eats well, today. Apl 7/95: Ate well, today: bowels not very regular. Takes freely of milk.

" 6 Apl 8/95: Ate nothing all day. Was fed by tube. Apl 9/95: Sleeps about 6 hours, nightly. Ate

" 9 fairly well, today. Wt 91½ pds. Is losing considerably in flesh. Apl 10/95: Very despondent

" 10 and melancholy, today. Apl 13/95: Has been sleeping well, the past few nights. Was crying

" 13 & moaning part of the day; Eats very poorly. Apl 14/95: Patient ate fairly well, today.

" 15 Apl 30/95: Has continued to rest & sleep quite well, each night. Appetite very capricious; some days, he

" 30 eats well; other times refuses all food & medicine. Occasionally, has to be fed. Bowels not regular.

May 1/95 May 1/95. Of late, patient has very hard coughing spells. May 3/95: Wt. today, 78 pounds (a further

" 4 loss in flesh). May 4/95: Has been refusing food, quite steadily & has to be fed by tube. Lies steadily in bed.

" 9 Is losing flesh rapidly: breath is very offensive. May 9/95: It is absolutely impossible to make patient eat & he has to be fed, by tube, Eggnog & whiskey. Bowels are costive. Given enemata but these have no effect. May 10/95: Ate a hearty dinner of regular diet, today; also supper.

" 10 May 13/95. Has been eating fairly well, (regular diet & extras) of late. Bowels move occasionally. —

" 13 Patient has a very offensive odor about him. May 17/95: Patient is steadily failing & is

" 17 rapidly losing in flesh. Appetite has become very poor, again. May 22/95: Has been eating

" 22 scarcely anything, the last few days & is very low & weak. May 23/95: 8 Am. Patient is found

" 23 out of bed. 10 Am. Found in a stupor; respiration labored. He is failing very rapidly.

1. PM. Continued to sink rapidly and Died at this hour. (See attached Record).

— Died —

Personal and Medical History of William Holland

LEIGHT, FISCHER & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3875.
Residence, Township of Elba, Winona County, Minn
Date Admission, 14th October 1891.
Admitted by, D. Herzog — Hour, 4 30/60 PM
How Sent, H. L. Buck. Sh'ff, Winona County.
Sex, Male
Age, 24
Civil Condition, single
Children, None
Age Youngest Child, —
Occupation, Farmer
Degree Education, probably limited
Profession Religion, In a church member
Habits, Good
Nativity, Elba, Winona County, Minn
Physicians Committing, C.N. Clark & F. Staples
Correspondents, Rev. John Horan
St. Charles Minn

No. for Year, 14.
Insane Relatives, Father & Mother somewhat insane
Cause Exciting, not known
Cause Predisposing, Heredity
Form, Mania acute
Accompanying Bodily Disorder, None
Suicidal or Not, Not.
Date of this Attack, October 9th 1891
Duration, about a week
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 24 —
Time of Leaving, Feb. 22 '90
Time in Hospital, 4 m 5 d
Result, Imp.

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 William Holland

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 11½ in WEIGHT, 145 lbs NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 Wm. Holland

1894

This patient was brought here (along with his brother) by John Gay, Sheriff and James Hasken, a deputy, with the following history. Patient was violent as restraint. Habits have been good; There is some history of heredity, father & mother being somewhat insane. Supposed cause of this attack is unknown; form of attack is acute. There is no accompanying bodily disorder. First symptoms of disease were manifested October 9th 1894; talked in a wild incoherent language. This is the 1st attack. Insanity is now manifested by wild & incoherent language. Is not seriously disposed to injure others. Is not suicidal, nor filthy nor destructive. No bodily disease or head-injury known of. Bodily restraint has been employed, at home, since 9th inst. Has been treated, with good improvement.

Oct 17 On admission, was put on C[2] (6 lb.) Complexion light; hair brown; eyes blue; Condition of skin good; Body is bruised a great deal. Is very dirty. Blood vessels in calf of right leg very prominent. On arrival here, was in a very excited condition; was brought here in hand cuffs). 5 P.m. Was put to bed, in restraint sheet. Hot bath, temperature of water 102°, with cold applications to head, being first given

" 18 Oct 18/94. These cold applications were kept up, all night, but patient slept none: was very noisy & excited. He was given 1 quart eggnog at 3[0] P.M. Yesterday: a hypodermic at 9 P.m.; a pint of eggnog at 12 1/2 m. at this last hour, passed about 8 oz. urine. 6 Am. Is quiet & rational. Given sedlitz powder; also 1 qt. eggnog. 7.30 Am. Is very wild & excited; was given hot bath (102°) with cold applications to head. 8 Am. Bath seemed to quiet him. 10 Am. Passed 12 oz. urine, dark & clouded. Was given 1 pint eggnog. 12 M. He ate a light dinner. 3 P.m. Was given 1 pint of eggnog. Passed about 8 oz. urine. 5 P.m. Has not been in restraint all day. 6 P.m. 1 pint of eggnog given him. 7.30 P.m. Hot bath given (102°) &

" 19 cold applications. Is wild & excited & has to be put in restraint. Oct 19/94. 7.30 Am. Was taken out of restraint. Was given hot bath, (T. 103.) & cold application to head. Took 1 quart of eggnog. - Passed 10 oz of urine. 12 M. Has been fairly quiet during Am. Took some bread & milk. 4 P.m. bowels moved. 6 P.m. Has been very noisy, abusive, excited, and, at times, violent, this P.m. Took 2 pints of eggnog, during the afternoon. 6.20 P.m. Passed 8 oz of urine. 7.30 P.m. Was given a hot bath with cold applications to head, and was again put in restraint. 8 P.m. Drank 1 pint of

" 20 eggnog, at 8.30 P.m, was given Sleeping dose. Passed 8 oz. of urine. Oct 20/94. Slept about 5 hours, during the night; was restless, while awake. 7 Am. Taken out of restraint. 8.30 Am. Given a hot bath (T. 105°) & cold applications to head. Talks a great deal of religion &c. 11.30 Am. Passed 10 oz of urine. 3 P.m. Noisy nearly all day. 7.30 P.m. Again put in restraint, after being given a hot bath with cold application to head. 9.30 P.m. was given Sleeping dose. Oct 21/94. Slept nearly

" 21 all night. 7 Am. Taken out of restraint. P.m. Has been very noisy and excited, at intervals, today. Passes urine regularly. Bowels are constipated. 8 P.m. Up to this hour, today, patient has taken

" 22 1 pint of eggnog at 5 different times. Also eats a little solid food, at times. Oct 22/94. Slept all night. 7.30 Am. Out of restraint & is much quieter than usual. Takes some solid food this am. 10 Am. Bowels moved; passage very hard & lumpy; streaked with blood. 9.30 P.m. Drank about

" 23 3 quarts of eggnog, today. Oct 23/94. Slept nearly all night. (Patient will sleep for an hour or so, and awake with a start & very wild, violent & noisy) Ate a breakfast of solid food. Solid food also at dinner; Ate supper & has also taken 3 quarts of eggnog, today. Has also been out of bed considerable. When patient is wild & excited, bath seems to quiet him. 10 P.m. Was

" 24 given a Sleeping dose. Oct 24/94. Slept 5 hours, last night. Ate a good breakfast. Is very quiet

Personal and Medical History of Wm. Holland

1894

Oct 24 (Cont'd) and talks fairly rationally. The hot-baths, with cold applications to head, have been continued twice each day; Temperature daily increased until it is today 105°. Bowels are not in very good condition —

" 25 8 P.m. Ate a good dinner; also took 3 quarts of eggnog today. Two similar baths were given patient today; also massage treatment, this afternoon. Oct 25/94. 9 Am. Bowels moved. Wants to sit up, in his room 7.30 P.m. Ate a good breakfast, a fair dinner & a good supper today. Was visited by Rev. Hourn, during the afternoon & conversed quite freely. Has been given 2 of these hot baths with a massage

" 26 treatment, today. Oct 26/94. Slept 8 hours, during night. 8 Am. Hot bath &c. 7 P.m. Patient has eaten 3 good meals, today, & has been very quiet all day. He has boils coming on hips & says they

" 27 pain a great deal. 7.30 P.m. Hot bath again, as usual. Oct 27/94. Slept 8 hours, nearly thru, last night. 7 Am. Ate a fair breakfast. Is very quiet. Complains of hips being very sore. P.m. Ate a good dinner & supper. Was given 2 usual hot baths, but massage discontinued, as body is

" 28 too sore. Oct 28/94. Slept 6 hours, last night. Bowels moved during night. 8 Am. Hot bath & moist dressing of corrosive sublimate applied to hips. 5 P.m. Bowels again moved. —

" 29 7 P.m. Patient has eaten 3 good meals, today. 8 P.m. Sleeping dose. Oct 29/94. Slept 8 hours, during the night. Ate a light breakfast. Seems very quiet & contented of late. Baths discontinued as body too sore. Boils opened & dressed; they are very painful. Ate a good dinner & supper,

" 30 today. 10.30 P.m. Given sleeping dose. Oct 30/94. Slept 6 hours; bowels moved during night. — 12 M. Is quiet, but cannot lie down, without boils paining. 3 P.m. Very noisy; crying & calling for his mother. 8 P.m. Complains of pain caused by boils. Boils dressed. (Patient given hypo-

" 31 morph ½ gr at 7 P.m & again at 8 P.m.) Ate 3 good meals today. Boils feel quite painful. Oct 31/94. Slept 5 hours; had a passage. Am. Ate a fair breakfast & a good dinner. Has been very quiet, all morning. 5 P.m. Boils dressed; seem doing nicely, though still very painful. Quiet all P.m. 8 P.m. Ate a fair supper. Given hypo. morph ½ gr. Complains of boils being extremely painful and

Nov 1 cannot rest on this account. He talks quite rationally of late. (See attached nurse's record) Nov 1/94. Ate a good breakfast this morning; also 2 other good meals during the day; Has been quiet all day. Boils again dressed, they discharged a good deal of pus, & now appear to be

" 2 doing nicely. Bowels move regularly. Nov 2/94. Has eaten 3 good meals, today. Bowels moved. Was very quiet in morning; but quite restless out of doors, towards evening. Is improving.

" 3 Nov 3/94. Appetite very good; bowels fairly regular. He has been fairly quiet, most of

" 4 the day. Boils dressed; appear much better. Nov 4/94. Is very quiet, of late. Removed

" 5 bandage from boils; they were again dressed. Nov 5/94. Dressed and up in the ward.

" 7 Is very quiet. Boils dressed & doing nicely. Nov 7/94. Up again, today, about 5 hours.

" 8 Nov 8/94. 10 Am. Dressed & up in ward. Boils also dressed. 4.30 P.m. Put back to bed,

" 9 again. Took bandage off. Boils pain him very much. Nov 9/94. 8. Am. Up in ward, dressed. Boils dressed; and doing very well. 4.30 Put to bed again. Boils quite painful. Patient is fairly quiet, all the time. Appetite good; bowels regular. Bandage removed at 7[30]

" 13 then, quite noisy, singing & talking. Boils very painful this evening. Nov 13/94. Has been dressed & up in the ward about 10 hours, each day, since last note. Is fairly quiet,

" 14 during the day. Boils dressed daily & are doing well. Nov 14/94. Went out walking today.

" 19 Nov 19/94. Has continued up, daily. Boils are nearly well, now. Is fairly quiet & behaved.

(Carried to Page 52)

Personal and Medical History of Daniel Holland

LIBBEY, PIGLER & RAMBERG, DAVENPORT, IOWA.

Whole No. 3875.
Residence, Elba, Winona County, Minn
Date Admission, 17th October 1894.
Admitted by, D. Herzog Hour, 4:30 P.M.
How Sent, H. L. Buck Sh. P. Winona County.
Sex, Male.
Age, 25.
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Farmer
Degree Education, probably limited
Profession Religion, Ro Church member
Habits, Good
Nativity, Elba, Winona County
Physicians Committing, C. N. Clark & F. Staples
Correspondents, Rev. John Horan
St. Charles, Minn

No. for Year, 75.
Insane Relatives, Father & mother were affected.
Cause Exciting, not known
Cause Predisposing, heredity
Form, Mania acute
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, 12th October 1894
Duration, about 5 days.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 25 Years
Time of Leaving, August 1st '95
Time in Hospital, 9 mo 15 da.
Result, Improved 7/5/95

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 Daniel Holland

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ WEIGHT, 134 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 *Daniel Holland*.

1894.

This patient was brought here, (along with his brother), by Sheriff John Gay & attended by James Teaken, a deputy. Patient wore wristlets, as restraint. The following is the history of the case. — Habits and morals have been good. There is history of heredity; father & mother were affected; somewhat insane; cause of this attack not known; form is acute. There is no accompanying bodily disorder. First symptoms were manifested 12th October 1894, by wild & incoherent language. This is 1st attack. Insanity now manifested as to particular subject or manner. Patient is disposed to injure others, from sudden passion or in endeavor to get away. He is, however, not suicidal, nor filthy nor destructive. There is no history of any severe bodily disease &c, or head injury. He has had to be tied, since Oct 12th. Has been treated, no effect.

Oct 17 On admission, was put on C3 (S.R. Complexion light; hair brown; eyes blue; condition of skin dirty; body is bruised considerably; bodily condition is duty; behavior is quiet & good. Brought in restraint). Upon coming on ward, patient was quiet & rational. Was given a hot bath (at 104°), and was put to bed. Ate a fair supper. Pulse 80. R 32. T @ 99.8. Cold applications were made to head, during the night. He could, at times, carry on a conversation in an intelligent manner: while, at other times, he would become excited and noisy. During such "spells", "he knew everyone" & had a somewhat exalted opinion of himself. These "exalted spells" would each last for from 2 to 24 hours — At such times, he was often placed in restraint to prevent him bruising and injuring himself.

" 18 Oct 18/94 (or second day, in the house). Was quite rational in morning. Refusing his breakfast, he was given 1 pint of Egg nog. At 9 Am, was given a hot bath (at 102°) with cold applications to head. Pulse 68. R 22. T @ 99.6. Oct 19/94. 6 Am. Was fairly rational & was taken out of restraint, which he had been in, during night, and given breakfast. One hour after breakfast, he was given a hot bath (T of water 104°), with cold applications to head. Slept 1 hour, during the day; after which, was quite noisy & excited for an hour or so. At 5 Pm. Pulse 92. R 22. T @ 100.5

" 22 Oct 22/94. During past few days, patient has been given 2 hot baths each day (one at 8 Am & the other at 8 Pm). Has been sleeping but very little, since his admission. Was given a sleeping dose at 8 Pm, last evening. He has a boil coming on his left arm. Patient's behavior & conduct does not change any. Oct 23/94. Slept 5 hours, during the night. Refused breakfast, this morning. Was given a hot bath (Temperature of water increased from 104° to 107°.

" 24 The boil on his left arm is dressed, daily. Oct 24/94. Wrist again dressed, but patient will not leave the bandages on. Bowels are costive. At 9 Am was given Seidlitz powder. 5 Pm. P 70. R 22. T @ 98.8. Oct 25/94. Slept only 2 hours, during the night. Bowels moved slightly: he also passed his urine. Ate a hearty breakfast. Was noisy, all morning, but became quieter in afternoon; Complains of side paining him. Is breaking out with sores & pimples, on hips.

" 26 Oct 26/94. Slept 6 hours, during night. Became noisy during today, with an inclination to be destructive. Was up on ward, about 1 hour, during the day. Oct 27/94. No special change to note. Oct 28/94. Moist dressing of Corrosive Sublimate was applied to hips. The patient has a few delusions, and illusions, such as imagining he cannot see, until some certain thing is done. Examination of Urine showed reaction neutral: Sp. gr. 1016. It contained

Nov 5 neither sugar nor albumen. Nov 5/94. Patient has been restless & noisy at night. Restless, noisy & excited by day, requiring occasional restraint. "Combination baths" have been continued. Boils doing nicely.

Personal and Medical History of *Daniel Holland*.

1894.

Nov 24 Nov 24/94. Nurse's notes show patient in a state of acute mania, quite variable in degree. He received hot baths, quite persistently, with only temporary effect. His general health was good. He is still restless & a little silly. Is continually in a reckless, careless, joking state; easily excited (records by nurse are here attached, for reference). 7.30 Pm. Transferred to B2. Nov 30/94. No special change. Works in Dining room.

" 30 Dec 1/94. Wt 154 pds. Pulse 107. Is filthy, at night. Quite noisy during day; stopped working in Dining room.

Dec 1 Dec 13/94. Visited by friends. Dec 14/94. Quite frequently noisy, troublesome & annoying other patients. Also, gets into occasional fisticuffs. Dec 31/94. Behavior good, the past week or so. Otherwise, no special change noted.

" 13/14 Jan 1/95. Wt 163½ pds (he has been gaining in flesh). Pulse 76. Jan 6/95. Has been in one of his noisy, excited

" 31 "spells"; the past 2 days. Transferred to B3 this afternoon. Jan 8/95. Had some trouble with a fellow-

1895 patient (A. Waugh). The latter got a stick & threatened to "lay him out". Was taken to C3 ward. —

Jan 9 Jan 17/95. Transferred to C3. Is noisy & aggravating to the other patients. Is full of groundless complaints

" 17 and threats to the ward attendants. Jan 31/94. Not very troublesome, now. Has a few "noisy spells" & inclined

" 31 to annoy others, if not closely watched. Talks rationally, at times & again is rambling & silly in his

Feb 1 conversation. Habits clean. Physical condition seems good. Feb 1/95. Wt 155½ pds. Pulse 68.

" 16 Feb 16/95. Was called upon by his brother. Feb 19/95. Had an ugly spell today; fighting & received bruise

" 19 on face from J. Scanlon. Feb 20/95. Has had quite a few "noisy spells" & has been in some fights.

" 20 Is quiet now. Feb 28/95. Behavior has been good, the last 4 or 5 days. Otherwise, about same.

" 28 March 1/95. Wt 156 pds. Pulse 84. March 6/95. Took a "noisy spell" today; was also very annoying.

March 6 March 11/95. Quiet, the past few days: but noisy & troublesome, today. March 14/95. Is quiet, today.

" 11/14 March 30/95. Of late, noisy, troublesome & aggravating to the other patients: gets into fights quite often,

" 30 & receives some bruises &c. Eats, sleeps well; bowels regular. Otherwise, about same, for several months past.

Apl 1/95 Apl 1/95. Wt 158 pds. Pulse 74. Apl 15/95. Has been working with upholsterer, for several days past. Apl 27/95. Is

" 15/27 noisy & quarrelsome today. Apl 29/95. Visited by his mother. Apl 30/95. Behavior is not good; he is

" 30 frequently noisy, troublesome & aggravating to the other patients; makes many frivolous complaints.

Physical condition good, but otherwise does not seem to improve any. Habits are clean & tidy.

May 1 May 1/95. Wt 160 pds. Pulse 84. May 9/95. Has been behaving very well, of late: more quiet: Eats and

" 9 sleeps well: physical condition good. May 10/95. Noisy & boisterous spell, today. Fighting S. Mungo.

" 13/15 May 13/95. More quiet: visited by friends, today. May 31/95. Will be quiet & well behaved, for a few

days at a time; then have an ugly, pugnacious spell for a day or so: then become quiet again.

June 1 June 1/95. Wt 168 pds. Pulse 84. June 8/95. During the past week has been quite badly behaved:

" 16 noisy & troublesome; getting into frequent quarrels with other patients. June 16/95. Behavior

" 18 very good, the past few days. June 18/95. Works outside with the men, cleaning up the grounds.

" 30 June 30/95. Unruly & obstreperous, the past week or so. But somewhat quieter, 2 days.

July 1 July 1/95. Wt 154 pds. Pulse 80. July 5/95. Refused to work outside. Is inclined to be troublesome.

" 1/5 July 19/95. Has continued more or less troublesome & unruly, since last wrote. July 22/95. Quiet

" 22/31 & fairly well-behaved, the past week. July 31/95. Has been again unruly & troublesome.

" 31 As a rule, he is always ready to aggravate & annoy other patients & picks quarrels with them.

Has off an mean, contemptible disposition. Physical condition is very good. —

Aug 1/5 Aug 1/95. Wt 158 pds. Pulse 74. Aug 5/95. Patient has been very well-behaved, of late.

" 12 Aug 12/95. Visited by a brother, today, & allowed to go home with him.

Discharged

Personal and Medical History of Cornelius Coleman

LORENZ, FISHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3879

Residence, St. Paul, Minnesota.

Date Admission, 20th October 1896

Admitted by, Dr. Phelps Hour, 7 PM

How Sent, John B. Olivier, Jr. Ramsey County

Sex, Male

Age, 34 Years

Civil Condition, Single

Children, none

Age Youngest Child, —

Occupation, Laborer

Degree Education, probably limited

Profession Religion, Catholic

Habits, Drunk once; has masturbated

Nativity, Minnesota

Physicians Committing, Eugene W. McGee and Lt. J. O'Brien

Correspondents, Sister's address is Mrs. Mary Scott 411 - East 5th St. St. Paul Minn

No. for Year, 78.

Insane Relatives, one sister Katherine since Christ.

Cause Exciting, probably hereditary, weak, nervous apparatus

Cause Predisposing, found heredity

Form, Melancholia chronic

Accompanying Bodily Disorder, none discovered

Suicidal or Not, Threatened suicide often -

Date of this Attack, about 4 years ago

Duration, some four Years

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 30.

Time of Leaving, May 5. 1896

Time in Hospital, 1 yr. 6 mo. 15 da.

Result, Improved. Discharged Nov. 10 '96.

Dr. Phelps & Herzog, Detroit

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear ~~or Confused~~, fairly

~~Quick or~~ Sluggish, somewhat

MEMORY:

Past Events, poor

Recent Events, poor

Special Subjects,

PERCEPTIVITY:

Alert ~~or Dull~~, fairly

Correct ~~or Illusive~~, yes

REASONING POWER:

Ordinary Subjects, } fairly good

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Speaks of inability to work & some "nervousness" as he terms it. Confesses to masturbation. He is somewhat hypochondriacal, neurasthenic and melancholic. Is suffering from Chronic constipation. Does not sleep well, at night -

EMOTIONAL STATE:

~~Normal, Calm~~,

~~Indifferent~~,

~~Exalted~~,

Depressed, Yes

DELUSIONS:

Systematized or Not, } none brought out

Special Subjects, }

Transitory or Not, }

HALLUCINATIONS: }

ILLUSIONS: }

CONVERSATION:

Coherent ~~or Incoherent~~, Yes

~~Voluble or~~ Reticent, not marked

Personal and Medical History of Cornelius Coleman

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 3 in WEIGHT, 168 lbs. NUTRITION, fair; not very fleshy.

WOUNDS OR ABNORMALITIES, See "S.R." on next page.

TONGUE, Tremors, slight Coatings, no marked Promptness Movement, yes

PUPILS, Equality, left pupil larger Size, somewhat dilated

Response Light, normal Accommodation, normal

SIGHT, seems good

HEARING, seems good

COORDINATION, Arms, slight incoordination, finger to nose, eyes shut, "staumering" motion

Legs, slight " ; standing unfast, fairly good; standing, Eyes shut, sways some.

TREMORS, Hands, some Tongue, some

Facial Muscles, none General, none

REFLEXES, Patellar, 1 to r; somewhat sluggish EXAM. URINE,

Other

ARTICULATION,

Slurred, } nothing marked

Hesitating, }

FACIAL EXPRESSION,

somewhat depressed

SENSIBILITY,

HEART,

impulse feeble; no murmurs

LUNGS, Seem good

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Resp., Temp.,

Recent Kept

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters, sister, Kate Coleman, here

Personal and Medical History of *Cornelius Coleman*

1894

This patient was brought here by Deputy-Sheriff M. K. Goss, with the following history — He has been drunk one; also has masturbated: one sister has been weak minded since birth. He has probably inherited a weak nervous apparatus; form of this attack is Chronic, depressed, paranoiac. No bodily disorder discovered. First symptoms of disease were manifested about 11 years ago. This is 1st attack. Now, nerves are shattered & there is fear of suicide; has threatened suicide often but has been closely watched. He is not disposed to injure others, nor is he filling a destructive. No peculiarities of disposition were previously manifested. There is no history of any bodily disease or head-injury. He has not been restrained or confined, nor under medical treatment. —

Oct 20 On admission, was put on B² (S.R. Complexion dark; hair black; eyes blue; condition of skin good; no marks, scars or bruises noticed. Bodily condition clean. Behavior good.) Pulse 96. Oct 21/94. Was restless 2 hours or so, but slept 6 hours, last night. AM. Pulse 94. R 17. T 98.8. Appetite fairly good; bowels generally free. Behaves well. Talks quite freely, no delusions noted; no cough observed. Makes no complaints.
" 21 PM. Pulse 92. R 19. T 98.6. Oct 22/94. Slept 6 hours, restless 2 hours, last night. AM. Pulse 68. R 18. T 99. Appetite good: makes no complaints. Behavior good. He answers questions but is rather reticent. Reads some. Goes out walking. PM. Pulse 72. R 18. T 98.8. Examined today. The following is the proposed treatment. A bitter tonic, with nux and iron; cascara at night; general faradization. —
" 23 Oct 23/94. AM. Pulse 68. R 17. T 98.6. Appetite good; he has a depressed & dejected air;
" 24 talks some. PM " 70 " 18 " 98.8 Is on medicine. Oct 24/94. AM. Pulse 68. Says
" 25 "he is feeling a great deal better"; is somewhat nervous. Talks quite freely. Oct 25/94. AM. Pulse 70.
" 26 Appetite good. Talks quite freely; reads some: goes walking. Oct 26/94. AM. Pulse 72. Is uniformly quiet and well-behaved. Reads a good deal. Makes no complaints. Personal habits good.
" 27 Oct 27/94. Has not been sleeping very well, the past 4 nights (restless 2 hours, sleeping 6 each). AM. P92
" 28 T 99.4. Appetite good. Talks quite freely; no delusions noted. Does no work. Oct 28/94. Restless, anhonorous, but sleeping 7 hours, last night. AM. Pulse 92. Behavior is good. Talks quite sensibly
" 29 Oct 29/94. Appetite good: makes no complaints. Behavior & conduct about as usual. Has given electrical
" 30 treatment, today. Oct 30/94. AM. Pulse 88. Behaves well; talks quite freely; no delusions noted. Seems
" 31 melancholy. Oct 31/94. Since last noted, has been restless a couple of hours, but sleeping 6 hours, nightly. Conduct & behavior do not change any; appetite keeps good. Habits cleanly. Goes walking. Is on medicine.
Nov 1/94 Nov 1/94. Is cheerful, sleeping 7 hours, last night. AM. Pulse 82. Nov 2/94. Restless 3 hours, Sleeping last 5 hours, last night. AM. Pulse 80. Talks freely; no complaints; reads some; goes walking daily.
" 3 Nov 3/94. Wt 171 lbs. Pulse 82. (Has made a very slight gain in flesh). Still very nervous. —

Summary. Was nervous & depressed, on admission, and, even now, is considerably so. Sat about on the benches; talked but little & only when addressed. Now, talks quite freely & sensibly; no delusions have been noted. Behavior has been good. Clean & tidy in habits. Reads considerable. Goes out walking. Is on medicine & has also been taking Electrical treatments. Has improved some.
" 8 Patient does no work as he says "he is too nervous". — Nov 8/94. Receives Electrical treatment
" 23 3 times a week. Reads some. Goes walking. Does no work. Nov 23/94. Patient was, today, ordered transferred to the "Infirmary Ward", that he just take & take rest treatment, consisting of massage & general faradism, on alternate days, with milk in addition to the regular diet. 3 PM. Given massage treatment. Patient in bed. Extra diet. Ate a good dinner & supper.

Personal and Medical History of *Cornelius Coleman*

1894

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DETAILED HISTORY OF SICKNESS OF MR *Cornelius Coleman*
DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
Dec.	1	9	86	98	18		99.2		Weight 167 pounds.
									4 P.M. Given Massage
									Patient treated all properly with
									Massage and Electricity
									Mrs Mitchell last must be called
Dec.	2	7	76	68	20	22	99.4	99.4	7 P.M. General Faradization
									Appetite fair. Bowels regular
Dec.	3	7	76	78	20	22	99	99.6	4 P.M. Massage treatment
Dec.	4	7	76	68	18	24	99	99.2	4 P.M. General Faradization
Dec.	5	7	76	68	20	18	99.6	99.2	4 P.M. Massage treatment
Dec.	6	7	76	62	18	18	99	99.4	7 P.M. General Faradization
									Patient inclined to be despondent
									and melancholy
									Behavior good. Appetite good. Bowels
									in good condition
Dec.	7	7	76	54	20	20	99	99.6	Electricity and Massage discontinued
Dec.	8	7	76	64	18	18	98.6	98.6	
Dec.	9	7	76	60	18	18	98.8	98.6	
Dec.	10	7	76	68	18	18	98.8	98.6	
Dec.	11	7	76	62	20	22	98.8	98.4	Patient upon ward 1/2 hours.
Dec.	12	7	76	72	20	18	98.8	98.4	Patient upon ward one hour.
									Behavior good.
Dec.	13	7	76	80	16				Given bath. Dressed and on ward
									all day.
Dec.	14	7	76	60	20				Appetite good. Bowels regular.
									On ward.
									Takes no interest in his surroundings.
									Seems quite despondent
Dec.	20	7	76	80	16				Complains of bowels being costive
									Given Glycerine suppository. bowels
									moved. Appetite good.
Dec.	24	7	76	72	16				Out walking occasionally.
									Behavior good.
Dec.	28								4 P.M. Transferred to W.B.E.

Aug 1 ... 31 ... Sept 1/94 ... 30 ... Sept 1/95. Wt 170 lbs. Pulse 78. Sept 30/95. Seems a good deal improved. Talks rationally

(carried to 316)

Personal and Medical History of Cornelius Coleman

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CASE RECORD.

Patient's Name Cor. Coleman Name Disease ____ Name Physician H.H. Herzog

DATE.	TEMP.	PULSE.	RESP.	MEDICINE, BATHS, ENEMATA, ETC.	FOOD.	ACTION BOWELS, KIDNEYS, SKIN AND OTHER SYMPTOMS.
Nov 29-7 Inj.	99.	64.	18.	Medicine	Ow ordinary diet	Lies in bed steadily
12. "				" "		
4. Inj.				Massage treatment		Bowels moved
5	99.4	68	18	Medicine		Slept 7 hours.
" 30-7 Inj.	98.8	70	18	" "		Appetite good.
10.				Bath		
12.				Medicine		
4. Inj.				Electrical treatment		
5	99.4	66	26.	Medicine		Patient appears to be doing nicely. Slept 8 hours during night

RECORDED BY T.R. Spillane NURSE.

Nov 1/2 Nov 1/94. Nerv restful, sleeping 7 hours, last night. AM. Pulse 82. Nov 2/94. Restless 3 hours, sleeping last 5 hours, last night. AM. Pulse 80. Talks freely; no complaints; reads some; goes walking daily.

" 3 Nov 3/94. Wt 171 lbs. Pulse 82. (has made a very slight gain in flesh). Still very nervous. —

Summary. Was nervous & depressed, on admission, and, even now, is considerably so. Sat about on the benches; talked but little & only when addressed. Now, talks quite freely & sensibly; no delusions have been noted. Behavior has been good. Clean & tidy in habits. Read considerable. Goes out walking. Is on medicine & has also been taking Electrical treatments. Has improved some.

" 8 Patient does no work as he says he is too nervous. — Nov 8/94. Receives Electrical treatment

" 23 3 times a week. Reads some. Goes walking. Does no work. Nov 23/94. Patient was, today, ordered transferred to the "Infirmary Ward", there to be put to bed & take rest treatment, consisting of massage & general faradism, on alternate days, with milk in addition to the regular diet. 3 PM. Given Massage treatment. Patient in bed. Ordered Diet. Ate a good dinner & supper.

Aug 1 / Sept 1/30 Aug 1/95. Wt 175 lbs. & 178. Aug 31/95. Does not seem to change much. No delusions noticed. Physical health good. Sept 1/95. Wt 170 lbs. Pulse 78. Sept 30/95. Seems a good deal improved. Talks rationally

(carried to 316)

Personal and Medical History of *Cornelius Coleman*

Nov 24/94. Restless 6 hours, Sleeping 5 hours, during the night. He is rather nervous. Complains of bowels being costive. Gave Hunyadi water ℥iv. He has eaten well, today. 7.30. Electrical Treatment given.
Nov 25/94. Restless 3 hours, but slept 6 hours, last night. Bowels still constipated. He is quite well, today. Was given Massage treatment at 7.30 PM. Says "he feels much better"; is less nervous. Nov 26/94. Slept quite
[illegible] breakfast, but
[illegible] slept 7 hours, last night
[illegible] Nov 27/94. Slept
[illegible] speaks only when
[illegible] Slept well, a gen-
[illegible] tle massage treatment.
[illegible] Gave Electrical
[illegible] has medicine regularly.
[illegible] He has been
[illegible] dependent and
[illegible] treatment. Massage
[illegible] for an hour, today.
[illegible] in his surroundings;
[illegible] time; bowels moved -
[illegible] & B² Ward -

[illegible] Pulse 88. -
[illegible] what. -
[illegible] not so nervous.
[illegible] nous. Saw medicine.
[illegible] so of being nervous;
[illegible] el complains of
[illegible] s depressed.
[illegible] complains of
[illegible] Pulse 84.
[illegible] e. Works some;
[illegible] remained in
[illegible] d. Works some.
[illegible] es not appear
[illegible] clean in appear-
[illegible] ist. -
[illegible] s in good health
[illegible] iet; never has
[illegible] noticed. Always
[illegible] 75 lbs. & 78.
[illegible] neral health good.
[illegible] improved. Walks rationally.

(carried to 316)

9. Poles. 81.

CASE RECORD.

Patient's Name *Cor. Coleman* Name Disease ..... Name Physician *Dr. Hodgson*

DATE.	TEMP.	PULSE.	RESP.	MEDICINE, BATHS, ENEMATA, ETC.	FOOD.	ACTION BOWELS, KIDNEYS, SKIN AND OTHER SYMPTOMS.
Nov 23/11 Am					On ordered diet	Patient came on ward
3 Pm				Massage treatment	Good dinner	from B² quite bed
5 "	99	72	18	"	" Supper	Slept 5 hours. R. 5 -
						during night
" 24-7-Am	986	68	18	Medicine	" Breakfast	Patient appears
11 "				Hunyadi Water ℥iv		quiet nervous.
12.				Medicine	" Dinner	Complains of bowels
5 Pm	988	68	18	"	" Supper	being costive
7.30 "				Electrical treatment		Slept 6 hours R 3.
" 25-7-Am	986	60	20.	Medicine	Saw breakfast	Bowels still costive
11.30				Glycerine suppositr.		
12. "				Medicine	Good dinner	Bowels moved but
5 Pm	99	72.	22.	" "	" Supper	little.
7.30 "				Massage treatment		Patient says he feels
						much better is less
						nervous.
						Slept
" 26-7-Am	986	64	24.	Medicine	Poor breakfast -	
10 "				Hunyadi water ℥iv		
12.				Medicine	Good dinner	Bowels moved freely
5 Pm	99	70.	20.	" "	" Supper	
8 "				General Headpatient		Slept 7 hours.
" 27-7-Am	988	64	22	Medicine	" Breakfast	Bowels moved fairly
12				"	" Dinner	good condition
4. Pm				Massage treatment		
5 "	992	68.	22.	Medicine	Saw supper	Slept 7 hours
" 28-7-Am	99	76.	20	" "	Good breakfast	Patient is very quiet
12. "				" "	" Dinner	as a rule speaks
4 Pm				General Headpatient		only when spoken
5 "	986			Medicine	Good supper	to. Bowels regular
						Slept

RECORDED BY *T. R. Spillane* NURSE.

Personal and Medical History of Cornelius Coleman

1894

Oct 20 ordered transferred to the "Infirmary Ward", there to be put to bed & take rest-treatment, consisting of massage & general faradism, on alternate days, with milk in addition to the regular diet. 3 Pm. Given massage treatment. Patient in bed. Extra Diet. Ate a good dinner & supper.

Personal and Medical History of Cornelius Coleman

1894

Nov 24 Nov 24/94. Restless 6 hours, Sleeping 6 hours, during the night. He is rather nervous. Complains of bowels being costive. Given Hunyadi water ℥iv. Ate Has eaten well today. 7 30. Electrical Treatment given.
" 25 Nov 25/94. Restless 3 hours, but slept 6 hours, last night. Bowels still constipated. Ate quite well, today. Was given Massage treatment at 7 30 Pm. Says he feels much better; is less nervous. Nov 26/94. Slept quite well, last night. By aid of hunyadi water, bowels moved freely, about noon. Took a poor breakfast, but
" 27 ate a good dinner & supper. 8 Pm. Was given a general faradization. Nov 27/94. Slept 7 hours, last night.
" 28 Has eaten well today. Bowels in fairly good condition. 4 Pm. Was given Massage treatment. Nov 28/94. Slept restfully, 7 hours, last night. Ate well, today. Patient is very quiet, as a rule: speaks only when
" 29 spoken to. Bowels more regular. 4 Pm. Was given general faradization. Nov 29/94. Slept well, again, last night. Appetite good; is on extra diet. Lies in bed steadily. 4 Pm. Given Massage treatment.
" 30 Nov 30/94. Slept 7 hours, last night. Appetite good; bowels quite regular. 4 Pm. Was given Electrical treatment. Patient appears to be doing nicely. Lies steadily in bed. Is quiet. Takes medicine regularly.
Dec 1/6 Dec 1/94. Wt 167 pds (in bed). This shows a slight gain in flesh. Dec 4/94. Patient has been treated, alternately, with massage & general faradization. He is inclined to be despondent and
" 7 melancholy. Behaves well. appetite good; bowels regular. Dec 7/94. Electrical treatment & massage
" 11/6 discontinued today. Dec 11/94. Was up, in ward, ½ hour, today. Dec 12/94. Up, in ward, for an hour, today.
" 13/14 Dec 13/94. Up, dressed, & in ward, all day. Dec 14/94. In ward. Takes no interest in his surroundings;
" 20 seems quite despondent. Dec 20/94. Complains of bowels being costive. Given laxative; bowels moved.
" 24/1895 Dec 24/94. Goes out walking, occasionally. Dec 28/94. 4 Pm. Transferred to B2 Ward.
Jan 1/ Jan 1/95. Has been in bed, all day. Jan 2/95. Up & in the ward. Wt, today, 176 pds. Pulse 88.
" 9 Jan 9/95. Quarrelsome & fighting with patient (Wm Holland); hand was stitched together.
" 19/31 Jan 19/95. Working in Dining-room. Jan 21/95. Is a great deal better that he was; is not so nervous. Appetite is good. He talks freely & sensibly; writes a few letters; reads some. Works in Dining-room. Saw medicine.
Feb 1/5 Feb 1/95. Wt 185½ pds. Pulse 76. Feb 5/95. Quit working in Dining-room. Complains also of being nervous; cannot sleep. Feb 9/95. Given hot bath, with cold applications to head. Feb 10/95. Still complains of
" 9/15 being weak & nervous. Lies in bed most of the day. Saw medicine. Patient seems depressed.
" 21/28 Feb 21/95. Transferred to B1. Feb 28/95. Behaves well: talks quite rationally. Still complains of
Mar 2 nervousness; appears to be depressed. Appetite not good. March 2/95. Wt 185 pds. Pulse 84.
" 31 March 31/95. Uniformly quiet & well-behaved. Still complains of nervousness &c. Works some; is on medicine. Apl 1/95. Wt 183½ pds. P 90. Apl 17/95. Had a "nervous spell"; remained in
Apl 1/17 bed, part of day. Still on medicine. Apl 30/95. No special change. Is depressed. Works some.
" 30 May 1/95. Wt 178 pds. P 78. May 30/95. Works in ward: is a trifle melancholy, but does not appear
May 1/30 to have any delusions. Seems to be in good health. Walks out with the crowd. Neat & clean in appearance; associates with other patients & is quite an intelligent Conversationalist.
June 1/30 June 1/95. Wt 179½ pds. P 74. June 30/95. Does not seem so melancholy as he did. In good health.
July 1/30 July 1/95. Wt 179 " " 76. July 30/95. Is improving, right along. Very quiet: never has
trouble with anyone. Takes medicine, for nerves. Talks rationally: no delusions noticed. Always
Aug 1 well-behaved. "Considers himself as well as he ever was". - Aug 1/95. Wt 175 pds. P 78.
" 31 Aug 31/95. Does not seem to change much. No delusions noticed. Physical health good.
Sept 1/30 Sept 1/95. Wt 170 pds. Pulse 78. Sept 30/95. Seems a good deal improved. Talks rationally

(carried to 316)

Personal and Medical History of Richard Joyce

LIBBEY, FOLLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3880.
Residence, not known: (from St Paul).
Date Admission, 20th October 1894.
Admitted by, Dr Phelps — Hour, 7 PM.
How Sent, John B Olmis Jail, Ramsey County.
Sex, Male
Age, 26
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Laborer
Degree Education, not given
Profession Religion, Catholic
Habits, not known —
Nativity, England — Ireland
Physicians Committing, George J Nauley and Orde Martel
Correspondents, None given in papers

No. for Year, 79.
Insane Relatives, None
Cause Exciting, unknown. Found vagrant.
Cause Predisposing, unknown
Form, imbecility
Accompanying Bodily Disor
Suicidal or Not,
Date of this Attack,
Duration,
No. of Attack,
No. of Admissions,
Age First Attack,
Time of Leaving,
Time in Hospital,
Result, Died.

ROCHESTER STATE HOSPITAL.

Name

R

Correspondent,
Richard Joyce
Patrick O'Malley
209 Commercial St.
St Paul

Dr.

189 Minn

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr Phelps & Herzog Oct 20/94

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

MEMORY:
Past Events, Difficult to test
Recent Events, seems fair.
Special Subjects,

PERCEPTIVITY:
Alert ~~or Dull~~, poor
~~Correct or~~ Illusive, yes

REASONING POWER:
Ordinary Subjects,
Own Mental State, } Confused
Special Subjects,

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

DELUSIONS:
Systematized or Not,
Special Subjects, } None brought out
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:

CONVERSATION:
~~Coherent or~~ Incoherent, somewhat
Voluble ~~or Reticent~~, speech "Irish" to a very peculiar dialect.

GENERAL DESCRIPTIVE REMARKS:
Runs off into irrelevant speech; avoids questions if can, altogether, quite a defective; probably always defective. Seemed very suspicious & refused to allow the usual tests to be made. Has a peculiar habit of saying "What?" to every question asked & afterwards answering, as if it took time for the idea to penetrate his mind.

Personal and Medical History of Richard Joyce

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ in WEIGHT, 119 lbs. NUTRITION, somewhat thin
WOUNDS OR ABNORMALITIES, See "P.R." on next page; mouth small.
TONGUE, Tremors, None marked Coatings, None Promptness Movement, fairly prompt
PUPILS, Equality, Yes Size, Normal
Response Light, normal Accommodation, normal
SIGHT, Seems good
HEARING, " "
COORDINATION, Arms, not tested;
Legs, Seems good; Standing a foot good; Standing, Eyes shut, fair.
TREMORS, Hands, None Tongue, none
Facial Muscles, none General, none
REFLEXES, Patellar, about 7 - equal
Other
ARTICULATION,
Slurred, } a very peculiar
Hesitating, } Irish dialect
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Seems good
LUNGS, some bronchial breathing, left apex.

EXAM. ~~URINE~~,
and proposed Treatment

No particular treatment indicated as this condition is evidently due to a defective organization

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, } no history obtainable.
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Richard Joyce

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3880.
Residence, not known: (from St Paul)
Date Admission, 20th October 1894
Admitted by, Dr Phelps — Hour, 7 PM
How Sent, John B Olivier, Jail, Ramsey County.
Sex, Male
Age, 26
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Laborer
Degree Education, not given
Profession Religion, Catholic
Habits, not known —
Nativity, Ireland
Physicians Committing, George J Stanley and Orde Martel
Correspondents, none given in papers

No. for Year, 79.
Insane Relatives, none
Cause Exciting, unknown. Found vagrant.
Cause Predisposing, unknown
Form, imbecility
Accompanying Bodily Disorder, none
Suicidal or Not, not known —
Date of this Attack, unknown
Duration, unknown.
No. of Attack, unknown
No. of Admissions, 1st
Age First Attack, unknown
Time of Leaving, May 20 - 1901
Time in Hospital, 6 Yrs 7 mos - 2 ds
Result, Died: asphyxia from goitre

EXAMINATION ON ADMISSION

Eddy Dr Phelps & Herzog Oct 20/94

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, sluggish
MEMORY:
Past Events, Difficult to test
Recent Events, seems fair.
Special Subjects,
PERCEPTIVITY:
Alert ~~or Dull~~, poor
~~Correct or~~ Illusive, yes
REASONING POWER:
Ordinary Subjects,
Own Mental State, Confused
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm~~,
~~Indifferent~~,
Exalted, Ex
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, none brought out
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
~~Coherent or~~ Incoherent, somewhat
Voluble ~~or Reticent~~, speech "Irish" + of a very peculiar dialect. —

GENERAL DESCRIPTIVE REMARKS:
Runs off into irrelevant speech; avoids questions + is, altogether, quite defective; probably always defective. Seemed very suspicious + refused to allow the usual tests + he made. Has a peculiar habit of saying "What?" to every question asked + afterwards answering, as if it took time for the idea to penetrate his mind.

Personal and Medical History of Richard Joyce

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ in WEIGHT, 159 lbs. NUTRITION, somewhat thin
WOUNDS OR ABNORMALITIES, see "J.R." on next page; mouth small.
TONGUE, Tremors, none marked Coatings, none Promptness Movement, fairly prompt
Size, normal
Accommodation, normal
good
not tested;
seems good; standing & foot good; standing, Eyes shut, fair.
Tongue, none
General, none
EXAM. ~~URINE~~,
and proposed Treatment
No particular treatment indicated as this condition is evidently due to a defective organization
t 7 - equal
peculiar dialect
FACIAL EXPRESSION,
SENSIBILITY,
HEART, seems good
LUNGS, some bronchial breathing, left apex.
TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,
} no history obtainable.

Personal and Medical History of Richard Joyce.

1894

This patient was brought here by Deputy-Sheriff M. N. Goss, with the following history, which is very meagre. As to his habits, cause of attack, forms of attack, when first symptoms were manifested, or in what way, number of attack if suicidal, if subject to any bodily disease, if he has been restrained or confined, or under medical treatment, nothing seems to be known. Patient is a vagrant, picked up on the streets of St. Paul. Insanity is now shown about money; people owe him $10000 + he claimed to be the owner of a vacant house when he was found. From his appearance is evidently of filthy + dirty habits. He has chased people + children from the vacant house. —

Oct 20 On admission, was put on B.3 (S.R. Complexion sandy; hair brown; eyes blue; condition of skin good
" 21 has a sore on small of back. He is dirty; behavior good) Oct 21/94. Slept 7 hours, during the night.
AM. Pulse 104. R 20. T(a) 99.2. Appetite good; no cough noticed. Makes no complaints. Behavior quiet.
" 22 Oct 22/94. Apparently slept well, last night. AM. Pulse 76 R 20 T(a) 98.8. Appetite good; bowels moved. Is quietly behaved. Hesitates in answering questions + appears as though he was afraid to speak.
" 23 Oct 23/94. AM. Pulse 98. T(a) 99.8. Appetite good; bowels apparently regular - Behavior about as above.
" 24 Oct 24/94. AM. " 70 " 98.6. Is quietly behaved; not moving about much; hardly ever speaking;
" 25 occasionally answers when spoken to. Oct 25/94. Quiet + slept 6 hours, last night. AM. Pul. T(a) 98.5.
" 26 Conduct + behavior do not change any. Oct 26/94. Slept 6 hours, last night; was quiet while awake.
" 27 AM. Pulse 78. Oct 27/94. Slept well, at night. AM. Pulse 76. Appetite good; bowels regular, behavior good.
" 31 Oct 31/94. Continues to rest + sleep well (6 to 7 hours) nightly. Pulse now more nearly normal. Appetite keeps good + bowels apparently regular. Is always quiet + well behaved. Is very reticent. —

Nov 1/94 Nov 1/94. Wt 160 pds. Pulse 88. Nov 2/94. Ans. Pulse 78. Nov 3/94. Rests + sleeps well, at night.
2/3 Keeps + about daily. Behavior good. Does not seem to realize where he is + thinks the length of time for which he was sent here has expired + that he is entitled to his liberty. Talks somewhat
" 30 incoherently. Habits are clean. He does no work. Nov 30/94. No particular change. Behavior is good. Is always asking to go out. Talks incoherently, somewhat; has delusions. Habits clean. Does not work.
Dec 1/94 Dec 1/94. Wt 155 pds. Pulse 84. Dec 22/94. Was struck by patient (Baker, young). Dec 31/94. No special change
1895 Jan 2/95 Jan 2/95. Wt 154½ " " 100. Jan 31/95. Keeps about the same. Somewhat restless + discontented.
Feb 1/28 Feb 1/95. Wt 155 " " 70. Feb 28/95. Appetite good; bowels regular; behavior good. No delusions noted but is slow + thinks + has some delusions: always expressing a desire to get out. Habits clean: no work.
Mar 1/31 March 1/95. Wt 153½ pds. Pulse 76. March 31/95. No change noticeable in patient's condition -
Apr 1/30 April 1/95. Wt 158 " " 108. April 30/95. Notes for several months back, still hold good.
May 1/31 May 1/95. Wt 159 " " 82. May 18/95. Had a fight today with Peter Lordeau, striking Lordeau
June 1/28 on the face + slightly marking him. June 1/95. Wt 168 pds. Pulse 88. June 30/95. No special change.
July 1/30 July 1/95. Wt 160 pds. Pulse 100. July 31/95. Appetite good: bowels regular: behavior fairly good. He talks incoherently; always asking about going out. Habits clean: Is indolent + does no work. —
Aug 1/31 Aug 1/95. Wt 157 pds. Pulse 100. Aug 31/95. Appetite rather poor: some days refuses all food: bowels are apparently regular: he talks incoherently, at times; continually "asking to see the Priest + to go home".
Sep 1 Habits are clean. Sep 1/95. Wt 145 pds. Pulse 108: has been failing in flesh, the past two months:
" 4/5 Sep 4/95: Was given Enema: bowels afterward moved slightly: Sep 5/95. Transferred to "Infirmary ward": at 10 Am: Pulse 96 R 28 T 99/100: appeared somewhat emaciated: Given bath + was put to bed.
" 8 Sep 8/95. Has been sleeping about 4 hours, nightly: is very restless, during the day. 1 PM. Vomited some.

Personal and Medical History of Richard Joyce

1895

Sep 10 6 PM. Had nose-bleed. Sep 10/95. Seems improving, physically. Is irregular and extra diet.
" 14 Sep 14/95. Wants to get up + dress. Sep 30. Has been somewhat restless
" ing to go home.
" have been some-
" te strong + continually
" improving. —
" very good; bowels
" r. Behavior good.
" Claim: does no work
" pds. Pulse 76.
" no special change.
" ns noticed. Habits
" ght 107 pds. Pulse 90
" during the period,
" andom. Habits Clean:
" thing enough. —
" in fact is rapid-
" ning very flashy:
" 7 Wt. 220. Extremely
" y. Jan 31/96 Pulse 76
" 25th Appetite good

" ction has been fair
" lly, its size. Is rather
" uted. —
" Physical Condition
" breathing + swallowing.
" breech. Appetite and
" cial Change —
" is enlarging
" with some diffi-
" during the day.
" said to him.
" ite, which is
" May 13 - Some
" excess of goiter.)
" tion from pressure of goitre

CASE RECORD.

Name Disease ..... Name Physician .....

Patient's Name Joice, Rich

Date. 1895		Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Oct 1st	95 am	98.6	90	24		On regular and extra diet.	Sept 6 - R. 2.
" "	pm	98.8	94	24	Gave bath.		" 6 - R. 2
							" 7 - R. 1
							Patient's appetite is very good. Bowels regular. Is continually getting out of bed and asking for clothes.
" 2	am	98.8	92	24			Sept 7 - R. 1.
" "	pm	100	92	22			
" 3	am	98.2	98	24			" 5 - R. 3.
" "	pm	99.6	98	22			
" 4	am	98.6	94	24			" 6 - R. 2
" "	2.30 pm						
" 17	am	100					
" "	pm	99	92	22			
" 30	am	99.8	96	24			
" "	pm	100	100	22			

Recorded by ..... Nurse.

Died

Personal and Medical History of Richard Joyce.

1894

This patient was brought here by Deputy Sheriff M. N. Goes, with the following history, which is very meagre. As to his habits, cause of attack, form of attack, when first symptoms were manifested, or in what way, number of attack if suicidal, if subject to any bodily disease, if he has been restrained or confined, or under medical treatment, nothing seems to be known. Patient is a vagrant, picked up on the streets of St. Paul. Insanity is now shown about money; people owe him $10000 + he claimed to be the owner of a vacant house when he was found. From his appearance is evidently of filthy + dirty habits. He has chased people + children from the vacant house. —

Oct 20. On admission, was put on B.B. (S.R. Complexion sandy; hair brown; eyes blue; Emaciation of skin) food.

" 21 Has a sore on small of back. He is dirty; behavior good) Oct 21/94. Slept 7 hours, during the night. AM. Pulse 104. R 20. T @ 99.2. Appetite good; no cough noticed. Makes no complaints. Behavior quiet.

" 22 Oct 22/94. Apparently slept well, last night. AM. Pulse 76 R 20 T @ 98.8. Appetite good; bowels moved. Is quiet, behaved. Hesitates in answering questions + appears as though he was afraid to speak.

" 23 Oct 23/94. AM. Pulse 98. T @ 99.8. Appetite good; bowels apparently regular - Behavior about as above.

" 24 Oct 24/94. AM. " 70 " 98.6. Is quiet, behaved; not moving about much; hardly ever speaking; occasionally answers when spoken. Oct 25/94. Quiet + slept 6 hours, last night. AM. P 74. T @ 98.5.

" 26 Conduct + behavior do not change any. Oct 26/94. Slept 6 hours, last night; was quiet while awake.

" 27 AM - Pulse 78. Oct 27/94. Sleeps well, at night. AM. Pulse 76. Appetite good; bowels regular; behavior good.

" 31 Oct 31/94. Continues to eat + sleep well (6 to 7 hours) nightly - Pulse now more nearly normal. Appetite keeps good + bowels apparently regular. Is always quiet + well behaved. Is very reticent. —

Nov 1/3 Nov 1/94. Wt 160 pds. Pulse 88. Nov 2/94. Ans. Pulse 78. Nov 3/94. Eats + sleeps well, at night. Is up + about daily. Behavior good. Does not seem to realize where he is + thinks the length of time for which he was sent here has expired + that he is entitled to his liberty - Talks somewhat incoherently. Habits are clean. He does no work. Nov 30/94. No particular change. Behavior is good. Is always asking to go out. Talk incoherently, somewhat; has delusions. Habits clean. Does not work.

Dec 1/ Dec 1/94. Wt 155 pds. Pulse 84. Dec 22/94. Was struck by patient (Baker Young). Dec 31/94. No special change

1895 1/31 Jan 1/95. Wt 154½ " " 100. Jany 31/95. Keeps about the same. Somewhat restless + discontented.

Feby 1/28 Feb 1/95. Wt 155 " " 70. Feby 28/95. Appetite good; bowels regular; behavior good. No delusions noted but is slow + think + has some dementia: always expressing a desire to get out. Habits clean: no work.

Mar 1/31 March 1/95. Wt 153½ pds. Pulse 76. March 31/95. No changes noticeable in patient's condition -

Apl 1/30 April 1/95. Wt 158. " " 108. April 30/95. Notes for several months back, still hold good.

May 1/31 May 1/95. Wt 149 " " " May 18/95. Had a fight today with Peter Bordeau, striking Bordeau on the face + slightly marking him. June 1/95. Wt 168 pds. Pulse 88. June 30/95. No special change.

July 1/30 July 1/95. Wt 160 pds. Pulse 100. July 31/95. Appetite good: bowels regular. Behavior fairly good. He talks incoherently; always asking about going out. Habits clean: Is violent + does no work. —

Aug 1/31 Aug 1/95. Wt 157 lbs. Pulse 100. Aug 31/95. Appetite rather poor: some days refuses all food: bowels are apparently regular: he talks incoherently, at times; continually "asking to see the Priest + to go home". Habits are clean. Sept 1/95. Wt 145 pds. Pulse 108: has been failing in flesh, the past two months:

Sep 1 " 4/5 Sept 4/95. Was given Enema: bowels afterward moved slightly: Sept 5/95. Transferred to "Infirmary ward": at 10 Am: Pulse 96 R 28 T @ 100: appeared somewhat emaciated: Given bath + was put to bed.

" 8 Sept 8/95. Has been sleeping about 7 hours, nightly: is very restless, during the day. Is Vomited some.

Medical History of Richard Joyce

Sept 10/95. Seems improving, Physically. Is regular and extra diet. [illegible] Is somewhat restless wishing to go home. Habits have been some- what strong + Continually improving. —

Oct 1/95. Is very good; bowels regular. Behavior good: Habits clean: does no work. Pulse 76. No special change: Appetite noticed: Habits clean. Sept 1897 pds. Pulse 90 Oct 1/95. During the period, Apparently Habits Clean: Appetite strong enough. — Oct 31/95. Is in fact is rapidly increasing very fleshy: Nov 1/95. Wt 220. Oct 31 Health good: Dec 1/95. Wt 225 Dec 31/95. Wt 225 pds. Appetite good

Jan 1/96. Condition has been fair- ly good, as regards size. Is rather excited. —

Feb 1/96. Physical Condition good: breathing + swallowing. Speech. Appetite and Special Change - Habits is enlarging. Work done diffi- cult during the day. Said to him. Excite, which is Feb 13 - Some [illegible] excess of gastric) - Pain from pressure of gastric

CASE RECORD.

Patient's Name Joice. Richard Name Disease Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Sept 25 am	99	100	22		On regulars and extra diet.	Slept 6 - R. 2.
" " pm	99	100	20			
" 26 am	99	96	20	Gave bath.		" 6 - R. 2
" " pm	99.8	100	22			
" 27 am	99	100	20			" 7 - R. 1
" " pm.						Patients appetite is very good. Bowels regular. Is continually getting out of bed and asking for clothes.
" 28 am	99	98	20			Slept 7 - R. 1.
" " pm	99.7	96	20			
" 29 am	98.8	100	24			" 5 - R. 3.
" " pm	99	92	22			
" 30 am	99.8	96	24			" 6 - R. 2
" " pm.	100	100	22			

Recorded by Nurse.

Died

Person

1894

This
is

[illegible] bowels
[illegible] & Stark.
[illegible] as above.
[illegible] even speaking;
[illegible] Pyx. Sep 9 95.
[illegible] quiet while awake.
[illegible] irregular; behavior good.
[illegible] nearly normal. Appetite
[illegible] very reticent. —

Nov 13 — [illegible] for w
[illegible] incoherent
" 30 [illegible] is good. Is al

Dec 1/94 Dec 1/94. Wt 155 pds.
1895 Jan 31 Jan 2/95. Wt 151½ "
Feb 1/95 Feb 1/95. Wt 155 "
" 28 [illegible] but is slow & think & has
Mar 1/95 March 1/95. Wt 153½ pds. Pulse [illegible] March 31/95. No change noticeable in patients [illegible]
Apr 1/95 April 1/95. Wt 158 " " 108. April 30/95. Notes for several months back, still hold good.
May 1/95 May 1/95. Wt 159 " " 86. May 18/95. Had a fight today with Peter Riordan, striking Riordan
June 1/95 on the face & slightly marking him. June 1/95. Wt 168 pds. Pulse 88. June 30/95. No special change.
July 1/95 July 1/95. Wt 160 pds. Pulse 100. July 31/95. Appetite good: bowels regular. behavior fairly good. He talks
incoherently; always asking about going out. Habits clean: Is indolent & does no work. —
Aug 1/95 Aug 1/95. Wt 157 pds. Pulse 101. Aug 31/95. Appetite rather poor: some days refuses all food: bowels are
apparently regular: he talks incoherently, at times; continually asking to see the Priest & to go home".
Sep 1/95 Habits are clean. Sep 1/95. Wt 149 pds. Pulse 108: has been failing in flesh, the past two months:
" 4/95 Sep 4/95. Has given Enema: bowels afterward moved slightly: Sep 5/95. Transfered to "Infirmary ward":
at 10 Am: Pulse 96 R 28 T 98/100: appeared somewhat emaciated: Given bath & was put to bed.
" 8 Sep 8/95. Has been sleeping about 4 hours, nightly: is very restless, during the day. 1 P.M. Vomited some.

Personal and Medical History of Richard Joyce

1895

Sep 10 6 PM. Had nose-bleed. Sep 10/95. Seems improving, Physically. Is irregular and extra Diet.
Sep 14/95. Wants to get up & dress. Sep 16/95. Sleeps about 6 hours, nightly. Still somewhat restless
wishing to go home.
have been some-
te strong & Continually
improving.
very good; bowels
5. Behavior good;
clean: does no work
pds. Pulse 76.
No special change.
ns noticed. Habits
Wt 157 pds. Pulse 90
during the period,
quiet. Habits Clean.
strong enough. —
in fact is rapid-
gaining very fleshy:
7 Wt. 220. Out of Health
ly. Jan 31/96 No
95. Appetite good.
ition has been poor
lly, in fact: Is rather
uted. —
Physical Condition
breathing & swallowing
speech. Appetite and
ecial Change —
is enlarging
work seems diffi-
, during the day.
said to him.
rite, which is
May 13 — Some
hereditary of goitre.)
rition from pressure of goitre

CASE RECORD.

Patient's Name Joice, Richard Name Disease Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Sept 14					On regular and extra diet.	Patient has an enormous appetite. Bowels regular. Wants to get up and dress.
" 15 am	98.8	84	20			Slept 6 hrs. R. 0 hrs.
" " pm	98.8	76	20			
" 16 am	99.8	84	20			" 6 " " 2 "
" " pm	99.6	84	20			Patient is very restless during day. Continually asking for clothes, and wishing to go home.
" 17 am	98.6	96	20			Slept 6 hrs. R. 2 hrs.
" " pm	100	98	20			
" 18 am	98.6	88	20			" 6 " " 2 "
" " pm	100.2	94	20			
" 19 am	100	96	20	Gave bath		" 6 " " 3 "
" " pm	100	98	20			
" 20 am	100	98	22			" 7 " " 1 "
" " pm	100.2	92	26			
" 21 am	100	100	24			" 7 " R. 1
" " pm	100	88	22			
" 22 am	100.4	90	24			" 7 - R. 1
" " pm	100.6	88	22			
" 23 am	100	84	22			" 7 - R. 1
" " pm	100.4	96	20			
" 24 am	100.2	84	24			" 7 - R. 1
" " pm	100.6	88	24			Patient is quite strong. Continually getting out of bed.

Recorded by Nurse.

Died

Pe

1895

...quiet.
...od; bowels
...afraid to shock,
...e about as above.
...rdly ever speaking;
...t. PM. Pul. Sep 9 95.
...was quiet while awake.
...d; bowels regular; behavior good.
...mae nearly normal. Appetite
...mained. Is very reticent. —
Nov 3/94. Rests & sleeps well, at night.
When he is & thinks the length of time
...titled & has liberty. Talks somewhat
...work. Nov 30/94. No particular change. Behavior
...y somewhat; has delusions. Habits clean. Does not work.
...struck by patient (Baker Young). Dec 31/94 No special change
...Keep about the same. Somewhat restless & discontented.
...Appetite good; bowels regular; behavior good. No delusions noted
...but is slow & think & has ...mentia: always expressing a desire to get out. Habit clean: no work.
March 1/95. Wt 163½ pds. Pulse 76. March 31/95. No change noticeable in patients' general condition —
April 1/95. Wt 158. " " 108. April 30/95. Notes for several months back, steel hold good.
May 1/95. Wt 159 " " 86. May 18/95. Had a fight today with Peter Riordan, striking Riordan
in the face & slightly marking him. June 1/95. Wt 168 pds. Pulse 88. June 30/95. No special change.
July 1/95. Wt 160 pds. Pulse 100. July 31/95. Appetite good: bowels regular: behavior fairly good. He talks
incoherently; always asking about going out. Habits clean: Is indolent & does no work. —
Aug 1/95. Wt 157 pds. Pulse 101. Aug 31/95. Appetite rather poor: some days refuses all food: bowels are
apparently regular: he talks incoherently, at times; continually asking to see the Priest & to go home".
Habits are clean. Sep 1/95. Wt 145 pds. Pulse 108: has been failing in flesh the past two months:
Sep 4/95: Was given Enema: bowels afterward moved slightly: Sep 5/95. Transfered to "Infirmary ward":
at 10 Am: Pulse 96 R 28 T 98/100: appeared somewhat emaciated: given bath & was put to bed.
Sep 8/95. Has been sleeping about 7 hours, nightly: is very restless during the day. 3 PM. Vomited some.

Nov 1/3
" 30
Dec 1/94
Jan 2/95
Feb 1/95
March 1/95
April 1/95
May 1/95
June 1/95
July 1/95
Aug 1/95
Sep 1/95
" 4/5
" 8

Personal and Medical History of *Richard Joyce*

1895

Sep 10 6 Pm. Had more bleed. Sep 10/95. Seems improving, physically. Is irregular and extra diet.
Sep 14/95. Wants to get up & dress. Sep 16/95. Sleeps about 6 hours, nightly. Still somewhat restless
...ing to go home.
...have been some —
...te strong & Continually
...improving. —
...very good; bowels
...s. Behavior good:
...clean: does no work
...pd. Pulse 76.
...No special change.
...ons noticed: Habits
...Wt 159 pds. Pulse 90
...during the period,
...laudrom. Habits Clean:
...strong enough. —
...is in fact is rapidly
...coming very fleshy:
...Wt. 220. Oct 31 Health
...y: Jan 3/99 No
...225.# Appetite good.

...ition has been fair
...lly, in exc. Is rather
...cited. —
...: Physical condition
...breathing & swallowing
...speech. Appetite and
...ecial Change —
...is enlarging
...to work some diffi-
...l. During the day.
...said to him.
...orte, which is
...May 13 - Some
...decrease of goitre.)
...rition from pressure of goitre

CASE RECORD.

Vol. 29
Folio 85.

Patient's Name Joyce Richard. Name Disease ..... Name Physician .....

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Sept 5-95				Gave bath.	On regular and extra diet.	Patient received on ward from B3 appearing somewhat emaciated. Put to bed.
" 10 am	100	96	28			Slept 7 hrs. R. 1 hr.
" 6 am	99.8	108	28			" 7 " R. 1 "
" " pm	100	90	26			Patient is very restless during day.
" 7 am	99.6	88	18			Slept 7 hrs. R. 1 hr.
" " pm	100.4	96	18			Patient vomited.
" 8 am	99.6	94	18			Patient had more bled.
" " 3.00 pm						Slept 7 hrs. R. 1 hr.
" " pm	99.8	96	18			" 6 " " 2 "
" " 6 pm						Patient seems to be improving physically. Appetite good. Bowels regular.
" 9 am	98.8	100	18			Slept 7 hrs. R. 1 hr.
" " pm	99	88	18			
" 10 am	100	96	20			
" " pm	100.2	98	20			
" 11 am	100.4	104	24			
" " pm	100.6	88	24			
" 12 am	99.8	84	24	Gave bath		" 7 " " 1 "
" " pm	100	84	24			
" 13 am	99.2	108	24			" 7 " " 1 "
" " pm	99	80	24			
" 14 am	98.6	88	22			" 7 " " 1 "
" " pm	98.8	88	20			

Recorded by ..... Nurse.

Died

Pe

1895

Nov 1/3/3

" 30

Dec 1/31

1894 Jan 2/31

1895 Feb 1/28

Mar 1/31

Apl 1/30

May 1/31

June 1/30

July 1/31

Aug 1/31

Sep 1/

" 4/5

" 8

quiet.

od; bowels

a pain & stuck.

about as above.

hardly ever speaking;

t. JFM. Phys. 16/9/95.

ays quiet while awake.

d; bowels regular; behavior good.

mod nearly normal. Appetite

roved. Is very reticent. —

Nov 3/94. Rests & sleeps well at night.

When he is & thinks the length of time

titled & his liberty. Talks somewhat

ork. Nov 30/94. No particular change. Behavior

is good. Is alr

Somewhat; has delusions. Habits clean. Does not work.

Dec/94. Wt 166 "

ruck by patient (Baker Young). Dec 31/94. No special change

Jan/95. Wt 164½ "

ke about the same. Somewhat restless & destructive.

Feb/95. Wt 166 "

Appetite good; bowels regular; behavior good. No delusions noted

but is slow & think & has

nection: always expressing a desire to get out. Habits clean: no work.

March/95. Wt 163½ lbs. Pulse 76. March 31/95. No change noticeable in patient's condition -

April/95. Wt 158. " " 108. April 30/95. Notes for several months back, still hold good.

May/95. Wt 159 " " 82. May 18/95. Had a fight today with Peter Rondeau, striking Rondeau

in the face & slightly marking him. June/95. Wt 168 lbs. Pulse 88. June 30/95. No special change.

July/95. Wt 160 lbs. Pulse 100. July 31/95. Appetite good: bowels regular. behavior fairly good. He talks

incoherently; always asking about going out. Habits clean. Is indolent & does no work. —

Aug/95. Wt 157 lbs. Pulse 100. Aug 31/95. Appetite rather poor; some days refuses all food: bowels are

apparently regular: he talks incoherently, at times; continually asking to see the Priest & to go home.

Habits are clean. Sep 2/95. Wt 144½ lbs. Pulse 108: has been failing in flesh the past two months:

Sep 4/95. Was given Enema: bowels afterward moved slightly. Sep 5/95. Transfered to "Infirmary ward":

at 10 Am: Pulse 96 R 28 T 98/100: appeared somewhat emaciated: given bath & was put to bed.

Sep 8/95. Has been sleeping about 4 hours, nightly: is very restless, during the day. 4 Pm vomited some.

Personal and Medical History of *Richard Joyce*

1895

Sep 10 6 Pm. Had nose-bleed. Sep 10/95. Seems improving, physically. Is on regular and extra diet.

Sep 14/95. Wants to get up & dress. Sep 16/95. Sleeps about 6 hours, nightly: Still somewhat restless

& very restless, also, during the day: Continually asking for his clothes and wishing to go home.

Pulse. R. & T. have been more normal, the past few days. Sep 29/95. P. R & T. have been some-

what high, the past week or so. He has been sleeping quite well. Is quite strong & Continually

" 30 getting out of bed: Sep 30/95. Lies steadily in bed: Condition seems to be improving. —

Oct 1 Oct 1/95. Patient very restless, continually asking for his clothes: Appetite very good; bowels

" 4/31 regular: Oct 4/95. Was got up, dressed and transferred to W 3. Oct 31/95. Behavior good:

he talks incoherently: frequently & present a "desire to go to St Paul": Habits clean: does no work

Nov 1 Nov 1/95. Wt 170½ lbs. Pulse 102. Dec 1/95. Wt 178 lbs. Pulse 98. Jan/96. Wt 182 lbs. Pulse 76.

Dec 2 Jan 2/96. Transferred to B 1 (account of General change of wards). Jan 31/96. No special change.

1896 Jan 1/31 Appetite good: bowels regular. behaves well: talks somewhat incoherently, intro delusions noticed: habits

Feb 1/29 clean: he does no work. Health seems good - Feb/96. Wt 186 lbs. P 78. Mar 3/96. Wt 187 lbs. Pulse 90

Mar 3 Apl/96. Wt 188½ lbs. Pulse 96. Apl 30/96. Appetite has been good: bowels regular. Behavior, during the period,

Apl 1/30 has been fairly good, though, at times, noisy, talking to himself, both incoherently & at random. Habits clean:

but slouchy when eating. Is of a lazy disposition & refuses to work. Thinks his post a strong enough. —

May/96 Summary Nurses Notes by Dr. Phelps- Patient quite markedly imbecile in manner, in fact is some-

to what of an imbecile: While here has grown lazy, dull, slouchy & is growing very fleshy:

Aug/97 his weight is now 213 lbs: He is occasionally a trifle noisy. Aug 31/97 Wt. 220. Oct 31 Health

good. Is noisy at times. Talks incoherently & very inactive, is untidy. Jan 31/99 No

change of importance during period. "Est - July 31/99 (Dr Parsons). Wt. 225. Appetite good.

sleeps well. behavior good. Inactive. Has some delusions. —

Aug 1 Jan 31/1900. (Dr Chapple) Wt 230. No change during period. Physical condition has been poor.

To 1900 Is very fleshy & has a large goitre which is increasing gradually in size. Is rather

Jan 31 stubborn & noisy at times. Habits untidy. Very inactive & demented. —

Feby 1 Wt 234 lbs. P 80. May 1 Wt 244 lbs. P 114. July/01. Vaccinated; result good. July 31. Physical Condition

July 30/31 not good. Is very fat & has a very large goitre, which causes some difficulty in breathing & swallowing.

Cannot endure much exertion. Habits rather untidy: very inactive: and irrational in speech. Appetite and

Aug 1 behavior good. Aug 1. 247½ lbs. Sep 10. Transferred to D 2. Nov 30. No special Change -

1901 Very little Change during period: Is very fat: has a large goitre, which is enlarging

Jan 31 gradually & renders his breathing laborious. Takes very little exercise: Eats with some diffi-

culty. Does nothing: is rather slouchy in dress. Sleeps a great deal, during the day.

Speaks very unintelligibly, but seems to understand all that is said to him.

Feby 1 Wt 248" May 1 Continues about same: Does no work: very fleshy: has large goitre, which is

May 13 increasing in size & renders respiration very labored, on slight exertion. May 13 - Some

" 18 haemorrhage from nose. May 18 "Choking spell" during night. (Suffering from pressure of goitre) -

" 20 Transferred to TW. May 20 Patient died (1 Am). From slow asphyxiation from pressure of goitre

Died

Personal and Medical History of John Smith #2 (colored)

LIBERTY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3881.
Residence, "no home" (Comes from St. Paul)
Date Admission, 20th October 1894.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, Jno. B. Oliver, Jail, Ramsey County.
Sex, Male
Age, 65
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, "Vagrant"
Degree Education, probably Poor
Profession Religion, Not a church Member
Habits, Temperate
Nativity, Unknown
Physicians Committing, George F. Hanley and Orin Martel
Correspondents, none given in "papers"

No. for Year, 80.
Insane Relatives, unknown
Cause Exciting, unknown
Cause Predisposing, unknown
Form, Dementia terminal
Accompanying Bodily Disorder, No
Suicidal or Not, unknown
Date of this Attack, unknown
Duration, "chronic"
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, unknown
Time of Leaving, Aug 8'95
Time in Hospital, 9 mo. 19 da.
Result, Unimproved (?) 2/8/96

Dr. Phelps & Henry 10/23/94

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
~~Clear~~ or Confused,
Quick or ~~Sluggish~~, fairly Quick but Confused.
MEMORY:
Past Events,
Recent Events,
Special Subjects, } Great Confusion but —
PERCEPTIVITY:
~~Alert~~ or Dull, Incorrect
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects, } Very Poor
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
~~Normal~~, Calm, and
Indifferent,
~~Exalted~~,
~~Depressed~~,
DELUSIONS:
Systematized or Not, Wandering.
~~Special Subjects~~, Delusions Has
~~Transitory or Not~~,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, } Page age 66 - Talks
Voluble or Reticent, } irrelevant & incoherent.

Personal and Medical History of John Smith #2

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8½ WEIGHT, 168 lbs NUTRITION, says "use to weigh 180-199"
WOUNDS OR ABNORMALITIES, had left arm broken once; Some Jaundice.
TONGUE, Tremors, "None noted" Coatings, large, flabby Promptness Movement, Fairly
PUPILS, Equality, Equal Size, rather small
Response Light, Slight Accommodation, —
SIGHT, (?) Seems good.
HEARING, Good
COORDINATION, Arms, Fair; Finger to nose, eyes shut, fair. } Somewhat, seemingly from
Legs, Fair; standing on foot, each foot; standing, eyes shut, fair. } weakness; at least, partly so.
TREMORS, Hands, None Tongue, None
Facial Muscles, — General,
REFLEXES, Patellar, 8: Equal. EXAM. URINE,
Other
ARTICULATION,
Slurred, No; "Darkey Brogue"
Hesitating, Fair
FACIAL EXPRESSION,
Fair
SENSIBILITY, —
HEART, Good
LUNGS, Good

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Some Constipated, Irregular,
APPETITE, Good, Medium, Keen Poor,
SLEEP, Good, 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,") } "Tramp" - Can't
Mother or Mat. Relations, } Make out anything
Father or Pat. Relations, } from him -
Brothers or Sisters,

Personal and Medical History of John Smith #2

1894

This patient was brought here by Deputy-Sheriff M. N. Goss, with following history, which gives but little information regarding him. He is a vagrant; picked up in St. Paul; habits temperate. As to nativity; antecedentary history; Cause of attack; when first symptoms of disease were manifested; if suicidally inclined; if any previous peculiarities were shown; if he has been pretained a Confirmed; nothing appears to be known. There is no accompanying bodily disorder, nor has he had any bodily disease, or injury to head. This is the 1st attack; form is chronic. Insanity now manifestedly a general Enfeebled mental condition. Patient is not disposed to injure others. Is of filthy & destructive habits. He has not been under medical treatment.

Oct 20 On admission, was put on B3 (S.R. Complexion black; hair black; eyes black; Condition of skin good; no marks, scars, or bruises noticed; bodily condition dirty. Behavior is good.) Oct 21/94. Slept 6 hours, last night. 8 Am. Pulse 90. R 30. Tx 100.4 (heated). Appetite is good. No cough noticed. His behavior is good. Inclined to be reticent. Makes no complaints. 4 PM. Pulse 108. R 30. Tx 100.2.

" 22 Oct 22/94. Again quiet & slept 6 hours, last night. 4 PM. Pulse 104. Tx 100.4. Appetite good; bowels

" 23 moved. Well-behaved. Works on ward; seems to be somewhat confused in his talk. Oct 23/94. Sleeps well. Am. Pulse 90. Tx 99.5. Is a quiet, well-behaved & orderly patient. Examined today. (See particulars). Note by W.P. There are no special indications for prolonged treatment in this case. Attention to diet, sleep & regular habits will probably raise his condition, but it is a chronic case & will not change much.

" 24 Jaundice & constipation can be treated". Oct 24/94. 4 PM. Pulse 92. Tx 100. Memory seems to be

" 25 somewhat affected. Otherwise about as above. Oct 25/94. Seems to sleep well. Am. Pso. Tx 98.8. —

" 26 Oct 26/94. 4 PM. Pulse 88. Tx 99.4. Somewhat restless last night and slept only about 4 hours. —

" 27 Oct 27/94. 4 PM " 78. 7 PM. Tx 99.8. Continues quiet & well behaved. Works some on ward.

" 31 Oct 31/94. Continues to sleep well, each night. Temperature ranges about what high (99.6) — Pulse is about normal. Appetite keeps good; bowels regular. Continues quiet & well-behaved.

Nov 1/94 Nov 1/94. Wt 171 lbs. (a slight gain in flesh). Pulse 80. Nov 2/94. 4 PM. Pulse 88. Tx 99. —

" 3 Nov 3/94. Am. Pulse 114. Tx 101. Says he does not feel well today; "has a cold". Appetite is good; bowels regular. Behaves well. Memory somewhat affected. Talk confused, at times; acting dull & stupid, during the day, when not at work; sitting in one place most of the time & rarely

" 5 speaking to any one. Habits are clean. He works some on ward. Nov 5/94. Pulse 92. Tx 99. —

" 6/7/8 Nov 6/94. Pulse 88. Tx 99.8. Nov 7/94. Pulse 80. Tx 100. Nov 30/94. Appetite good; bowels regular. Behavior is quiet & good. At times, appears somewhat bewildered. Will answer questions asked him. Habits clean; works on ward.

Dec 1/31 Dec 1/94. Wt 170½ lbs. Pulse 76. Dec 31/94. Keeps about the same, from month to month. Works some.

1895 Jan 2/ Jan 2/95. Wt 177 lbs. (some gain in flesh); Pulse 86. Jan 31/94. No special change to note, in past month.

Feb 1/4 Feb 1/95. Wt 176 " Pulse 82. Feb 4/95. Complains of not feeling well, the past few days. Has

" 28 refused a few meals. Is better now. Feb 28/95. Appetite fair; bowels regular. Behavior quiet; is generally sitting in the same place, all day; coughs some & at times, complains of not feeling well. Habits clean. Does not work. March 1/95. Wt 178½ lbs. Pulse 98. March 31/95. No change to note.

April 1/30 April 1/95. Wt 181 lbs. Pulse 76. April 30/95. No change. Patient is tuberculous; somewhat feebleminded.

May 1/9 May 1/95. Wt 183 " " 96. May 9/95. Had, what appeared to be, several light convulsions. were observed by some of the patients, tho' not seen by attd't, he, himself, calls them "fits"; says he is subject to them": has been in bed all day. May 10/95. Remained in bed, today, also. May 11/95. Up on ward, 4 day.

Personal and Medical History of John Smith #2

1895

May 31 Says he feels some better". May 31/95. Appetite rather poor; bowels apparently regular. He is very quiet. Hardly ever speaking to anyone. Complains a good deal, of being sick, lying around in bed, or sick bed. Habits clean. Transferred to 1st East at 11.30 Am from B3. Immediately after supper, this Evening, patient was overpowered with a smothering feeling and spasms of the heart; the limbs and head twitched slightly; heart palpitated strongly & irregularly, with a pulse about 112 and respiration 54. Patient was laid at once in a rocking-chair, with his feet raised and clothing loosened, as he appeared about to faint. He remained in this state for about 15 minutes, when he gradually recovered and was put to bed. June 1/95. Wt 179 lbs. P 84. He slept well,

June 1 - 30 last night & seems to have recovered from his weakness, this morning. June 30/95. During past week, patient has had a succession of boils under left arm-pit - June Dressed - He is quiet & harmless; makes no special Complaints (beyond these boils); talks very little; vacantly speaking to himself & is incoherent in speech. Works on ward. Is cleanly in his habits.

July 1/31 July 1/95. Wt 179 lbs. Pulse 81. July 31/95. No change to note, either mentally or physically since Report of 30th ult. Boils have now entirely disappeared. Health fairly good.

Aug 1/3 - 8 Aug 1/95. Wt 177 lbs. Pulse 82. Aug 3/95. About the same. Complains, at times, of not feeling well. Aug 8/95. Eloped, through the window, during the night. Efforts to find him were unavailing. —

Discharged

F. W. Krekow

1902 Room 316.

Oct 24 Complains of severe pain in abdomen: put on milk diet: is constipated: (passing some blood in urine): given Castor oil & enemas - Dec 10. Up on ward. Is somewhat improved, physically:

Dec 10 - 1902 Jan 31 but still very restless & noisy. Jan 31/03. Condition the same. Mar 29/03. Visited by friend:

July 1 Has improved considerably, in physical condition. Today to W! Still very restless and

Sept 10 - 1903 Maniacal. Sept 10. Abscesses in left leg lanced: healed promptly. Jan 31/03. No special

Jan 31 change to note —

Personal and Medical History of William Porter

LEBERT, FICKE & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3882.
Residence, Town of Freeman, Freeborn Co. Minn.
Date Admission, 20th October 1896.
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, Freeman Hackney, Jo. Co., Freeborn County.
Sex, Male
Age, 32.
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Laborer
Degree Education, probably fair
Profession Religion, Church member
Habits, Good moral character & strictly temperate
Nativity, Pennsylvania (Lancaster County)
Physicians Committing, A. C. Wedge & J. W. Darst
Correspondents, S. J. Kirkpatrick
Albert Lea Minn

No. for Year, 81.
Insane Relatives, none that are known of (parents were 1st cousins)
Cause Exciting, not known
Cause Predisposing, previous attack
Form, Mania sub acute
Accompanying Bodily Disorder, none
Suicidal or Not, not.
Date of this Attack, last Summer
Duration, about 3 months
No. of Attack, 2nd
No. of Admissions, 2nd
Age First Attack, about 27.
Time of Leaving, May 16' 96
Time in Hospital, 1 yr. 4 mo. 26 da.
Result, Disc., Apr. 30/96 Rec.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Ex by Dr. Phelps Nov 22 96

MENTAL ACTIVITY:
Clear or Confused, Confused and
~~Quick or~~ Sluggish, Sluggish
MEMORY:
Past Events, Confused by delusive ideas.
Recent Events, } Refers to events accurately, at times
Special Subjects, }
PERCEPTIVITY:
~~Alert or Dull~~, Dull
~~Correct or~~ Illusive, Illusive
REASONING POWER:
Ordinary Subjects, } very poor
Own Mental State, }
Special Subjects, }
GENERAL DESCRIPTIVE REMARKS:
Patient seems very much Confused.

EMOTIONAL STATE:
Normal, Calm,
Indifferent, & rather dull.
Exalted,
Depressed,
DELUSIONS:
~~Systematized or~~ Not, Systematized; wanders in mind
Special Subjects, & speech from one idea & another
Transitory or Not,
HALLUCINATIONS: None noted.
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, somewhat Coherent
Voluble or Reticent, rather reticent. Answers questions in a childish & somewhat irrelevant way; wanders from the subject in hand & goes on talking about various persons asking "if they are not known to you &c."

Personal and Medical History of William Porter

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 in WEIGHT, 142 lbs. NUTRITION, not very good
WOUNDS OR ABNORMALITIES, See "S. R." on next page; is somewhat pigeon-breasted.
TONGUE, Tremors, normal Coatings, normal Promptness Movement, wont put out
PUPILS, Equality, equal Size, ✓
Response Light, Yes Accommodation,
SIGHT, probably good
HEARING, Good
COORDINATION, Arms, Slight, if any, incoordination; fingers to nose, eyes shut, wont try well.
Legs, Standing on foot, good: standing, eyes shut, some swaying. —
TREMORS, Hands, none Tongue, none
Facial Muscles, ✓ General,
REFLEXES, Patellar, 6 - equal -
Other
ARTICULATION,
Slurred, Good, except wilful
Hesitating, hesitation. —
FACIAL EXPRESSION, ✓
SENSIBILITY,
HEART, Impulse forcible, 1st sound a little rough —
LUNGS, Normal

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Records kept	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 William Porter

1894

This patient was brought here by Deputy Sheriff E. A. Ellickson with following history. He has been of good moral character & strictly temperate; no history of heredity known of. Cause of this present attack is not known. Form of attack is Chronic, depressed, Paranoiac. He appears to be stupid; does not seem to remember past events; shows a propensity to tear up everything he can get hold of, such as pieces of paper, Clothing &c. There is no accompanying bodily disorder. Patient was sent to this Hospital, 5 Years ago (see note below ⊛); remained there about 7 months; appeared all right, since then, until this last summer. This seems to be 2nd attack. Insanity now manifested as above, (being stupid &c). Patient is not disposed to injure others, nor is he suicidal; has no particularly filthy habits, but is very destructive in regard to his Clothing, tearing off his clothing & destroying it; also the same with his bed-clothing. There is no history of any bodily disease &c or head injury. He has been restrained & confined the past 24 hours. He has not been under medical treatment. No further particulars, except that parents were 1st cousins.

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Note. Patient, as stated above, was here before, from Jany 30/90 to March 11/92. At time of their coming, he had to be carried up to ward; was in a very strenuous condition. For some time, was noisy at night, singing & talking. During following April, he became quieter & also behaved more naturally. Did not remember his peculiar conduct when he first came here. During September following, "he had a noisy, excited spell"; was also somewhat destructive; Continued to have these "spells", off & on. But, for some time before leaving, he was free from them, and from delusion & depression & not seeming mentally impaired. During the last year, he worked at for several months about the chicken houses & took great interest in that concern. —

Oct 20 On admission, was put on B³ (S.L. Complexion sandy; hair sandy; eyes brown; condition of skin, good; no marks, scars or bruises noted. Bodily condition clean. Behavior good: Is very stupid; would not talk).

" 21 Oct 21/94. Restless & noisy 5 hours & slept only 5 hours, during the night. H.M. Pulse 100. R 24. T(a) 100.2. Behavior is quiet. Appetite fairly good; bowels moved. No cough noticed. Talks incoherently; make no complaints. Oct 22/94. Slept 5 hours, restless 4 hours, last night. H.M. Pulse 72. T(a) 99.4. Appetite fair. Is dull & stupid; hardly speaking to anyone, unless spoken to. He seems to be confused & run-out. Examined today. The following treatment proposed (W.H.): "Would begin with a mixture of magnesium

" 23 sulphate, with iron; follow up by Maltine &c". Oct 23/94. Again, slept poorly, last night. — Am. Pulse 86. T(a) 99.2. Appetite good; bowels move regularly, now. Behavior does not change any. hardly ever answers any questions, asked him but once. Start to talk about something else in a rambling

" 24 sort of way. Oct 24/94. H.M. Pulse 72. T(a) 99.4. No change in behavior. Is slouchy in his dress.

" 25/26 Oct 25/94. Restless & slept only 6 hours, last night. H.M. Pulse 80. T(a) 99.6. Oct 26/94. Slept only 4 hours, was restless & noisy 5 hours, last night. H.M. " 78 " 98.6. Behaves about same.

" 27 Oct 27/94. Restless & noisy for 6 hours & slept only 3 hours, last night. H.M. Pulse 75. T(a) 98.6. Appetite good: bowels apparently regular. Conduct & behavior do not change any. —

" 28 Oct 28/94. Slept very poorly last night; was restless & noisy for 4 hours. Talks but very little,

" 29 and in a rambling sort of way. Otherwise no special Change to note. Oct 29/94. Noisy 3 hours during the night, slept only 5 hours. H.M. Pulse 78. No change, otherwise, to note. —

" 30 Oct 30/94. Slept only 6 hours, last night; was quite noisy for 3 hours or so. H.M. Pulse 72.

" 31 Oct 31/94. More quiet & slept 7 hours, last night. H.M. Pulse 72. Behavior about same.

Personal and Medical History of William Porter

1894

Nov 1 Nov 1/94. Slept well, last night. H.M. Pulse 76. Wt 143 pds. Appetite good and bowels regular.

" 2 Nov 2/94. Noisy & restless 4 hours, sleeping but 5 hours, last night. H.M. Pulse 80. Behavior same as usual

" 3 Nov 3/94. Slept only 3 hours; was noisy & restless 6 hours, last night. H.M. Pulse 75. Otherwise, no change. Behavior is quiet during day, but he is frequently noisy at night (as above detailed). Will talk if spoken to but in an incoherent, rambling way. Is generally sitting in one place, most of the time. Habits are clean but he is slouchy in his appearance & about his clothing. He does not

" 30 work any. Is on medicine. Nov 30/94. Has continued restless & noisy during the greater part of each night; has slept very poorly & no sound nights. None at all. Has also been very destructive. Appetite is good; bowels regular. Behavior good, during the day. Is destructive, at times, by day. Habits clean, but he is

Dec 1 slouchy in dress & appearance. Does not work any. Dec 1/94. Wt 150 pds. Has made some gain in flesh. Pulse 66. Dec 31/94. Has been dirty 3 days during the month. Otherwise no change from last month's report.

-31 Jan 2/95 Dec 2/95. Wt 161 pds. (a gain of 11 pounds in the past month). Pulse 76. Jan 31/95. Behaves well. Has improved a good deal lately; talks rationally; habits clean; works some in the ward.

Feb 1/95 Feb 1/95. Wt 161 pds. Pulse 58. Feb 2/95. Visited by friends. Feb 3/95: Restless 2 hours, during night;

" 26 tore up his blanket & rubber sheet. Feb 28/95. Quite often restless & noisy during the night & sleeping poorly; was recently struck by patient Milano, causing nose-bleed. Appetite good; bowels apparently regular. Is destructive, tearing his clothes &c; acting rather silly, at times; laughs to

Mar 1 himself. Habits clean; slouchy in dress. Works on ward. Mar 1/95. Wt 174 pds (has lost some in flesh).

-31 Pulse 82. Mar 31/95. Somewhat quieter of late, during the night. Otherwise no special change to note.

Apl 1/ April 1/95. Wt 174 pds. Pulse 78. Apl 30/95. Has improved very slightly, during the past month.

May 30 May 1/95. Wt 179 " " 70. May 31/95. Appetite good: bowels regular: behavior, at present, quite

31 noisy, at times & also destructive; foolish: talks & laughs to himself; works some on ward: also,

Jun 1/ occasionally, outside: Habits clean. June 1/95. Wt 174 pds. P 70. June 30/95. No special change.

July 30 Is occasionally restless at night & sleeps poorly. July 1/95. Wt 175 pds. P 74. July 31/95. No change to note.

Aug 31 Aug 1/95. Wt 148 pds. Pulse 76. Aug 31/95. Behavior, at present, fairly good, though he acts very foolishly, at times: will sit and laugh to himself, very loud. Talks but very little, in a

Sep 1 rambling way. Rather slouchy in dress. He works on the ward. Sept 1/95. Wt 174 pds. P 72

" 30 Sep 30/95. Occasionally restless at night, sleeping poorly. General condition shows no change.

Oct 1/ Oct 1/95. Wt 151 pds. Pulse 80. Oct 19/95. Seems to have improved considerably, of late. Talks

" 31 fairly rationally, and personal habits are good. Oct 31/95. Appears to be "all right" at present. Talks rationally & expresses a desire to get back home, for the holidays. Habits are neat & clean.

Nov 1/ Nov 1/95. Wt 157 pds. Pulse 64. Nov 30/95. Keeps on improving. Works daily with carpenter.

Dec 30 Dec 2/95. Wt 165 " " 72. Dec 31/95. Uniformly quiet & well-behaved. Of good personal

31 habits. Talks coherently & rationally. Habits good. Works with carpenter. Is much improved

1895 Jan 1/96. Wt 170 pds. (has been steadily gaining in flesh.) Physical health is very good — Is

" 7 Jan 7/96. Transferred to B¹: (on account of general change of wards). Jan 7/96. Moved to A³

31 (the "pen-ward"). Jan 31/96. Has been on this A³ ward, 9 days. Has been quiet & well-behaved, civil & obliging. He still seems a little "weak", mentally: this is noticeable in conversation & actions. Habits neat. Plays cards & attends patients' entertainment, participating in these. Physical condition very good. Is on "limited parole". Works out regularly, with the carpenters.

(carried to 124)

Personal and Medical History of Martin Hanson

LOBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3885.
Residence, Winnebago, Minn.
Date Admission, 23rd October 1894.
Admitted by, Dr. Herzog — Hour, 4.30 PM
How Sent, Thomas Ryan, Jof C. Houston County
Sex, Male —
Age, 24 —
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Farmer
Degree Education, Probably limited
Profession Religion, Lutheran
Habits, Good.
Nativity, Norway
Physicians Committing, W. W. Freeman & E. B. Johnston
Correspondents, Frederick Hanson
Winnebago, Houston Co. Minn

No. for Year, 84.
Insane Relatives, one uncle.
Cause Exciting, Brooding over business.
Cause Predisposing, Some Heredity
Form, Melancholia acute
Accompanying Bodily Disorder, None discovered
Suicidal or Not, Not.
Date of this Attack, 1st May 1894.
Duration, about 5 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, About 24.
Time of Leaving, Oct. 5. 1894
Time in Hospital, 2 yr. 11 mo 12 d.
Result, Discharged Feb. 9. 1895 Improved.

EXAMINATION ON ADMISSION

Exd. by Dr. Herzog & Phelps. 10/26/94 **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:
~~Clear~~ or Confused, slightly
Quick or Sluggish, sluggish
MEMORY:
Past Events, } seems fair
Recent Events, }
Special Subjects,
PERCEPTIVITY:
~~Alert or~~ Dull, somewhat
Correct or ~~Illusive~~, in the main
REASONING POWER:
Ordinary Subjects, seems poor
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm~~,
~~Indifferent~~,
Exalted,
Depressed, Yes
DELUSIONS:
~~Systematized or Not~~, unsystematized
Special Subjects, See note
Transitory or Not, permanent
HALLUCINATIONS: None noted
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, reticent

GENERAL DESCRIPTIVE REMARKS:
Says something acts a deed which his father gave him, but seems confused on this point. Is quite stupid & depressed & confesses to masturbating most unconcernedly. Is somewhat worried over his failure to secure Emissions as he believes that Every one masturbate & that it is necessary in order to prolong Existence.

Personal and Medical History of Martin Hanson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9in WEIGHT, 166 lbs NUTRITION, Fair; somewhat anaemic.
WOUNDS OR ABNORMALITIES, R. left side of face seems smoother than the right & the corner of the mouth is drawn down; no distinct paralysis
TONGUE, Tremors, Slight Coatings, brownish at base Promptness Movement, fairly
PUPILS, Equality, equal. Size, slightly dilated
Response Light, somewhat excessive Accommodation, normal.
SIGHT, Seems good
HEARING, Seems good.
COORDINATION, Arms, slightly unbalanced; finger & nose, eyes shut, some uncertainty.
Legs, Slight impairment; standing on foot, fairly good: standing eyes shut, sways slightly.
TREMORS, Hands, Not marked Tongue, None
Facial Muscles, twitching of Eyelids General, None —
REFLEXES, Patellar, Equal: q. quick EXAM. URINE,
Other No Clonus
ARTICULATION,
~~Slurred~~,
Hesitating, Slightly
FACIAL EXPRESSION,
heavy & dull
SENSIBILITY, —

HEART, } nothing markedly abnormal
LUNGS, }

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Records kept

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, } none brought out
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Martin Hanson

1894

This patient was brought here by Deputy Sheriff George N. Blessed, with the following history. Habits & morals good; there is found hereditary history, one uncle being insane. Supposed cause of this attack is brooding over business; form of attack is acute, depressed and occasionally Exalted. Cannot discover any bodily disorder. First symptoms of disease were manifested in May 1894, by depressed & Exalted Spells". This is 1st attack. Insanity is now manifested on the subject of property. Patient is disposed to injure others, from sudden Passion, but is not suicidal, nor filthy, nor destructive. There is no history of any bodily disease or injury to head. He has not been restrained or confined: has not been under medical treatment since 7 or 8 years. Had some kind of a fever at that time. Patient acknowledges to the habit of masturbating often. —

Oct 23 On admission, inspection B3 (S.R.) Complexion light; hair brown; eyes gray; Condition of Skin Good; has some scars on right knee. Bodily Condition Clean. Behavior Good. P96. R21. T@ 99.6.

" 24 Oct 24/94. Restless 2 hours, Sleeping 6 hours, last night. AM. Pulse 92. R 20. T@ 99.6. Appetite good; bowels free; no cough observed. Is restless: talks some & answers questions; makes no complaints.

" 25 PM. Pulse 96. R 20. T@ 99.6. Oct 25/94. Slept 6 hours, last night; was restless 2 hours. AM. P92. R20. T@ 99.6. Restless again today & walking hall. Talks some; no delusions noticed. Wants none. —

" 26 PM. Pulse 88. R 20. T@ 99.4. Oct 26/94. Restless 3 hours & slept only 5 hours, last night. AM. P86. R20. T@ 99.2. Appetite good. Very restless today; makes no complaints. Does no work. PM. Pulse 90. R21. T@ 99.4. Oct 27/94. Again passed a poor night: Sleeping only 5 hours; restless for 3 hours. AM. P88. R.17. T@ 99.2. Appetite keeps good. Less restless. Lies about on the seat. Talks but little. Works none.

" 28 Oct 28/94. Restless 3 hours, Sleeping but 5 hours, last night. AM. Pulse 92. PM. P90. No change otherwise.

" 29 Oct 29/94. Slept about as usual, last night very poorly. AM. P90. No special change & note. — Examined 1st. See particulars; also see particular delusions he holds (under head of "Genral descriptive remarks")

" 30 Oct 30/94. Slept poorly, again, last night; restless 3 hours, sleeping only 5 hours. AM. Pulse 86. No change.

" 31 Oct 31/94. Slept very poorly. AM. Pulse 86. Talks but little. Is wilful. Does no work. Habits cleanly.

Nov 1 Nov 1/94. AM. Pulse 88. Rather cranky: always stands about in the way. Is wilful & disagreeable.

" 2/6 Nov 2/94. AM. Pulse 90. Wt today, 170 pds. (a gain of 4 pds in weight). Nov 6/94. Since last noted, Sleep has continued poor (restless 2 hours & sleeping only about 6 hours, nightly). Pulse has been somewhat above normal. Behavior, on the whole, has been fairly good. He is somewhat stupid, at times; also lazy; does not help with the work: lies about on the seats. Inclined to be wilful. Talks but little; no delusions have been noticed; makes no complaints. Physical Condition about as on admission.

" 15/30 Nov 15/94. Is gaining in flesh. Works some on the ward. Nov 30/94. Appetite good. Lies about on the settees & sleeps. Talks when addressed. Walks in ward. Dec 1/94. Wt 175 pds. (a further gain in flesh). Pulse 78. —

Dec 1 1895 " 31 Dec 31/94. No special change. Talks & laughs to himself. Untidy in dress. Does not work any.

Jan 2/95 Jan 1/95. Wt 174 pds. Pulse 90. Jan 19/95. Transferred to B3. — Jan 31/95. No noticeable change.

Feb 1/28 Feb 1/95. Wt 175 " " 92. Feb 28/95. Appetite good; bowels apparently regular. Behavior fairly good. Talks quite rationally; does not want to work but lies around in the settees, or under the bed. Habits dirty; spitting in walls, behind heaters & settees. March 1/95. Wt 181 pds. P86. Mar 20/95. Complained of not feeling well the past few days & remained in bed. Up, in ward, today. Mar 27/95. Eats but very little: has taken only one meal in 4 days. Mar 31/95. Appetite keeps very poor. Only takes a meal or so.

Personal and Medical History of Martin Hanson

1895

Apl 1 mce a day. Otherwise, no change to note. Apl 1/95. Wt 168 pds; (has been losing in flesh). Pulse 114. —

" 30 Apl 30/95. No special change. Have no particular disease, but is losing flesh & strength. Is lazy & untidy. Slow of comprehension. (Probably masturbates). May 9/95. Wt 170 pds. Pulse 120. —

May 1 " 20/31 May 20/95. Visited by friends. May 31/95. No special change. Is generally lying under some bed, or on a settee; does not want to move, unless compelled to; talks quite rationally. Filthy in his habits; Spitting behind radiators or on floor. Idle; does not work. June 1/95. Wt 165 pds. Pulse 90.

June 1 " 20 June 20/95. Was very troublesome, during day; wanting to go down to the office; attacked attendant Jessup, when requesting him to keep away from the door: was taken to C3. June 30/95. No change noted.

" 30 July 1/95. Wt 158 pds. P76.

July 1/31 July 31/95. No change to note, either mentally or physically.

Aug 1/31 Aug 1/95. Wt 161 " " 92. Aug 31/95. Keeps about the same from month to month.

Sep 1/30 Is still filthy in habits; spitting behind heaters & settees. Sep 2/95. Wt 165 pds. P100. Sep 30/95. No change.

Oct 1/31 Oct 1/95. Wt 174 pds. Pulse 95. Oct 14/95. D.A. notes "very considerable Dementia; lazy; untidy and stupid: slow in all mental processes: masturbates". Oct 31/95. No change) No traceable

Nov 1 Nov 1/95. Wt 175 pds. Pulse 80. Dec 1/95. Wt 180 pds. Pulse 104. Jan 1/96. Wt 184 pds. Pulse 82. —

Dec 2 1896 Jan 31/96 Jan 31/96. Transferred to B1 (on account of a general change of wards). Jan 31/96. Appetite good: bowels regular. Behavior fairly good: Is slouchy & lazy: talks quite rationally: works a little in dining-room —

Feb 1 Feb 1/96. Wt 182 pds. P92. Mar 1/96. Wt 178 pds. P82. Apl 1/96. Wt 180 pds. P88. Apl 30/96. During the period,

Mar 1/29 appetite has been good: bowels regular. Behavior quiet apparently lazy: if allowed, will lounge around on the

Apl 1/30 seats. Talks rationally. Does not like to work. Habits clean, but his dress slouchy in dress. Physical health been good

May 1896 to Summary Nurses Notes by Dr. Phelps. Patient dull, rather demented & surley: seems always rather quick tempered altho he ordinarily makes little trouble. He does no work & in behavior is

Aug 1897 uniformly dull, stupid & inactive. Wt 189 lbs. Sept 1 No change of any kind since last note.

Oct 5 Physical condition has been very good. No change in mental state. Had delusions which are noticed only on questioning him. Hesitates before answering but usually understands what is said to him: Seldom speaks unless spoken to: Behavior very quiet during past year: Does no work & is inactive & sluggish: Habits clean. Eats & sleeps well. Taken home today by his father.

Discharged

Personal and Medical History of W. J. Rice

LIBBEY, PERLEE & CLAWSEES, DAVENPORT, IOWA.

Whole No. 3887.
Residence, Burnsville, Dakota County Minn
Date Admission, 23rd October 1897. (Comes now from Dakota County Poor Farm)
Admitted by, Dr. Phelps — Hour, 7 PM.
How Sent, Thos P. Morgan Jo P.O. Dakota County
Sex, Male.
Age, 37 Years
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Farm laborer
Degree Education, not given
Profession Religion, not given
Habits, have been very intemperate; morals (?)
Nativity, St Paul, Minnesota
Physicians Committing, A. Van Beeck & A.M. Todd
Correspondents, Michael Farrell, County Commr

No. for Year, 86.
Insane Relatives, none known of
Cause Exciting, Excessive Drink
Cause Predisposing, "Chronic"
Form, melancholia, acute
Accompanying Bodily Disorder, fractured right leg.
Suicidal or Not, has threatened Suicide
Date of this Attack, not known
Duration, probably long
No. of Attack, probably not the 1st
No. of Admissions, 1st
Age First Attack, not stated
Time of Leaving, Left May 31- 1897
Time in Hospital, 2 yr. 7 mos. 8 d.
Result, Discharged Nov. 3. 1897 Mack Simpson.

Given by (Patient / Friend or Relative) Mrs Margaret Rice, mineral Point, Wis (mother) Rosemount Minn
Mar 25 Letter of brother Michael Rice re

Exd by Dr. Herzog 25 mar 94.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
~~Clear~~ or Confused, somewhat X
Quick ~~or Sluggish~~, fairly

MEMORY:
Past Events, } Fairly Good, Considering his
Recent Events, } education —
Special Subjects,

PERCEPTIVITY:
Alert ~~or Dull~~, fairly
Correct ~~or Illusive~~, in the main

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

EMOTIONAL STATE:
Normal, ~~Calm~~,
Indifferent,
Exalted,
Depressed, somewhat X

DELUSIONS:
Systematized ~~or Not~~, Yes; "of persecution" -
Special Subjects,
Transitory or Not, seem fixed

HALLUCINATIONS:
ILLUSIONS: See note

CONVERSATION:
~~Coherent or~~ Incoherent, somewhat X
Voluble ~~or Reticent~~, fairly

GENERAL DESCRIPTIVE REMARKS:
Has run down, physically, since his leg was broken; and has previously drank hard. Although nothing is known as to his history, it seems probable that this attack is an acute melancholia. His uneasiness & delusions concerning mysterious "signalling", "telegraphing &c" practiced by railroad men. He is suspicious of every one, including the night watch whom he accuses of "signalling" with his lantern &c

Personal and Medical History of W. J. Rice

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft ½ in WEIGHT, 154 lbs NUTRITION, Considerably Emaciated —
WOUNDS OR ABNORMALITIES, has an ununited fracture of right leg, lower 3rd; says it occurred latter part of July - got out of bed 3 or 4 weeks ago —
TONGUE, Tremors, Some Coatings, yellowish at base Promptness Movement, Fairly
PUPILS, Equality, Yes Size, normal
Response Light, normal Accommodation, normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, somewhat impaired; fingers tremulous, Eyes shut, some uncertainty.
Legs, somewhat impaired; standing, & foot, unable; other tests not performed on account of fractured leg - accommodation probably due to weakness. -
TREMORS, Hands, None — Tongue, yes -
Facial Muscles, none General, in attempting to stand.
REFLEXES, Patellar, 0 - Equal.
Other
ARTICULATION,
Slurred,
Hesitating, ✓
FACIAL EXPRESSION, somewhat suspicious
SENSIBILITY, —
HEART, somewhat rapid; no murmurs
LUNGS, seem good

EXAM. URINE,
TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
Record kept
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, } None obtainable
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of W. J. Rice

1894

This patient was brought here by a Deputy-Sheriff, in due form. He now comes from Dakota County Poor-farm. Do not know as regards his morality, but he has been very intemperate. Do not know as to any insane relatives, or heredity. Supposed cause of this attack is excessive drink. Form of attack is Chronic. He has a fracture of right leg. When first symptoms of disease were manifested is not known: they were shown by his telegraphing to the Sun. This is probably not the 1st attack; he is said to have always acted strangely. Insanity now manifested by telegraphing to the Sun, locking himself in his room, locking doors & windows &c. He attempted to injure Overseer of Poor Farm; was always inclined to create disturbance. Suicide has never been attempted, but threatened. Is cleanly in his habits. There is no history of any bodily disease &c or injury to head. He has not been restrained or confined. Has not been under medical treatment, that is known of. ——

Oct 23 On admission, was put on D². (S.R. Complexion dark; hair black; eyes gray; right foot is very much swollen; "has it had been broken"; bodily condition clean. Behavior good). Pulse 92. R 18. T(c) refused to allow it to be taken. Ill-tempered; tried to strike attendant with his crutch. ——

" 24 Oct 24/94. Slept only 4 hours, last night; was restless for 4 hours; also noisy. AM. Pulse 90. Appetite good. Is very cranky & of a mean disposition. Talks freely but shows delusions. "Thinks someone tried to poison him". PM. Pulse 86. No cough noticed. Examined today. Proposed to treat him by giving a generous diet with an iron tonic, as beef wine & iron. Oct 25/94. Restless 3 hours, sleeping only 5 hours, last night. AM. Pulse 90. R 20. Appetite is good. Is very restless & walking hall, at times.

" 26 Complains of foot & leg paining him. PM. Pulse 88. R 19. Oct 26/94. Restless 4 hours & slept but 4 hours, last night. AM. Pulse 88. R 18. Talks lively & boisterously. Still complains of leg paining him.

" 27 PM. Pulse 90. R 18. Oct 27/94. Slept only 4 hours, last night; restless 4 hours; "leg pained him". — AM. " 88. Was put to bed (by virtue of D.S.). Later, became restless; sitting up in bed. He has

" 28 persistently refused to allow his temperature to be taken). Oct 28/94. Slept 5 hours; restless 3 hours, last night. Is in bed, Pulse 92, thin Ans. Appetite good. Still holds delusions. "Thinks we are trying to do him up". Is on medicine. Oct 29/94. Again restless 3 hours; slept only 5 hours, last night.

" 29 AM. Pulse 90. Still in bed. Has been noisy, part of the day. Still holds to his delusions. Appetite is fairly good. Oct 30/94. Restless 4 hours; Slept only 4 hours. AM. Pulse 88. Cast put on leg. He is

" 30 still in bed. Has been noisy, a part of the day. Oct 31/94. Slept poorly; only 5 hours; restless 3 hours. AM. Pulse 88. Is noisy & boisterous today, & is trying to walk on leg, without crutches. Appetite Good.

" 31 Nov 1/94. Slept poorly, again, last night. AM. Pulse 88. PM. Has been restless, all day, trying

Nov 1 to tear cast off; says "leg pains him". "Thinks he is being persecuted". Nov 2/94. Tore cast off,

" 2 during the night: was very noisy. Also noisy & boisterous, today. Wt. today, 155½ lbs. Pulse 86.

" 3/4 Nov 3/94. AM. Pulse 86. Is noisy; deluded; "thinks some one is going to kill him". Nov 4/94. AM. Pulse

" 5 Singing, all day, & quite boisterous. Still full of delusions. Nov 5/94. AM. Pulse 84. He is again noisy

" 6 & boisterous, today. Nov 6/94. AM. Pulse 86. Is singing. Talks considerably. Still very deluded. —

" 7 Nov 7/94. During the past week, has continued to sleep poorly; restless 3 hours or so each night & sleeping only about 5 hours. Is restless, noisy & boisterous by day; grows excited upon the least provocation. — Cranky & of a mean & obstinate disposition. Full of delusions and now "imagines that the patients are spies and are going to kill him". — Nov 30/94. Noisy, troublesome & destructive. Still shows

Personal and Medical History of W. J. Rice

1894

Dec 1 delusions. "Thinks some one is going to kill him". Dec 1/94. Wt 164 pds. Pulse 96. (Has gained in flesh).

" 22 Dec 22/94. Transferred to B³. Dec 31/94. Has been quiet, behaved as this ward. Talkative. Habits clean.

1895 Jan 2 Jan 2/95. Wt 174 pounds (a gain of 10 pounds in the past month). Pulse 96. Jan 31/95. No special Change.

Feb 1/95 Feb 1/95. Wt 174 " Pulse 84. Feb 28/95. Behavior quiet; hardly ever speaking; habits clean; no work.

March 1/95 March 1/95. Wt 178 " " 106. Mar 31/95. No change noticeable in patients' condition.

Apl 1/95 Apl 1/95. Wt 179½ " " 84. Apl 30/95. No change. Shows no definite delusions; somewhat slow in mental faculties. Can walk fairly well, but is still lame. Fracture has healed but with considerable deformity. — May 1/95. Wt 178 pds. Pulse 112. May 31/95. Behaves well: talks rationally. To work.

June 1/95. Wt 182 pds. Pulse 90. June 30/95. Keeps about the yard, from month to month.

July 1/95. Wt 181 " " 66. July 31/95. Behavior good: he talks quite rationally — no delusions noticed. Seems to be all right. Habits are neat & clean. Works some in ward.

Aug 1/95. Wt 179 pds. Pulse 102. Aug 31/95. No special Change. Behaves well: talks rationally.

Sept 1/95. Wt 182 " " 88. Sept 30/95. No Change. Seems to be "all right". Does no work.

Oct 1/95. Wt 185 " " 88. Oct 17/95. About as usual. Transferred to A³ today.

" 31 Oct 31/95. Talks very little: is quiet & well-behaved. Appears quite rational. Is still quite lame from broken limb: habits neat & clean. Works in ward. Has a "limited parole".

Nov 1 Nov 1/95. Wt 183½ pds. Pulse 92. Dec 1/95. Wt 185 pds. Pulse 90. Jan 1/96. Wt 183 pds. Pulse 96.

Dec 1 Jan 31/96. Appetite very good: bowels regular: physical condition good: makes no complaints: talks quite rationally

1896 Jan 1/3 but inclined to be quiet: no delusions noticed. Works in ward every day: plays card &c. Has "limited parole".

Feb 1 Feb 1/96. Wt 185 lbs. P 75. Mar 1/96. Wt 185 lbs. P 92. Apl 1/96. Wt 185 lbs. P 88. Apl 30/96. No change noticeable during

Mar 1 the period. Physical condition fair: still slightly lame: Mental condition seems good: talks rationally: is

Apl 1/30 of a surly disposition: not very active & ambitious; lives along quietly, never seems irritated. Is quietly behaved: works a little each day, in ward: has a "limited parole".

May 1/96 Summary Nurses Notes by Dr. Phelps. Patient has been quiet & well behaved. Appears rather sullen in manner but

to his behavior does not carry out the impression. Had had parole in Dec. 96 was put upon

Oct 31/97 open ward. May 31/97 Patient was sent out on trial having been uniformly quiet & well behaved & with fair intelligence for a year past.

Discharged.

Trial Docket 116. Injury Deal.

Feb 1 - July 31/99. (Dr Ivanovs) Wt. 131 lbs. Is excitable & irritable. Works on farm: General condition good. Aug 1 - Jan 31/1900 (Dr Chapple) Wt. 135 lbs. Condition has been about stationary.

To 1900 Jan 31 Is rather thin but seems very well. Is much demented. Talks quite incoherently & is rather silly: Occasionally has noisy & ugly spells. Has worked on ward & farm

Apl 30 no change noticeable in patient's condition. Health seems fairly good —

26 Was today, transferred to Hastings Hospital.

Personal and Medical History of John Hare

LEGGET, PERLAK & CLARKSON, DAVENPORT, IOWA.

Whole No. 3888.
Residence, has lived in Dakota County, a short time
Date Admission, 23rd October 1894.
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, Thos. A. Moran, Jof. Dakota County
Sex, Male.
Age, 29
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Penman (Teacher of)
Degree Education, not stated
Profession Religion, not a church member
Habits, not known
Nativity, Chicago, Ills.
Physicians Committing, H. Van Beuck and A. M. Hosick
Correspondents, address of this folks is Albert Lea Minn

No. for Year, 87.
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, probably chronic
Form, paranoia
Accompanying Bodily Disorder, none
Suicidal or Not, no
Date of this Attack, about 4 months ago
Duration, about 4 months.
No. of Attack, probably not the 1st
No. of Admissions, 1st. (Seems to have been in Toledo this in March 1894 —
Age First Attack, not given.
Time of Leaving, 8th June 1895.
Time in Hospital, 7 mos + 16 Ds
Result, Discharged Nov 6/95 — Improved

Exam'd Dr. Herzog & Phelps 10/24/94

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
~~Clear or Confused~~, slight Confusion, at times.
Quick or Sluggish, Very quick & erratic
MEMORY:
Past Events, Apparently good
Recent Events, "
Special Subjects, " — a little doubtful as to some subjects.
PERCEPTIVITY:
Alert or Dull, quite quick
Fairly Correct ~~or Illusive~~, except for egotistic Exaggeration.
REASONING POWER:
Ordinary Subjects, Some impairment
Own Mental State, recognizes no impairment
Special Subjects, Importance of his writing; watched by everybody &c

GENERAL DESCRIPTIVE REMARKS:
Got acquainted with one of the princesses & got in papers of London. Said was at Windsor a good while; got acquainted with Princess Beatrice in 1885 & had some correspondence: letters were found at his & that went in all the papers. Don't hardly know how it got into the papers; no scandal. Don't know exactly why it was in the papers —

EMOTIONAL STATE:
~~Normal, Calm~~,
~~Indifferent~~,
Exalted, slightly
Depressed,
DELUSIONS:
Systematized ~~or Not~~, as to subject of being watched
Special Subjects,
~~Transitory or Not~~, not
HALLUCINATIONS: none noted
ILLUSIONS: None noted; possibly about being watched.
CONVERSATION:
Coherent or Incoherent, } Coherent, voluble & reasons
Voluble or Reticent, } things out & quite shrewdly. —
Paranoiac form of talk.

Personal and Medical History of John Hare

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7½ WEIGHT, 141 lbs. NUTRITION, Good; Anaemic.
WOUNDS OR ABNORMALITIES, See "S.R." on next page.
TONGUE, Tremors, no marked tremor Coatings, pasty coating at base Promptness Movement, prompt
PUPILS, Equality, Equal Size, normal
Response Light, Readily Accommodation, Normal
SIGHT, (?) Good —
HEARING, Good
COORDINATION, Arms, Good; finger & nose, eyes shut, good.
Legs, Good; (Standing) on foot, Good. —
TREMORS, Hands, — Tongue, no marked tremor
Facial Muscles, General, —
REFLEXES, Patellar, Equal + 3 EXAM. URINE,
Other
ARTICULATION,
~~Slurred~~,
~~Hesitating~~, Good
FACIAL EXPRESSION,
fairly Good
SENSIBILITY,
HEART, impulse forcible; roughness slight, but no murmur.
LUNGS, Normal

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,	Careless,
BOWELS, Normal,		Constipated,	Irregular,
APPETITE, Good,	Record kept	Medium,	Poor,
SLEEP, Good,		Poor,	Irregular,
PULSE, full: 90.		Resp.,	Temp.,

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, Father died — Typhoid — } Denies any heredity. Was at St. Peter in 1874 for a few months & arrested several times, of late —
Brothers or Sisters,

Personal and Medical History of John Hare

1894

This patient was brought here, in due form, by a Deputy Sheriff with following history. He has lived in Dakota County only a short time. Do not know as regards his habits, nor as to any hereditary history. Cause of this attack is not known; it is probably not the 1st attack and is probably also chronic. There is no accompanying bodily disorder. First symptoms of this attack were manifested about 2 months ago, at Mendota; when others occurred is not known. Insanity now shown by the belief that he is molested. He is disposed to injure others, but is not suicidal; has refused to take care of his person. He was confined at Toledo, Ohio, in March 1894. Has been under medical treatment, apart of the time, while here.—

Oct 23 **On admission**, was put on B2. (SR Complexion dark; hair black; eyes brown; Condition of skin clean; behavior good; no marks (scars or bruises noticed). Oct 24/94. Restless 3 hours and slept only about 5 hours. last night. AM. Pulse 78. R 18. T(o) 99. Appetite good; no cough noticed; PM. Has been restless; walking the hall, all day. Talks incessantly; no delusions noted. Pulse 80 R 20
" 25 T(o) 98.8. Oct 25/94. Restless 2 hours, but slept 6 hours, last night. AM. P 76. R 18. T(o) 98.5. Appetite keeps good. Walks the Hall continually; talks very freely; makes no complaints. PM. Pulse 74.
" 26 R 19. T(o) 99. Oct 26/94. Slept 6 hours, restless 2 hours, last night. AM. Pulse 74. R 20. T(o) 98.8. Walks
" 27 the hall, peacefully. Talks a great deal. Works none; makes no complaints. Oct 27/94. More restful, sleeping 7 hours, last night. AM. Pulse 74. Behaves better & is more quiet. Talks freely. Complains of distress in bowels; is probably Constipated. Examined today. Manifested peculiar delusions & delusive ideas; (see particulars of same). Patient is quite healthy. Is thoroughly & chronically paranoiac and no treatment is indicated, except that of restraint & quiet. He should have quiet life & be guarded from wandering
" 28 about the Country. (DP). Oct 28/94. Quiet & slept 8 hours, last night. AM. Pulse 72. Restless, today.
" 29 Oct 29/94. Slept only 5 hours, last night; was restless 3 hours. AM. Pulse 72. Behaves well. Shows delu-
" 30 -sions of persecution. Oct 30/94. Slept well (8 hours) last night. AM. Pulse 74. Talks quite freely.—
" 31 Oct 31/94. Slept 6 hours; restless 2 hours, last night. AM. Pulse 74. Restless - "thinks he is followed and persecuted". Behaves fairly well. Appetite good; bowels somewhat more regular. Habits clean.
Nov 1 Nov 1/94. Slept 8 hours, last night - AM. Pulse 72. Is rather cranky and irritable, today -
" 2/3 Nov 2/94. AM. Pulse 74. Restless; walking the hall. Does no work. Nov 3/94. Wt, today, 152½ pds. (Has gained 11½ pds in flesh, since Coming). Is noisy & boisterous today; walking the hall a good deal of the time: cranky; deluded. "Discontented here; says he is going home away".—
" 4 Nov 4/94. AM. Pulse 74. Noisy & abusive to Doctors & attendants. Still holds to his delusions.—
" 5/6 Nov 5/94. AM. " 72. Restless: walking the floor. Talks freely. Nov 6/94. AM. Pulse 70. Complains of being kept here. "Wants to get out". **Summary**. Since 1st Rest: patient has been quiet and restful at night, sleeping 8 hours, or each. Has been up & around, daily; clean, tidy, and well-behaved as a rule. Personal habits good. Is cranky, irritable & disagreeable in manner, at times. Restless; walks the floor almost incessantly. Mental state is, at times, exalted. Still holds to his delusions of "persecution", and "thinks people are sent to keep watch of him".
" 19 Nov 19/94. Restless, walking the hall. Talks freely; makes no complaints - Does no work. Transferred to B3.—
" 20 Nov 20/94 - A restless patient; continually walking on ward. Easily excited. Says, at times, "that people on the outside are always after him & trying to make trouble for him". Appetite is good. Does no work.
Dec 3/4 Dec 3/94. Wt 165 pds (has gained quite markedly in flesh); pulse 75. Dec 4/94. Had some trouble with

Personal and Medical History of John Hare

1894
Dec 4 with another Patient (Twin. Fox); said that he would not behave" - Got excited & much confused, wanted to fight.

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CASE RECORD.

3888

Patient's Name Hare John Name Disease March. Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
March 13				10¼ A.M. Patient received on ward from B 3 suffering from lame back. Lower and entire part of back red and very tender. P. 80 R 20 T. 99.2 8P 22 99.4 night. Slept very well all night.		
" 14	99.4	68	18	Appetite very good. Bowels regular. complains		
	99.7	66	20	of a tenderness in back. night slept 7 hours.		
" 15	99	70	20	Patient very restless and continually talking		
	99.6	72	18	about his back being very sore. Night slept 6 hrs.		
" 16	99.8	72	20			
	99.8	72	20	Slept all night.		
" 17	99.4	72	19	9 p.m. used all day.		
	99.8	76	20			
" 18	99.8	76	20			
	100	72	22			
" 19	99.2	70	20	Transferred to B 2.		

Recorded by _____ Nurse.

Does no work. Contrary, the past ...npa, in the room - ...om or hall, Lardy ...s are clean & neat. ...s, the latter ..., past month. ...w and sister - ...it hurts him ...rite lame - ...Bs. Pulse 74. ...ells regular - ...t very restless, ...t restless, but ...95. Was, to day, ... of back & wants ...laints of back. ...he wants to gain ...rcise, at all. ...appearance - ...ning in flesh. ...use of Drouths & ...walking, of late. ...st 3 months). ..."Malaria" - ...sleeping very poorly. ...out for walk. ...Am. P 68 R 20 ...follow him ...by Att. Tyler - ...to go. Yet they ...them, to-day.

Personal and Medical History of John Hare

…with another patient (Jno. Fox); said that he would not behave" - Got excited & much confused, wanted to fight. …as been talking to himself a good deal for the past 3 days. Was transferred to Ward B³ —
Dec 31/94. He has an enormous appetite. Behaves fairly well: remains in his room nearly all day. Does no work.
Jan 2/95. Wt 175 lbs. (a gain of 10 pounds, in last month) - Pulse 84 - Jan 15/95. Very Contrary, the past few days - Says "he must room alone" &, last evening, was not going to let patient Jno Kompa in the room - Patient was put out in hall to sleep. Jan 31/95. Behaves ravenous appetite. Walks up & Down in hall, hardly ever sitting down; talking to himself a good deal - Otherwise no change to note. Habits are clean & neat.
Feb 1/95. Wt 172 lbs. Pulse 80. Feb 14/95. Had some trouble with patient John Brooks, the latter striking Hare & slightly marking his face - Feb 28/95. No change noticeable, during past month.
Mar 1/95. Wt 182 lbs (quite a gain in flesh) - Pulse 100. Mar 2/95. Visited by mother and sister.
Mar 13/95. Says he was kicked by some one, last evening, in the back, so that it hurts him to move around - Was Transferred to Infirmary Ward, at 10ᴬᴹ Am: Back is quite lame - Lower & centre part of back red and very tender - P 80. R 20. T 99². Pm. Pulse 84. R 22 T 99⅘. Mar 14/95. Slept very well, all night. Appetite very good; bowels regular - Complains of tenderness in back. Mar 15/95. Slept 7 hours, last night - Patient very restless, & continually talking about his back, being very sore - Mar 16/95: somewhat restless, but slept 6 hours - Mar 17/95. Slept all night - Up, onward, all day - Mar 19/95. Was, D day, Transferred to B²: (see attached nurse's record). Mar 20/95. Still Complains of back & wants to be where he can lie down. Mar 25/95. Lies about on floor in room; still complains of back.
Mar 31/95. Appetite ravenous. Eats a large amount of meat; seems to think that he wants to gain in flesh & has eat a great amount to do so. Does not walk out to take any exercise, at all. Lies about on floor in room - Bowels free. He is quite tidy in his personal appearance.
Apl 1/95. Wt 188 lbs. Pulse 83 - Apl 28/95. Deluded & talking all day. Still gaining in flesh.
Apl 30/95. Shows some "peculiar delusions". Says "people think he is the cause of drouths & grass-hopper plagues &c" - ("but he isn't") - Complains of back some. Goes out walking, of late.
May 2/95. Wt 198½ Pounds. (Has gained 26½ pound in flesh, in the past 3 months).
May 25/95. Complains of not feeling well: is lying about in room; Says "it is Malaria" -
May 31/95. Has been in bed, past 5 days - Gets medicine. Restless, at night & sleeping very poorly.
June 1/95. Wt 195 lbs. Pulse 84. June 2/95: In bed. June 3/95. Up, part of Day, & out for walk.
June 7/95. The past 3 days, again in bed - (5ᴾᴹ Pm P 78 R 18 T 100; 6ᴬᴹ Am. P 88 R 20 T 99.8). Up & out for a walk, D day. Seems deluded - Says the Irish follow him around, all the time" - June 8/95. Would not get up. Had to be dressed by Att. Tyler - Was, today, visited by mother & sister: Though not deemed in a condition to go, yet they insisted upon being allowed to give him a trial - He went with them, D day.

Discharged

Personal and Medical History of Austin Wheeler

LEIGHEY, PUGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3894.
Residence, Town of Winona, Minn.
Date Admission, 31st October 1894.
Admitted by, Dr. Herzog Hour, 4:45 P.M.
How Sent, H. L. Buck, Jo P. Winona County
Sex, Male
Age, 78 Years.
Civil Condition, Widower
Children, Ten
Age Youngest Child,
Occupation, Farmer
Degree Education, probably limited
Profession Religion, not a church member
Habits, Good
Nativity, New York.
Physicians Committing, J. A. Pierce & D. B. Pritchard
Correspondents, Lolland Wheeler, 111 Wisconsin St. (Son) Milwaukee

No. for Year, 93.
Insane Relatives, None
Cause Exciting, Dispute with neighbor -
Cause Predisposing, -probably old age-
Form, mania simple
Accompanying Bodily Disorder, None
Suicidal or Not, Not.
Date of this Attack, 2½ Years ago
Duration, Some 2½ Years -
No. of Attack, 1st probably Continuous
No. of Admissions, 1st
Age First Attack, about 75 -
Time of Leaving, March 18' 95
Time in Hospital, 4 mo 18 ds.
Result, Imp.

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 Austin Wheeler

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 162 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,

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 Austin Wheeler

1894

This patient was brought here by the Sheriff and patients' son, with following history. There is no hereditary history. Supposed cause of this attack is dispute with neighbor; form of attack is paroxysmal. There is no accompanying bodily disorder. First symptoms of disease manifested 2½ years ago. and he has had these attacks frequently for past 2½ years. He now thinks that his rights are being trampled upon by everybody. Disposed to injure others from sudden passion; and threatens to shoot neighbor. Is not suicidal, nor filthy nor destructive. His head was injured in a run-away accident about 5 years ago, he was about a month recovering - Patient has not been restrained or confined, nor under medical treatment. ——— .

Oct 31 On admission, was put on B² - (S.K. complexion dark; hair gray; eyebrown; Condition of skin good; scar on right hand; burn on left leg; bodily Condition clean. Behavior good). Pulse 82. Was too excited, after coming ward, to take temperature. Nov 1/94 Restless 2 hours, but slept 6 hours, last night. AM. Pulse 80. R 18. T@ 99.4. Appetite good. Says his bowels are free. Behaves quite well, though rather restless & excitable. Talks freely, but shows delusions "of wealth & prosperity", "future prospects etc". No cough observed. Makes no complaints. PM. Pulse 84. R 19. T@ 99.5.

" 2 Nov 2/94. Slept fairly well, last night (7 hours); restless an hour or so. AM. "92" "20" "99.2. Appetite good. Restless & excited today. Talks incessantly; is much deluded. PM. Pulse 88 R 20

" 3 T@ 98.8. Nov 3/94. Slept 6 hours, restless 2 hours, last night. AM. Pulse 88. R 19. T@ 98.8 PM. Pulse 90. R 20. T@ 99.2. Again restless & excited today. Talks considerably & still shows

" 4 delusions. Reads some, works none. Nov 4/94. Was noisy & restless 3 hours, last night, and slept only 5 hours. AM. Pulse 86. Would not dress this morning; was very stubborn & willful -

" 5 Deluded; "wanted to make his will". Nov 5/94. Noisy for 4 hours & slept but 4 hours, last night - AM. Pulse 92. Is well. Has been quiet, all day. Makes no complaints. Does some reading.

" 6 Nov 6/94. Slept 6 hours; was noisy 2 hours or so, last night. AM. Pulse 88. Appetite Good. -

" 7 Complained to Dr. of pain in side, (this probably exaggerated) - Nov 7/94. Slept 4 hours, was noisy 4 hours, during the night. Transferred, this AM. to B¹. Pulse 82. PM. Has been very

" 8 quiet & well-behaved this afternoon, but was very talkative in the evening. Nov 8/94. AM. B¹. Continues quiet & well-behaved. appears quite contented; makes no complaints. Has delusions.

" 9 Says he is a hypnotizer - Nov 9/94. AM. Pulse 86. Appetite good. Otherwise, no change to note.

" 10 Nov 10/94. AM. Pulse 84. Behaves well & is quiet. Complains, at times, about a pain across his

" 11 chest and stomach. Nov 11/94. AM. Pulse 86. Is quite contented: no complaints; remained in

" 12 his room, most of the day, reading. Nov 12/94. About the same, from day to day. Pulse 91.

" 13 Nov 13/94. Says he did not rest well, at night; has been quite restless, all day. Pulse 91. -

" 14 Nov 14/94. AM. Pulse 82. Quiet patient; seems doing nicely. Appetite good. Makes no complaints. Since coming in this (B¹) ward, he has had "no spells" - Has behaved well. Still shows many

" delusions. Appetite good; bowels regular & he is in quite fair physical Condition. —

" 30 Nov 30/94. A good patient, has many delusions: at times, sucked the tumbleens & he have his own way.

Dec 3 He does a great deal of reading & writing. Appetite poor; bowels regular. Dec 3/94. Wt 150 pds. Pulse 86. -

" 31 Dec 3/94. Last general note still holds good. Does not seem to sleep well, at night. Appetite only fair.

1895 Jan 3/95. Wt 160½ pds. Pulse 84. Jan 25/95. Visited by his son. Jan 31/95. No special change. Physically,

Jan 30/31 Feb 1/95 Condition is good. Feb 7/95. Wt 161½ pds. Pulse 92. Feb 28/95. Behaves well. Makes no

Personal and Medical History of Austin Wheeler

1895 Cont'd

Feb 28 complaints. Is very talkative & obstinate, at times. Writes 5 or 6 letters, each day, to Bankers & Lawyers.

March 30 Does no work. March 2/95. Wt 152 pds. Pulse 80. March 10/95. Had a quarrel, today, with Wm Brown, a

" 18 fellow-patient; Brown striking him over left eye, with fist, cutting him & slightly blacking his eye -

Mar 18/95. Appetite good; bowels regular; makes no complaints. Talks freely & rationally - Habits clean -

Was visited by Son today & allowed to go home with him -

Discharged

1895 From 8. **Emil R. Johnson**

May 31 May 31/95. 15 nocturnal convulsions & 2 by day, reported for this month. Patient is stupid; talks

June 1 only about: Talks some. June 1/95. Wt 178 pds. Pulse 100. (Has recovered some of his lost weight).

" 30 June 30/95. Fits more frequent: 70, by night and 12, by day, noted for the month: (a one day, 5 of these;

and 4. 5. 6 &c of them by night). Patient is very stupid & "foggy". Walks about in an aimless & dazed

July 1 manner. Is untidy. July 1/95. Wt 174 pds. Pulse 105. 12 fits were reported as occurring last night.

" 15 July 15/95. Quarrelsome, today. Struck Ed. Johnson with pebble, tied in handkerchief, 3 times on head, raising

" 31 3 small bumps. July 31/95. Fits have been even more frequent, the past month: 119 being reported

(of these there were 112 occurring by night and 7 by day; in one night as many as 13 taking place).

Has been very stupid for past 2 days. Is cranky & obstinate. Dull & demented. Talk & some -

Aug 1/15 Aug 1/95. Wt 174 pds. Pulse 98. Aug 15/95. Was kicked by Geo. Wagner, because he knocked his hat off.

" 31 Aug 31/95. Condition remains about the same, from month to month. Fits are very frequent & he has had 207 noc-

turnal convulsions, and 2 by day, during the month: At sound nights he has had as many as 12 Convulsions.

Sep 1 Sept 1/95. Was kicked on the head, several times by F. V. Stafford, causing bruises on forehead & nose.

" 2/30 Sept 30/95. Wt 178 pds. Pulse 120. Sept 30/95. No change to note. Has had 183 nocturnal convulsions and

Oct 1 2 by day, this month: (on sound nights as many as 12 have occurred). Oct 1/95. Wt 183 pds. Pulse

" 15 Oct 15/95. Patient very cross & stubborn, generally. Kicks patients & nurses frequently. Refuses his medicine.

" 31 (Dr. Hunter: all mental processes very slow). Oct 31/95. 184 Nocturnal Convulsions and 2 by day

reported for the month. No change to note in patient's Condition: (Has had as many as 18 fits in one night)

Nov 1/30 Nov 1/95. Wt 131 pds. Pulse 60. Nov 30/95. Fits have been very numerous & there have been reported

297, as occurring by night and 37, by day, during this month. On some nights he has had as

Dec 1/31 many as 16. 17 & 20 in a single night. Dec 1/95. Wt 131 pds. Pulse 112. Dec 31/95. There have been

110 nocturnal Convulsions and 5, by day, noted this month. (as high as 11 in a single night.) -

1896 Patient seems somewhat brighter & better tempered of late. Eats well: bowels in good condition. Does walking

Jan 2 Jan 1/96. Wt 130 pds. Pulse 118. Jan 21/96. Transferred to B³: (on account of general change of wards).

" 23 Jan 23/96. Ate no breakfast. Complained of feeling sick at stomach & also of a severe headache.

" 31 Jan 31/96. No convulsions by night & 1 by day - reported for month. (Is the highest record in months)

Patient's condition remains about same, as for month past. All mental processes very slow.

Feb 4 Feb 4/96. Wt 129 pds. Pulse 98. Had a fit today, while out walking: had to carry him in. ———

" 29 Feb 29/96. 7 fits by day & 10 by night, reported for month. Condition continues about as usual.

Mar 2/31 Mar 1/96. Wt 129 pds. Pulse 104. Mar 31/96. Appetite good: bowels regular. Fits still occur.

patient is stupid & dull: very cranky & frequently kick other patients. Lies in a bench, much of

Carried to Transfer Book a 253

Personal and Medical History of Henry Deal

LEBERT, FIDLAR & SCHAEBERL, DAVENPORT, IOWA.

Whole No. 3896.
Residence, Preston, Minn
Date Admission, 5th November 1904.
Admitted by, Dr. Sheeks — Hour, 3:30 P.M.
How Sent, E.V. Farrington, Jo. P., Fillmore County
Sex, Male.
Age, 55 years.
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Farming —
Degree Education, Probably limited
Profession Religion, not a church member
Habits, Good
Nativity, Germany —
Physicians Committing, G.A. Love and P.A. Bakke
Correspondents, Teobold Richt
Preston, Minn

No. for Year, 95.
Insane Relatives, None
Cause Exciting, Epilepsy
Cause Predisposing, "Chronic"
Form, Dementia epileptic
Accompanying Bodily Disorder, Epilepsy
Suicidal or Not, Not.
Date of this Attack, 20 Years ago (Continuous)
Duration, 20 years —
No. of Attack, Many, for past 20 years.
No. of Admissions, 1st —
Age First Attack, about 35 -
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to Hastings. J.K.Pm

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr. Ely - Nov 5 1904. -

MENTAL ACTIVITY:
Clear or Confused, Not clear
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Poor
Recent Events, poor
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Demented; reasoning
Own Mental State, power very poor. —
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Patient goes through a peculiar formula. He commences by singing; then crows; laughs then by saying "Lots of fun & long ago." —

EMOTIONAL STATE:
Normal, ~~Calm~~, Demented
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, None noted
Special Subjects, —
Transitory or Not,
HALLUCINATIONS: None noted
ILLUSIONS: none noted
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent,

Personal and Medical History of Henry Deal

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ WEIGHT, 113½ lbs. NUTRITION, not very good
WOUNDS OR ABNORMALITIES, See "S.R." on next page.
TONGUE, Tremors, Coarse Coatings, Slight Promptness Movement, Prompt
PUPILS, Equality, Equal Size, Dilated
Response Light, Yes, but not readily Accommodation, Yes
SIGHT, Impaired —
HEARING, Fair
COORDINATION, Arms, } not tested
Legs,
TREMORS, Hands, none Tongue, Slight
Facial Muscles, none General, None.
REFLEXES, Patellar, Equal; abnt 8. EXAM. URINE,
Other
ARTICULATION, ✓
Slurred,
Hesitating,
FACIAL EXPRESSION, Somewhat demented
SENSIBILITY, ✓
HEART, Sounds good; action regular.
LUNGS, Rythm normal, sounds good.


3896

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Reports kept Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Henry Deal

1894

This patient was brought here by Sheriff's deputy Theobald Riehl, with the following history & case. Habits, as regards temperance & morality, good. No history of heredity. The cause of this attack is epilepsy; chronic & paroxysmal in form. For 20 years ago, he had strange "spells"; these would affect him every month – 3 days duration. Insanity now manifested on various subjects. Patient is neither disposed to injure others, nor suicidal, but he destroys his clothing. He has not been restrained or confined; has had no special treatment.

Nov 8 On admission, was put on Ward (S.R. Eyes dark blue; hair dark brown (he is slightly bald); dark whisker, beard & moustache; skin clean & clear; complexion dark; has scar under left eye) –

" 6 When taken on Ward, Pulse 92. R 22. Tem 98⅘ths. Behavior good. Nov 6/94. Slept 6 hours; was awake 4 hours, last night. Am. Pulse 96. R 21. Tem 97⅘ths. Appetite good; bowels free; no cough noticed. – Behavior is good & quiet; talks nonsense; no coherence in his speech. No complaints or injuries to report.

" 7 Examined today. No special treatment proposed in this case – Nov 7/94. Restless 3 hours or so, but slept 7 hours, last night – PM. Pulse 84. R 21. Tem 97⅘ths. Appetite keeps good; bowels regular; no cough observed. Behavior is good; sometimes, a little noisy. Talk quite incoherent. No complaints.

" 8 Nov 8/94. Slept 6 hours, restless 3 hours, noisy 1 hour, last night. PM. Pulse 70. R 23. Tem 97⅘ths. Be-

" 9 -havior about as usual. Talks in a rambling & unintelligible manner – Nov 9/94. Restless an hour, noisy 1 hour, but slept 8 hours, last night. AM. Pulse 98. R 19. Tem 97⅘ths. No particular change.

" 10 Nov 10/94. Somewhat restless & noisy but slept 7 hours, last night. No change in conduct or behavior.

" 11 Talks incoherently & in a rambling way. Nov 11/94. Slept well, all night (10 hours). Am. Pulse 90. R. & Tem. about normal. Is about the same, from day to day. Talks very incoherently. –

" 12/19 Nov 12/94. Slept well, again, all night. AM. Pulse 90. R 21. Nov 19/94. During this week, tho' somewhat restless about every other night, yet he has, on the whole, been sleeping well (8 to 9 hours nightly). Behavior has been fairly good, as a rule. Pulse runs nearly normal, though varying between 99 & 100. and Temperature slightly below normal. Somewhat declined to be destructive, occasionally: has torn up his socks. Summary. Patient was rather noisy, for some time after admission here, but has now quieted down & appears satisfied with his surroundings. Is easily pleased and and is seemingly happy & contented. Has a weak physique. Demented; reasoning power very poor. Does not appear to know anything, & only speaks when questioned. His speech is rambling and incoherent & he shows many delusions. Although a chronic epileptic, no "spells" have been noted.

" 30 Nov 30/94. No very noticeable change in patient's condition. He seems quite happy & contented here.

Dec 1/31 Dec 1/94. Wt 128 pds (a gain of 2½ pounds, since admission). Pulse 70. Dec 31/94. Appetite is good; bowels free; no cough observed. Physically, he appears in fairly good health. Behave well; no complaints. Talks incoherently, but is much improved both mentally & physically since admission. He seems to be in an elated State of Content & Enjoyment. Is gradually becoming useful on the ward, by

1895 leading patients into dining room for meals, etc. & cleaning his habits. Jan 1/95. Wt 130 pounds

" 31 (a gain of 10 pounds in flesh, in past month). Pulse 81. Jan 31/95. Patient's condition, both Physically & mentally, is much changed since last general report. No Epileptic Convulsions reported. He is exalted & demented, silly and childish. Feb 1/95. Wt 135 pds. Pls. Feb 19/95. Nephew

Feb 1/21 called up on him today & left him a dollar. Feb 21/95. Physical condition has improved considerably, the last month

" 28 or two. He is well-behaved, but likes to plague his fellow-inmates in a humorous way – makes no complaints.

Personal and Medical History of Henry Deal

1895 Cont'd

Feb 28 Has received no injuries. Talks freely, but ideas are confused & conversation, at times, incoherent & unintelligible. Is always in good humor. Keeps his dress & undress patient & makes himself generally useful in other ways.

Mar 1 Has gained greatly, in mental power, since admission. Cleanly in habits. Mar 1/95. Wt 133 pds. Pulse 64.

" 8/ Mar 8/95. Patient's pastor, from Creston, Iowa, visited him today. Mar 31/95. Physical & mental condition

Apl 1/30 has continued to improve gradually, since last report. Apl 1/95. Wt 131 pds. P 76. Apl 10/95. His nephew again visited him today. Apl 30/95. Condition continues to improve slowly, but perceptibly. –

May 1/25/31 May 1/95. Wt 132 pds. Pulse 76. May 25/95. A friend, from Rochester, visited patient. May 31/95. He is inclined to interfere with & play tricks on patients; lively & sportive of disposition; works willingly on ward & helps considerably. Makes no complaints. Talks freely, but is weak-minded. Mental Condition, however, seems improved, during last few months. In good bodily health. Clean in habits.

June 1/30 June 1/95. Wt 135 pds. Pulse 78. June 30/95. Continues about same, as when last reported upon.

July 1/31 July 1/95. Wt 135 " " 77. July 31/95. Patient continues to make improvement, both physically & mentally, & there is quite a change, for the better, noticeable in him.

Aug 1/31 Aug 1/95. Wt 133 pds. P 56. Aug 31/95. Behavior very good. Makes no complaints. Works

Sept 1/30 in hall & in dining-room. Goes out walking. Sept 1/95. Wt 132 pds. Pulse 80. –

" 30 Sept 30/95. No special change. At times, has "spells" when he says "he don't want to work; wants to go home"; Dr. Bethune he could go, if he wanted to. Habits are neat & clean.

Oct 1/15 Oct 1/95. Wt 131½ pds. Pulse 70. Oct 15/95. Patient seems in very good health: appetite good: bowels regular. Is very excitable, at times, & ugly towards other patients. Works in

" 21 dining-room. Goes out walking. Oct 21/95. Patient put on all his clothes at noon today, and told attendant (Stewart) to let him out, as he wanted to go to town. Oct 31/95. No

" 31 change, physically or mentally, especially noticeable, at this date. Is pugnacious, at times.

Nov 1/15 Nov 1/95. Wt 131 pds. Pulse 88. Nov 15/95. Very ugly & pugnacious today. Had to be put in room for about an hour.

" 20/30 Nov 20/95. Again put in room today, 1 hour, for same cause. Nov 30/95. Appetite fair: bowels regular: sleeps well: Contrary & at times, ugly towards other patients if he cannot have his own way. Very excitable.

Dec 1/12 Dec 1/95. Wt 132 pds – Pgr. Dec 12/95. Very ugly & pugnacious: refusing to put on underwear – Locked in room for 6 hours

" 31 Dec 31/95. Appetite rather poor, of late. Is very excitable & nervous – Sleep is poor. Goes walking: works in dining-room

1896 Jan 2/20 Jan 2/96. Wt 130 pds. P 84. Jan 20/96. Became very violent in dining-room, at dinner-time: throwing

" 27 things about. Had to be put in room, until quiet. He is very violent, at times. Jan 27/96. Became unruly at supper-time: was put in a room: broke window & cut his right wrist some. Transferred to 13 last.

" 31 Jan 31/96. Behavior quiet: otherwise no change noticeable. Appetite poor. Still easily excited.

Feb 1/29 Feb 1/96. Wt 122½ pds. P 88. Feb 29/96. Is stubborn: talks to himself: has delusions: does no work. Habits clean.

Mar 1 Mar 1/96. Picked a quarrel with Ed Bloomquist & when trying to separate them, struck Otto & cut the nurses

" 7/ Mar 7/96. Wt 125 pds. P 80. Mar 21/96. Was struck by Geo. Wright with a shoe, bruising his face (Deal was cause of trouble).

" 28 Mar 28/96. No change to note. Talks clean. Does not work. Apl 5/96. Wt 127 pds. P 72. April 30/96. Condition is

Apl 1/20 about the same, from month to month. Behavior stubborn: does not like to go walking. Talks clean. Does no work.

May 1/96 (Summary Nurses Notes by Dr. Phelps. Patient quiet & dull. Said to be an epileptic upon coming here

to No fits have been noted. Is markedly imbecile in general appearance & behavior. Wt 130 lbs

Aug 1/97 Aug 31/97 Wt. 134. Oct 31. Health good. No change in mental state. Very noisy at times. Works some on farm.

Very thoroughly demented – Jan 31/98 Does no work at present.

See Folio 104.

Personal and Medical History of John F. Kopp.

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3902.
Residence, Lake City, Minn.
Date Admission, 13th November 1894.
Admitted by, Dr. Chezzes Hour, 2.15 P.M.
How Sent, Malcolm Kennedy, Jof P. Wabasha County
Sex, Male –
Age, 42 –
Civil Condition, married
Children, – one –
Age Youngest Child, not given
Occupation, Agent. –
Degree Education, probably fair
Profession Religion, not a church member
Habits, Temperate, until last two months.
Nativity, Switzerland
Physicians Committing, J. H. Lugdon and J. B. Cole
Correspondents, Mrs. John Kopp. Lake City, Minn

No. for Year, 101.
Insane Relatives, Father (three now)
Cause Exciting, Financial matters.
Cause Predisposing, Heredity.
Form, mania subacute
Accompanying Bodily Disorder, None
Suicidal or Not, not; but homicidal
Date of this Attack, about a year ago.
Duration, about a year
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 41.
Time of Leaving, December 29 '94
Time in Hospital, 1 mo. 16 ds.
Result, Recovered

Ed by Dr. Hergog, Nov 27/94 –

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear ~~or Confused~~, fairly clear
~~Quick or Sluggish~~, fairly

MEMORY:
Past Events, good
Recent Events, good
Special Subjects, Not good for period Nov 9 – 13.

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

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

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

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
} None noted

HALLUCINATIONS: None noted.
ILLUSIONS:

CONVERSATION:
Coherent or ~~Incoherent~~,
~~Voluble or Reticent~~, Normally voluble –

GENERAL DESCRIPTIVE REMARKS:
Patient mentions considerable confusion of ideas commencing Nov 9 and lasting until admission. Remembers some of the things he did & realizes that they were insane actions. Realizes that his mind was not right at that time, mentally. At present it is impossible to discover anything abnormal.

Personal and Medical History of John F. Kopp.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8½ WEIGHT, 142½ pds. NUTRITION, Fair
WOUNDS OR ABNORMALITIES, See "S. 2" on next page –
TONGUE, Tremors, None marked Coatings, light Grayish Promptness Movement, Fairly
PUPILS, Equality, Yes Size, Normal
Response Light, Normal Accommodation, Normal.
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Unimpaired; finger to nose, eyes shut, good.
Legs, Unimpaired; standing on foot, good: standing, eyes shut, Good.
TREMORS, Hands, none Tongue, none
Facial Muscles, none General, none
REFLEXES, Patellar, Equal – ✓
Other
ARTICULATION, ✓
Slurred,
Hesitating,
FACIAL EXPRESSION,
rather bright & intelligent.
SENSIBILITY, ✓

EXAM. ~~URINE~~, Nov 27/94

Treatment directed only to attack of acute articular rheumatism –

TAKEN,

HEART, somewhat rapid; Sounds clear & sharp.
LUNGS,
seem good.

OPHTHALMOSCOPIC EXAM.,
Report next page

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~~, Here
Brothers or Sisters,

Personal and Medical History of John F. Kopp.

1894

This patient was brought here by A. McMillan, City Marshall, with the following history & case. Habits have been temperate, until last two months. There is history of heredity, his father being at present, a patient here. Supposed Cause of this attack is financial matters: Form of attack is acute, depressed. There is no accompanying bodily disorder. First symptoms of disease were manifested by irritability, commencing about a year ago. This is the 1st attack. Insanity is now manifested in financial matters. Is disposed to injure others, from sudden passion; attempted to use a knife, but has not attempted suicide. Is not filthy or destructive in habits. There is no history of any severe disease &c or injury to head. Has been restrained by watching him, the past three days. There has been sleeplessness & loss of appetite for past three months. — — — — —

Nov 13 On admission, was put on B² (S. R. Complexion dark; hair dark; eyes blue; Condition of skin
" 14 Good: no marks, scars or bruises noticed. Bodily Condition clean. Behavior Good). Nov 14/94. Slept 6 hours, was restless 2 hours, last night. 7 AM. Pulse 78. R 18. Tm 99². Appetite good, but bowels are Constipated. Behaves well. Talks freely, no delusions noted. Makes no Complaints. Works some on the ward.
" 15 PM. Pulse 82. R 19. Tm 99.5. Nov 15/94. Restless 2 hours, but slept 6 hours, last night. 7 AM. Pulse 78 R 20. Tm 99.8. Appetite good. Health freely; reads some; Works on ward & goes walking. PM. Pulse 80.
" 16 Bx. Tm 99.6. Nov 16/94. Sleeps about the same, each night. 7 AM. Pulse 76. R 19. Tm 99.4. PM. Pulse 82. R 20. Tm 99.4. Behaves well. Works some; reads; Talks freely & sensibly; bowels constipated. Is on medicine.
" 17 Nov 17/94. Restless 2 hours, but slept 6 hours, last night. 7 AM. Pulse 76. Works some in dining room.
" 18 Complains of leg being lame. Nov 18/94. No material change generally. Works on ward. Leg is lame
" 19 and much swollen. Nov 19/94. More restful & slept 7 hours, last night. Leg so badly swollen & painful, that Patient was transfered to 6² and put to bed there, this morning. Knee was dressed with flannel saturated with ointment; put under treatment; was given a powders every 2 hours, for a period of 4 times, and then only 1 powder every 2 hours. Nov 20/94. Restless a couple of hours, but slept 7 hours, last night.
" 20 7 AM. Pulse 84. 5 PM. P 80. Eat very well. Has the diet of beefsteak & coffee, 3 times a day. 8 & 5 PM
" 21 Powders were discontinued. Nov 21/94. Slept 7 hours, last night. Was a little restless. 7 AM. Pulse 84. Is
" 22 more up, in ward; knee much better. 5 PM. Pulse 80. Nov 22/94. 7 AM. Pulse 84. 5 PM. Pulse 76.
" 23 Knee has been redressed today. Patient helps with ward work. Nov 23/94. 7 AM. " 88. Appetite very good,
" 24 Bowels fairly regular. 5 PM. Pulse 80. Nov 24/94. Pulse (7 AM) 80. 1 PM. Complains of diarrhoea &
" 25 pains in Stomach. 1.30 PM. Was given dose of Squibb's mixture. 5 PM. Pulse 72. Nov 25/94. 7 AM.
Pulse 72. 5 PM. Pulse 80. He is doing very well. Eats well & bowels are fairly regular. 5 PM. Pulse 80.
" 26/27 Works some in ward. Nov 26/94. 7 AM. Pulse 72. 5 PM. Pulse 76. Nov 27/94. 7 AM. Pulse 72. 5 PM.
Pulse 80. Knee is still somewhat lame, but not enough to hinder walking to any extent. Appetite is good; bowels regular. Patient works on ward & takes considerable interest in his surroundings. —

Summary. Patient has been quiet & restful at night, during past week, Sleeping about 7 hours, each night. He has been quiet & obedient, by day. Is in good physical condition. Soreness and lameness in knee has disappeared, to great extent, & knee is now doing well. Has very sore feet, for 5 days. Mental state apparently unaffected. Patient converses very rationally & intelligently & nothing has been noticed in the ward, either in his speech or action which would indicate any mental derangement.
" 28 Nov 28/94. Was out walking, during the morning. — 5 PM. Knee swollen more than usual, and

Personal and Medical History of John F. Kopp

1894

Nov 30 an elastic bandage) was put on. Nov 30/94. Sleeps well, all night. Appetite good; bowels regular. Knee is much better. Patient is up daily & works some on the ward. (See attached record of this illness).
Dec 1/94. Wt 151½ pds. (a gain of 9 pds. since Coming). Dec 3/94. Knee & ankle still somewhat
Dec 3 painful & swollen. Was out walking, during the morning. Patient behaves very well & is quite Cheerful
" 5 and Contented. Dec 6/94. Knee & ankle much swollen & very painful. 10.30 AM. Patient put to bed,
and hot cloths applied to leg. 5 PM. Hot applications discontinued; knee bandaged with woolen cloth.
" 7/12 Dec 7/94. Up in ward, today; leg somewhat better. Dec 25/94. Patient has been up the past 10 days;
works some in ward; knee & leg still somewhat swollen & painful. Liniment applied, which seems
" 28 to relieve the pain. Dec 28/94. Was out today, with several other patients moved to the New Infirmary East
" 29 Dec 29/94. Visited by brother, today, and, at 4 PM, was allowed to return home with him.

Discharged Feb. 6th '95.

1895 From 1792.

Jotere Picha

June 30 Spits & gesticulates; reticent; talks none at all; not very well behaved; Physical Condition appar-
July 5/7 -ently good; works none. July 1/95. Keeps about his usual pleas. July 7/95. Has been restless,
the past week or so, sleeping only 4 & 5 hours, nightly. Was visited by his wife on July 4th and 5th.—
" 10 Leg somewhat lame, to day; was kicked by Eric Johnson. Patient has a habit of jumping in early
every wagon that comes along & Johnson tried to pull him off: hence the kicking. July 10/95. Patient
" 31 causes more or less trouble every day, jumping in wagons &c. July 31/95. Rest & sleep, each night, have
Continued much broken & disturbed, (Sleeps only 2. 3 or 4 hours, each night). Stand up all day, when
not all; jumps in wagons &c at times. Blows nose & goes through his peculiar actions & motions, as above noted.
Talks none. Does not seem to suffer any. Aug 1/95. Wt 150 pds. P 76. Aug 1/95. Struck and eye
Aug 1/12 slightly blackened by J. Schipp. Aug 3/95. Visited by brother. Aug 31/95. Patient troublesome:
" 13/31 habits filthy; Spitting at everyone & also spitting on floor continually. Tries to climb on passing
Sep 2 vehicles, while out on grounds. No change noted, mentally. Sept 1/95. Wt 143 pds. Pulse 72.
" 17/ Sep 17/95. Visited by wife. Sep 18/95. Again visited by wife. Sep 30/95. No change noticeable.
Oct 1/30 Oct 1/95. Wt 145 pds. Pulse 72. Oct 31/95. Appetite good: bowels in good condition. He goes out
1/31 walking, every day. (Refuses to talk, but will Communicate by writing on wall with finger.
Spits & blows nose to express Contempt. Holds hand to side, when any one approaches, when
he dislikes, meaning "You give me a pain". Rakes in door thus — — — — —; always
the same; apparently Lodge — Sign: 15 x 17 notes). Nov 1/95. Keeps in about his usual pleas &c.
Nov 2
" 9 Wt 143 pds. Pulse 80. Nov 9/95. Was discovered out on the ground this Am & brought back to Ward
" 30 F. A. Allen. Indicated, in his peculiar way, that some one had left the door open. Nov 30/95. No change.
Dec 2/ Dec 1/95. Wt 140 pds. Pulse 80. Dec 10/95. Visited by wife & daughter at 9:10 - 11:10 - 12:10 - 1:10 & 4:10 last.
" 31 Dec 31/95. Appetite good: bowels in good condition. Appears a little better mentally, since visits by wife &c.
1896
Jan 2/ Jan 2/96. Wt 136 pds. Pulse 84. Jan 1/96. Transferred to B³ (on account of general change of ward)
" 31 Jan 31/96. No change noticeable: goes through his peculiar actions (blowing nose, writing on wall, making
legible, spitting & snuffing & pointing upwards). Just the same as ever. Physical health seems good.

(carried to 244)

Personal and Medical History of Halvor Olson Orian (Orian)

LEGGET, PIRAIE & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3904.
Residence, Town of Norway, Fillmore Co. Minn
Date Admission, 14th November 1894.
Admitted by, Dr. Phelps — Hour, 4:30 PM.
How Sent, E.V. Farrington, Sheff, Fillmore County
Sex, Male.
Age, Sixty Years
Civil Condition, married
Children, Eight
Age Youngest Child,
Occupation, Farmer
Degree Education, not stated
Profession Religion, Church member
Habits, Good —
Nativity, Norway, Europe.
Physicians Committing, J.W. Magelssen and J.N. Bakke.
Correspondents, Ole O. Orian
Rushford Minn

No. for Year, 103.
Insane Relatives, no heredity —
Cause Exciting, La Grippe
Cause Predisposing, probably age
Form, melancholia acute
Accompanying Bodily Disorder, Yes: Dyspepsia
Suicidal or Not, Took poison (Strychnia) 3 weeks ago
Date of this Attack, about a year ago.
Duration, about a year.
No. of Attack, seems 1st
No. of Admissions, 1st
Age First Attack, about 59.
Time of Leaving, 11th Febry 1895
Time in Hospital, 2 mos; 28 Days (?)
Result, Died; Lobar pneumonia

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 Halvor Olson Orian

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10 3/5 in WEIGHT, 161 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,

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 Halvor Olson Oran

1894

This patient was brought here by Deputy Sheriff George W. Hoff. with following history of the case. Habits, as regards temperance & morality, good. There is no hereditary history. Supposed cause of this attack is La Grippe; form of attack, depressed; accompanying bodily disorder, dyspepsia. First symptoms of disease were manifested about a year ago, by being afraid of people; especially his own family, believing that they would take his farm away from him. There has not really been any attack - insanity now manifested only in above respect about the farm. Patient is not disposed to injure others. He has attempted suicide, took poison (Strychnine) 3 weeks ago; but propensity not now active. Is not filthy or destructive in habits. There is no history of any bodily disease &c or injury to head. Was only been watched since he took poison.

Nov 14 On admission, was put on B³ (S.R. Complexion light; hair light gray; eyes blue; Condition of skin good: some sores on right hip. Bodily condition clean. Has a plaster on left hip. Behavior good).

" 15 Pulse 90. R 20. T 99⅘ (taken in ward). Nov 15/94. Slept 6 hours, restless 2 hours, last night. AM P 86 R 20. T @ 99.6. Appetite good. Bowels constipated. Behaves well. Does not talk English. Has probably no delusions. There is some slight cough observed, but makes no complaints. Goes Walking. PM. P 90. R 19. T @ 99²

" 16 Nov 16/94. Restless 2 hours, but slept 6 hours last night. AM. Pulse 82. R 20. T @ 99.2. Appetite is good. Bowels still constipated; was given medicine. PM. Pulse 86. R 21. T @ 99.4. Makes no complaints

" 17 Nov 17/94. Restless an hour or so, but slept 7 hours, last night. AM. Pulse 82. R 20. T @ 99. No delusions have been noted & none can be ascertained. Does not speak any English. Goes walking regularly.

" 18 AM. Pulse 86. R 20. T @ 99.2. Nov 18/94. Rested & slept well (7 hours) last night. AM. Pulse 82.

" 19 Appetite good. Talks to his Scandinavian fellow-patient. Does no work. Nov 19/94. Slept 8 hours, last night. AM. Pulse 80. Sits idly about ward. Makes no complaints. Seems to realize Everything &c.

" 20 Nov 20/94. Slept well, last night. AM. Pulse 82. Appetite good; bowels seem regular. Quiet & well-behaved.

" 21 Nov 21/94. Restless 2 hours, Sleeping but 6 hours, last night. AM. Pulse 80. No change from that above noted.

" 28 Nov 28/94. During this, the 2nd week of his stay, patient has, as a rule, been resting well, sleeping from 7 to 8 hours, nightly. Has been up & about daily; pulse has been about normal; appetite good; bowels now regular. He has been quiet & well-behaved. Talks some to his fellow patients in his own language, but does not speak English. No delusions have been noted. He reads some; goes out walking quite regularly. At times, sits about on the seats & seems much depressed. Does no work on the hall. Makes no complaints. Habits are cleanly. Physical condition good. Nov 30/94. About the same.

" 30 Dec 1/94. Wt 168 lbs. Pulse 84. Dec 17/94. While working today, all at once he became weak & dazed. Was put to bed. Complains of headache. Dec 18/94. In AM. today, on hall. Dec 31/94. Eats but very little; Complains of headache, quite often. Says is very religious - "Want to go to church" Goes walking.

Dec 1/17/18/31

1895

Jan 2/ Jan 2/95. Wt 167 lbs. Pulse 84. Jan 2/95. Eats but very little & sometimes will not touch his "Extras" -

" 23 Is praying all the time. Jan 23/95. Keeps about the same; appetite very poor. Is becoming stupid.

" 27 Was transferred to Infirmary Ward, today. Jan 27/95. Is now sleeping well at night. Is very quiet & rather melancholy; speaks to no one. Jan 28/95. Given a shower bath & a vigorous rubbing; patient seemed somewhat brighter, afterwards.

" 28

" 30 Jan 30/95. 6 Pm. Bath repeated. —

" 31 Jan 31/95. At 3³⁰ am. night nurse (J. H. Sweeney) discovered window, in lower ward, was open, and patient's bed vacant. Patient had escaped through window.

Mar (The following notes by D. H). Searching parties were at once started out and the search continued with

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Personal and Medical History of William Holland

From 52.

1894 Dec 15 night; was noisy & restless for 6 hours - scratched his knees on bed spring during the night. Was quiet during the day & was taken out for a walk. Seems weak; talks incoherently. Dec 23/94. Patient has restless, noisy "spells" - also rational "spells" and again becomes incoherent. Habits clean. Injuries, received on 14th + 19th + 27th were all slight - Physical condition apparently good - Yet in the whole, no special improvement has been noticed. -

1895 Jan 1/12 Jan 1/95. Wt 154 lbs. Pulse 120. Jan 12/95. Noisy & ugly, today. Assaulted Chas Orr, another patient, with his fists, at two different times; also, assaulted & struck patient, Geo Peters. Jan 18/95. Behavior is improved;

" 31 transferred to B³ today. Jan 31/95. During the past week has again been given Combination baths (109°); appetite Good; Bowels regular; behavior noisy & restless; talks incoherently; also inclined to be ugly & occasionally strikes some one. Habits clean. He does no work. Feb 1/95. Wt 163 lbs. (again of 6 pounds in flesh, in the past month). Pulse 90. Feb 15/95. Has improved considerably, of late; talks quite rationally;

Feb 1

" 15 behaves well; works some on ward. Feb 16/95. Visited by a brother. Was very anxious to be taken home - (patient saw this brother in the reception room. Talked with him a long time. Was very much put out, when told he could not go home just now & threatened to behave himself badly &c as long as he

" 16 remained - When taken on the ward, however, he was quite peaceable). Feb 22/95. Patient has Continued quiet & well - behaved - Has kept on improving - This day another brother again visited patient

" 22 today & was allowed to take him home on trial.

Discharged

William Porter

From 96.

1896 Feb 1/ Feb 1/96. Wt 167 lbs. Pulse 66. Feb 29/96. Has much improved. Works daily with Carpenter.

Mar 1/ 15/ 15 Mar 1/96. Wt 164 " " 60. Mar 15/96. Patient eats & sleeps well. Bowel regular. Physical condition very good: Makes no complaints. Mental condition seems good: He talks rationally. memory good. Plays cards: writes & receives some letters: reads some. Has been well-behaved. Industrious & reliable: has been working steadily with the Carpenter. Habits neat & clean.

" 16 Mar 16/96. Allowed to leave, today, alone.

Discharged

Personal and Medical History of Lewis C. Schlettgus

LEIGET, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3905.
Residence, Rochester, Minn.
Date Admission, 15th November 1911. —
Admitted by, Dr. Herzog — Hour, 4:30 PM
How Sent, Thomas Frazer, Jeff., Olmsted County
Sex, Male.
Age, - 23 -
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Laborer (Was a cigar-Maker).
Degree Education, Probably limited
Profession Religion, not a church Member
Habits, Temperate, as far as known.
Nativity, Germany.
Physicians Committing, C Graham and C. J. Gauger
Correspondents, Ernest Schlettgus.
Rochester, Minn

No. for Year, 1014.
Insane Relatives, Unknown.
Cause Exciting, Supposed from Self-abuse
Cause Predisposing, "Chronic"
Form, Dementia terminal
Accompanying Bodily Disorder, Unknown
Suicidal or Not, not, but threatens others.
Date of this Attack, first symptoms about 5 yrs ago
Duration, Some 5 years. —
No. of Attack, Seems 1st; (Continuous).
No. of Admissions, 2nd
Age First Attack, 17 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:

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 Lewis C. Schlettgus

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 185 1/2 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 Lewis C. Schlettgus

1894

This patient was brought here by Sheriff Stewart, with the following history. Habits temperate, as far as known; if any hereditary history unknown; this attack is supposed to result from Alc- -abuse. form of attack is chronic, depressed. Do not know of any accompanying bodily disorder. First symptoms of disease were manifested about 5 years ago, and he has never entirely reco- -vered. He has threatened violence to his mother & has also threatened injury to others, from sudden passion. Is not suicidal, however, nor of filthy or destructive habits. If he has been subject to any severe bodily diseases &c or had any head-injury is unknown. Was confined in Rochester State Hospital about 5 years ago for a short time (see note below).

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NOTE. He was here before, from April 9/89 to Aug 23/89. At that time, he was very much depressed; attack then brought on by masturbation; while here, was several times caught at this & was frequently blistered &c: Quite often was irritable & sullen, also insolent in speech and manner. Had improved some, when he was taken home by relatives, on trial.

Nov 15 On admission, was put on B3 (S.R. Complexion dark; hair black; eyes blue; condition of skin good: no marks scars or bruises noticed. Bodily condition clean. Behavior good). Nov 15/94. Slept but 4 hours, was restless 4 hours, last night. AM. Pulse 86. R 20. T @ 99.2. Appetite good; bowels generally free. No coughs observed. Behaves well, but seems melancholy - answers questions; no delusions noticed - He makes no complaints. Works some on ward. PM. Pulse 90. R 20. T @ 99.4. Habits are cleanly.

" 17 Nov 17/94. Restless 3 hours, but slept 5 hours, last night. AM. Pulse 92 R 20. T @ 99.2. Appetite keeps good. Behavior also good. Talks some; helps with the work. Still depressed. PM. Pulse 90. R 19. T @ 99.4

" 18 Nov 18/94. Again passed a poor night, restless 3 hours or so & slept only 5 hours. AM. " 88 " 20 " 99.5

" 19 Talks quite freely: otherwise about same. PM. Pulse 88. R 20. T @ 99.8. Nov 19/94. Slept 6 hours, was restless 2 hours, last night. AM. Pulse 86. Behaves well; works willingly on ward; talks some.

" 20 Nov 20/94. Restless a couple of hours, but sleeping 6 hours, last night. AM. Pulse 90. He is still

" 21 depressed; talks loud; makes no complaints. Nov 21/94. Slept only 5 hours, was restless 3 hours, last night. AM. Pulse 92. Behaves well; talks when addressed. Works on ward. Is melancholy.

" 22 Nov 22/94. Passed a restless night, sleeping only about 5 hours. AM. Pulse 88. Goes out walking.

" 29 Nov 29/94. During this the 2nd week of his stay, patient has been restless for a couple of hours each night, but sleeping about 6 hours, in each. He has been up & about daily. Habits cleanly. Pulse has ranged somewhat above normal. He has been quietly-behaved. Talks when addressed but answers in a brief manner. No delusions have been noted. Appetite has been good; bowels, as a rule, been regular. He has made no complaints. Patient has, all along, seemed melancholy and depressed. He goes out walking. Has steadily & willingly worked as hall & in dining-room.

" 30 Physical condition is good. Patient goes out walking regularly. Nov 30/94. About the same.

Dec 1/93 Dec 1/94. Wt 190 pds. Pulse 92. Dec 7/94. Visited by brother. Dec 13/94. Visited by his mother.

" 25/31 Dec 25/94. Visited again by mother. Dec 31/94. Behaves well; talks but little, makes no complaints.

1895 Jan 1 bowels free. Works in ward; also, occasionally in the kitchen. Jan 1/95. Wt 200½ pds (again

" 31 of 15 pounds, since admission). Pulse 94. Jan 31/95. Behaves well - Talks but little. Works in

Feb 1 the ward: also, in kitchen, at times. Physical condition good. Feb 1/95. Wt 208½ pds. Pulse 80.

" 13/95 Feb 13/95. Visited by brothers. Feb 15/95. He works in kitchen, occasionally. Behavior good: talks quite freely:

Mar 2 makes no complaints. Works on ward. Is gaining in flesh. Mar 2/95. Wt 208 pds. Pulse 80

Personal and Medical History of Lewis C. Schlettgus

1895

Mar 17 March 17/95. Somewhat quick-tempered. Struck a fellow-patient (W H Thompson) because he came along &

" 28 slapped him on the back. Patient has been rather cranky & arrogant for some time. Mar 28/95. Visited by

" 31 brother & friend. March 31/95. Appetite good. Head: Talks sensibly, but not very freely. Goes walking;

Apl 1 clean in habits. Makes no complaints. Works on ward, some. Apl 1/95. Wt 211 pds. Pulse 88 -

" 15 Apl 15/95. Visited by brother. Apl 30/95. No special change. Well-behaved. Is rather reticent.

May 2/95 May 2/95. Wt 217 pds. (Is steadily gaining in flesh). Pulse 86. May 8/95. Visited by brother -

" 31 May 31/95. Behaves well: works on ward - Does not talk much, but sensibly - Makes no complaints

June 3/95 June 1/95. Wt 218 pds. P 101. June 3/95. Visited by mother. June 10/95. Visited by his brother -

" 30 June 30/95. Continues quiet & well - behaved. Makes no complaints. Absence, about same.

July 1/95 July 1/95. Wt 220 pds P 96. July 31/95. No change noticeable. Visited by brother on 24th & by mother on 29th inst.

Aug 2/95 Aug 2/95. Wt 225 " " 90. Aug 31/95. Patient Cheerful & contented: Works on ward, also off

" 31 the ward, considerable of the time. Does not talk much. Was visited by his brother, today.

Aug 31/95. No change specially noticeable. Worked in kitchen, daily, since 21st inst. Visited by mother, today.

Sep 1 Sep 1/95. Visited by mother & brother, today. Sep 2/95. Wt 231 pds. Is increasing steadily in flesh.

" 18 Pulse 84. Sep 18/95. Still works in kitchen, every day. Generally, no change noticeable.

" 30 Sep 30/95. Patient's condition about same from month to month. Lives along contentedly, here -

Oct 1/95 Oct 1/95. Wt 233 pounds. Pulse 76. Oct 31/95. Still no change to note. Always Cheerful & contented.

" 31 Works, daily, in the kitchen: also on ward. Eats & sleeps well. Makes no Complaints. -

Nov 10/95 Nov 10/95. No change noticeable. Nov 30/95. Appetite good: bowels regular. Works, daily, in the kitchen.

Dec 30/95 Dec 30/95. No change in this patient, from month to month. Is a little foolish or childish, in behavior.

Jan 10/96 Jan 10/96. Still about the same. Jan 21/96. Transferred to B3. (Mask of general change of the ward)

" 24 Jan 24/96. Visited by mother. Jan 31/96. Is about as usual. In good health. Works in kitchen, daily.

Feb 7/96 Feby 7/96. Visited by brother. Feby 9/96. No change officially noticeable. Is in good health. Works daily in kitchen.

Mar 2/96 March 2/96. Keeps in his usual flesh & physical condition. March 24/96. Visited by brother. No change noticed.

Apl 2/96 Apl 2/96. Wt 233 pds P 80 - Apl 30/96. Visited by brother. Patient works in kitchen, every day. Is simple & foolish.

Talks little: no delusions or hallucinations noticed: appetite good: bowels in good condition. — — — —

May 3/96 Summary Nurses Notes by Dr. Phelps. Patient quiet: always rather dull, quite imbecile but able to work

Aug 31/96 some: Very fleshy: Wt. 233 lbs Increased in '95 to 257 lbs. Aug 31 '95 Wt. 261# Oct 31 '95 General health

good: Very silly & feebleminded; Behavior fairly good: Works in kitchen. Jan 31 '96 Wt. 274#

Still works in kitchen: No change in any way. Feb - July 31 '96. (Dr. Hammond) Wt. 275. General con-

dition good: Is feebleminded. Aug 1 - Jan 31 1900 (Dr. Chapple) Wt. 286# Sept. 15. Physical con-

dition good. " " No change of any kind. Behavior usually good. Is quite

demented. Talks much to himself & to imaginary people: Conversation incoherent

Habits cleanly: Works well on ward & in kitchen. Feby 1/1900. Wt 288# P 84.

Vaccinated: Result good. July 31. No change of importance. Is very fat but seems in good physical

health. Works regularly in kitchen: has but little to say. Well-behaved: Habits cleanly: Seems quite contented here.

Wt 298#. Sep 10. Transferred to B3. June 31/1901. No change during period: Health good: Works

regularly in kitchen: Quiet: Seldom speaks: Habits quite cleanly. July 1. Wt 275# May. Wt 276#

Aug 1 1900 Aug 2. Wt 271# : Nov 1. Wt 277½# : Nov 17. Visiting relative in town: Dec 29 Fell off bench, while

June 31 asleep, cutting nose. June 31/01. No change during year: is very fleshy, but seems in good health. Habits quite tidy.

Aug 1 1901 very quiet in behavior & works regularly in kitchen. Answers questions rationally - but is demented

June 31 and very dull. —

20 152.

Personal and Medical History of James Williams

LORENZ, FISLER & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3907

Residence, Amherst, Mass

Date Admission, 10th November 1894.

Admitted by, Dr. Herzog — Hour, 10 P.M.

How Sent, E.V. Farrington, Jof C, Fillmore County

Sex, Male.

Age, 75.

Civil Condition, Single

Children, one Son

Age Youngest Child,

Occupation, Farmer

Degree Education, not stated

Profession Religion, Second Advent.

Habits, Good, only he has a very bad temper

Nativity, New York.

Physicians Committing, J.A. Low & J.H. Phillips

Correspondents, R.O. Henderson
Newberg Mass

No. for Year, 106.

Insane Relatives, None

Cause Exciting, not known

Cause Predisposing, probably old age.

Form, Mania senilis.

Accompanying Bodily Disorder, Eczema

Suicidal or Not, not.

Date of this Attack, Several Years ago

Duration, Several years; off & on.

No. of Attack, many; probably.

No. of Admissions, 1st time

Age First Attack, not given

Time of Leaving, August 25 — 1902.

Time in Hospital, 7 yrs 9 mos 9 ds

Result, Died: Chr. in Senile Dementia
last illness 3 wks

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exby Dr. Herzog. Oct 31/94.

MENTAL ACTIVITY:

~~Clear or~~ Confused, Slightly

Quick or ~~Sluggish~~, fairly

MEMORY:

Past Events, } seems good

Recent Events, }

Special Subjects,

PERCEPTIVITY:

Alert ~~or Dull~~, fairly

Correct or ~~Illusive~~, in the main

REASONING POWER:

Ordinary Subjects, } unimpaired

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

He speaks of abuses while at the poorhouse: probably magnifies them — Inclined to be querulous & complaining — Reasons well on simple subjects: Mental power not great

EMOTIONAL STATE:

~~Normal, Calm~~,

~~Indifferent~~,

Exalted, very slightly

Depressed,

DELUSIONS:

Systematized or Not, } none noted

Special Subjects, }

Transitory or Not, }

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

~~Coherent or~~ Incoherent, slightly

~~Voluble or Reticent~~, fairly

Patient has large Scar on right thigh & back, Covering nearly the whole thigh, unpigmented in the Centre; brownish near Edges; Superficial throughout — Margin circular in outline; (probably syphilitic) —

Personal and Medical History of James Williams

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Ft 7 in WEIGHT, 137 lbs NUTRITION, Fair, Considering age.

WOUNDS OR ABNORMALITIES, left side of face somewhat smooth; Corner of mouth drawn down — Left leg shortened

TONGUE, Tremors, not marked Coatings, Anaemic; deviates to Left Promptness Movement, somewhat slow

PUPILS, Equality, right slightly dilated, left Normal Size,

Response Light, Good — Accommodation, Good

SIGHT, Presbyopic, past 5 years.

HEARING, slightly Deaf, past 3 years.

COORDINATION, Arms, somewhat impaired: finger to nose, eyes shut, not accurate.

Legs, standing a foot, fair; standing, eyes shut some swaying —

TREMORS, Hands, slight Tongue, slight

Facial Muscles, None General, None

REFLEXES, Patellar, Equal; about 0.

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

Le wounds "

SENSIBILITY,

HEART,

Sounds weak; no murmurs.

LUNGS,

Seem good

TAKEN,

EXAM. URINE,

proposed treatment

Nothing seems indicated except Custodial Care.

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, } none obtainable

Father or Pat. Relations, }

Brothers or Sisters, }

Personal and Medical History of James Williams

1894

This patient was brought here by Hans Olson, Deputy Sheriff, with following history. Habits are good; only he has a very bad temper. There is no history of heredity. Cause of attack not known; form of attack is paroxysmal. Patient has Eczema. First symptoms of disease were manifested several years ago. He has spells of sudden passion, in which he becomes furious & attacks people, without to do bodily harm. He has probably had many such attacks. Has had them every 2 or 3 weeks & has been confined in County Jail for last 6 months. His only, now, his uncontrolable temper. He is not suicidal, however, nor filthy nor destructive in habits. There is no history of any severe bodily disease &c or injury to head. He has been treated for scrofulous trouble of skin. —

Nov 16 — On admission, was put on B³ (I.R. Complexion light; hair gray; eyes blue; Condition of skin scrofulous; also some abscesses visible; no marks, scars or bruises noticed. Bodily Condition clean.

" 17 — Left Leg has been broken, a little below the hip. Behavior good). Nov 17/94. Was restless & disturbed the greater part of the night and slept only about 2 hours. T.M. Pulse 96 R 18. T 98.5. Appetite fairly good.

" 18 — No cough observed. Behaved well. Talks rationally; makes no complaints. Nov 18/94. Again restless and slept only 4 hours, last night. T.M. Pulse 108. T 98.6. Appetite good; bowels have moved. Behavior

" 19 — is good & "he seems as if he were all right". Talks quite rationally. Nov 19/94. Restless 5 hours,

" 20 — sleeping but 4 hours, last night. T.M. Pulse 120. T 98. No special change. Nov 20/94. Again passed a poor night, slept only 4 hours; was restless 5 hours or so. A.M. Pulse 120. T 98.5. Otherwise, as usual.

" 21 — Nov 21/94. Less restless; slept 6 hours last night. T.M. Pulse 112. T 98.4. Appetite good; behavior as usual.

" 22 — Nov 22/94. Very restless & disturbed & slept only 3 hours, during the night. Is inclined to be rather dirty —

" 23 — A.M. Pulse 120. T 100.2. Appetite good. Bowels seem regular. Nov 23/94. Slept but 4 hours, was very restless 5 hours, last night. A.M. Pulse 120. T 97.8. Appetite keeps good. Conduct & behavior about as above. —

" 24/25 — Nov 24/94. Pulse 105. T 99.6 Nov 25/94. A.M. Pulse 110 T 100.2 Nov 26/94. Pulse 108 T 98.4

" 30 — Nov 30/94. During past week, patient has continued, nightly, restless & has been sleeping poorly; only 4 to 5 hours, each. Appetite has been good; bowels regular, though a trifle loose. Has continued well-behaved. Talks rationally; appears as though he was all right, except that he is somewhat childish slightly. Walks fairly well & fast. Has a rather good opinion of himself as to what he can do; and of his ability. Habits are clean, now. He does not assist any with the work on the hall. —

Dec 1/31 — Dec 1/94. Wt 135½ pds. Pulse 92. Dec 31/94. Appetite good; bowels regular. Behavior good. He talks rationally.

1895 — He very quiet; never causing any trouble. Habits clean. Transferred to A⁴ ward, today. —

Jan 1/31 — Jan 1/95. Wt 138 pds. Pulse 74. Jan 31/95. Appetite good; bowels regular; no cough noticed. Is apparently in good health. Behavior is quiet & inoffensive; no complaints or injuries to report, sits in one place all day; talks little, but occasionally interpolates remarks which are not cognate to the subject talked of. Is cleanly in his habits. Works in Dining-room. Is senile disinclined to querulousness. ——

Feb 1/28 — Feb 1/95. Wt 143 pds. P 84. Feb 28/95. Patient is in ordinary good health. Is quiet but easily irritated & is quick-tempered. Sits in one place, most all day. Is anxious to get back to Poor-Farm, where there is more freedom". Works in dining-room, at times; walks out daily. Talks freely but is rambling and incoherent in his remarks. Cleanly in habits. March/95. Wt 142 pds. P 78. Mar 31/95. No change to note.

Mar 1/30 — A&I/95. Wt 143 pds. Pulse 74. A&I 30/95. Patient's condition, mentally & physically, shows no change.

Apr 1/30 — May 1/95. Wt 139 " " 81. May 31/95. Condition about same, in every way, for several months past.

May 1/31 — June 1/95. Wt 141 " " 92. June 30/95. No change noticable, either physically or mentally.

June 1/30

Personal and Medical History of James Williams

1895

July 1/31 — July 1/95. Wt 137 pds. Pulse 98. July 31/95. No change & notes for several months past, still hold good.

Aug 1/31 — Aug 1/95. Wt 135 " " 68. Aug 31/95. Behavior good. Quite talkative at times. Goes out walking; works a little in the dining-room. Sleeps well.

Sep 1/30 — Sep 1/95. Wt 144 pds. P 80. Sep 27/95. Was attacked & knocked down & floor by patient Earl as p & he was unconscious for about 2 minutes from it.

" 30 — Sep 30/95. He is very cranky, at times, when he will refuse his food for a meal or two & demands to be let out, as "he want to go home"; says Dr has no right to keep him here". Goes walking, daily.

Oct 1/31 — Oct 1/95. Wt 139 pds. Pulse 94. Oct 31/95. No change noticeable. Still has his "cranky spells" when he acts as above noted, (refusing food &c) — Is very talkative. Works some. Goes out walking.

Nov 1/30 — Nov 1/95. Wt 143 pds. Pulse 92. Nov 20/95. Fell down outside, while out walking: had to be helped in a

" 30 — ward. Nov 30/95. Is very cranky; at times, refuses meals for a day & "wants to go home" - Says "he don't have to stay here" - legs are getting very feeble, so he cannot walk out, but is obliged to stay inside.

Dec 1/31 — Dec 1/95. Wt 145 pds. Pulse 92 - Dec 31/95. No change noticable - Still cranky & refuses his meals. -

1896 — Jan 2/96. Wt 145 " " 64 - Jan 31/96. Appetite good, tho' he is still subject to his "cranky spells" when he will refuse meals for a day or so: has been very cranky. Plate; quarelling with other patients: talking very loud &c. Bowels regular: he sleeps well. Condition, mentally, shows no special change.

Jan 31 — Feb 3/96. Wt 148 pds. P 76. Feb 29/96. No change noted. Asks to go home, today. Says "the Dr has no right to keep

Feb 29 — him here": refused his dinner: was quite excited. Mar 3/96. Wt 141 pds. P 90. March 31/96. No change during the month.

Mar 31 — A&I/96. Wt 144 pds. P 88. A&I 29/96. Since 7th inst, has been troubled with a bil on back of head: had same lanced

Apr 1/30 — & bandaged: dressed, from time to time, & is now all healed up again: A&I 30/96. Patient is very cranky: continually talking about getting out of here, claiming the Dr has no right to keep him here: that he was not committed legally and he wants to be let out. When he gets these "spells", he will refuse his meals for a couple of times. Sleeps well. Goes walking

May 1/96 — Summary Nurses Notes by Dr Phelps. Patient quite senile: has a tendency to senile failure: Quite demented during

to — latter part of 96. Kept in fair health: In April 97 had a severe diarrhoea & later several

Aug 1/97 — severe boils, at which time he was taken to Infirmary: seemed to have become quite feeble: Had previously in February become quite weak & fell on one occasion: No disease noted - It was probably a cerebral attack: The sore under arm became an abscess which continued to trouble him until May, on May 17 began breaking out again & patient went again to Infirmary: Remained upon Infirmary during June & July & became better. July 8 transferred to Annex; July 30th to Q⁴. Continued by Dr Herzog Aug. 1/97 Wt. 138 lbs. An elderly man with considerable difficulty in getting about on account of limb. Very cross & irritable with delusions of persecution: Believes that he is kept here unlawfully: Appetite good: Bowels regular: Clean in habits.

Nov. 1 — Wt. 141 lbs. Desires to go home: Still irritable. Jan 1/98 Wt. 155 lbs. No change mentally - F6278 Refused to go to bed: some difficulty in undressing him. May 1/98 Wt. 159. Appetite good: Still irritable.

June 2 — Struck by Wm. McGroarty, fell to floor: struck on hip. Put to bed. No signs of injury: Complained of severe pain. 30 Still in bed: Much improved: Frequently uses liniment - July 5 left & dressed: uses one crutch. Aug 1 Gets around fairly well without crutch. Same mental condition as before: Wt 157

Jan 31/99 — Wt 158 lbs No change in mental condition. Feb 1 - July 31/99 (Dr Wanous) No change from month to month. Physical condition good. Wt Feb 1 - 157 lbs. Aug 1 - Jan 31 1900 - Oct 1 - 142 lbs. Physical condition good. Talks a great

1900 — deal about papers he has. Is easily irritated. Appears stubborn about shaving. Has delusions of persecution

May 31 — thinks he is kept here because Nurses & doctors have his papers & money. July 2 Vaccinated successfully

Feb 1/01 — Mental condition unchanged —

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Personal and Medical History of Allen S. Spurck

LEGGETT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3909.
Residence, Northfield, Minn
Date Admission, 14th November 1894.
Admitted by, D. Phelps. Hour, 4:30 P.M.
How Sent, R.A. Mott & Jo. D. Rice County.
Sex, Male.
Age, 35.
Civil Condition, single
Children, — none —
Age Youngest Child, —
Occupation, Laboring Man
Degree Education, probably quite good
Profession Religion, not a church member
Habits, Good.
Nativity, Canada.
Physicians Committing, C.V. Lynde and A.J. Schmidt
Correspondents, none given in papers —

No. for Year, 103.
Insane Relatives, none as far as known
Cause Exciting, Religious troubles.
Cause Predisposing, previous attack
Form, Melancholia acute
Accompanying Bodily Disorder, none
Suicidal or Not, not.
Date of this Attack, last Spring
Duration, about 7 months
No. of Attack, 2nd (probably more).
No. of Admissions, 1st here (in St. Peter, 9 years ago)
Age First Attack, about 26 years.
Time of Leaving, Apr. 26. 1910
Time in Hospital,
Result, Transferred to Hastings.

Ed by D. Herzog, Dec 6/94.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, somewhat confused
Quick or Sluggish, fairly quick
MEMORY:
Past Events, } somewhat impaired
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, apparently Correct
REASONING POWER:
Ordinary Subjects, fair
Own Mental State, fair
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, slightly
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, } none brought out
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, fairly coherent
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:

Patient manifests no prominent delusions, but is slow & confused in his mental processes & slightly depressed. There seems to be present a considerable dementia. He has an old medial paralysis & atrophy of the left side, with some contractures, particularly of the calf muscles. He states that this has been present from childhood. From his description, it might be from an acute poliomyelitis. There is some atrophy. The left calf measures 1 inch less than the right. The left limb is 1 inch shorter.

Personal and Medical History of Allen S. Spurck

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in WEIGHT, 120 1/2 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES, See "S.R." on next page.
TONGUE, Tremors, none marked Coatings, Heavy, grayish Promptness Movement, fairly prompt
PUPILS, Equality, Yes Size, normal
Response Light, Yes Accommodation, Yes.
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Unimpaired. Gymnasal tests
Legs, do " "
TREMORS, Hands, none marked Tongue, none marked
Facial Muscles, " " General, " "
REFLEXES, Patellar, right 9; Right
Other clonus, left 10.
ARTICULATION,
~~Slurred~~,
Hesitating, Yes
FACIAL EXPRESSION,
somewhat anxious
SENSIBILITY,
HEART,
action somewhat weak & rapid
LUNGS, Seem good

~~EXAM. URINE~~,
Treatment proposed
Nothing seems indicated, but tonics

TAKEN,

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 Allen S. Spink

1894

This patient was brought here by Sheriff's Deputy C. Carlan, with following history. — Habits have been good; no history of heredity, so far as known; supposed cause of attack religious troubles: form of attack, acute & excited. There is no accompanying bodily disease. Symptoms of this attack manifested since last spring. This is not 1st attack; had one about 8 years ago. — Insanity now shown on the subjects of women and religion. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. There is no history of any acute disease or of head-injury. He was in St. Pete about 9 years ago, for several months. Has not been under medical treatment.

Nov 17 On admission, was put on 13² (S.R. Complexion dark; hair dark & gray; eyes blue; condition of skin good. No marks, scars or bruises noticed. Bodily condition dirty. Behavior is good. Inclined to be talkative.)
" 18 Pulse 88. R 20. Nov 18/94. Restless 2 hours, but slept 6 hours, last night. AM. P 80. R 20. Tm 99. Appetite good; bowels seem regular; no complaints noted. Behaves well. Talks freely, when addressed;
" 19 PM. Pulse 82. R 21. Tm 99 2/5. Nov 19/94. Slept 8 hours; was restless 3 hours; last night. AM. P 92 R 20. Tm 99 2/5. Appetite good. Sits idly about on the seats. Talks but little, unless addressed. Works none.
" 20 PM. Pulse 94 R 20 Tm 98.8. Nov 20/94. AM. Pulse 76. R 19. Tm 99. PM. P 76. R 20. Tm 99.4
" 21 Makes no complaints. Patient seems bewildered, at times. Nov 21/94. AM. Pulse 76. Is reticent;
" 22 talks but little, unless addressed. No delusions yet noted. Nov 22/94. AM. " 76. Goes walking.
" 23 Nov 23/94. AM. Pulse 72. Is deluded & rather bewildered. Goes out walking. Does no work.
" 24 Nov 24/94. Since last noted, has been restless, restless 3 hours nights, but has slept 8 hours, each.
sits about ward. Becomes excited & rattled, at times. Sits idly about ward. Habits clean.
" 25 Nov 25/94. Reads some; talks in a bewildered manner. Is cleanly in habits; works none. —
" 26 Nov 26/94. Talks deluded; says he is a republican & will drink whiskey, before he will let them
" 27 get beat ew" - Nov 27/94. Reads some; makes no complaints. Otherwise, is about as usual.
" 28 Nov 28/94. Bewildered, at times. Talks rather incoherently. Indolent & idle. Does no work. —
" 29/30 Nov 29/94. Behaves well. Otherwise no change noticeable. Nov 30/94. About the same. —
Dec 1 Dec 1/94. During last week, patient has been somewhat quiet & restful at night. Sleeping
6 to 9 hours, each. Has been up & around daily, clean & tidy & well-behaved. Pulse about normal.
Was quite restless, on admission and somewhat exalted. Has some delusions. Appears to be
thinking considerably at times & is in a deep study. Does no work. Physical condition seems good.
" 31 Dec 31/94. Talks foolishly, at times. Appetite good; works none. Seldom walk out. Makes no complaints.
1895 Is demented. Does not read or participate in any games, for recreation. Jan 2/95. Wt 123 lbs. Pulse 66.
Jan " 10/95. Was noisy & had some trouble with him, at night. Jan 13/95. Is taking clothes off, today.
" 18/31 Jany 18/95. Getting worse, gradually. Is untidy & slovenly. Appetite poor. Is deluded. Jan 31/95. Appetite medium;
bowels free; is wilful & stubborn; talks demented; is untidy & untidy. Works none; does not go out walking.
Feb/28 Feb 1/95. Wt 128 lbs. Pulse 64. Feb 28/95. Is troublesome; talks foolish & demented; stands idly about. Does not
Mar 2/6 participate in any recreation. Is slouchy in appearance. March 1/95. Wt 126 lbs. Pulse 64. March 5/95. Com-
" 30 plains of tooth-ache. March 30/95. Talks none, at all. Does no work. Goes out walking with the rest.
Apl 1/20 Apl 1/95. Wt 129 lbs. Pulse 64. Apl 30/95. No change noticeable. Is careless & slouchy in his dress.
May 1/5 May 2/95. Wt 127 " 64. May 5/95. Stands or sits about; talks none. Works none. Is silly & demented.
" 6/31 May 6/95. Transferred to D². May 31/95. Patient has been quiet, but stupid & melancholy.
June 10 Indolent; does no work; seldom speaks. Habits clean. Health good. June 10/95. About as usual.

Personal and Medical History of Allen S. Spink

1895

Jan 30 June 30/95. Of late, patient has talked some, at times, but in rather a flippant, bragging manner.
July 30 July 30/95. Keeps about the same: no change noticed since last report. Physical health good.
Aug 1 Sept 1 For this quarter, there is nothing special to note. He is rather stupid, at times, and again he
Oct 4 will brighten up for a short time, and be quite talkative, indolent and does no work;
habits clean: dress neat & tidy - Seems good Physical Condition. Seems contented here. —
Nov 1 Nov 1/95. Wt 118 lbs. Pulse 80. Nov Dec/95 - Jany 31/96. During this period, patient has seemed quite
Dec 1896 bright: has been talkative: speech rather boastful & incoherent: at times, again, he will go for weeks
Jan 31 without saying a word. Works a little: habits clean. Health is apparently good. —
Feb 4 Feb 4/96 Wt 125 lbs. Pulse. Feb, march & to April 30/96. Patient is generally quiet and rather melancholy: has spells
March 30/30 in which he talks some, but rather irrationally. Works a little at ward: habits clean. Health apparently good. (At date
of April 8th was working with Upholsterer).
May 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps A chronic case, rather feebleminded as shown by incoherent & foolish talk: Bodily health good generally. Has been kept at times: Wt. 130 lbs. Aug 31/97 120 lbs
Sept 31/97 Health good. At times will be very noisy & at others will not speak
Fairly clean in habits: Does no work. Jan 31/99 Interviewing notes show no change.
Feb 7, 1911 July 31/99. (Dr. Wanous) Peculiar spots found on thigh - similar to ulcer spots. Aug 1. General
condition good: habits clean: incoherent in speech. Aug 1 - Jan 31/900 (Dr. Chapple) Wt. 132 lbs
Sept 1/5. Visited by friends. Jan 1 Visited by nephew. Behavior usually good. Has noisy
Jan 31 spells. Talks a good deal to himself & to imaginary people: Conversation incoherent. Habits cleanly. Works well on ward. Apl 20. Nothing special to report —
Apl 20 26 Was today, transferred to Hastings Hospital -

Personal and Medical History of David E. Bailey

LIBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3913.
Residence, from City & County Hospital, St. Paul.
Date Admission, 24th November 1894
Admitted by, D. Phelps Hour, 7 P.M.
How Sent, John B. Rivier, Jof P. Ramsey County
Sex, Male –
Age, 35
Civil Condition, married
Children, two
Age Youngest Child, —
Occupation, Painter
Degree Education, probably good.
Profession Religion, Catholic
Habits, Not good but has not drunk much lately
Nativity, Not known –
Physicians Committing, Arthur B. Ancker and Arthur Sweeney
Correspondents, Annie K. Bailey
(Wife's name) 458 St Peter St. St Paul

No. for Year, 112.
Insane Relatives, unknown; heredity denied –
Cause Exciting, Unknown
Cause Predisposing, not given
Form, Mania acute delirious
Accompanying Bodily Disorder, Blind for a year or two
Suicidal or Not, not
Date of this Attack, a few days ago.
Duration, a few days –
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 35 –
Time of Leaving, 1st December 1894
Time in Hospital, 7 Days –
Result, Died; Cerebro Spinal Meningitis

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

2nd day – Dr Rowe.

MENTAL ACTIVITY: Dull – Slow –
Clear or Confused, Confused very –
Quick or Sluggish, Sluggish & Indistinct
MEMORY: – Poor –
Past Events, } Remembers many things but forgets
Recent Events, } many & has no "realizing sense"
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, incorrect
REASONING POWER:
Ordinary Subjects, Very poor & dull
Own Mental State, Poor. Thinks "all right"
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Dictated Note by Dr Rowe
Patient on admission trembling and confused – Looks like G.P. – Diagnosis mine
G. P. of Syph. origin

D. H. Note – The examination of this case as to reflexes &c was made, owing to his condition. Records are kept as to the facts.

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

Personal and Medical History of David E. Bailey

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 154 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Much. coarse tremor Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Blind – a gradual growing blindness (he says)
HEARING, Fair
COORDINATION, Arms, Very poor – Incoordination was of severe character evident at sight on admission –
Legs, Very poor
TREMORS, Hands, Much – Tongue,
Facial Muscles, – Blunt – with some twitching General,
REFLEXES, Patellar, – 0 – EXAM. URINE,
Other
ARTICULATION, Quite stammering & blurred –
Slurred,
Hesitating, Yes considerably
FACIAL EXPRESSION, – Smooth face with little action
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Kept Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Beers 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 David E. Bailey

This patient was brought here by Detectv Sheriff Courtean, with following history. Habits not good; had [illegible] unknown [illegible] malted. [illegible] year or two [illegible] 1st attack. Patient is [illegible] at the City [illegible]

Nov 24 On admi[ssion] skin dirty; Patient is [illegible]

" 25 Considerable [illegible] last night.

" 26 Solid food. his face [illegible] was given

" 24 Still poor. to choke he

" 28 and often. straining

" 29 3 times a respiration Nov 30/94. 7 30 Am, b

Dec 1 Dec 1/94. muscles of profusely; 4 Pm.

CASE RECORD.

Patient's Name David E. Bailey Name Disease ..... Name Physician H H Herzog

DATE.	TEMP.	PULSE.	RESP.	MEDICINE, BATHS, ENEMATA, ETC.	FOOD.	ACTION BOWELS, KIDNEYS, SKIN AND OTHER SYMPTOMS.
Nov 24						
7 P.M.	102.2	132	30	Given Bath	Takes very little solid food takes considerable milk and eggnog	Skin is dirty and slightly moist
Nov 25						
7 A.M.	101	116	28		Takes no solid food. took ½ milk 3 times today	Bowels and Kidneys
5 P.M.	99.8	88	20			
Nov 26	101	121	28			
7 A.M.				Given Glycerine	Appetite poor took milk 3 times a day	10 30 P Bowels moved very slight passage
5 P.M.	100.4	98	27	Suppository 9 a.m.		
Nov 27						
7 A.M.	102.4	104	30		Eggnog 3 times a Day	Passes urine freely and often
5 P.M.	102	108	30			
Nov 28	100.6	108	20		Eggnog 3 times a day	6 P.M. Bowels moved
5 P.M.	103	148	28			
Nov 29						
7 A.M.	104	130	24		Eggnog 3 times a day.	Bowels moved 7 30 A.M.
5 P.M.	103	180	30			
Nov 30						
7 A.M.	103.8	130	36		Milk and eggnog 3 times a day.	7 30 A.M. Bowels moved slightly.
5 P.M.	104	142	30			
Dec 1						
7 A.M.	105.2	140	36		Took very little milk for breakfast no dinner	

RECORDED BY T. R. Gillaspie NURSE.

Personal and Medical History of George Berg

Nov 5 Am

Mar 19 The Convulsive movement being almost wholly confined to left side, toward the latter part of the convulsion At first, the movements were bi-lateral. 5[45] Pm. Transferred to Infirmary Ward; was in an unconscious Condition. P 120. R 26. T 99.8.; perspiring freely: breathing with difficulty. Had 4 more convulsions

" 20 before midnight, lasting about 5 minutes each - March 20/95. Was unconscious all night; became

" 21 a little brighter toward morning. Took fair amount of nourishment, today - Mar 21/95. Slept only 2

" 22 hours last night. A.M. Has brightened up considerably - March 22/95. Awake all night; out of bed, most

" 23 of the time, pounding at the door - Appetite good. Still on liquid diet but calls for some solid food. - bowels moved fairly freely - March 23/95. Rested well, sleeping 5 hours, last night. Pulse 84. -

" 24 Mar 24/95. Slept rested well. A.M. P 84. Ate a fair dinner of solid food. P.M. Appears fairly bright. 5[50] Pm. Was found in a stupor; probably had had a fit. 6[45] Pm. Had a very bad convulsion, seeming to

" 25 start at the right side. March 25/95. Had one convulsion, during night. Slept 1 hour; restless 7 hours. 7[30] Am. Catheterized. Patient very low; in stupor; can take no nourishment - 1 Pm. Again catheterized.

" 26 Mar 26/95. Restless 4 hours + slept but 4 hours, last night. Am. Still in a stupor; seems failing rapidly. -

" 27 Was catheterized twice today. Has taken fair amount of liquid nourishment, today - Mar 27/95. Slept

" 28 poorly; restless 6 hours. Seems some brighter today - March 28/95. No special change to note.

" 29 Mar 29/95 Restless 3 hours, but slept 5 hours. Is much brighter, today. Passed urine naturally. -

" 30 Appetite fair. Still on liquid diet. Mar 30/95. Slept only 4 hours. Seems and improving every day. -

" 31 Appetite good; bowels regular. Mar 31/95. Slept poorly, last night. Had to be catheterized this Am, but passed urine, naturally, twice during P.M. Patient still confined to Bed (See attached Nurse-Records).

Apl 5 Apl 5/95. Restless at night, sleeping only 4 to 5 hours, each. Appetite good; bowels regular; is apparently

" 9/11 gaining rapidly. Apl 9/95. Wt 112 pds. Apl 11/95. very noisy, at times. Liquid diet discontinued, today.

" 30 Apl 30/95. Sleeps about as usual. Appetite generally very good, tho' he refuses an occasional meal. — Quite noisy, at times. In other respects no special change noticeable in patients' condition.

May 2/8 May 2/95. Wt 113 pds. May 6/95. Lies in bed: very restless + noisy, at times. Destructive; tearing his clothing. Appetite good: bowels regular. May 8/95. Up, onward + dressed. Very noisy all Am.

" 14 1 PM. Transferred to 73[d]. May 14/95. Restless + noisy at night, sleeping poorly: has a sore on each

" 20 heel: look like bed sores. May 20/95. Tried to make his escape from the Ward, by sneaking away;

" 24 was seen in time + brought back. May 24/95. Again made an attempt to escape from Ward, today.

" 31 May 31/95. Appetite good: bowels regular. He is restless + at times, noisy: is discontented: always

June 1 trying to make his escape + has to be watched very closely. Talks incoherently + has delusions. at times is dirty + also destructive - (3 Days dirty during month). June 1/95. Wt 127 pds. P 96

" 18/30 June 18/95. Testicles swollen down the past 2 days: says "Tait kicked him". June 30/95. appetite rather poor, of late: will go 2 or 3 meals without eating: says "he is not feeling well". Still shows delusions: talks incoherently: very easily excited. Habits occasionally dirty. Does not work.

July 1/31 July 1/95. Wt 126 pds. P 100. July 31/95. Had a convulsion last evening, + remained in an unconscious condition mostly all night: is very restless this morning: does not realize anything: does not want to lie down in bed, but sits up. Transferred to I.W.[E] at 9. Am. (Cause in this ward, in a stupid condition: was put to bed: but was out of bed much: would not stay there. Got no nourishment today. Aug 1/95. Slept some, all night: out of bed continually.

Aug 1/5 Aug 5/95. On some nights, sleeps fairly well: on others, very restless + out of bed much.

(carried to 232)

Personal and Medical History of David E. Bailey

1894

This patient was brought here by Deputy Sheriff Courtean, with following history. Habits not good; had syphilis many years ago; has not drunk much lately. Heredetary history denied unknown if any insane relatives. Cause of this attack is unknown. Form of attack is acute, exalted. Is said to have been acting queerly for some time past. Patient has been blue for a year or two. His wife became paralyzed a few days ago & he began to pray & weep. This is the 1st attack. Insanity is now manifested by a general fear of danger & "hearing voices of the Lord" Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. Has been confined at the City & County hospital & leg restraints have been used for 24 hours. Is under medical treatment.

Nov 24 On admission, was put on [illegible] (S.R. Complexion dark. hair brown; eyes brown; Condition of skin dirty: knees slightly bruised. Patient is blind in both eyes. Quiet & well behaved, on admission) Patient is sick & quite weak. Was given a bath & put to bed. Eats very little solid food, but takes

" 25 considerable milk & eggnog. Skin is in fair condition & slightly moist. Nov 25/94. Rested very poorly, last night. Is also very restless today; sitting up in bed; also out on the floor a great deal. Takes no

" 26 solid food. Took a pint of milk, 3 times today. Bowels are costive. Nov 26/94. Very restless, twitching his face & head & pulling his hair; moaning frequently & talking to himself. Bowels, constipated; was given glycerine suppository at 10 Am, at 10.30 had a passage - very slight. Appetite

" 27 still poor. Took milk 3 times, today. Nov 27/94. Very restless & will not stay in bed. Tries to choke himself & pull out his tongue. At 830 was put in restraint. Passes his urine freely,

" 28 and often. Has taken Eggnog, 3 times, today. Nov 28/94. Very restless. Tries to choke himself by straining his neck in the restraint sheet; has a sore neck from rubbing on sheet. Takes eggnog

" 29 3 times a day. 6 PM. Bowels moved. Nov 29/94. Quite restless; talks to himself incoherently. respiration rapid & labored. (7.30 Am. Bowels moved). Still takes eggnog 3 times daily. —

" 30 Nov 30/94. Very restless; moans frequently; praying & talking to himself, most of the day. — at 7.30 Am, bowels moved slightly. Is given milk and Eggnog 3 times a day. Still in restraint.

Dec 1 Dec 1/94. Took very little milk for breakfast; no dinner. Is very restless, this morning; twitching muscles of the face & head. 3 PM. Still very restless; extremities cold. He is perspiring profusely; respiration very rapid & labored. Friends have been wired of his critical condition. 4 PM. Patient is sinking very rapidly. 4.12 PM. Died at this hour (See attached record).

— Died —

Personal and [illegible]

[illegible] hours 12.

[illegible] out of the convulsion
[illegible] unconscious
[illegible] more convulsions
[illegible] dult; became
[illegible] slept only a
[illegible] bed, must
[illegible] food. —
[illegible] 24. —
[illegible] bright.
[illegible] ing to
[illegible] us.

" 25 7 —

" 26 Un

" 27 was

" 28 poorly

" 29 Mar 2

" 30 Appetite

" 31 Appetite

passed u

Apl 5 Apl 5/95. Rest

" 9/11 gaining rapid

" 30 Apl 30/95. Is

Quite noisy, a

May 2/95. Wt

hir clothing. Ap

" 14 1 PM. Transferred

" 20 head: look like bed

" 24 was seen in tuned & bro

" 31 May 31/95. Appetite good

trying to make his esc

June 1 at times is dirty & also

" 10/30 June 18/95. Testicles sw

rather poor, aflate: will

shows delusions: talks incoh

July 1/31 July 1/95. Wt 126 pds. Pulse

Aug 1 Aug 1/95. Slept nine, all night: out of bed continually.

" 5 Aug 5/95. On some nights, sleeps fairly well: on others, very restless & out of bed much.

day.

noted: always

nently & has delusions.

1. June 1/95. Wt 127 pds. Pulse

says "Tait kicked him": June 30/95. appetite

most eating: says "he is not feeling well": Still

greatly excited. Habits occasionally dirty. Does not eat.

July 31/95. Had a convulsion last evening, & remained in an uncon-

scious condition mostly all night: is very excited this morning: does not realize anything:

does not want to lie down in bed, but sits up. Transferred to T.W.E at 9 Am. (Cared in

this ward, in a stupid condition: was put to bed: but was out of bed much: would not stay there.

Ate no nourishment to day.

(carried to 232)

Personal and Medical History of Ole Moen (or Moon)

Moore (per letter of [illegible])

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3917.
Residence, Wilmington, Minn
Date Admission, 28th November 1894.
Admitted by, D. Kilbourne Hour, 4 P.M.
How Sent, Thos Ryan, J. of P., Houston County
Sex, Male -
Age, - 47 -
Civil Condition, Married
Children, - Four -
Age Youngest Child, —
Occupation, Farmer
Degree Education, Probably fair
Profession Religion, Lutheran -
Habits, Good
Nativity, Norway
Physicians Committing, E. D. Johnston and W. W. Freeman
Correspondents, Rachel Moon
Portland Houston Co. Minn

No. for Year, 116.
Insane Relatives, one brother
Cause Exciting, Business worry -
Cause Predisposing, Chronic - (15 Years)
Form, Mania acute delirious
Accompanying Bodily Disorder, Pains in head & knees -
Suicidal or Not, Not; but probably homicidal.
Date of this Attack, 15 years ago
Duration, 15 years
No. of Attack, 1st (Continuous)
No. of Admissions, 1st
Age First Attack, about 32.
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to Hastings. OK/Pm

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Ed'd by Dr. Kilbourne Dec 28th.

MENTAL ACTIVITY:
~~Clear or~~ Confused, much. -
Quick ~~or Sluggish~~, Quick
MEMORY:
Past Events,
Recent Events, } much Confused
Special Subjects,
PERCEPTIVITY:
Alert ~~or Dull~~, yes
~~Correct or~~ Illusive, yes
REASONING POWER:
Ordinary Subjects,
Own Mental State, } None
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
~~Normal, Calm~~,
~~Indifferent~~,
Exalted, Considerably
Depressed,
DELUSIONS:
~~Systematized or~~ Not, Systematized
Special Subjects, "that he is afire &c" -
Transitory ~~or Not~~, Yes
HALLUCINATIONS: Sees Flames &c -
ILLUSIONS: none noted.
CONVERSATION:
~~Coherent or~~ Incoherent, markedly
Voluble ~~or Reticent~~, quite
Conversation is rambling - It's impossible to get his attention.

Personal and Medical History of Ole Moen (or Moon)

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 174 lbs. NUTRITION, Considerably impaired
WOUNDS OR ABNORMALITIES, See "A R" next page.
TONGUE, Tremors, Marked, coarse Coatings, red, dry. Promptness Movement, fairly prompt
PUPILS, Equality, Yes Size, normal
Response Light, Yes Accommodation, Yes; eyes shifting; difficult to focus
SIGHT, Unknown
HEARING, unknown
COORDINATION, Arms, impaired;
Legs, Impaired; Standing unfoot, unable.
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, none General, Slight
REFLEXES, Patellar, -10-
Other ankle clonus marked
ARTICULATION,
Slurred, Yes
Hesitating,
FACIAL EXPRESSION, like a Drunken man's. Eyes glaring; constant movement of muscles. —
SENSIBILITY,
HEART, rapid; Sound weak; no murmurs
LUNGS,
no close examination.

3917

TAKEN,

EXAM. URINE,

Proposed Treatment

Calomel purge; Hot baths with cold to head, daily. Milk with 2 Eggs, 3 times Daily. -

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	~~Clean~~, Fair	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium, Poor	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,") Unknown
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Ole Moen (or Moore)

1894

This patient was brought here by Geo. N. Blexrud, Sheriff + John Johnson, his uncle, with the following history. There is insanity in family, one brother being insane. Supposed cause of this attack is business worry. Form of attack is Chronic. He complains, also, of pains in head and knees. First symptoms of disease were manifested 15 years ago, in Dakota. Had delirium and constipation; since then, he has not been able to attend to business matters. This, then, is the 1st attack. Continuous. Insanity now shown by his being extremely afraid of machinery and trains + is irritated by the slightest noise. Also has hallucinations. He raised a chair, to strike a child + has grasped his wife by the throat once + also a small child. He has not, however, attempted suicide. He sleeps in his clothes. Had a rough + tumble fight, before insanity was manifested. There is no history of anybodily disease &c or injury to head. He has not been restrained or confined. Was under medical treatment, but only for first summer.—

Nov 28 On admission, was put to Bed (SR. Complexion light; hair light; eyes blue; Condition of skin good; no marks scars or bruises noticed. Bodily Condition Unity. Behavior good). Nov 29/94. Was restless an hour or so, but slept 7 hours, last night. AM. Pulse 96. R 20. T(o) 99.2. Appetite very poor; no cough observed. Sits about; is very much depressed; talks little or none. No complaints or " 30 injuries to report. PM. Pulse 88. R 22. T(o) 99. Nov 30/94. Slept only 5 hours, was restless for 3 hours, last night. AM " 100 " 19 " 99.8. Stands or sits idly about, has to be led to meals &c.

Dec 1 Talks none. PM. Pulse 96 " 21 " 99.8. Dec 1/94. Restless 2 hours, sleeping 6 hours, last night. AM. " 96 " 22 " 99.8. Eats but very little. Shows delusions. Thinks he is going to be burned or killed. Is very restless. Wt. today, 173 lbs; (has lost slightly).

" 2 PM. Pulse 88. R 23. T(o) 99.6. Dec 2/94. Again passed a somewhat restless night; slept 6 hours or so. AM. Pulse 88. Still eats but very little. Is very restless, and talking to himself. Still manifests delusions. Thinks everything is on fire. Dec 3/94. Very restless

" 3 all night + slept none. Is very restless + troublesome today. Talks of burning up and going through machinery". Was given hot bath at 10 o'clock; repeated at 7 PM. Was also given glycerine suppository. T 100. Given 1 pint of milk + 2 eggs at 6.30 PM. Was moved to C2 (sick ward).

" 4 was very restless during night; put in restraint at 8.15 PM. Dec 4/94. Patient was given a hot bath, with cold applications at 8.30 AM. Appears to be very weak, but is resting quietly. Pulse 100. R 36. T. 100.8. Took eggnog for breakfast + dinner, but refused supper. Vomited some during the day. Was taken out of restraint. Memory very poor; has no recollection of being brought here. Power of attention not altogether lacking. He is emotional; has "crying spells" occasionally. Also has delusions. Imagines "he is being burned up + that he is being crushed by machinery." Physical appearance robust. Muscular development fairly good. Expression of face rather stupid. Lungs + respiration apparently all right. Stomach rather weak. Bowels inclined to be

" 5 Costive. Urination rather scanty. Dec 5/94. Took 2 oz. Hunyadi Water. Refused breakfast. Took about 1 quart of milk during the day, a little at a time. Complains of back-ache. T. 99

" 6 Pulse 56. Resp. 24. Dec 6/94. Refused breakfast; bowels still costive. Was given 2 drops Aconitol at 1 PM. Bowels moved at 1.30 PM + again at 4.30 PM. He has taken 1 quart of milk during day;

" 7 T. 99.2 Pulse 86. Resp. 26. Dec 7/94. Took milk diet during the day. Appears to be improving; talks more coherently. No delusions now noted. Calls for water very often. Urine tested, showed

Personal and Medical History of Ole Moen (or Moon)

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DETAILED HISTORY OF SICKNESS OF MR Ole Moon

DIAGNOSIS.

DATE	HOUR AM	HOUR PM	PULSE AM	PULSE PM	RESP AM	RESP PM	TEMP AM	TEMP PM	
Jan. 1	7	2	76	84					Appetite good - bowels regular - Passed over Xmas as usual
2	7	5	78	80					Patient still complains of pain in chest - Dressed
3	7	3	84						Bed soiled - dressed - Asks to get his clothes as frequently
4	7	5	90	96					Again Upset - Stayed in room during day
5	7	5	84	112					Does not appear disposed to lay - Appetite & getting poor
6	7	5	90	90					Restless - not slightly excited all day - Wants to get out
7	7	5	78						Very excitable & violent - trying to get out of ward - Bowels confined to Bed
9									Refuses medicine - says it is Poison
13									Looks - brighter - and probably gaining on flesh
31									Quiet and melancholy - Eats but very little - Sits about - or settles - appetite fairly good - gaining on flesh

Dec 1 1916 Jany 5/96. A very awkward, indolent patient: will not work or keep himself neat or clean: dirt about him: talks not

Jany 1/96 to go walking, unless compelled. Appetite good: bowels regular: no complaints. Has delusions. Jan 6/96. Moved to Acute.

" 31 Jany 31/96. No special change. Quiet & stupid: Shows comprehension. Indolent & does no work.

To Hospital Book "A" page 285.

ersonal and Medical History of Ole Moen (a Moen)

29
Dio 141

DETAILED HISTORY OF SICKNESS OF MR Ole Moen
DIAGNOSIS.

DATE	HOUR	PULSE		RESP.		TEMP.		
	AM	PM	AM	PM	AM	PM	
Dec. 23	7	5	72	64	22		98.6	Night. Slept 6 hours.
24	7	5	66	66	20	22	98.4	99.4	Appetite good. Bowels regular. Night. Slept 7 hours.
25	7	5	76	60	24	20	99.8	99.2	Night. Slept 5 hours.
26	7	5	68	68	20	22	99.2	99.2	Night. Slept. 5 hours.
27	7	5	70	62	20	20	99.4	99.6	Appetite good. Bowels regular. Pulse dropped every day. Night. Slept 5 hours.
28	7	5	58	70	20	20	98.8	98.8	Night. Slept. 6 hours.
29	7	5	68	68	20	22	98.2	98.8	Lows on respiring and Lips thrust every day - appetite good bowels pulsating right - 6 hours.
30	7	5	68	68	20		90		Night. Slept 5 hours.
31	7	5	70	66					Night. Slept. 6 hours. Mania seems to be passing away. He is becoming more and more conscious of the weak mental condition of which he is the victim.

2

go walking unless compelled. Appetite good: bowels regular: no complaints. No delusions. Jan 6/96. Moved to Acute. Jan 31/96. No special change. Quiet & subdued: shows no comprehension. Indolent & does not work. To transfer Book "A" page 265.

Personal and Medical History of Ole Moen (a Moon)

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DETAILED HISTORY OF SICKNESS OF MR Ole Moen.
DIAGNOSIS.

DATE Dec.	HOUR	PULSE: AM	PM	RESP: AM	PM	TEMP: AM	PM	
3								173 Rd. Patient came on board June 13 - very excited - put on midnight chest. Night. Slept 4 hours restless 2 hours
4	7	3	110	66	36	24	98.2	102 Took eggnog for breakfast and dinner refused supper. Appears very weak
5	7	3	78	84	20	22	98.2	98.4 Removed to C2 (sick ward). Night. Slept 6 hours. Refused breakfast. Bowels costive 103 to 100 Thermometer under tongue 2 min. Took eggnog at 10 oclock & milk during the day Night. Slept 4 hours.
6	7	3	86	66	24	26	98.4	98.2 Refused breakfast - continuously cries for water. Took a glass of milk & 1 vals and 1/2 oz. dessert a glass of milk & 1 vals and 1/2 oz. castor oil. 1:30 Bowels moved slept at 4:30 to 6 PM. Night. Slept 5 hours.
7	7	3	80	86	32	26	98	100.6 Took glass of milk at 7, 12, & 6. PM. Moon Slept 5 hours. coughs slept 3 hours.
8	7	3	64	84	18	24	100	Took eggs & milk today - Patient is growing weaker & weaker daily - gave stock. Night. Slept 6 hours.
9	7	3	80	70	24	20	100	100.6 Night. Slept 6 hours.
10	7	3	74	78	18	20	99.4	100 Took milk & eggs Night. Slept 6 hours.
11	7	3	76	76	22	22	100	100 Can take solid food frequently
12	7	3	70	64	22	20	100	100 appears to be improving every day Night. Slept 4 hours.
13	7	3	62	66	18	20	98.6	100 Night. Slept 6 hours.
14	7	3	68	64	18	20	100	100.2 Appetite good. Took solid food for dinner supper. Signed diet sheet served
15	7	3	70	72				Night. Slept 2 hours.
16	7	3	70	80	24	22	100.4	101.2 Complains of pain in back Night. Slept 4 hours.
17	7	3	76	66	26	26	98.6	100 Night. Slept 3 hours.
18	7	3	74	74	24	20	100	100 Still complains of chest being sore Night. Slept 3 hours.
19	7	3	72	88	20	24	100.2	100 Bowels opened. Appetite good. Took 10 gave eggs & oranges
20	7	3	64	60	24	22	99.8	100.2 Gave 12 ozs. Night. Slept 4 hours Night. Slept 3 hours
21	7	3	72	66	20	20	100	99.4 Night. Slept 7 hours
22	7	3	64	66	22	22	99.8	100.2 Says can't sleep as seems to be some one with Patient's appetite good. Bowels regular Night. Slept 5 hours

Jany 31/96. No special change. Quiet & restful. Slow of comprehension. Indolent & does not work. To transfer Book "A" page 265.

Personal and Medical History of Ole Moen (or Moore)

Personal and Medical History of Ole Moen (or Moore)

1894

Dec 7 Specific gravity 1020: color light normal acid + traces of sugar. T 98. Pulse 80. Resp. 20.

" 8 Dec 8/94. Still takes a milk diet; digestion apparently good. Patient looks brighter + appears to take more interest in his surroundings. Inclined to be inquisitive. Anxious to get home. Temp 99°. Pulse 64. Resp. 18. Dec 9/94. No change in diet. He makes no complaints. Bowels moved. He

" 10 appears to be still improving. Temp 100° Pulse 80. Resp. 22. Dec 10/94. Is on same diet. Appears depressed

" 11 + worried about home matters. Temp 100 " 92. " 20. Dec 11/94. Milk diet, as usual. Today, he asked for some solid food. Patient looks brighter + appears to be steadily gaining ground. Sleeps fairly.

" 14 Dec 14/94. Continues to improve. Liquid diet discontinued, as he now takes solid food quite well.

" 16/18 Dec 16/94. Complains today of a pain in chest. Dec 18/94. Still complains of chest being sore.

" 19/22 Dec 19/94. Back is quite sore; was dressed; Dec 22/94. About every other night, sleeps 4 to 5 hours; balance of nights, only 2 or 3 hours. Sore on back seems to be doing very nicely. Appetite keeps good,

" 31 bowels regular. Dec 31/94. Since last noted, rest + sleep have much improved + he is now sleeping 5 to 6 hours, nightly. Appetite has continued good; bowels regular. The various sores are dressed daily + are doing nicely. (There seems more of weakness than is accounted for by

1895 physical signs. Is seemingly hypochondriacal, + often times weak mental state Dr. P's note).

Jan 3 Jan 3/95. Complains some of pain in Chest. Bed sores dressed daily. Asks frequently, to get his clothes on.

" 4/5 Jan 4/95. 8 Am. Dressed, but stayed in room, during day. Jan 5/95. Somewhat nervous + restless, today.

" 6 appetite getting poor. Jan 6/95. Restless + slightly excited, all day. Wanted to get out of here.

" 7 Jan 7/95. Very restless + nervous; trying to get out at windows. 10 45. Transferred to B2 East.

" 9 Jan 9/95. Refuses medicine; says it is poison. Looks somewhat brighter + probably gaining in flesh.

" 31 Jan 31/95. Quiet + melancholy; talks but very little; sits about on settee. Appetite fairly good. Gaining in flesh.

Feb 1/28 Feb 1/95. Wt 166 pds. Pulse 68. Feb 28/95. Keeps about the same; does not seem to improve any. Sits

Mar 1/31 about: very quiet + melancholy. Talks some. Behaves well. Clean in habits. Exercises walking, at times.

Mar 31/Apl 1/11 Mar 2/95. Wt 167 pds. Pulse 62. March 1/95. Transferred to B1. March 31/95. No change noted. Does no work.

Apl 1/11 Apl 1/95. Wt 170½ pds (has gained some in flesh). Pulse 64. Apl 11/95. Had a "crying + spell" today.

" 30 Shows delusions. Apl 30/95. Quiet, melancholy, talks but little. Shows delusions. Does not work any,

May 1/30 May 1/95. Wt 171 pds. Pulse 80. May 31/95. Appetite good: bowels regular: behavior good: is a very quiet patient: talks freely when addressed: but has delusions + illusions. Depressed, at times.

June 1/30 June 1/95. Wt 174 pds. Pulse 78. June 30/95: No change: he keeps about the same, all the time.

July 1/31 July 1/95. Wt 167 " " 84. July 31/95. Appetite poor, often times: behaves well: he seems to be failing somewhat, physically. Mental condition about the same. He appears melancholy and depressed, at times. Does not talk much. He does no work. Habits are clean.

Aug 1 Aug 1/95. Wt 158½ lbs. P 68. Has been loosing in flesh, without apparent cause. Makes no complaints.

" 31 Aug 31/95. Appetite fair: bowels regular: is a dull, stupid patient. Talks but little, works some.

Sep 1 Shows delusions. Is not improving in his mental condition. Sep 1/95. Wt 154½ pds. Pulse 76

" 30 Sep 30/95: Is very stupid: makes no complaints. Works a little. No improvement noticed.

Oct 1/31 Oct 1/95. Wt 158½ pds. Pulse 70. Oct 31/95. Notes for several months back still hold good.

Nov 2 Nov 2/95. Wt 156 " " 70. Dec 1/95. Wt 156½ pds. Pulse 96. Jan 1/96. Wt 157 pds. Pulse 90.

Dec 1 Jany 5/96. A very awkward, indolent patient: will not work or keep himself neat or clean: sits about in ward: will not

Jany 1/5 go walking unless compelled. Appetite good: bowels regular: no complaints. Has delusions. Jan 6/96 moved to Annex.

" 31 Jany 31/96. No special change. Quiet + stupid: slow of comprehension. Indolent + does no work.

To Hansen Book "A" page 265.

" 24 9.99. Pulse 80. Resp. 26. Dec 24/94. Took milk diet, during the day. Appears to be improving; talks more coherently. No delusions now noted. Calls for water very often. Urine tested, showed

Personal and Medical History of Theodore C. Oakes

LABERT, PUSLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3918.
Residence, St. Paul. Minn
Date Admission, 28th November 1894.
Admitted by, Dr Herzog. Hour, 7 P.M.
How Sent, John B. Olivier Jr. Ramsey County
Sex, Male
Age, - 37 -
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Has been Saloon Keeper, Canvasser, Agent &c &c
Degree Education, Probably has been fair
Profession Religion, R. Catholic Church
Habits, Has been a drinking man
Nativity, Minnesota
Physicians Committing, O. Martel & A. B. Aucker
Correspondents, Mrs Theodore C. Oakes
415 East 7th Street

No. for Year, 117.
Insane Relatives, Mother; died insane; was at St. Peter
Cause Exciting, an acquired susceptibility, business & family trouble and worry.
Cause Predisposing, Heredity.
Form, Dementia chronic alcoholic
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, about 2 years ago
Duration, almost 2 years.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 35
Time of Leaving, Dec 17 94
Time in Hospital, 19 days.
Result, Imp.

Exd by Dr Herzog Dec 5th 94.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

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

GENERAL DESCRIPTIVE REMARKS:
Speaks rather rapidly & unemotionally Concerning his troubles. Tells the history of his life. Intimates that his wife's mind is impaired or likely to become so. Tells a story of hard luck & a large number of positions occupied & varying occupations. Also of taking care of his mother, sister &c &c. Hallucinations thought out. Simply a slight alteration of mind with some slight Symmetrical Dementia. —

Personal and Medical History of Theodore C. Oakes

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8½ WEIGHT, 167½ lbs NUTRITION, Good.
WOUNDS OR ABNORMALITIES, See S. R. on next page
TONGUE, Tremors, some large Coatings, light grayish Promptness Movement, prompt
PUPILS, Equality, Yes Size, normal
Response Light, somewhat Excessive Accommodation, somewhat Excessive
SIGHT, Good -
HEARING, Good -
COORDINATION, Arms, unimpaired; finger to nose, eyes shut, Good.
Legs, unimpaired; standing on foot, Good; standing, eyes shut, Slight swaying.
TREMORS, Hands, Slight Tongue, None
Facial Muscles, none General, none
REFLEXES, Patellar, Equal; about ng.
Other response quick.
ARTICULATION,
Slurred, Quick
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Slightly irregular; sound Sharp.
LUNGS, Good.
EXAM. URINE,
TAKEN,
OPHTHALMOSCOPIC EXAM.,

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

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

Personal and Medical History of *Theodore C. Oakes*

1894

This patient was brought here by Deputy-Sheriff Charles V. Mobery, with the following history of Case. He has been a Saloon keeper & has had many other occupations. Has been a drinking man. Mother died insane; she was at St. Peter. Supposed cause of this attack is an acquired susceptibility, business & family troubles & worry. Form of attack is Chronic, exalted. There is no accompanying bodily disorder. For about 2 years, there has been a gradual change in his disposition; he is highly nervous; excitable; garrulous. This is the 1st attack. Insanity is now shown generally, in subjects of a Sociological Character. Patient is neither disposed to injure others, nor suicidal, nor filthy in or destructive in his habits. There is no history of any bodily disease or injury to head. He has not been restrained or confined. He has not been under medical treatment. Has been pawning his clothing for trifling amounts. Is sleepless and talks with himself.

Nov 29 — On admission was put in Ward (SK) Complexion dark; hair black; eyes gray; Condition of skin good. Some scars on left hand; bodily Condition clean. Behavior good.)- Nov 29/94. Was restless 4 hours, last night & slept only 4 hours. HM. Pulse 90. R. 18. T(o) 99 4/5. Appetite good; bowels seem free. No cough observed. Behavior good; Talks quite freely; no delusions noted. Is probably somewhat depressed.

" 30 — No complaints or injuries to report. DM. Pulse 78. R. 19. T(o) 99.2. Nov 30/94. Again, passed a poor night, restless four hours & sleeping only 4 hours. HM. Pulse 86. R. 20. T(o) 99.2. Walks about on ward; Goes out walking with the rest. Reads some. Talks some. Is melancholy. —

Dec 1 — DM. Pulse 82. R. 20. T(o) 99.4. Dec 1/94. Restless 3 hours, but slept 5 hours, last night. AM. Pulse 82. R. 19. T(o) 99. Appetite good. Walks slowly about hall; Seems somewhat restless. Is depressed. Talks

" 2 — when addressed. DM. Pulse 88. R. 20. T(o) 99.4. Dec 2/94. Slept poorly & was much disturbed, last night. Talked, during the night, "about seeing spirits and ghosts" & that he is a Spirit medium &c

" 3 — DM. Pulse 82. Behaves well. Dec 3/94. HM. Pulse 80. No change in Conduct or behavior. Goes walking.

" 4 — Dec 4/94. HM. Pulse 82. Reads some. Helps with the work, when requested. Behaves well. Answers when addressed, but is not communicative. Is depressed. Goes out walking with the rest.

" 5 — Dec 5/94. For the past few nights sleep has been poor; sleeping only about 5 hours, being restless 3 hours, on each.

" 6 — Conduct & behavior, by day, do not change any. Dec 6/94 Visited by his wife, today. Pulse about normal.

" 7/8 — Dec 7/94. Talks quite sensibly. Behaves well. No complaints. Dec 8/94. Transferred to A!

" 12 — Dec 12/94. Has, of late, been sleeping quite well. Pulse has been about normal. Appetite good; bowels free. Is well-behaved. Is less depressed now & seems more contented. Talks freely when spoken to. Reads from morning till night. Is much inclined to keep by himself & times, will laugh to himself, while reading. Habits clean. Does not work; says "he is forbid by the Doctor"-

" 15/16 — Dec 15/94. Visited by his wife. Dec 16/94. Again visited by wife, who spent the greater part of the Sunday with him. She seems very anxious to take him home, on trial. Seems

" 17 — much improved since coming here. Dec 17/94. Is gentlemanly & well-behaved. Very neat & tidy about his dress & personal appearance. When he first came on ward, excused himself from working, but of late, is a very willing helper. No delusions or hallucinations noted, of late. Talks freely & sensibly. Reads most of the time. Physical health seems good.

Arrangements made with wife, last evening, to take patient home & he was, this morning sent down to the Depot, She to meet him there. —

— Discharged —

Personal and Medical History of *Olaf E. Stranberg*

From 36

Feb 1/3 — Feb 1/95. Wt 171½ pds (Some gain in flesh, the past month). Pulse 74. Feb 3/95: Right eye discolored; was

" 6/10 — struck by patient (Hans Hoff). Feb 6/95. Behavior, for last week, very good. Feb 10/95: Still well behaved.

" 12/16 — Feb 12/95. Complains of Sore throat: treated for same. Feb 16/95. Does not complain, any longer, of the throat.

" 28 — Feb 28/95. Has continued quiet & well-behaved. Talk but little. No delusions have been noticed. —

Mar 1/18 — March 1/95. Transferred to B!. March 2/95. Wt 174 pds. Pulse 68. March 11/95. Started to work in barn-

" 22/23 — March 22/95. Complained of Sore throat & headache; remained in bed. Pulse 78. R 24. T. 99 4/5. March 23/95. Still

" 24 — in bed. Ate no breakfast; took cup of milk & special. for dinner. P 68. T. 99. March 24/95. Remained in bed.

" 25 — Appetite improved. Slept 5 hours, restless 2 hours, during the night. March 25/95. Up on ward: Pulse 64. Is

" 26/29 — still on medicine. March 26/95. About the same. March 27/95. Remained in bed: appetite poor: is Constipated.

" 28/30 — Given physic. March 28/95. Up on ward, part of day. Appetite improved: bowels moved. March 30/95. Behavior good: is quiet; Talks but little; no delusions noticed; Complains of headaches; takes medicine; appears to be

Apl 1 — getting stupid; sometimes, when addressed, will not answer. Apl 1/95. Weight 182½ pds. (has lost

" 5 — Considerably, the past month, in flesh). Pulse 67. Apl 5/95. Remains in bed, part of the time. Still Complains

" 10 — of headaches. Still on medicine. Apl 10/95. Up: feeling much better; also works some at the ward. —

" 15 — Apl 15/95. Ate no breakfast. Complained of Constipation, given physic. 5.30 PM. Bowels moved. Pulse 68.

" 19 — Apl 19/95: Has remained in bed, the past few days; headache & constipation. Up, part of the day, today. —

" 21/28 — Apl 21/95. Up & down from his bed; the usual Complaints. Apl 30/95. Remains in bed, most of the time.

Appetite not good: bowels irregular. Some medicine. Behaves well. Talk rationally; no delusions noticed.

May 2/5 — May 2/95. Wt 171 pds. P 64. May 4/95. Complained of headache & remains in bed, most of the day.

" 7/9 — May 5/95. Up on ward: feels better. May 31/95. Appetite fair: bowels not regular. Has spells & com-

plains of headache & not feeling well: very quiet: talks but little: no Delusions noticed. Assists

June 1/30 — with work on ward. Physical health seems good. June 1/95. Wt 169 pds. P 64. June 30/95. Does not seem to improve. is very quiet: stands idly about on hall: will not talk unless addressed. appears melancholy & depressed. Appetite fair: bowels more regular. Behaves well: works some.

July 1/9/10 — July 1/95. Wt 168 pds. P 70. July 9/95: A sick spell: refused some meals. July 10/95: Up: feels better.

" 31 — July 31/95. No change to note: is very depressed & melancholy: says "he will never get well and wishes himself dead". Health seems quite good. Aug 1/95. Wt 166 pounds. Pulse 72.

Aug 1 — Aug 5/95. Patient in good health. Appetite good: bowels regular. Works on ward: Aug 9/95. Not

" 15/19 — feeling well, today, did not eat any breakfast. Aug 21/95. Sick in bed, since 19th Inst. (Probably a

" 21 — Delusion). Imagines himself sick. Bowels regular. Aug 22/95. Got up, today, but is very quiet,

" 22 — and does not walk about very much. Aug 31/95. Up & is feeling very much improved.

" 31 — Works on ward. Appetite good: bowels inclined to be costive. Mentally, no special change noted.

Sep 1/30 — Sep 1/95. Wt 158 pds. Pulse 84. Sep 30/95: Patient has "spells", & remains in bed, part of a day, at a time. Imagines he is sick. He is a very slow-moving patient; Talks but little: has Delusions; works some on ward: keeps himself neat: Appetite not good: bowels regular; health seems good.

Oct 1/5 — Oct 1/95 Wt 165½ pds. Pulse 72. Oct 5/95: Complained of Constipation: given dose of salts;

" 14 — bowels then moved: Oct 14/95: Patient remains in bed: has been there since 6th Inst: has eaten very sparingly & quite often refused meals. P. & T. have been about normal: bowels regular. He appears well enough to be up, but will not get up. Thinks he is sick" - Pulse, today, 70. T(o) 98 4/5 —

" 17 — Oct 17/95. Has remained in bed: complained some of headache. Was up some on ward part of today. —

carried to 372.

Personal and Medical History of Otto Johnson.

LEGERT, FISLAR & GOARDER, DAVENPORT, IOWA.

Whole No. 3920.

Residence, Westfield, Minn.

Date Admission, 5th December 1894.

Admitted by, Dr. Herzog — Hour, 7 P.M.

How Sent, E. G. Way, Judge of Probate, Dodge County

Sex, Male —

Age, 27 years

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, Soldier for 3 years and 3 months

Degree Education, probably fair

Profession Religion, not a church member

Habits, Intemperate.

Nativity, Norway

Physicians Committing, J. A. Vanfleet and J. Borient

Correspondents, Nels. M. Dahlman
Blooming Prairie, Minn

No. for Year, 119.

Insane Relatives, none

Cause Exciting, unknown

Cause Predisposing, not given.

Form, Mania chronic

Accompanying Bodily Disorder, none

Suicidal or Not, not

Date of this Attack, Noticed while in the Army

Duration, Some 2 or 3 years.

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about 24.

Time of Leaving, Apr. 26. 1900

Time in Hospital,

Result, Transferred to Hastings. OK Pm

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 Otto Johnson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Ft 8½ WEIGHT, 185 3/4 lb. 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,

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 Otto Johnson

1894

This patient arrived here in charge of W. A. Houston, Sheriff & attended by O. A. Erricksen, with the following history. (Order for Committ'ab also accompanied the usual papers) - Has been a soldier for 3 years and 3 months - Habits have been intemperate. There is no hereditary history. Cause of this attack is unknown: form, Katie? - There is no accompanying bodily disorder. First symptoms of disease were noticed when he was in the army - This is 1st attack. Insanity was shown in the subject of "Patent rights" - Patient is not disposed to injure others, nor suicidal, nor filthy nor distinctive - There is no history of any bodily disease &c, or of any injury to head. He has not been restrained or confined, nor under medical treatment. No further particulars can be ascertained. —

Dec 3 On Admission, weight on B[3] (S.R. Complexion Dark; hair Dark; eyes Blue; Condition of skin is good; " 4 no marks scars or bruises noted; bodily condition clean. Behavior good) - Dec 4/94. Was restless 4 hours and slept only 4 hours, last night. AM. Pulse 86. R 17. T(o) 99. Appetite good; bowels constipated; behaved well; talks freely; no delusions noted: no cough observed. PM. Pulse 60 R 18. T(o) 99.2.
" 5 No complaints or injuries to report. Works some on ward. Dec 5/94. Slept poorly, last night; restless. AM. Pulse 68. R 19. T(o) 99.2. Appetite good; behavior good; Works on ward. PM. Pulse 66.
" 6 R 18. T(o) 99.2. Complains of headache, at times. Dec 6/94. Restless 2 hours, but slept 6 hours, last night. AM. Pulse 68. R 18. T(o) 99. Laughs & talks to himself. Works some in the ward. -
" 7 PM Pulse 64. R 18. T(o) 98.8. Dec 7/94. Slept 7 hours, last night; was restless only an hour or so. AM. " 64. Behaves well; talks quite freely. Goes out walking. Respiration & Temperature abt normal.
" 8 Dec 8/94. Restless a couple of hours, but slept 6 hours, last night. AM. Pulse 62. Laughs to himself a good deal. Talks quite sensibly, at times. Willing to work on ward. Dec 9/94. Slept only 5 hours, was restless 3 hours, during the night. AM. Pulse 60. Shows delusions. Says "that some one has been talking to him for 2 months. Probably also has "hallucinations. Laughs to himself. Goes out walking. Works some. Dec 10/94. Restless 2 hours, but sleeping 6 hours, last night. AM. P 64.
" 10 Talks & laughs to himself. Is very silly, at times. "Hears some one talking to him". Walks out.
" 17 Dec 17/94. During this 2nd week, Patient has been sleeping 6 to 7 hours, each night. Occasionally is somewhat restless an hour or so. Pulse somewhat below normal. Appetite good; bowels seem normal. Still talks & laughs a good deal, to himself. Has delusions also hallucinations - On 13th inst, said "that there was a dead-man in the carpet & that he heard him talking". Thinks he hears people talking to him & says "he has heard them for 3 or 4 months - Is generally quiet & well - behaved. Read some - Habits clean. Works willingly on the ward. Physical Condition, apparently good
" 30 Dec 30/94. No special change from what is lastly noted - Of late, has occasionally been wilful & obstinate. Is quiet; talks & laughs to himself - Still shows delusions. Complains of headache, nearly all the time.

1895
Jan 2/95. Wt 192½ lbs (Some gain in flesh). Pulse 84. Jan 31/95. Some general notes still hold good.
Febr 1/31 Febr 1/95. Wt 190 lbs. Pulse 88. Febr 8/95. Says "Priest bothers him nights" wants to sleep out on the
" 10 floor, by the light. Febr 28/95. Appetite good; bowels free; he reads some, but does not play any games
" 28 He deluded: clean & tidy in habits. Does no work. March 3/95. Wt 188 lbs. P 82. Mar 31/95. No special
Mar 31 change. Sits abt. Works some. Complains of headache. Says "that there is a battery somewhere, that bothers him". Goes out walking. Apl 1/95. Wt 185 lbs. Pulse 100. Apl 30/95. Still shows delusions
Apl 1/30 also hallucinations "of hearing"; "hears a priest talking to him". Physical condition is good. -
May 2/31 May 2/95. Wt 184 lbs. Pulse 90. May 31/95. No change. Still has delusions & hallucinations.

Personal and Medical History of Otto Johnson

1895

June 1/30 June 1/95. Wt 191 lbs. Pulse 94. June 30/95. Is much deluded; Silly: laughs & talks to himself: Works
July 1/31 some on ward. Physical condition good. July 1/95. Wt 190 lbs. P 80. July 31/95. "Still manifest delu-
-sions & hallucinations "of hearing" - "Does not think he is crazy and wants to get away".
Aug 1/31 Aug 2/95. Wt 192 lbs. Pulse 96. Aug 15/95. Worked with the baker at the 9th inst & in "Centre" on 12th inst.
" 31 Aug 31/95. Since 19th inst. has worked steadily in the kitchen. General condition about as usual.
Sep 1/30 Sep 2/95. Wt 186 lbs. Pulse 84. Sep 3/95. While working in kitchen, today, patient became disorderly
" 8/30 and obscene & was returned to ward. Sept 8/95. Worked on farm, today. Sep 30/95. No change to note.
Oct 1/31 Oct 1/95. Wt 184 lbs. Pulse 92. Oct 31/95. Is generally quite cheerful - Frequently asks to be allowed to go home. Works on ward & in dining-room every day, & tidies, occasionally. Health is good.
Nov 2 Nov 1/95. Wt 183 lbs. Pulse 90. Dec 2/95. Wt 185 lbs. Pulse 92. Dec 31/95. Sleeps well: appetite good: bowels regula.
Dec 2/31 Patient is foolish & talks incoherently. Works on ward & in dining-room - Habit fairly clean, but not very neat.
1896 Jan 2/31 Jan 2/96. Wt 183 lbs. Pulse 74. Jan 21/96 Transferred to B 3 (on account of general change of the wards).
" 31 Jan 31/96. Patient's Condition remains about the same, from month to month. Health seems good.
Febr 4 Feb 4/96 Wt 183 lbs. P 86. Mar 1/96. Wt 184 lbs. P 92: April 1/96. Wt 183 lbs. P 88. Apl 30/96. Is generally
Mar 1 quiet & well-behaved: Works on ward & in dining-room. Talks incoherently: No delusions or hallucinations noticed. Laughs, sings & talks to himself, much. Present walking daily.
Apl 1/30
May 1/96 Summary Nurses Notes by Dr. Phelps Patient's bodily condition uniformly good: Not violent. In
Aug 1/97 mental state is quite demented & foolish & incoherent: Wt. 173 to 181 lbs. Aug 31/97 Wt. 178 lbs.
Aug 31 97 Trans. to Annex. Oct 31/97 Health good: Talks very incoherently: & clean in habits.
Behavior quiet: Works in mattress-shop Jan 31/99 Behavior same in every way: Is doing no work at present. Feb 1-July 31/99 (Dr Wanous) Wt. 174 lbs Apr 1. Received scalp wound.
1900 Is demented. Aug 1 - Jan 31/1900 Wt. 179 lbs. Condition stationary: Very demented in a silly
Jan 31 rambling manner: untidy in habits: Well behaved: works in mattress shop.
Apl 26 No change to note. Was today, transferred to Hastings Hospital.

From 178. Lewis C. Schlettgus

1903
Jan 31 - Has worked regularly in kitchen, during whole year: Health very good: Is tidy & quiet (augs - Wt 270 lbs).

Personal and Medical History of Stephen D. Bell.

LARRABEE, PUSLAR & GOODRICH, DAVENPORT, IOWA.

Whole No. 3921.
Residence, Le Roy, Mower County, Minn
Date Admission, 3rd December 1894.
Admitted by, Dr. Herzog. Hour, 7 P.M.
How Sent, D. S. Washburn, Jr. P. Mower County
Sex, Male.
Age, 34 Years
Civil Condition, Married
Children, None
Age Youngest Child, —
Occupation, Delivery Driver for Grocery Firm
Degree Education, Probably Fair
Profession Religion, Not a Church member
Habits, Good.
Nativity, Le Roy, Minn.
Physicians Committing, A.W. Allen and O.W. Gibson
Correspondents, Charles Bell (Father) Le Roy, Minn

No. for Year, 120.
Insane Relatives, None
Cause Exciting, not known
Cause Predisposing, not given probably head injury 2½ years ago —
Form, Melancholia chronic
Accompanying Bodily Disorder, none (Insomnia).
Suicidal or Not, not.
Date of this Attack, one & ½ years ago —
Duration, one to two years
No. of Attack, Several probably.
No. of Admissions, 1st
Age First Attack, about 30 -
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

Ed by Dr. Herzog 12/4/94. **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:
Clear ~~or Confused~~, clear
Quick ~~or Sluggish~~, fairly
MEMORY:
Past Events, fair
Recent Events, poor
Special Subjects,
PERCEPTIVITY:
Alert ~~or Dull~~, alert
Correct ~~or Illusive~~, Correct
REASONING POWER:
Ordinary Subjects, good
Own Mental State, good.
Special Subjects,

EMOTIONAL STATE:
Normal, ~~Calm~~,
Indifferent,
~~Exalted~~,
Depressed, Depressed
DELUSIONS:
Systematized ~~or Not~~,
Special Subjects, "of persecution"
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS: ✓
CONVERSATION:
Coherent ~~or Incoherent~~,
Voluble ~~or Reticent~~, normally

GENERAL DESCRIPTIVE REMARKS:
Complains of severe headache, feeling like a "vise-grip"; pains in back of neck & small of back, sleeplessness, capricious appetite & irregularity of the bowels. Is quite Emotional; cried frequently during Examination. Is hypochondriacal & claims to an inability to work. Has never been robust. Was married 7 years ago. Wife left him 4 years ago. Since that time, has worried considerably & has grown worse. Loss of memory dates from about that time.

Personal and Medical History of Stephen D. Bell.

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7in WEIGHT, 154 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, Sc's S.B. Depression at cranium, right parietal bone, near middle line.
TONGUE, Tremors, Slight Coatings, grayish at base; heathful. Promptness Movement, Prompt
PUPILS, Equality, Yes Size, Normal
Response Light, Yes Accommodation, Yes
SIGHT, at times, good; at others, a mist before the eyes.
HEARING, Good.
COORDINATION, Arms, unimpaired.; Finger to nose, eyes shut, Good.
Legs, Slight impairment; Standing a foot, fair; Standing, eyes shut, Sways some.
TREMORS, Hands, Slight Tongue, Slight
Facial Muscles, None General, None
REFLEXES, Patellar, 8 - equal
Other
ARTICULATION, ✓
Slurred,
Hesitating,
FACIAL EXPRESSION, Depressed
SENSIBILITY,

HEART, regular; no murmurs. Sound clear & sharp
LUNGS, Seem good

TAKEN,

~~EXAM. URINE,~~

Proposed Treatment

Five colonel purge, followed by saline mixture. Electricity 3 times weekly; general faradism with galvanism of spine. Rx Sleeping doses of trional for a few nights.

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, long ONSET GRADUAL OR SUDDEN, gradual -
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, mother, phthisis.
Father or Pat. Relations, living; good health.
Brothers or Sisters, mother died in infancy — Spinal Complaint - 4 sisters — 1 brother - 1 half sister - in good health —

Personal and Medical History of Stephen D. Bell.

1894

This patient arrived here in charge of E. A. Whitcomb, Deputy Sheriff, & accompanied by Henry Hermes, brother in law. The following is the history of the case. Habits have been good. There is no history of heredity. Cause of this attack is not known; form of attack is chronic, melancholic; has been troubled with insomnia. First symptoms of disease were manifested one to two years ago. This is not 1st attack: for years, at times, he would have "spells" of insomnia. Insanity now shown by his thinking people are all against him; threatens to shoot the people who are persecuting him. Patient is not suicidal, nor of filthy or destructive habits. He was hit on the back of the head, causing insensibility, about 12 years ago — Has not been restrained or confined, nor under medical treatment for his trouble. The patient knows that his mind is not right & desires to be admitted to the Asylum, for treatment. ——

Dec 3 On admission, was put on W³ (S.R. - Complexion light; hair dark; eyes blue; condition of skin good; some marks on back of right hand; pain on top of right foot; no eruptions noticed. Bodily condition clean; behavior good). Dec 4/94. Restless, last night, and did not sleep well. Tem. Pulse 76. R 18. Tc 99.6. Appetite fairly good. Bowels constipated (was given medicine). Sits about on the hall. Is depressed. Behaves well & is quiet. Talks when addressed, but is not communicative. No cough noticed. P.M. Pulse 70. R 18. Tc 99.8. Complains of head; says "head feels as if under pressure". Dec 5/94. Restless 2 hours, but slept 6 hours, last night. Tem. Pulse 74. R 17. Tc 99.2. Appetite good. He behaves well & is quiet. No delusions noted. P.M. Pulse 70. R 17. Tc 99.2. Was given electrical treatment, today. Dec 6/94. Slept 7 hours, restless 1 hour, last night. Tem. Pulse 72. R 17. Tc 98.8. Talks but little. Is depressed. Walked out today. Is on Medicine. P.M. P 68. R 19. Tc 98.8. Dec 7/94. Restless an hour or so, but slept 7 hours, last night. Tem. Pulse 66. Complains of headache, and is depressed. No delusions noted. Again given electrical treatment, today. Goes walking. Dec 8/94. Sleeping 6 hours, restless 2 hours, last night. Tem. Pulse 68. Appetite fairly good. He sits idly about; is much depressed; Talks but little. Dec 9/94. Passed a fairly restful night, sleeping 6 hours. Depressed. Talks but little. Says he has headache. Pulse 65. Dec 10/94. Rested & slept fairly well. Tem. Pulse 70. Still much depressed. Is given Electrical treatment quite regularly. Appetite Langeable. He does no work. Habits are clean Dec 17/94. During the past week, has been fairly restful at night, sleeping 6 to 7 hours, each. Pulse has become about normal. Appetite poor, as a rule. Is still much depressed. Complains, quite often, of headache. During early part of the week, he was very downhearted; said "he was no better" & "wanted to go home". Says, now, "he feels better than when he came". He spends some of the time reading; also helps with the work. Talks some, but not inclined to be communicative. Behavior has been very good. Is on medicine. Has also been given some electrical treatments. Dec 19/94 to Jan 2/95. Dec 19/94. Visited by friends. Dec 22/94. Was, today, visited by his father. Dec 31/94. Appetite good; talks quite freely; is somewhat depressed; reads; habits clean & tidy. Assists some with work in the ward.

1895

Jan 2/95. Jany 2/95. Wt 161½ lbs. - Pulse 90. Jan 18/95. Visited by members of I.O.O.F. Jan 31/95. No special change. Feb 1/95 to Feb 13/95. Feb 9/95. Wt 164 " " 92. Feb 13/95. Visited again, by members of I.O.O.F. Did not care to talk with them. Feb 28/95. Works on ward some. Restless & walking the hall, quite rapidly, a good deal of the time. Talks quite freely & sensibly, when questioned. Clean & tidy in his habits. Mar 2/95 to Mar 31/95. Mar 2/95. Wt 159 lbs. P 75. March 8/95. Very restless & walking the hall. Mar 28/95. Visited by a friend. March 31/95. Rather reticent, of late; talks but little. Restless. Thinks he ought to be released.

Personal and Medical History of Stephen D. Bell

1895

April 1/95 to April 30/95. April 1/95. Wt 170½ lbs. Pulse 80. April 9/95. Was visited by wife & father, to day. April 30/95. Very restless, at times, pacing the floor. Stands by a window, looking out, or with head in corner, most of the time, when on ward. Talks quite freely - Think his wife is here. Habits clean. Little or no work. May 1/95 to May 31/95. May 1/95. Wt 158 lbs. Pulse 88. May 10/95. Seems to be changing for the worse. Does not care to talk much: very restless & depressed. May 31/95. Seems gradually growing worse, all the time. Laughs and talks to himself: restless; walking the hall. Goes walking but is indolent and works none. June 1/95 to June 27/95. June 1/95. Wt 165 lbs. Pulse 80. June 4/95. Dull & stupid: stands still & looking at the wall - June 5/95. Stands, with hands & eyes fixed, in one position. Says "he can't move": has been very bad, all day. June 7/95. Is growing worse. June 19/95. Was visited by wife on 12th - 13th - and 16th last. Shows delusions: "think people are stuck on his wife" - Was going to strike patient Neely, & got into a quarrel with patient, F. Dickerson. June 20/95. Cranky & deluded. Struck patient, Frank Wenschenk in the face - June 22/95. Tried to choke patient Boelter (probably some delusion in the cause). June 27/95. Again visited by wife. June 30/95. Shows many delusions; "think his wife is here & she is being kept" - Is talks but little - Inclined to be abusive toward patients & quite often gets into quarrels - Is very restless: Habits clean & tidy. Physical condition good.

July 1/95 to July 31/95. July 1/95. Wt 170 lbs. (has lost quite markedly in flesh the past month). P 130 - Struck patient Dewey, cutting his lips & otherwise hurting him some. July 16/95. Has been "off" all day, and abusing everybody - Would not stay in alcove, where attendants were forced to keep him, to protect patients: got very noisy & abusive & when requested to sit down & keep quiet, said "he did not have to"; became pugnacious & had to be held, for a time. July 23/95. Visited by father. July 29/95. Tried to pick a quarrel with patient Jos Mullen today: pugnacious: was taken hold of by the nurses, who had a struggle with him - patient is treacherous - July 31/95. No change to note. He still holds many & various delusions. Sits in alcove, all the time. Very abusive & quarrelsome

Aug 1/95 to Aug 31/95. Aug 1/95. Went away from the crowd, when outside & would not come back. Attendant (Burst) went after him & Bell clinched him; in the tussle Bell received a bruised Eye. Aug 5/95. Wt 156 lbs Pulse 120. Aug 10/95. Patient is generally cross & surly & at times, violent: quite troublesome. Aug 31/95. No change to note in conduct, behavior, or general condition. Quarrelsome, at times.

Sep 1/95 to Sept 30/95. Sept 1/95. Wt 157 lbs. Pulse 96. Sept 11/95. On account of behavior, was transferred to C³. Sept 30/95. Patient has been very quiet, since on this ward: very seldom speaks, unless spoken to; makes signs by movements of the hands; is, at times, surly & cross. Sleeps and eats well. Physical condition fairly good.

Oct 1/95 to Oct 31/95. Oct 1/95. Wt 160 lbs. Pulse 80. - Oct 16/95. Has continued quiet & well - behaved. Oct 17/95. Unruly & troublesome, to day. Oct 18/95. Quiet. Oct 21/95. Was struck by a patient, causing nose-bleed. Oct 27/95. Unruly in the dining room, to day. Oct 31/95. Again quiet & well-behaved. Otherwise, about as usual.

Nov 1/95 to Nov 30/95. Nov 1/95. Wt 162 lbs. Pulse 84. Nov 30/95. Still subject to unruly & violent "spells". Again, there are times, when he is fairly quiet & well-behaved. Goes thro' some very peculiar "manoeuvres" at times. Holds delusions

Dec 1/95 to Jan 1/96 to Jan 10/96. Dec 1/95. Wt 161 lbs. Pulse 96. Dec 31/95. Reported as quiet & well-behaved, during the month. Works on ward, every day. Was called upon by friends, today. Jan 1/96. Wt 159 lbs. P 80. Jan 15/96. No special change. Is of a very cross & surly disposition. Still subject to "ugly spells." Also has "spell of laughing": Has had his quiet periods, however. Jan 23/96. Patient scratched his face in several places: has the idea that, by doing so, he will ward off the "Electrical Shocks" - Jany 31/96. No change noticeable, mentally or physically —

(Moved to C³ 1/2/96)

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Personal and Medical History of John Anderson Lindell

LEIGHT, FOLGAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3922.
Residence, Albert Lea, Minn.
Date Admission, 5th December 1891.
Admitted by, Dr Phelps Hour, 8 Am
How Sent, Herman Blackmer Jct P, Freeborn County
Sex, Male. —
Age, - 57 -
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Farmer
Degree Education, Probably limited
Profession Religion, Church member
Habits, - Temperate -
Nativity, Sweden
Physicians Committing, F.M. Todd & H.H. Wiley
Correspondents, L.A. Jackson Lewiston Minn

Robson Post Albert Lea Minn

E.H. Ellickson Albert Lea Guardian of John A. Lindell Aug 3/92

No. for Year, 121.
Insane Relatives, No heredity, so far as known.
Cause Exciting, brooding over business & imaginary business affairs
Cause Predisposing, "Chronic"
Form, Mania chronic
Accompanying Bodily Disorder, None, as he draws pension
Suicidal or Not, not.
Date of this Attack, 7 or 8 years ago.
Duration, some 7 or 8 years.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 50.
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 John Anderson Lindell

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 ½ WEIGHT, 142 ½ lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,



SENSIBILITY,
HEART,
LUNGS,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Personal and Medical History of John Anderson Lindell

This patient was brought here by Deputy Sheriff E. H. Ellicksen with following history. Habits have been temperate. There is no history of hereditary, so far as known; no insane relatives. Supposed cause of this attack is brooding over business & imaginary business affairs; form of attack excited and sometimes depressed. He had rheumatism and an old sore on leg & now draws a pension. First Symptoms of disease were manifested some 7 or 8 years ago. This is the 1st attack. Insanity now shown on business and imaginary business matters. Imagines that he has grievances with the Government and individuals. Has threatened the destruction of property, other than his own. Is not suicidal. Has no filthy or destructive (to clothing) habits. Was placed in County Jail because of threatened, and partially carried out criminal threats. He has not been under medical treatment. Patient lives a lone life; does not seem to be very well nourished. He claims that an individual owes him $800.00 which party state there is no thing in. These are about all the particulars known of him.

Dec 5 On admission, was put on B.[2] L.R. Complexion light; hair dark; eyes blue; Condition of skin good. Scar on right side of left knee; one on left leg; besides several smaller ones on left leg. Bodily Condition dirty; behavior good.) When taken onward, Pulse 80. R. 20. T(a) 99.2. Dec 6/94. Restless 2 hours, but slept 6 hours, last night. AM. Pulse 80. R. 20. T(a) 99.4. Appetite good; bowels free. No cough noticed. Is well-behaved. Talks freely; probably no delusions. PM. P 76 R. 19.

" 7 T(a) 99.2. No complaints or injuries to report. Dec 7/94. Slept 6 hours, restless 2 hours, last night. AM. Pulse 78. R 20. T(a) 98.8. Behaves well; appetite good; talks freely. Makes no complaints. Goes out walking. PM. Pulse 74. R 18. T(a) 99. Habits are cleanly.

" 8 Dec 8/94. Restless a couple of hours, but slept 6 hours, last night. AM. Pulse 74. R 20. T 98.8.

" 9 Appetite good. No complaints. PM. Pulse 78. R 22. T(a) 98.8. Dec 9/94. Slept 7 hours last night; restless only an hour or so. AM. " 72. Talks freely & sensibly; no delusions noted. Clean & tidy.

" 10/11 Dec 10/94. AM. Pulse 74. Dec 11/94. AM. Pulse 72. Behaves well. Talks freely; no complaints.

" 12 Dec 12/94. Has been sleeping 7 hours, restfully, each of past 2 nights. Pulse about normal. He goes walking.

" 19 Dec 19/94. During this, the 2nd week of his stay, patient has been sleeping, restfully, 7 to 8 hours, each night. Pulse, taken each morning, has been about normal. Appetite has been good; bowels regular. No Cough noticed. Behavior has been very good. He reads some; plays games etc. Goes out walking. Talks freely & generally, very sensibly, although, at times, he gets somewhat excited when talking of home. He works on ward, willingly. Physical Condition apparently good. Habits are clean & tidy. —

" 31 Dec 31/94. Works some in dining-room. Talks freely; says "Government owes him money". Behaves Well. Walks out

Jan 2/95 Jan 2/95. Wt 145½ lbs. Pulse 78. Jan 6/95. Has been complaining of not feeling well, the past few days.

" 17 says "he is cold & chilly". Jan 17/95. Complains of stomach and does not eat but very little. —

" 19 Jan 19/95. Patient has been failing quite past few past few days. Coughs some; bowels are Constipated. Transferred to Infirmary Ward. Complains of pain in chest & abdomen. Kept in bed. Ate a light

" 26/31 Dinner & supper. Jan 26/95. Lunch, dressed & on the hall. Jan 31/95. Sleeps fairly well at night. Appetite good; bowels regular. Patient is doing well. Works a little in dining-room. Habits are clean.

Feb 1/15 Feb 1/95. Wt 135 lbs. (Looks a little in flesh). Feb 13/95. Appetite good; bowels regular; behaves well;

" 28 is quite talkative; goes out frequently for exercise. Works some on ward. Feb 28/95. Keeps about the same. Is somewhat discontented now & asks, frequently, "go home". Does considerable work on the hall.

Mar 1/10 March 5/95. Wt 144 lbs. Has gained in flesh. March 10/95. Appetite Good, bowels regular

Personal and Medical History of John Anderson Lindell

Mar 10/15 Patient always cheerful & obedient. Goes out walking every day. Mar 31/95. About as usual.

" 31/Apr 15 Sleeps well during night. Works considerably in the yard. Always cheerful & contented. —

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CASE RECORD.

Patient's Name J. A. Lindell Name Disease _____ Name Physician N. N. H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
May.						
" 2				Bath.		Appetite very good bowels regular Weight 155
" 3.						
" 9				Bath		
" 16				Bath.	On regular diet and extra.	
" 23				Bath.		Appetite very good, Bowels regular, Complaints of bowels being corrected,
" 26				7.30 P.M. gave sulfite of soda.		
" 31						Patient works on yard. Talks & can amuse self by — Bowels fairly regular Appetite good.

Recorded by J. R. Spillane Nurse.

Personal and Medical History of John Anderson Lindell

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CASE RECORD.

3977

Patient's Name J. A. Lindell Name Disease April Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
April 2				Patient works on ward considerable also in dining room. Is quit talkative and at times rather noisy.		
Apl. 9				Weight 151 pounds.		
Apl. 12				Behavior good. Patient is always cheerful and willing. Goes out walking every day.		
Apl. 30				Appetite good. bowels regular. Patient walks talks and promenades hall when indoors.		
Apl 30				Frequently quite noisy in a loud talkative manner. Night. Sleeps very well		

Recorded by T. R. Spillane Nurse.

Patient always cheerful & obedient. Goes out walking every day. Mar 31/95 - About as usual. Sleeps well during night. Works considerably on the yard. Always cheerful & contented —

...ves and ...hewell. ...sleeps well. ...change taste. ...ery day - ...of going home - ...the hunts. ...talkative, ...is in good ...out daily - ...Ointment ...with sore ...y nicely. ...dressed - ...tionally; ...noise Chang- ...the same. ...eyes. ...at times; ...exterior. ...ns. — ...mains ...else normal. ...- Talks ...ically, ...Talks quite ...hearts ...behavior ...ths ago" - ...pound. ...very much, ...bolean — ...Workaward. ...made ...th fairly good. ...95 Eloped

...ed ...s ...n 800 ...um- ...& skin good. ...Daily Courten- ...Dec 5/94. Restless ...petite good; bowels free. ...ons Ont. P 76 R 19. ...6 hours, restless 2 hours, last ...petite good; talks freely. Makes ...18 Ja 99. Habits are cleanly. ...A.M. Pulse 74 R 20. Ja 98.5. ...98.8. Dec 9/94. Slept 7 hours last night; ...ely & sensibly; no delusions noted. Clean & tidy. ...ulse 72. Behaves well. Talks freely; no complaints. ...ch of past 2 nights. Pulse about normal. He goes walking. ...y, patient has been sleeping restfully, 7 to 8 hours, ...s been about normal. Appetite has been good; bowels regular. No ...good. He reads some; plays games &c. Goes out walking. Talks ..., although, at times, he gets somewhat excited when talking of home. ...He works in ward, willingly. ...ysical condition apparently good. Habits are clean & tidy. —

" 31 Dec 31/94. Works some in dining-room. Talks freely; says "Government owes him money". Behaves well. Walks up
Jan 2/95 Jan 2/95. Wt 145½ pds. Pulse 78. Jan 6/95. Has been complaining of not feeling well, the past few days.
" 17 says "he is cold & chilly". Jan 17/95. Complains of stomach and does not eat but very little. —
" 19 Jan 19/95. Patient has been failing quite fast for past few days. Coughs some; bowels are constipated.
Transferred to Infirmary Ward. Complains of pain in chest & abdomen. Has spit blood. Ate a light
" 25/31 dinner & supper. Jan 26/95. Slept, dressed & on the hall. Jan 31/95. Sleeps fairly well at night. Appetite
good; bowels regular. Patient is doing well. Works a little in dining-room. Habits are clean.
Feb 1/15 Feb 1/95. Wt 135 pds. (Has lost some in flesh). Feb 15/95. Appetite good; bowels regular; behaves well;
" 28 is quite talkative; goes out frequently for exercise. Works some on ward. Feb 28/95. Keeps about the
same. Is somewhat discontented now & asks, frequently, to go home. Does considerable work on the hall.
Mar 2/10 March 2/95. Wt 144 pds. Has gained in flesh. March 10/95. Appetite Good, bowels regular

Personal and Medical History of John Anderson Lindell

tient always cheerful & obedient. Goes out walking every day. Mar 31/95 - About as usual.
Dewell during night. Works considerably at the band. Always cheerful & contented —

29/10/7

CLINICAL REPORT.

Patient's Name Lindell Jno A. Case Number 3922 Record Commences January 19th

DATE.							
January 19	108	22	115	12	82	106	11 A.M. Patient received on ward from B 2 a. complains of pains in chest and abdomen. Put to bed ate light dinner and supper. Night slept 5 hours. gave medicine and glass milk every 3 hours
20	96	20	102½	96	40	104.6	On milk diet. glass milk every 2 hours also medicine every 2 hours. continued during night. slept 2 hours.
21	96	20	104.6	104	24	104.8	Bowels quite regular. appears much better to day. Night medicine given every 2 hours also milk. had several severe coughing spells
22	92	24	104	96	30	99.4	Patient quite easy to day. bowels regular. Night slept 2 hours
23	96	20	98.8	92	24	98.4	Night slept 2 hours.
24	84	20	98.8	84	24	98.8	Liquid diet discontinued. appetite good. Night slept 2 hours
25	96			84			Night slept 4 hours
26	76			84			Upon ward dressed
27	80			84			Appetite good bowels regular.
28							Patient doing well. works a little in dining room. sleeps fairly well at night

2

Personal and Medical History of John Anderson Lindell

…ient always cheerful & obedient. Goes out walking every day. Mar 31/95 – About as usual. …well during night. Works considerably in the yard. Always cheerful & contented – …gs. Wt 151 lbs. (Has gained in flesh). Apl 1/95. Behaves well, tho' at times quite talkative and …how noisy. Works in yard. Is always cheerful & willing. Goes out walking every day. Sleeps well. Apl 30/95. Frequently quite noisy in a loud talkative manner. Always pleasant & cheerful. Eats & sleeps well. May 3/95: Wt 155 lbs. May 26/95. Complains, occasionally, of bowels being costive. May 31/95. No change to note.
3/31 June 3/95. Wt 157½ lbs. June 8/95. Works in yard, considerable. Goes out in the grounds, every day –
10 appetite good: bowels regular. June 20/95. Gets quite loud, when talking; frequently talks of going home –
30 asks very frequently "to see Dr K". June 30/95. No change especially noticeable, during the month.
July 3/95 July 3/95. Wt 158 lbs. July 20/95. Patient works in ward: home, also, in dining room. Is quite talkative,
31 at times, getting up excited arguments with other patients. July 31/95. Appetite good; bowels in good condition. He remains about the same, day after day. Eats home – Habits neat & clean. Goes out daily –
Aug 5 Aug 5/95. Wt 156½ lbs. Patient has several ulcers on left leg; complains of their irritating him – Ointment
15 afflux & ulcers dressed daily – Aug 15/95. Leg much better. Aug 31/95. Still troubled some with sore
31 leg. Patient rests & sleeps well. Converses freely. Goes out in grounds, daily. Sore leg is doing nicely.
Sep 5 Sep 5/95. Wt 156 pounds. Sore leg, quite painful, at times. Still requires to be dressed –
20 Sep 20/95. Appetite good: bowels regular: he reads a great deal, during the day: talks rationally:
Works some in ward. Sore leg doing nicely. Mentally, patient's condition has no special change –
30 Sep 30/95. Leg is healing nicely. Otherwise condition of patient remains about the same.
Oct 3/30 Oct 3/95. Wt 155½ lbs. Pulse abnormal. Oct 30/95. Complaining some of sore eyes.
31 Oct 31/95. Appetite good: bowels regular. Works in ward. Is quite talkative, at times;
seems very fond of argument. Much given to discovering political questions.
Nov 9 Nov 5/95. About as usual: leg is dressed regularly. He works in ward. Nov 9/95. Wt 153½ lbs. ——
17 Nov 17/95. Leg doing nicely; condition otherwise, unchanged. Nov 30/95. Patient's condition remains
30 about the same, from month to month. Leg is doing nicely. Dec 17/95. Wt 151½ lbs. Pulse abnormal.
Dec 17
31 Dec 31/95. Physical appearance quite good: appetite good: bowels regular: habits clean: behaves well. Talks
1896 rationally. Sleeps well. Works in dining-room — Jan 11/96. Wt 153½ lbs. Jan 31/96. Physically,
Jan 11 patient seems quite strong: appetite good: bowels regular: habits clean: behavior good. Talks quite
31 rationally, but bothers officials considerably, while on the ward. Works willingly on ward. Sleeps on 3rd
Feb 3 Feb 3/96. Wt 153½ lbs. Feb 29/96. Sleeps well: appetite good: bowels regular: habits clean: behavior
29 good: works on ward: Is answers to leave: Says "he might to have gone home several months ago" –
Mar 6 Physical appearance quite good. Mentally, no special change noticed. Mar 6/96. Wt 153½ pounds.
31 Patient continually asking to go home. Mar 31/96. Is apparently quite rational. Wants very much,
to go home: continually asking to go: Works in ward. (Sleeps on 3rd). Habits neat & clean –
Apl 2 Apl 2/96. Wt 151 lbs. Apl 30/96. Physical appearance fair. Appetite good: bowels regular. (Sleeps on 3rd). Works on ward.
30 Talks quite rationally, upon most subjects, though he has some delusions: "believes he is the made
May 8 King of Sweden". Habits clean. May 8/96. Wt 151 lbs.
10/96 Summary Nurses Notes by Dr. Phelps. During past year has become more feebleminded: Health fairly good:
July 5/97 Has at times thought he was King of Sweden. Thinks that he is managing the institution here. July 6th 97 Eloped
returned on following day from Tacoma.

See Transfer Book A. Folio 352.

Personal and Medical History of Edward Johnson #3

LEGERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3924.
Residence, Mahalan, Minn.
Date Admission, 6th December 1894.
Admitted by, D. Liston - Phelps Hour, 3 PM.
How Sent, E.V. Farrington, Jof P, Fillmore County
Sex, Male.
Age, 18 Years
Civil Condition, single
Children, None
Age Youngest Child, —
Occupation, Farming.
Degree Education, Probably limited
Profession Religion, Lutheran Church
Habits, Good
Nativity, Minnesota
Physicians Committing, G. A. Love and S. H. Bakke
Correspondents, John Johnson
Mahalan, Minn

No. for Year, 123.
Insane Relatives, None
Cause Exciting, Probably Typhoid Fever
Cause Predisposing, "Chronic" (?)
Form, Intermittent insanity
Accompanying Bodily Disorder, None
Suicidal or Not, not X
Date of this Attack, About a year ago.
Duration, about a Year
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 17 Years.
Time of Leaving, Nov. 13th 95
Time in Hospital, 11 Mo. 7 da
Result, Recovered 3/8/96

Eddy D. Phelps 12/5/94.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, } Slightly sluggish
Quick or Sluggish, } and Confused.

MEMORY:
Past Events, }
Recent Events, } Seems fair
Special Subjects, }

PERCEPTIVITY:
Alert or Dull, Dulled
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, } slightly Confused
Own Mental State, }
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

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

DELUSIONS:
Systematized or Not, } no defines ones noted.
Special Subjects, }
Transitory or Not, }

HALLUCINATIONS: Says has: "hears voices" all times

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, } wont talk much; admits
Voluble or Reticent, } some mental trouble for past
year. Headache, at times, Ever since. Can remember
less now than a year ago.

Personal and Medical History of Edward Johnson #3

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2¼ WEIGHT, 107 lbs. NUTRITION, ~
WOUNDS OR ABNORMALITIES, See "S. R" on next page.
TONGUE, Tremors, Slight Coatings, ~ Promptness Movement, Sluggish
PUPILS, Equality, Equal Size, Slightly dilated
Response Light, Good Accommodation, ~
SIGHT, Good
HEARING, —
COORDINATION, Arms, Good; by usual tests
Legs, Good;
TREMORS, Hands, none Tongue, none
Facial Muscles, — General,
REFLEXES, Patellar, 9 - equal -
Other
ARTICULATION,
Slurred, Fair
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Palpitating
Changes: no.
LUNGS,
Good.

EXAM. URINE,

Proposed Treatment

A tonic & reconstructive treatment are all that we called for.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Record kept

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") } Can't learn
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Edward Johnson #3

1894

This patient was brought here by a Deputy Sheriff & his (patient's) brother, Robert Johnson, with following history of case. Habits have been good. There is no history of heredity. About a year ago he acted strangely and had Typhoid fever 3 months ago. Form of this attack is Chronic, exalted & paroxysmal. There is no accompanying bodily disorder. First symptoms manifested were by crying & talking to himself. This is the 1st attack. Insanity now shown by the belief that there is danger of some one burning the house and putting the blame on him. Patient is not disposed to injure others, so far as known. Is not suicidal, nor of filthy or destructive habits. There is no history of Epilepsy & no injury to head. Has been locked in his room & watched. He has been under medical treatment, but with no particular effect. Attack of disease 3 months ago. Supposed to be Typhoid fever; 2 weeks duration.

Dec 6 On admission, was put on B² (L.R. Complexion dark; Hair dark; eyes gray; Condition of skin good; small scar over right eyebrow; one on top of left foot. Bodily condition clean; behavior good).

" 7 When taken onward, Pulse 102. R 21. T(o) 99.6. Dec 7/94. During the night, slept 6 hours; awake 2 hours, but was quiet. HM. Pulse 100. R 20. T(o) 99.2. Appetite quite good; bowels free. Is well-behaved. Answers questions & is quite communicative; talks, at times, to himself, in a monotone. No cough observed. PM. Pqu R 21 T(o) 99.4.

" 8 No complaints or injuries to report. Dec 8/94. Slept 5 hours, was restless 3 hours, last night. HM. Pqr. T(o) 99.6.

" 9 Talks quite freely; no delusions noted. PM. Pulse 96. T(o) 99.8. Dec 9/94. Slept 7 hours, last night, was awake an hour or so, but was quiet. HM. " 90 R. 19. T(o) 99.2. Appetite good. Talks to self.

" 10 no definite delusions noted; Goes out walking. PM. Pulse 90. R 20. T(o) 99.4 – Dec 10/94. Restless & threw on so but slept 7 hours, last night. HM. Pulse 92. Behaves well. Talks when addressed. Appetite good.

" 11 Dec 11/94. Slept restfully, last night. HM. " 92. Still talks to himself. Goes walking with the rest.

" 12 Dec 12/94. Again, rested well, last night. HM. " 86. Behaves well. Talks quite freely. Works some on ward.

" 13 Dec 13/94. HM. Pulse 86. Behaves well. Talks quite freely. Says "the sun is getting too big for the earth". Habits clean.

" 14 Dec 14/94. Slept 6 hours, last night. HM. Pulse 80. Seems depressed; was crying for a time, today. Goes out walking.

" 15 Dec 15/94. Restful, sleeping 8 hour, last night. HM. Pulse 90. Talks to himself. Manifests hallucinations;

" 16 says "he hears voices talking in different Languages". Dec 16/94. Restless & noisy 3 hours, sleeping but 6 hours,

" 17 last night. HM. Pulse 88. Behaves well. Makes no complaints. Still talks to himself. Dec 17/94. Passes a

" 18 fairly good night. HM. P 86. Talks quite freely. Dec 18/94. Restless 3 hours, sleeping only 5 hours, last

" 19 night. HM. P 86. Talks to himself & laughs, a good deal. Dec 19/94. Was very restless 7 hours & slept only 1 hour, last night. HM. Pulse 88. Appetite good. He makes no complaints. Manifests delusions.

" 20 Dec 20/94. Slept 6 hours, restless 3 hours, last night. HM. Pulse 90. Talks to himself & laughs, a good deal. At time of admission, he talked quite freely & sensibly. Now shows delusions, at times. Is not excited or depressed. Has been well-behaved; Goes out walking, but wants to run away. Physical

" 21 Condition is good. Works, at times, on the ward. Dec 21/94. Slept 7 hours, last night; Restless an hour or so.

" 31 Dec 31/94. Saucy & mischievous. Talks freely, but shows delusions. Sleeps very poorly, or sound nights –

1895 Jan 2/95. Wt 107½ lbs – Pulse 84 – Jan 20/95. Complains of pain in right side of throat: was

" 31 given medicine every 4 hours, & plaster – Jan 31/95. Continues saucy & mischievous – Talks freely, but it is generally of an obscene & demented nature. Restless at night. Untidy. Bowels are free.

Feb 1/95 Feb 1/95. Wt 105 lbs. P 86. Feb 2/95. Is quite often, very noisy, saucy & mischievous; gets into quarrels

" 18 with fellow patients, by bothering them; (recently struck by D. Lynch & choked by Geo Berg). Feb 6/95. Continues his noisy, saucy, bothering & annoying ways towards the others & gets into trouble quite frequently. Has to

Personal and Medical History of Edward Johnson #3.

1894/5 cont'd

Feb 18 be watched, continually. Still shows delusions. Appetite good; bowels free. Does not confine any-

Mar 2/31 where. March 2/95. Wt 107 lbs. Pulse 8. March 31/95. More troublesome, mischievous & annoying, this month and has got into frequent fights. Decidedly demented. (Was blistered 13th 18th & 26th Feb).

Apl 1/20 Apl 1/95. Wt 108 lbs. Pulse 8. Apl 30/95. No special change. Is deluded and weak-minded-

May 2/10 May 2/95 Wt 110 " " 88. May 10/95. Behavior some better, of late. Works in dining-room.

" 27/31 May 27/95. Was struck by patient P. Adolf (had been provoking him). May 31/95. Behavior has improved some. He seems contented; make no complaints. Works in dining room. Habits clean. Is

June 1/10 deluded. June 1/95. Wt 112 lbs P 80. June 13/95. Has been treated for ingrowing toe-nail, past 2 days.

" 17/30 June 17/95. Visited by a friend. June 30/95. Still rather mischievous, though he behaves a great

July 1/15 deal better, than he did. Is demented. Physical condition good. July 1/95. Wt 114 lbs. Pulse 80.

" 31 July 15/95. Again bothering patient E.K. Johnson. & E.K struck him on head 3 times, with some small pebble tied in handkerchief, causing 3 lumps. July 31/95. Behavior fairly good, though still somewhat mischievous & troublesome. Works onward. Physical Condition good; Mentally, no change.

Augn 1/9 Augn 1/95. Wt 118 lbs. Pulse 80. Augn 9/95. Worked with the baker. Augn 10/95. Lazy & obstreperous, no

" 20 ward: works none. Augn 20/95. Is quite troublesome, at times, provoking other patients and bothering everyone. Has been working in "Centre" also in kitchen, but works none on ward.

" 31 Augn 31/95. Has been working steadily in the kitchen since 20th inst. Conduct & behavior and general condition have not changed much, though physical health much improved.

Sep 1/10 Sep 1/95. Wt 120 lbs. Pulse 96. Sep 15/95. Works in kitchen every day & some, about "Centre":

" 30 behavior much improved & better, of late, than heretofore. Sep 30/95: Some general improve-

-ment can be noticed, yet he is inclined to be mischievous & troublesome.

Oct 1/31 Oct 1/95. Wt 121 lbs. Pulse 84. Oct 31/95. Works in kitchen (Nr. 11. Is improving considerably).

Nov 1/10 Nov 1/95. Wt 123½ " " 86. Nov 10/95. Patient has improved much of late. Is quiet and well-behaved: talks well & rationally. Eats & sleeps well. Makes no complaints. Works regularly in the kitchen, every day. Is in good physical condition.

" 13 Nov 13/95. Allowed to go home with a brother, today.

Discharged

Personal and Medical History of John Dwelly

LIBBEY, FIDLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3925
Residence, St. Paul; (City & County Hospital).
Date Admission, 2d December 1894.
Admitted by, Dr Phelps Hour, 7 PM.
How Sent, John B. Oliver, Jof P. Ramsey County.
Sex, Male.
Age, 74
Civil Condition, married
Children, unknown
Age Youngest Child,
Occupation, Printer
Degree Education, Unknown
Profession Religion, unknown
Habits, Unknown
Nativity, England
Physicians Committing, H.B. Mucker & A. Sweeney
Correspondents, (Wife's name) Mrs A. J. Dwelly 647 East 7th

No. for Year, 124
Insane Relatives, Unknown
Cause Exciting, Old Age
Cause Predisposing, Old Age
Form, Melancholia senilis.
Accompanying Bodily Disorder, General atheroma; Syphilis 30 years ago.
Suicidal or Not, Not
Date of this Attack, probably some time ago
Duration, probably some time
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, not given
Time of Leaving, Apr. 12. 1900
Time in Hospital, 5 yr. 4 m. 6 d
Result, Died. Exhaustion in senile melancholia.

Eddy D. Ely. Dec 7/94.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

GENERAL DESCRIPTIVE REMARKS:
Patient is a "senile case" with very marked melancholia. Very weak & infirm.

EMOTIONAL STATE:
Normal, Calm, Demented and
Indifferent,
Exalted,
Depressed, Yes
DELUSIONS:
Systematized or Not,
Special Subjects, of poisoning
Transitory or Not, Not
HALLUCINATIONS: None
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Voluble

Personal and Medical History of John Dwelly

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2in WEIGHT, 190 pds. NUTRITION, Poor
WOUNDS OR ABNORMALITIES, See "D. L", must page
TONGUE, Tremors, Coarse tremor Coatings, Coated white & dry Promptness Movement, Prompt
PUPILS, Equality, Equal (Has arcus senilis, well marked) Size, normal
Response Light, Dont respond Blight. Accommodation, Dont respond
SIGHT, Impaired.
HEARING, Defective
COORDINATION, Arms, } Patient very weak & infirm; Sputtered; Coordination therefore not tested.
Legs, }
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, General, Yes
REFLEXES, Patellar, Equal, Short, Sharp.
Other
ARTICULATION,
Slurred,
Hesitating, Good
FACIAL EXPRESSION,
Depressed
SENSIBILITY,
Normal
HEART, Sounds good; is weak irregular pulse irregular & intermittent: art. atheromatous
LUNGS, Sounds not good; mucous rales

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Records kept

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

Cant get any history from patient.

Personal and Medical History of John Duelly.

1894

This Patient was brought here by Deputy Sheriff Kinney, with following history. As to religious habits, if any hereditary history, nothing is known. Supposed cause of this attack is old age: form of attack is chronic, depressed. There is general atheroma; also had Syphilis 30 years ago. On admission to the Hospital he was noisy & incoherent, shouting & screaming. This is 1st attack. Insanity is now shown by general incoherency and noisiness. Patient is not disposed to injure others, nor is he suicidal, but is of very filthy habits. If any peculiarities were previously manifested, unknown here is no history of any serious bodily disease &/or head injury. He has not been restrained or confined; has had medical treatment at this (City & County) Hospital, but no results from it. —

Dec 6 On admission, was put in 6th S.R. Complexion light; eyes brown; hair dark gray; ruptured on left side; small sore on left hip; is in very feeble condition; condition of skin good; is clean; behavior good; he moans & sighs considerably: had to be helped to the ward). Dec 7/94. Was noisy, " 7 nearly all night. AM. Pulse 54. R 26. T(e) 98 8/10ths. Appetite rather poor; had a movement of bowels during the night. He talks incoherently. No cough but he spectorates frequently, frothy matter. Complains of pains " 8 in breast & abdomen; moans considerably. Dec 8/94. Slept only 3 hours, last night; was noisy 4 hours, and restless 2 hours. AM. Pulse 56. R 33 T(e) 98 5/10ths. Appetite still poor: bowels free; behavior good for the most part; noisy at rare intervals. Talks incoherently; Spits occasionally but no cough observed. " 9 Still complains of pain in breast. Dec 9/94. Slept 4 hours, awake 3 hours, restless 13 hours, last night. AM. Pulse 57. R 33 T(e) 98 5/10ths. Appetite poor; bowels regular. Behaves well. Talks incoherently & shows delusions. Has now a cough, with expectoration. Does not complain of pains. Somewhat stronger & brighter today. " 10 Dec 10/94. Slept but 3 hours; was awake rest of the night. AM. Pulse 49. R 31. T(e) 99 5/10ths. Bowels are free. " 11 He makes no complaints. Dec 11/94. Slept 6 hours; awake 4 hours, last night. AM. P 52. R 39. T(e) 99 6/10ths. " 12 Coughs, at times, & complains of suffering very much. Dec 12/94. Passed a poor night; awake 7 hours; restless 2 hours & noisy 1 hour, slept only 4 hours. AM. Pulse 54. R 38. T(e) 99 6/10ths. Appetite has continued poor; bowels seem normal. Is quiet & well behaved by day. Talks in an incoherent, jumbling way and " 13 shows delusions. Makes no complaints today. Coughs occasionally. Dec 13/94. Rested a couple of hours, but slept 8 hours. AM. Pulse 50. R 31. T(e) 99 6/10ths. Appetite poor. No change otherwise; today, " 14 complains "of pains all over body". Dec 14/94. Restless & much disturbed, last night; slept only about 2 hours. AM. Pulse 54. R 29. T(e) 99 7/10ths. Appetite improving: Cough nearly gone. Complains of pain in abdomen & " 15 ruptured part. Dec 15/94. Restless 3 hours; awake 21 hours; slept 5 hours. Seems in pain. Moaned yesterday afternoon & evening & nearly all night. Pulse 46. R 34. T(e) 99 2/10ths this morning. Appetite is fair. Behavior good. Talks as if to be understood, but incoherently. Depressed. "Wishes to die". —

" 16 Dec 16/94. Was restless & awake, mostly, all night. Still coughs a little. AM. P 39. R 30. T(e) 99 6/10ths. Complains, still, of pains all over body. Bowels are free. Is fed 4th a diet. Appetite only fair.

" 17 Dec 17/94. Was restless, and groaning a[illegible] in great pain, most of the night. Slept only one hour. AM. Pulse 58. R 36 T(e) 99 7/10ths. Coughs some; bowels normal. Talks in a childish, incoherent " 18 manner; hesitates in his speech. Is always complaining. Dec 18/94. Slept but 3 hours, last night. Was restless 5 hours; awake 4 hours. AM. Pulse 52. R 32. T(e) 99 5/10ths. Coughs occasionally. " 19 No complaints, waist of a general nature. Dec 19/94. Restless & awake all night. Slept 4 hour. " 20 AM. Pulse 54. R 30. T(e) 99 7/10ths. Very querulous & complaining today. Dec 20/94. Slept only 3 hours; was restless 7 hours, last night. AM. Pulse 60. R 31. T(e) 99 6/10ths. Appetite fair. On milk diet.

Personal and Medical History of John Duelly.

1894

Dec 21 Dec 21/94. Was restless 4 hours, sleeping only 4 hours, last night. Is constantly whining and complaining.

Summary: This patient was brought here in such a weak state, that he had to be carried to the hall, by 3 attendants, & was immediately placed in bed, where he has remained. He was rather noisy, at first, & nervous, and had a poor appetite. He still coughs occasionally & has free expectoration; Sputum has a yellowish tinge & is rather "tough". He Complains of pains in his breast & abdomen & is very feeverish & querulous. Has free & natural movements of the bowels. Patient has been given stimulants & his appetite has greatly improved. He had an extremely slow pulse, which, at first, was very irregular & slow as 32 to 39, but is now more regular. Respiration ranged as high as 38, down to 30, & T has been steadily throughout a little above normal. He talks incoherently & hesitates in his speech. Has delusions; "thinks some one is sending Electricity through him". On the whole, Patient is stronger & brighter & has improved considerably. He has strong suicidal tendencies & will grasp at any opportunity to kill himself. Is very despondent & melancholic.

" 28 Dec 28/94. Appetite has improved very much, since he was received on ward. Bowels are free. Still coughs occasionally; Sputum thick & partially frothy. He is senile & paretic in movements & is scarcely able to walk. Has gained some. Behavior quiet; in bed; is disconnected in speech & has delusions still as to "Electricity being put through him" &c. Has wet bed, 6 Days. Patient's wife called upon him yesterday, (27th). Was today transferred to 13th E (the new Infirmary Ward). Was put to bed there. —

" 30 Dec 30/94. Has slept only 2 to 3 hours, on each of past 2 nights. Appetite good; bowels are regular —

" 31 Dec 31/94. Was restless & awake, all last night. (See attached nurse's record). ——

1895 Jan 13 Jan 13/95. Sleeps 5 to 7 hours, nightly. Is rather filthy, at times, owing to lack of control & nervousness — Appetite has now became quite good. Jan 17/95. Complains of feeling dizzy & chilled, today.

" 18/24 Jan 18/95. Has several Coughing Spells, raising superfluous amount of phlegm. Jan 24/95. Sleeps well & has a very good appetite. Jan 26/95. Rests poorly; is much disturbed by "Coughing Spells".

" 31 Jan 31/95. Some nights is more disturbed than others, by Coughing. As to other respects, about as usual.

Feb 1/15 Feb 1/95. Wt 91 lbs. Feb 5/95. Patient very feeble; lies steadily in bed. On some nights, restless and sleeping poorly, appetite very good; bowels regular. Habits slightly filthy. Generally, no improvement to note.

" 19/28 Feb 19/95. Coughing during night & raising much phlegm. Feb 19/95. No special change. Restless & sleeps only about 5 hours, nightly. Coughs considerably at night & raises phlegm. Bowels regular.

Mar 2/15 Mar 2/95. Wt 99½ lbs. (has gained since in flesh). March 4/95. Sleeps poorly; only about 3 hours, nightly. Is very restless. Remains in about the same condition, day after day. Complains of being hungry at night. Appetite very good; bowels regular. Was coughing a good deal, last night & raising phlegm. March 20/95. Still sleeps very poorly. Coughing & raising much phlegm today. March 31/95. Still sleeps poorly; only 2 to 3 hours, nightly. Complains of eyesight passing very slowly; also complains of hunger, at night. Still keeps his bed. Still has coughing spells.

Apl 9/15 Apl 9/95. Wt 113 lbs. (has gained in flesh a good deal). Apl 14/95. Remains in about the same condition, day after day. Sleeps poorly: much disturbed by his cough: Coughs frequently during day & night & raises phlegm. At times, complains of headache & feeling chilled. Sees regular diet.

" 30 Apl 30/95. Lies steadily in bed, in same condition, every day. Still coughs a great deal & raises phlegm.

May 7 Sleeps poorly. Appetite good; bowels regular. May 7/95. Very restless, at times, out of bed, frequently. Also groans & moans frequently. Coughs a great deal & raises phlegm. —

" 30/31 May 30/95. Visited by wife & daughter in law. May 31/95. No special change: very restless; coughing &c &c.

— carried to 188 —

Personal and Medical History of John Picha

LIBERTY, FOLEY & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3926.
Residence, 400 West 7th St. St Paul.
Date Admission, 5th December 1894.
Admitted by, Dr. Phelps Hour, 7 Pm
How Sent, John B. Olivier, Jeff'n. Ramsey County
Sex, Male.
Age, 47
Civil Condition, married
Children, five
Age Youngest Child, —
Occupation, Tailor
Degree Education, not given
Profession Religion, not church member
Habits, Temperate & moral
Nativity, Bohemia.
Physicians Committing, Orde Martel and John E. MacNamara
Correspondents, Mrs John Picha (wife) 400 West 7th St. St Paul Minn

No. for Year, 125.
Insane Relatives, none
Cause Exciting, not known
Cause Predisposing, not given.
Form, Mania chronic
Accompanying Bodily Disorder, Has had Bright's Disease
Suicidal or Not, not
Date of this Attack, 3 years ago
Duration, about 3 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 44
Time of Leaving, 25 July 1901
Time in Hospital, 6 Yrs 7 Mos 19 Ds.
Result, Transferred to Hastings

Exd by Dr. Phelps 12/5/94

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish, } Wont talk
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:
Peculiar behavior; hesitates & himself; muttering —

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 John Picha

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6½ WEIGHT, 163 pds NUTRITION, Fair
WOUNDS OR ABNORMALITIES, see "S.K." next page.
TONGUE, Tremors, none Coatings, — Promptness Movement, —
PUPILS, Equality, Equal Size, rather small.
Response Light, slight Accommodation, —
SIGHT, ?
HEARING, Good
COORDINATION, Arms, Good, Unusual tests
Legs, Good, " "
TREMORS, Hands, no Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal 2 — 3.
Other
ARTICULATION, wont talk
Slurred,
Hesitating,
FACIAL EXPRESSION, somewhat dulled
SENSIBILITY,
HEART, palpitating — arterial sclerosis
LUNGS,

EXAM. URINE,
Proposed Treatment,
Row history of case, Syphilis suspected and anti-syphilitic treatment is indicated. —

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, kept Medium, Poor,
SLEEP, Good, Record 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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of John Picha

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CASE RECORD.

Patient's Name Picha, Jan. Name Disease Apil Name Physician H.H.W.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Apl. 6	99.8	96	32	8 A.M. Patient came on ward from B & E,		
	101	96	28	suffering from swollen leg. also has a sore		
				back. Put to bed. Both dressed.		
				Night slept 6 hours.		
" 7		99		Patient very restless.		
		86		night slept 3 hours restless 5 hours		
" 8	98.6	92	24	Swelling in leg has receded. night slept 3 hours		
		70		restless 5 hours		
" 9		78		Appetite good.		
	98	88	18	Night slept 2 hours restless 6 hours		
" 10	-	84		Patient very restless and troublesome. will		
	99.4	88	16	not stay in bed. Night slept 4 hours.		
" 11	99	72	18	Bowels regular		
	99	96	20	night slept 3 hours restless 5 hours		
" 12		72		Night slept 2 hours restless 6 hours		
	98.4	74	18			
" 13	98.2	84	18	Patient will not stay in room. wraps blanket		
	98.6	72	18	around him and stays in closet at washroom		
				Night slept 2 hours restless 6 hours		
" 14						
" 15		72		Night very restless. slept 2 hours		
		88				
" 16	98	68	18	Appetite fair bowels regular.		
		92				
" 17		80				
		94		Night slept 2 hours restless 6 hours.		
" 18		80		very restless. out of bed & room continually		
	99.4	82	20	night slept 3 hours restless 5 hours		
" 19		72		Night slept 3 hours - very restless		
	99	72	20			
" 20		76		Transferred to B & E.		

Recorded by _____ Nurse.

1895

Jan 1/ Jan 1/95. Visited by wife & daughter. Jan 1/95. Wt 146 lbs. Pulse 90. (Has lost a good deal in flesh)
" 3 Jan 13/95. Continues very restless at night: sometimes out of bed, most of the night. Sleep very poorly.
" 17 Is getting "cranky", & sometimes shows violence towards patients. Jan 17/95. 10. Am. Seemed to be in pain: abdomen somewhat swollen. Was given Enema: afterward glycerine suppository and medicine every ½ hour until 5 Am. Remained in closet all night: slept none at all. —

Personal and Medical History of John Picha

1895

Jan 25/31 Jan 26/95. Was struck by patient (W. A. Thompson), receiving a black-eye. Jan 31/95. Still restless at night & sleeps very poorly. Appetite fairly good. Coughs at door. Talks none. Stands up, all the time, during the day. Shows delusions: "think some one is putting powder of some kind on him". Is
Feb 1/17 Clean & fairly tidy. Feb 1/95. Wt 148 lbs. Feb 17/95. Is nightly restless for 3 or 4 hours, sleeping only
" 28 about 5 hours, at each. Bowels are constipated. He talks none; gesticulates; habits are not very clean;
Mar 2 blows nose; making motions with hands. Talks none; appetite good. March 2/95. Wt 144 lbs. Pulse 74.
" 18 Had trouble with him in afternoon; tried to get him to sit down; he became violent & bit attendant (Tyler's
" 31 finger. March 1/95. Sleep & rest at night do not improve any. He also still keeps up his dirty habits.
March 31/95. Restless about 4 hours, almost nightly & sleeps very poorly (only about 4 hours, each night) -
appetite good but bowels are constipated. Details none - Walks about hall, gesticulating, blowing
Apl 1 nose & spitting. Has delusions; "thinks some one puts powder on him". Apl 1/95. Wt 147 lbs. Pulse 104.
" 2 Apl 2/95. Restless out of bed, all night & slept none; right leg is, to day, somewhat swollen,
" 3 near ankle. Apl 3/95. Slept very poorly, last night. He walks lame today & leg swollen quite badly.
" 4 Apl 4/95. Ordered to put to bed (by Dr. H). Leg bandaged. Patient would not stay in bed, at all,
" 5 so let him put clothes on. Apl 5/95. Leg bandaged twice. He can hardly lift it from the floor.
" 6 Apl 6/95. Transferred to Infirmary Ward (East), at 8 Am. Has a badly swollen leg also sore on neck;
" 7/8 put to bed; neck dressed. Apl 7/95. Slept 5 hours; is very restless, to day. Apl 8/95. Restless 4 hours,
" 9 Sleeping only 3 hours. Swelling on leg has receded. Apl 9/95. Passed a fair night; was very restless
" 10 Appetite is good. Apl 10/95. Restless 6 hours & slept only 2 hours, last night. Is very restless & troublesome
" 11/13 to day; will not stay in bed. Apl 11/95. Slept only 4 hours; bowels are regular. Apl 12/95. Very restless & sleeps
" 15 only 2 or 3 hours, at night. He will not stay in room; wraps blanket around him & stays in the closet & wash-
" 17 room. Apl 15/95. Still restless at night & sleeps very poorly. Appetite is fair; bowels regular.
" 18/20 Apl 17/95. Is very restless; out of bed & room continually - Apl 18/95. Sometimes very restless.
Apl 19/95. Transferred to W. East. Apl 20/95. Sometimes restless & out of bed, each night. Talks
none at all. Stands up nearly all the time; blowing his nose; spitting & gesticulating. Still
holds to his delusions; "thinks some one puts powder or something on his head". Bowels still constipated.
May 1/ May 2/95. Wt 149½ lbs. Pulse 96. May 10/95. Still sleeps poorly, & very restless, at night.
" 11 May 11/95. 6 Am. Found him with a blackened & swollen eye. (Night-watch reports as follows;
in trying to have Picha stay in bed, he got mad & caught a hold of night-watch & in keeping this
" 20 patient from biting and throwing him down, in some way patient hurt his eye). May 20/95. Still
restless at night & sleeps very poorly. Stands idly about, by day, blowing nose, spitting &c. Gesticulates;
Talks none & cannot be induced to speak. Appetite good; bowels quite regular. Walks some; goes
" 27 out walking. May 27/95. Was visited by his wife, who spent the greater part of the day with
him. She was very desirous to take him home, on trial.

Was allowed to go home with wife, this Evening.

June 1895
June 15 June 15/95. Family were unable to get along with him, at home, so he was brought back, this
" 30 Evening & put on W. East. June 30/95. Apparently, has been resting & sleeping well, since his return.
Has very peculiar actions: blows his nose, placing forefinger & making "lines" above his head:

carried to 130.

Personal and Medical History of John Picka

1894

This patient was brought here by Deputy-Sheriff Kinney, with following history. Habits have been temperate & moral. There is no history of heredity. Cause of attack not known: form of attack is acute & gaited. No accompanying bodily disorder; (but he has had Bright's disease). The first symptoms of disease were manifested 3 years ago, by accusing his wife of infidelity. This is the 1st attack. Insanity now shown by his having so accused his wife; also doctors, of giving poison. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. No peculiarities of disposition &c previously shown. He has not been restrained or confined. Has had treatment for Bright's disease.

Dec 6 On admission, was put on B[2] (SR. Eyes brown; Complexion dark; Hair dark brown; condition of skin good; is clean; varicose vein on right leg; several small scars over tibia in each leg. Behavior good).

" 7 Dec 7/94. Slept only 2 hours, was restless 4 hours, last night. AM. Pulse 78. R 21. — T(o) 98.8. Appetite Good; no cough observed; Stands looking out of window, all day; talks but little; not communicative.

" 8 PM. Pulse 80. R 20. T(o) 99. No complaints or injuries to report. Dec 8/94. Restless 5 hours, sleeping but 3 hours, last night. AM. R 17. T(o) 98.6. Still keeps his position & gazing out of window by day. Talks none unless addressed. Inclined to be reticent. PM. R 19. T(o) 98.6. Dec 9/94. Continues restless, at night, sleeping poorly. AM. Pulse 78. R 18. T(o) 98.8. Would stand by the door at times & give slaps.

" 10 Is not communicative. PM. P 74 " 18 " 98.6. Appetite good. Dec 10/94. Still much disturbed restless, at night. AM. Pulse 78. Talks but little. Stands by door or window, gesticulating and

" 11 making Signs. Dec 11/94. Quiet. Sleeps & rests poorly. AM. Pulse 82. Appetite good. Bowels free.

" 12 Does not go out walking. Dec 12/94. Restless out of bed, last night. Slept but 2 hours. AM. Pulse 82.

" 13 Stands by the door, gesticulating &c. Dec 13/94. Restless the greater part of the night & out in hall, frequently; Slept none. AM. Pulse 76. Is gesticulating & pounding at window, today. Habits cleanly.

" 14 Dec 14/94. Slept in C[3] last night; slept 2½ hours; was restless 6 hours. AM. Pulse 78. Again gesti-

" 15 -culating & pounding on window. Appetite only medium. Dec 15/94. Restless 8 hours; slept none at all, last night. AM. Pulse 82. Extremely restless & very troublesome today; talks none. appetite medium.

" 16 Dec 16/94. Slept 4 hours, restless 14 hours, last night. AM. Pulse 88. Stands about gesticulating &c.

" 17 Is restless & troublesome in the hall. Dec 17/94. Passed a poor night. AM. Pulse 88. Pounding on

" 18 window & door, today. Dec 18/94. Sleeping but 2 hours, restless 5 hours, during night. Am. P 88.

" 19 Appetite now good. Reticent; talks none: no complaints. Does not go walking. Dec 19/94. Restless 5 hours & slept only 3 hours, last night. AM. Pulse 96. Pounding at door & window; gesticulating &c.

" 20 Dec 20/94. Restless out of bed 7 hours, slept only 1 hour, last night. Very restless Day. Talks none. P 92.

Summary. On admission, talked freely & quite sensibly; said "he was'nt crazy & did not know what they sent him here for". Lately he has become reticent; seldom talking. Stands by the door or window, the greater part of each day, pounding & gesticulating. Evidently holds delusions.

" 21/25 Dec 21/94. Restless & sleeping poorly, again, last night. Dec 3/94. Restless more than half of each night, and sleeps very poorly. Appetite is also poor in other respects no particular change to note.

1895 Jan 1/95. Visited by wife & daughter. Jan 1/95. Wt 146 lbs. Pulse 90. (Has lost a good deal in flesh)

" 13 Jan 13/95. Continues very restless, at night: sometimes out of bed, most of the night. Sleeps very poorly.

" 17 Is getting "cranky" & sometimes shows violence towards patients. Jan 17/95. 10. Am. Seemed to be in pain; abdomen somewhat swollen. Was given Enema; afterward glycerine suppository and medicine every ½ hour until 5 Am. Remained in closet all night: slept none at all. —

Personal and Medical History of John Picka

1895

Jan 26/30 restless

" a up, all

" th him" — Is

Feb 1/17 spring only

" 28 clean;

Mar 2 to and

" 18 Pulse 74.

" 31 aunt (Tyler's)

" habits.

" 1 night) -

" 2 , blowing

" 3 3rd. Pulse 104.

" 4 woollen,

" 5 ites badly.

" 6 at all,

" 7/8 floor.

" 9 at night;

" 10 hours,

" 11/13 restless

" 15 troublesome

" 17/18 ters & sleeps

" 19/20 the closet &

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ours; goes

May 1/2 day with

" 11

" 20

" 27

I was allowed to go home with wife, this evening.

1895 June 15/95. Family were unable to get along with him, although, he was brought back, this

June 15 evening & put on B[3]. June 30/95. apparently, has been resting & sleeping well, Since his return,

" 30 has very peculiar actions: Blows his nose, placing fore finger & making "Signs" above his head.

Carried 8 120.

Personal and Medical History of *Chris Ortolf*

LEIGHT, FISLAR & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 3939.
Residence, St Paul (Alms House) -
Date Admission, 12th December 1894.
Admitted by, D. Phelps Hour, 7 PM
How Sent, John B. Oliver. Jeff. Ramsey County.
Sex, Male.
Age, 41
Civil Condition, married
Children, - 3 -
Age Youngest Child, —
Occupation, Laborer
Degree Education, not given
Profession Religion, Lutheran
Habits, Unknown -
Nativity, Germany
Physicians Committing, Jos. P. Hanley and C. J. Woolway
Correspondents, wife, 1st Ward Carrol -

No. for Year, 138.
Insane Relatives, Unknown.
Cause Exciting, Unknown.
Cause Predisposing, "Chronic"
Form, Dementia organica.
Accompanying Bodily Disorder, Yes
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, 39 -
Time of Leaving, 22nd October 1895
Time in Hospital, 10 months 10 Days.
Result, Died: Uraemic Coma

Eds Dr. D. M. Phelps 12/12/94.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused some.
Quick or Sluggish, Sluggish.
MEMORY:
Past Events, } Fairly impaired
Recent Events, }
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Fairly Correct
REASONING POWER:
Ordinary Subjects, }
Own Mental State, } Slight impairment.
Special Subjects, }

EMOTIONAL STATE:
Normal, Calm, }
Indifferent, }
Exalted, } Dull + normal
Depressed, }
DELUSIONS:
Systematized or Not, }
Special Subjects, } No delusions noted.
Transitory or Not, }
HALLUCINATIONS: None
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Been lame, 2 years; stiff; no soreness; in right hip. Typhoid fever, 3 years ago. Patient feels dull + confused, and his face shows it. He is lame, for past 2 years; at first called rheumatism. Has grad in coordination; feels dull. Denies syphilis, with seeming honesty. Speech is sluggish. Has evident growing cerebral trouble of the nature of paresis, possibly due to some tumor.

Personal and Medical History of *Chris Ortolf*

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ WEIGHT, 207 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES, See "S.R." on next page.
TONGUE, Tremors, Not marked Coatings, Slight Promptness Movement, Sluggish
PUPILS, Equality, Equal Size, very small
Response Light, very slightly Accommodation, Poor.
SIGHT, much impaired; Corneal ulcer on left eye.
HEARING, Slightly impaired.
COORDINATION, Arms, Poor;
Legs, very poor; Standing unfoot, can't do it: Standing Eyes shut, does fairly
TREMORS, Hands, Just much Tongue,
Facial Muscles, None General, none
REFLEXES, Patellar, 8-9, Equal.
Other
ARTICULATION,
Slurred, Somewhat.
Hesitating, + Sluggish
FACIAL EXPRESSION,
Impaired
SENSIBILITY,
?
HEART, Fair — Changes; not
LUNGS, Normal

TAKEN,

EXAM. URINE,

Proposed Treatment
is Iodide potass. given for the reason that he has had syphilis + nothing the most hopeful. Cathartics for his bowels + to stimulate excretion. Prognosis is very bad -

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother died at 70. } no heredity made out.
Father or Pat. Relations, Father died, 83. }
Brothers or Sisters,

Personal and Medical History of Chris. Ortolf

1894

This man was brought here by Deputy-Sheriff M. N. Goss, with the following history. He comes from the Alms-House; habits unknown; cause unknown; if any hereditary history unknown. Form of attack is Chronic - There is some accompanying bodily disorder - First Symptoms of Disease were manifested 2 years ago - This is the 1st attack - He now has an enfeebled brain - Patient is not disposed to injure others, nor suicidal, nor filthy, nor destructive. He has not been restrained or confined. He has been under medical treatment, but no effects. Further particulars unknown.

Dec 12. On admission, was put on B.[2] (S.R.). Complexion dark; hair black; eyebrows; several small scars on right arm & several small patches of dark skin on right leg & hip; one over Sternum. Behavior good). When taken in ward, Pulse 90. R 20. Te 99.2. Later, Pulse 86. R 19. Te 99.

" 13 Dec 13/94. Has somewhat restless, but slept 6 hours, last night. AM. Pulse 84. R 18. Te 98.8. Appetite good; but bowels are constipated; (given medicine); behaves well; talks freely & sensible, though articulation is slow; no cough noticed. PM. Pulse 86. R 18. Te 99. Patient has considerable difficulty in walking). Dec 14/94. Restless an hour or so, but slept 7 hours, last night. - AM. Pulse 88. R 19. Te 98.8. PM. Pulse 86. R 19. Te 98.8. Appetite good; talks quite freely.

" 15 Dec 15/94. Quite restful, sleeping 7 hours, last night. AM. Pulse 82. Behavior good. He still

" 16 walks with some difficulty. Dec 16/94. Slightly restless, but slept 6 hours, last night. AM. P 80. Does not talk English or understand it; Speaks only German. Is quiet and well-behaved. -

" 17 Dec 17/94. AM. Pulse 82. Finds such difficulty in walking, that he does not go out with the rest.

" 18 Dec 18/94. AM. " 80. Walks considerably about hall, in a slow way. Appetite keeps good.

" 19 Dec 19/94. During past 3 nights, rest has been poor: being restless about 3 hours, & sleeping about 5 hours, in each. Sits about on the benches. Complains of being constipated. Talks some, in German.

" 22 Dec 22/94. Has been sleeping somewhat better, the past 2 nights. Pulse, each morning, 80 and 82, respectively. Bowels have moved, by aid of medicine. He talks freely, but only in German. Walks about hall, a good deal, slowly but on account of this difficulty does not go out walking

" 23 with the others. Pulse 76, today. Dec 23/94. Rested 2 hours, sleeping 6 hours, last night. Was, this Am. transferred to 6th. AM. Pulse 76. Behavior good; talks freely; articulation slow & hesitating. States he was treated in Hospital, for sore eyes, about 6 years ago, & think medicine then given him has dulled his intellect." Appetite, good; no cough noted. Quite lame in right hip.

" 24 Had a passage of the bowels, today. Dec 24/94. Slept 6 hours, restless 3 hours, during the night AM. Pulse 78. Talks easily & sensibly. Bowels again constipated. Complains of this lameness in right hip.

" 25 Dec 25/94. Fairly restful, sleeping 7 hours, last night. AM. Pulse 76. Bowels more nearly normal.

" 26 Dec 26/94. Restless a couple of hours but slept 7 hours, during the night. AM. P 78. Behaves well. Talks in a slow, hesitating manner. Bowels pure regular. Still complains of lameness in right leg. (Patient appears to be in the early stage of dementia, with a slow and gradual

" 31 impairment of the mental System: Att[d] Blair.). Dec 31/94. Appetite good; bowels free. No cough. Still walks lame; otherwise he is in good physical condition. Is quietly behaved. No complaints.

1895 Jan 1 Talks quite freely, in a slightly irrational manner. Habits cleanly. Jan 1/95. Wt 159 pds. (has

" 31 lost a good deal in flesh). Pulse 88. Jan 31/95. No change to report, during the month; bowels constipated. Still walks lame. Gait very paretic. There is considerable dementia with depression. He makes complaints about the state of his health, which are believed to be groundless. -

Personal and Medical History of Chris. Ortolf

1895

Oct 1/28 Feb 1/95. Wt 185 pds. Pg 6. Feb 28/95. Appetite good, but bowels constipated. No cough noted; Patient is in good physical condition, but he is troubled with pain and stiffness in right hip-joint. Behavior is good & quiet; makes no complaints. Talks easily & for most part rationally. Cleanly in habits but is

Mar 1/ slovenly about his dress & in eating. March 1/95. Wt 190 pds. P 84. March 31/95. No change to note -

Apl 1/30 Apl 1/95. Wt 192 pds. P 78. Apl 30/95. Condition remains about same, as last generally, report above.

May 1/31 May 1/95. Wt 195 " 80. May 31/95. Behavior is quiet, tho' he is inclined to be troublesome & wishes to have his own way. Complains of pain in the hip-joints & walks with difficulty. Talks readily & for the most part, rationally. Is slightly demented: Dirty in person & habits: (was 6 Days

June 1 dirty during the month). Patient is in good physical health. June 1/95. Wt 195 pds. Pulse 82.

" 10/30 June 10/95. Patient's brother in-law (Mr. Abriter from St Paul), called upon him to day. June 30/95. No change.

July 1/31 (was 3 Days dirty during the month). July 1/95. Wt 196 pds. Pulse 76. July 31/95. Condition the same.

Aug 1/31 Aug 1/95. Wt 196 pds. Pulse 72. Aug 31/95. No noticeable change. is carried out-doors, whenever it is

Sep 1/7 pleasant weather. Habits very filthy, at times. Sep 1/95. Wt 204 pds. Pulse 104. Sep 7/95. Visited

" 30 by friends, to day. Sep 30/95. No change, in anyway: is taken out in grounds in rolle-chair; habits very dirty: apparently rests & sleeps well.

Oct 1/10 Oct 1/95. Wt 206 pds. Pulse 82. Oct 10/95. Slept

" 19 but 3 hours, during the night: was very restless. Oct 19/95. Was taken, this morning, with symptoms of a Convulsion; stupor observed: could not talk or eat up: was put to bed. hot sand-

" 20 bag applied to feet. Pulse 60 R 16 Te 99[0] (taken at 5 PM). Oct 20/95. Slept some, all night. Seems to be worse, this Am. 9 Am. Pulse 60 R 16 Te 97. There also appears to be difficulty in swallowing. Drank about a cup of milk, during day, given in small quantity, at different

" 21 times. Oct 21/95. Slept about 7 hours, during the night. Am. Drank about 2 tablespoonsful of milk for breakfast: still has difficulty in swallowing & cannot talk. 9 Am. P 66 R 17 Te 97[0]

" 22 PM. Took 2 tablespoonsful of milk for dinner: none at supper. Oct 22/95. Patient rested very poorly, during the night; slept 3 hours, but restlessly: restless 6 hours: breathes very hard and short. Am. Could not get him to swallow any milk, this morning; seems much worse. Has had no passage of bowels since Oct 20th (2 days) & has passed no urine since yesterday. Refuses nourishment. 9 Am. Pulse 62 R 34 Te 97[6].

Patient continued to fail steadily, and died at 6[30] PM

- Died -

Personal and Medical History of Frank Zube

LABERT, FIDLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3940.
Residence, "Has no home" (found in town of Highland)
Date Admission, 13th December 1894.
Admitted by, D. Phelps Hour, 1 P.M.
How Sent, Malcolm Kennedy, J.P., Wabasha Co.
Sex, Male.
Age, 40 Years
Civil Condition, Single (?)
Children, None
Age Youngest Child, —
Occupation, Common Laborer
Degree Education, Probably Poor
Profession Religion, Presb; Lutheran.
Habits, As far as can be ascertained, he does not drink to excess.
Nativity, In Germany —
Physicians Committing, O. A. Low and J. B. Cole
Correspondents, None given in "papers"

No. for Year, 139.
Insane Relatives, None; no heredity —
Cause Exciting, unknown
Cause Predisposing, unknown; chronic.
Form, melancholia chronic
Accompanying Bodily Disorder, None.
Suicidal or Not, Not.
Date of this Attack, about 10 days ago
Duration, about 10 days
No. of Attack, not known
No. of Admissions, 1st (Here)
Age First Attack, (?)
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

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

Personal and Medical History of Frank Zube

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 1/2 WEIGHT, 155 lbs NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,



SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 Frank Zube

1894

This patient was brought here by Deputy-Sheriff P. L. Weimerskirch, with the following history: this is very meagre & little seems to be known about him. As far as can be learned, he does not drink to excess; there is no history of insanity; cause of attack, unknown; form is chronic, and paroxysmal. There is no accompanying bodily disorder. Just symptoms of disease were manifested about 10 Days ago; not known last or number of attack; insanity, form or no special subject. Patient is not suicidal, nor of filthy or destructive habits. If any peculiarities were previously manifested, is not known. There is no history of any bodily disease &c or injury to head. — Has not been restrained or confined, so far as can be ascertained. Has had no medical treatment. Examining Physicians remark that they are unable to get a complete history of the case, but his actions are suspicious. From those in whose employ he has been, it is learned that he wanders off into the woods & builds fires; remains out of doors all night. Details in a quarrelsome manner, without provocation. His conversation is rambling & confusing. He needs watching & medical attention. He is certainly unsafe to be at large. His particular conversation is on the subject of wages, and his ideas are unreasonable. No further particulars known.

Dec 13 On admission, was put on B.Z. (S.R. Complexion dark; hair black, eyes brown; skin is good; but body is dirty. He has a few small scars from cuts on right side of face. Behavior is good). —

" 14 Dec 14/94. Restful, sleeping 8 hours, last night. T.M. Pulse 76. R. 19. Tr. 99. Appetite is good; — bowels generally free. No cough observed. Behaves well. Talks quite freely, when addressed. P.M. 70.

" 15 R 20. Tr 98. No complaints or injuries to report. Dec 15/94 Slept well (8 hours), again last night.

" 16 T.M. Pulse 72. R. 18. Tr. 98.8. No special change to note. Dec 16/94. Restless and bois-terous, but slept 7 hours, last night. T.M. Pulse 70. R. 18. Tr. 99. Appetite good. P.M. P 74 R 18. Tr 98.8. Behaves well. Answers questions freely. Works some on ward. Does out walking. Dec 17/94. Slept 7 hours last night. T.M. Pulse 72. No particular change in condition. Appetite is good.

" 18 Dec 18/94. P.M. Pulse 68. He talks quite freely; no delusions noted. Helps some with the work.

" 19 Dec 19/94. P.M. " 72. Rather restless today. Works some. Appetite good. No complaints.

" 20 Dec 20/94. Has been sleeping quite restfully (7 hours) on each of past 3 nights. A.M. Pulse 80. Otherwise, no special change noted. Dec 21/94. During early part of the past week, Patient was somewhat restless at night, & did not sleep very well: Lately, however, he is sleeping much better. Pulse has been about normal. His behavior has been good. Has been somewhat restless, at times, then walking the floor, a good deal. Appetite good; bowels generally free. Physical condition seems good, also. Patient is quiet; talks some, when addressed, but is not communicative. No delusions noted. Looks same. (Was examined by Dr. Phelps today, the following are noted. Right pupil largest. Health seems excellent. Is quiet. "Don't know why here".). Dec 22/94. Restless 2 hours, but slept 8 hours, last night. A.M. Pulse 74.

" 23 1894 Dec 23/94. No change & note, generally. Sits idly about on the benches. Somewhat stubborn, at times.

Jan 2/95 Jan 2/95. Wt 171 lbs, (a gain of 16 pounds since admission). Pulse 92. Jan 31/95 Is stupid, flashy & stubborn. Does not work. Sits about on a settee all the time. Talks none. Untidy in dress.

Feb 1/95 Feb 1/95. Wt 171 lbs. Pulse 60. Feb 28/95. Sits about; talks none; works none: Depressed; but makes no complaints. Is untidy. No improvement noticed. March 2/95. Wt 167 lbs. P 68. Mar 31/95: No change.

Apr 1/95 Apr 1/95. Wt 159½ lbs. Pulse 48. Apr 30/95. Behavior very good. Does no work. Otherwise, about same.

May 2/95 May 3/95. Wt 168 " " 56. May 31/95. Stupid & demented: talks to himself: is untidy —

Personal and Medical History of Frank Zube

1895

June 1/95. Wt 152 lbs. Pulse 100. June 30/95. No change noticeable in Mental or Physical Condition.

July 30 / 31 July 1/95. Wt 150 " " 82. July 23/95. Transferred to D.E. July 31/95. Dole: does no work: sits in one place, the greater part of the time: seldom speaks: dull; stupid and demented.

Aug 31 Aug 31/95. Patient is quiet: has little to say: No change & specially noticeable in his Condition. Habits clean: health good: works on ward. Sep 30/95: About the same, in every way.

Sep 30

Oct 31 Oct 31/95. Seems much improved mentally - works well on the ward. He is very apt to strike or kick the other patients if their actions do not suit him. Health seems good.

Nov 1 / Dec 31, 1895 / Jan 31 1896 During this period, patient has been about as last described (Nov 4/95. Wt. 163 lbs. P 68). Generally quiet. Does a little work on ward. At times, is sullen & seldom speaks: again, good natured & talkative. Habits clean. Health is good. He is also a willing helper when called upon for any work outside —

Feb 1896 Feb/96. Wt 165 lbs. P 78. Feb. March & to April 30/96. For the greater part of the period, has been quiet & generally well behaved: working on ward: talking a good deal but incoherently. Of late, however, patient has been getting rather bold & taking privileges not granted him, & when remonstrated with by nurses, gets angry & wants to fight. Have had trouble with him, several times. Habits clean: health good.

May 1896 to Aug 1897 Summary Nurses Notes by Dr. Phelps Patient a chronic case: Quiet & well behaved: Occasionally is a little irritable. Has been part of time at Annex & part of time on wards. Wt. about 160 lbs. Continued by Dr. Herzog Aug 5/97 Wt. 162½. Habits clean: dress neat. Generally well-behaved but irritable & threatening when aroused. Occasionally gets into trouble with other patients: Has delusions of persecution: is talkative & incoherent. General health good: Works daily with barber. Dec 2 No change in his condition: Wt. 165 lbs. 25 Got into trouble with John Mullen. Received black eye & scratch on face.

Apr 1897 / Aug 1897 No change during period: Still irritable & quarrelsome on little or no provocation: Wt. 169 lbs. General mental condition same. Somewhat anxious to go away. Says he is kept here wrongfully. Dec 7 & 28 Has been confined to his bed for 2 days with a slight cold. Jan 31 98 No change. Feb-July 31/98 (DeVanous): Works with barber: Quiet & well-behaved: Physical condition good: Always talking about getting away from here. Mch 20 Inclined to disturb other patients. Continues same from day to day.

Aug 1898 to July 31 1899 & July 31/1900. Wt. 169 lbs. Still with barber. Aug 19. Went to camp at Oconoco - returned Aug 26. General physical condition good. July 9 Wt. 163. July 20. Vaccinated successfully — Wt 164 lbs. P 78. Works with the barber. Is troublesome, at times, & abuses other patients. —

Aug 31 / Dec 31 / 1899 / Jan 31 1900 Wt 167 lbs. Dec 31. Condition remains about the same, from month to month. Health good. Continues to work with barber. No change noted in mental condition. Is neat & clean in habits.

Feb 1900 Feb 1900. Physical health good. Feb 1900 Wt 167 lbs. P 82. May 31 - Works regularly with barber. — occasionally, has spells of sick-headache, lasting for a day or two. July 31 - Condition about same. Still works with barber. Has limited parole. Habits neat & clean.

July 31 / Aug 1 / 1901 / Jan 31 1902 Wt 169 lbs. Nov 30. About same, in every way — Jany 31/02. Patient has worked regularly, during period, with barber. Seems in very good health. Complained a little, in October, of being sick, but it amounted to very little. Has parole, and, although somewhat incoherent, is fairly well-behaved.

1903 Jan 31 Jany 31/03. Works steadily with barber: does the cutting of hair: has parole: behaves, usually, quite well. Rather incoherent in Conversation. —

Personal and Medical History of Frederick Meyer

LIBBEY, PIELER & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 3943.
Residence, Steele Co. Minnesota.
Date Admission, 18th December 1894.
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, S.S. Washburn Jr. Steele County pro. tem
Sex, Male.
Age, 25 Years
Civil Condition, single
Children, None
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Probably limited
Profession Religion, Church member —
Habits, Good.
Nativity, Germany
Physicians Committing, A.B. Stewart and J.A. Adair
Correspondents, Anton Meyer Medford; Steele Co. Minn

No. for Year, 1842.
Insane Relatives, one brother insane for years
Cause Exciting, not known.
Cause Predisposing, Heredity
Form, mania acute.
Accompanying Bodily Disorder, none known
Suicidal or Not, not.
Date of this Attack, a few days ago
Duration, a few days
No. of Attack, 2nd (one, six years ago) —
No. of Admissions, 1st (here) —
Age First Attack, about 19 —
Time of Leaving, Apr. 2 '95
Time in Hospital, 3 — 14
Result, Imp.

EXAMINATION ON ADMISSION

Copy D. Herzog, Dec 21/94.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events,
Recent Events, Not any
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects,
Own Mental State, Has none
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Patient is much confused, mentally; very emotional; laughs & cries without provocation. Is incoherent in speech; It is impossible to fix his attention. He is incapable of connective thought. The stomach is somewhat irritable & the heart action weak

Personal and Medical History of Frederick Meyer

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 10½ WEIGHT, 170 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES, See S.R. on next page.
TONGUE, Tremors, Yes — Coatings, None Promptness Movement, Slow
PUPILS, Equality, Yes Size, Slightly Contracted.
Response Light, Somewhat Excessive; Accommodation, Somewhat Excessive.
SIGHT, ?
HEARING, Seems good —
COORDINATION, Arms, Unpaired; by usual tests
Legs, Unpaired; "
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, None General, None
REFLEXES, Patellar, 7 — Equal
Other
ARTICULATION, —
Slurred, Yes
Hesitating,
FACIAL EXPRESSION, Changeable
SENSIBILITY,
HEART, Sounds weak. —
LUNGS, Sounds good.

TAKEN,

EXAM. URINE,

Treatment preliminary purge; diet mainly of milk; stimulants, whisky in small doses; quinine & strychnia.

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Yes Clean, Careless,
BOWELS, Normal, Kept Constipated, Irregular,
APPETITE, Good, Recon 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 *Frederick Meyer.*

1894

This patient was brought here by Sheriff J.J. Barcard and John Thorsen, with the following history of case. Habits & morals have been good. There is history of heredity; one brother insane for years. Form of this attack is acute, exalted. There is no accompanying bodily disorder. He became suddenly violent, while at work, a few days ago. This is not 1st attack; he had one attack six years ago, lasting about 6 weeks. Insanity now manifested by his having countless delusions, no variety of subject. Patient is disposed to injure others from sudden fancies: but he is not suicidal. Is somewhat filthy in habits; also destructive. Tore off his clothes, since this attack. No history of any bodily disease &c or head injury known of. During present attack, he has been only detained by ordinary measures. Not known if he has been under medical treatment. There is no history of previous attack in family.

Dec 18 On admission, was put on C^3 (SR. Complexion dark; hair dark brown; eyes gray; condition of skin good; has some scars on back of left shoulder & 2 on left leg, above knee. Bodily condition clean; behavior is good). Dec 19/94. Slept but 4 hours last night; was noisy 3½ hours; wet his bed. AM. Pulse 100 R 19. Temp 99. Appetite fair; is on diet of milk, eggs & bread: has had no movement of bowels today; no cough observed. He has noisy, restless spells; also fits of crying; shows delusions, & is irrational at times.

" 20 Complains of pains in the head. Dec 20/94. Noisy 3 hours & slept only 4 hours, last night. AM. Pulse 90 R 20. Temp 98.5. Appetite fair, but had a spell of vomiting. Behavior noisy; he is annoying to the others.

" 21 Inclined to be ugly. Does out for exercise. Walks well. Dec 21/94. Was given hypnotic at 9 PM last night but slept 4 hours; noisy 1 hour; appetite improving; bowels have moved. AM. Pulse 90. R 21. Temp 99. Still noisily behaved; aggravating to the others. Out for a walk today; ran away & had to be brought back.

" 22 Is on medicine. Dec 22/94. Was noisy for 7 hours last night; slept only 1 hour. AM. Pulse 95. Eats well; bowels move regular. Is noisy & troublesome on the ward. Has illusions & delusions. Habits are cleanly.

" 23 Dec 23/94. Given hypnotic at 9 PM, but slept only 4½ hours; was noisy 4 hours during last night. PM. Pulse 100. Was given a "Combination bath" yesterday & another at bed time. Continues noisy and troublesome & has spells of crying. Eats well & bowels moved regularly. Dec 24/94. Has again given a "Combination bath" at bed-time; also hypnotic at 9 PM. Slept 7 hours, noisy 1 hour & a ½. Behavior still noisy & annoying to the others - Appetite, now, very good. Bowels quite regular.

" 25 Pulse this AM, 75. Dec 25/94. "Combination bath" at bed time: slept 7½ hours; noisy & restless 4 hours.

" 31 AM. Pulse 75. He is noisy, also, by day; silly & idiotic, in behavior. Dec 31/94. On the first 4 nights of this, the second week, patient was noisy the greater part of the time & slept only from 2 to 4 hours each. Pulse taken each morning, has been 82. 90. 99. 76 & 80. During the other 2 nights, he slept better - (on one only 2 hours - on the other only 1 hour). His behavior has continued noisy & silly; talk is incoherent & he still shows delusions. Eats well; bowels are regular. Says "he feels good; denies any bad feelings"; but shows "Confusion of mind". (Patient sleeps on the floor in B^3 ward). —

1895
Jan 1 Jan 1/95. Slept 6 hours; noisy 3 hours. AM. Pulse 90. Behavior improving - appetite good; bowels regular.

" 2 Jan 2/95. Rested and slept quite well (7 hours), last night - AM. Pulse 75. He is not so troublesome & annoying now, by day - **Summary**. On admission, he behaved badly; very restless & noisy; annoying to the others, wished to fight; would attempt to run away, while out for exercise this behavior continued for 10 Days or so, when he became more quiet. Patient still talks incoherently, manifest delusions & illusions; has "spells of crying". There is a loss of memory; is idiotic in manner; has not improved much mentally. Physical condition seems quite sound. Had "spells" of vomiting.

Personal and Medical History of *Frederick Meyer*

1895 Cont'd

Jan 2 and complained of pains in the head, which have, apparently, ceased. He eats well & bowels are regular, now. He was on medicine 5 days & on extra diet 10 days; "Combination bath" for 5 Days.

" 3/ Jan 3/95. Wt 165 lbs. Pulse 72. Jan 15/95. Was struck on head by another patient (Zenopolsky) - a

- 15 small scalp-wound the result. Jan 16/95. Greeted by his father: was very noisy afterward. —

" 17/ Jan 17/95. Was restless & slightly noisy all night; slept none - Jan 31/95. Is now less restless and

Feb 1 noisy, nearly every night - Noisy, troublesome & annoying, during the day. No improvement to note - Talk incoherently & shows delusions - Habits are clean - Feb 1/95. Wt 170 lbs. Pulse 76. (Is gaining

- 28 some, in flesh). Feb 28/95. During the month, has been, almost nightly, restless & noisy, for from 2 to 3 hours, & slept 5 to 6 hours. Has also been somewhat noisy on 2 or 3 days. Has several times bled, on 2 occasions. In other respects, little or no change from that generally noted above.

Mar 1/ March 1/95. Wt 182 lbs (a gain in flesh of 12 lbs, in past month). Pulse 78. Mar 6/95. Conduct and

- 17 behavior, by night, about as above described. Has been noisy & troublesome, all day & inclined to be pugnacious. Mar 17/95. Rest at night improving; he also seems to have improved some, Mentally.

- 31 Mar 31/95. Since last note, behavior has been quiet. He eats & sleeps well, & inclined to be a little silly; is not quarrelsome. Has improved considerable. Personal habits are good —

April 1 April 1/95. Wt 196 lbs. (a further gain, in weight, of 14 pounds, in past month). Pulse 90.

" 2 April 2/95. Patient was allowed to go home with a brother, today. At time of departure, he was in good physical health & condition; slept well, nights. Appetite was very good. Behaved well & was quiet. Mental condition seems "feeble-minded"; has "spells" when he acts & talks silly. Was quite industrious & obedient, while on ward. —

Discharged

Joseph Floc (or Flots)

From 3rd.

1901
Aug 6/ Wt 137#. Aug 6. Fairly neat & well-behaved; seldom speaks: rather dull, although works some in

14 dining-room: has a stupid manner. Aug 14. Eloped: Aug 22. Was found & returned. Jan 31/02

1902 Jan 31 No change in any way noted. Still works in dining-room - Jan 31/03. No event of any

1903 Jan 31 kind, during the period. Quiet, dull; says nothing, does a little work. —

Personal and Medical History of Herman Kastner

LIBBEY, FISLAR & GAMBERTS, DAVENPORT, IOWA.

Whole No. 3944.
Residence, Adolphs, Mower County, Minn
Date Admission, 20th December Sept.
Admitted by, D. Herzog — Hour, 12 10 A.M.
How Sent, S. S. Washburn, Jail, Mower County.
Sex, Male
Age, — 46 —
Civil Condition, married
Children, — 5 —
Age Youngest Child, —
Occupation, Farmer
Degree Education, Not stated
Profession Religion, Church member
Habits, Temperate & moral
Nativity, Germany
Physicians Committing, A. J. Allen and C. A. Johnson
Correspondents, Mrs Augusta Kastner Lansing. Minn

No. for Year, 1113.
Insane Relatives, None Known
Cause Exciting, not known
Cause Predisposing, "Chronic"
Form, Melancholia chronic
Accompanying Bodily Disorder, None known.
Suicidal or Not, not; but has threatened to kill his family.
Date of this Attack, about 5 Years ago
Duration, about 5 Years
No. of Attack, 1st (Continuous) —
No. of Admissions, 1st
Age First Attack, about 41.
Time of Leaving, Apr. 4 '95
Time in Hospital, 4 mo 14 ds.
Result, Imp.

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 Herman Kastner

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 141½ lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 Herman Kastner

This patient arrived here in Charge of Edson Bassett and Sanford Washburn. The following history accompanied him: There is no history of heredity; no insane relatives known; Cause of this attack is not known; Form, Chronic & melancholic. No accompanying bodily disorder known. First symptoms of disease were manifested about 5 years ago; he would remain in bed for days; following this, he became more & more melancholic. This is 1st attack, (Continuous). and he has been gradually becoming worse. Insanity now shown by his being greatly depressed regarding his business; thinks peoples are going to come forward with false bills & take his farm away. Patient has threatened to kill his family; he is not suicidal, nor filthy nor destructive. He has not had any bodily disease, so far as known. Recently he was struck on the head with a fork-handle in a quarrel, about 10 years ago. He has not been restrained or confined, nor under medical treatment. His wife says that he is becoming so bad that she cannot get along with him. —

Dec 20 On admission, was put on 13². (HR. Complexion light; Hair dark; Eyes blue; Condition of Skin good; — (Condition of Skin good); No marks, Scars or bruises noticed; bodily Condition dirty. Behavior is good. — Restless; hours, but slept 7 hours. 4th. Pulse 82. R 19 T(o) 98.8. Appetite good. Behaves well; talks when addressed. PM. Pulse 80 R 20 T(o) 98.8. No complaints or injuries to report. Dec 21/94. Slept 5
" 21 hours; was restless 3 hours, last night. 4th. Pulse 80. R 17. T(o) 99. Appetite good. Talks some but is not communicative. Goes out walking. PM. Pulse 82. R 18. T(o) 98.8. Dec 22/94. Slept
" 22 only 5 hours; was restless 3 hours, last night. 4th. Pulse 80 R 18 T(o) 98.8. PM. Pulse 82. R 18
" 23 T(o) 99.8. Talks some; no delusions yet noted. Works in dining-room. Dec 23/94. Restless 2 hours,
" 24 but slept 6 hours, last night. 4th. Pulse 80. Talks some. Helps in dining-room. Dec 24/94. Slept 5 hours, restless 3 hours, during the night. 4th. Pulse 80. Behaves well. Reads some. Helps with
" 25 ward-work; goes walking. Dec 25/94. Slept 6 hours, restless 2 hours, last night. No delusions noted.
" 26 Dec 26/94. Rested fairly well, sleeping 6 hours, last night. 4th. Pulse 80. No particular change, otherwise.
" 27 Dec 27/94. Restless a couple of hours, but sleeping 6 hours. 4th. Pulse 82. He is somewhat nervous.
" 28 also somewhat demented. Works some on ward. Appetite keeps good. Dec 28/94. Slept 5 hours, restless 3 hours, last night. (Examined by Dr. Phelps: Is garrulous; somewhat incoherent; nervous in motion; in only fair
" 29 health. Mentally, seems to have some dementia. Says "Cannot, because he gets weak in Fall". —
29/31 Dec 29/94. 4th. Pulse 80. Slept fairly well, last night. Dec 31/94. No special change to note.
1895 Jan 1/95 Jan 1/95. Slept 6 hours, last night. 4th. Pulse 82. Jan 2/95. Slept 7 hours & was restful. 4th. P 82.
" 30 Behavior is good. Talks some, but about as above. Works willingly on the ward. Talks when addressed, but is not communicative. No delusions yet noted. Jan 30/95. Behaves well. Talks freely; no
Feb 1 delusions noted. Works on ward. Goes out walking. Feb 1/95. 4th 150 pds. Pulse 70. —
" 8 (Patient has gained some flesh). Feb 8/95. Works on ward. Behavior good. Talks freely; Appetite good.
" 28 Transferred to K¹. Feb 28/95. Appetite keeps good; bowels regular. Behaves well. Habits clean. Talks freely;
Mar 1 no delusions noted. Talks a great deal about home. Does some work on ward. Mar 1/95. Wt 151 pds
" 31 Pulse 80. March 31/95. Behaves well. Talks freely but at times, quite incoherently. Worries very much
Apl 1 about home. Appetite fair; bowels regular. Apl 1/95. Wt 145 pds. P 76. Talk in a somewhat
" 4 feeble-minded way; is quite clear & rational, in form, however. Behaves well; makes no complaints. Works done in the ward. April 4/95. Was allowed to return home alone, this morning.

— Discharged

Personal and Medical History of John Duelly

From 168.

June 2 June 2/95. Lies quietly in bed; has occasional "coughing spells". June 7/95. Eats regular & extra Diet; bowels
" 13 move regularly. Appetite fair. June 13/95. Complains frequently, of being hungry. June 15/95. Groaning,
" 17 frequently, during day & night. Occasionally sleeps poorly. June 17/95. 7.30 Pm. Has retention of urine; has not passed urine since 12 m. today. Complains of severe pain, in region of bladder (treated by Dr. C.B.G.).
" 20 passed catheter; bladder was found to be empty. Passed urine during the night. June 20/95. Has occasional
" 28 severe coughing spells". Some night is quite restless & sleeps poorly. June 28/95. Still groaning, at times;
" 28 gets out of bed frequently; has difficulty in passing urine. June 28/95. Rests & sleeps poorly. Lies steadily in bed.
" 29/30 June 29/95. 12.45 Am. Had a Convulsion. 2 Am. A convulsion. June 30/95. Restless, the greater part of each night, of late; sleeps very poorly. 4.25 Am. Had another convulsion. Otherwise, about same.
July 1/2 July 1/95. 1st 11.9 10 Am. Had a Convulsion. Refused dinner, today. July 2/95. Slept some, all night;
" 11/12 was quite noisy, at times, & continually getting out of bed. Complained of being "in misery", all night.
" 20 July 11/95. Has been somewhat restless, but sleeping about 6 hours, nightly. July 17/95. Out of bed frequently, groans, at times, during day. July 20/95. Has been sleeping quite well, since last noted; though, last night, he was out of bed frequently. Left wrist is slightly swollen & he complains of its soreness.
" 31 July 31/95. Has continued to rest & sleep quite well: as a rule, 6 to 7 hours, nightly. Appetite very good. During day, he is restless & gets out of bed frequently. Wakes many Complaints. Mentally, no change especially to note. (See attached record). Augy 7/95. Lies steadily in bed. Sleeps, as a rule,
Aug 7 6 to 7 hours, nightly; though somewhat restless, & out of bed, some nights. Is frequently complaining about
" 18 something or another. Pulse, taken morning & evening, each day, somewhat below normal (60 – 44).
" 20 Aug 18/95. Has continued to sleep quite well. Otherwise, about same. Aug 28/95. Quite restless, the past
" 28 few nights, sleeping only 2 or 3 hours, each. Lies steadily in bed, getting up only when annoyed by the flies. Aug 28/95. Had a convulsion at 1.20 Pm: at 3.20, another. Aug 31/95. Has been sleeping
Sep 1/3 6 to 7 hours, since last noted. Pulse about as above noted. No further convulsions have been reported.
" 15 Sep 1/95. Wt 125 pds. Sep 13/95. Restless & slightly noisy, almost every night, but sleeps about 6 hours, in
" 21/30 each: Restless, by day & gets out of bed frequently: always complaining about his poor "health". Pulse ranges low 60 – 44: Sep 15/95. Complains some of earache. Sep 20/95. Lies steadily in bed: talks quite freely, at times. Sleeps 5 to 6 hours, nightly: restless; occasionally noisy. Sep 21/95. Coughed some during the night. Sep 30/95. Restless & quite noisy, the last 2 night, sleeping only 1 or 2 hours, in each. Lies steadily in bed: no change noticeable in his Condition.
Oct 2 Oct 2/95. Patient is continually complaining of some physical disorder. Appetite good: bowels quite regular. Oct 3/95. Restless & slightly noisy, at night, sleeping only 3 to 5 hours.
" 4/9 Oct 4/95. Wt 126 pds. Oct 9/95. Passes his nights about as usual. Otherwise, about same.
" 10 Oct 10/95. 8.30 am. Had a convulsion. 2 Pm. another convulsion. 3.00 Pm. Another convulsion. Pm. Pulse 100 R 26 T(o) 103. Have had considerable trouble during day in keeping patient in bed. On regular & extra diet. Oct 15/95. Restless & noisy, the greater part of each night
" 15 & sleeping poorly. Quite restless, also, during the day, Continually tossing in bed. Bowels move regularly.
" 16/19 Oct 16/95. Complained of headache today. Oct 19/95. Still sleeps poorly: has several Coughing spells
" 23 at times. Oct 23/95. Had a very severe "coughing spell" during night. Oct 30/95. Restless, noisy
" 31 and sleeping very poorly, at night. Lies steadily in bed: no noticeable change in patient's Condition.

— Carried to 340 —

Personal and Medical History of John Coughlin

LIBBEY, PRENTISS & CHAMBERLIN, DAVENPORT, IOWA.

Whole No. 3945.

Residence, "Unknown"

Date Admission, 20th December 1894.

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

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

Sex, Male.

Age, 25

Civil Condition, Single

Children, None

Age Youngest Child, —

Occupation, Laborer

Degree Education, Not given

Profession Religion, Roman Catholic

Habits, Unknown; is a drinking man

Nativity, Minnesota.

Physicians Committing, Orde Martel and G. S. Stanley

Correspondents, None given (see previous Commitment)

No. for Year, 1447.

Insane Relatives, None given (w[i]th 1st Cousin maternal Cousins).

Cause Exciting, Drink

Cause Predisposing, Previous attack & possibly heredity.

Form, Mania sub-acute.

Accompanying Bodily Disorder, None mentioned

Suicidal or Not, Not. (Newspaper Statement was very suicidal)

Date of this Attack, Probably recent.

Duration, Probably short.

No. of Attack, 2nd (one 3 - 4 years ago).

No. of Admissions, 2nd

Age First Attack, 22 Years

Time of Leaving, Apr. 10th '95.

Time in Hospital, 3 mos 20 ds.

Result, Rec.

Patrick MC — (father) cor. Starkey + Delos Sts

Exd by D. Herzog, Dec 21/94

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, Quick

MEMORY:

Past Events, Good, considering station in life

Recent Events, No memory of events during

Special Subjects, maniacal state.

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, Fair

Own Mental State, Fair

Special Subjects,

EMOTIONAL STATE:

Normal, ~~Calm~~,

~~Indifferent~~,

Exalted, Slightly

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not, None noted

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or ~~Incoherent~~,

Voluble or ~~Reticent~~, fairly

GENERAL DESCRIPTIVE REMARKS:

Has no recollection of the acute attack in fail, when he became destructive of clothing & attempted to suicide, after a space. He is now slightly dulled, emotionally, but shows no delusions. Behavior is somewhat restless. Physical condition is good, except for the possible syphilis & varicose veins on left leg. The Syphilis, if any, is not active & furnishes no indication for treatment.

Personal and Medical History of John Coughlin

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Feet 9 in WEIGHT, 158 lbs NUTRITION, Good.

WOUNDS OR ABNORMALITIES, Scar over tibia, 4 inches long, 2 inches wide, pigmented, not adherent, bone roughened.

TONGUE, Tremors, None Coatings, No. Promptness Movement, Yes, deviates to right.

PUPILS, Equality, Yes Size, Normal

Response Light, Excessive Accommodation, Excessive

SIGHT, Good, by usual tests

HEARING, Good, " "

COORDINATION, Arms, good, by usual tests

Legs, good " "

TREMORS, Hands, none Tongue, none

Facial Muscles, none General, none

REFLEXES, Patellar, Apparently absent

Other

ARTICULATION,

Slurred, /

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, impulse forcible; no murmurs.

LUNGS, Good

EXAM. URINE,

Treatment Proposed

No treatment indicated; further observation desired.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations, Father Inebriate.

Brothers or Sisters,

Personal and Medical History of John Coughlin

This patient was brought here by Deputy - Sheriff Kinney, with following history. He is a drinking man: no inland relatives given though in 1st Commitment papers "maternal cousins" were mentioned as so; supposed cause of this attack is drink; form of present attack is acute. There is no accompanying bodily disorder. This is probably 2nd attack (1st occurring 3 to 4 years ago). Insanity is now manifested by his thinking his dead sweetheart comes to him and talk to him. Patient is not suicidal, nor filthy nor destructive in habits. If any peculiarities &c were previously shown is unknown. There is no history of any bodily disease &c or injury to head. Has been at the Rochester Hospital for some months, before. With this exception, has not been under medical treatment.

NOTE. Patient, as stated above, was here before from February 18/90 to July 26/90. During that stay, he was orderly & quiet; fairly well-behaved; complained quite often, at first, of not feeling well; vomited slightly, at times, & was then in bed, occasionally. Talked freely, even loquaciously. During April he gave Expression to Delusions; (about going to St Paul & become Chief of Police &c). Had a nervous, restless manner. During May he worked some; talked more rationally and coherently & became Easier in his way & manner. Steadily improved until he was taken home. (For further particulars see his history in Vol 13 page 131 No 2291).

Dec 20 On admission, was put on B2 (S.R. Complexion light; hair dark; eyes blue; Condition of skin good, has some large scars over tibia of left leg. Bodily Condition clean. Thumb of left hand is off. Behavior good). " 21 Pulse 92. Dec 21/94. Slept 5 hours, was restless 2 hours, last night. AM. Pulse 82. R 18. Te 99. Appetite is good. Behaves well. Talks quite freely. PM. Pulse 80 R 18 Te 99.2. No complaints or injuries to note. " 22 Dec 22/94. Fairly restful, sleeping 6 hours, last night. AM. Pulse 80. R 18. Te 98.8. Talks but little, except when addressed. No delusions noted. Says "he was drunk and tore up his clothes". " 23 PM. Pulse 82. R 19. Te 98.8. Dec 23/94. Sleeping 5 hours, restless 3 hours, last night. AM. Pulse 82. R 18. Te 99.2. PM. Pulse 90. R 19. Te 98.8. Behaves well. Appetite good. Talks when addressed; no delusions have been noted. Dec 24/94. Restless 2 hours, but slept 6 hours, last night. " 25 AM. Pulse 90. Appetite good; bowels regular. Makes no complaints. Dec 25/94. AM. Pulse 92. " 27 Dec 27/94. Has been somewhat restless, the last 2 nights, but has been sleeping about 6 hours, each. Is still restless, walking the hall a good deal. Behaves well; makes no complaints. Talks freely; " 28 no delusions noticed. Pulse 92. Appetite good; bowels regular. Dec 28/94. Has been quite restful and slept 7 hours, last night. AM. Pulse 88. (Examined by Dr. Phelps; Good health; thinks came because of drinking; does not seem to know clearly. Tongue comes out to right, but motor signs not clear). " 29 Dec 29/94. Slept 7 hours, last night. AM. Pulse 88. Talks quite sensibly. Works in the ward. " 30 Dec 30/94. Slept 6 hours during the night. AM. Pulse 90. Behaves well - appetite good. Habits Clean. " 31 Dec 31/94. Rested quietly, last night, sleeping 7 hours. AM. Pulse 92. Works in ward: makes no complaints

1895 Jany Jan 1/95. Slept 7 hours last night; rested quietly. AM. Pulse 90. Continues about as usual. " 2 Jan 2/95. AM. Pulse 90. Jan 3/95. Sleeps 7 to 8 hours, nightly. AM. Pulse 88. Summary. Behavior has been very good. Physical condition is good. Mental state seems quite normal, now. He is quiet. Talks quite freely when questioned or addressed. Works some. Goes walking. Habits are cleanly " 15 Jan 15/95. Behavior very good. Talks sensibly; no delusions noted. Reads some. Works in the ward. " 31 Jan 31/95. Status as last noted. Mental state, however, is rather simple, but fairly rational, in form. Feb 1 says "Drink did it". Feby 1/95. Wt 207 lbs. Pr 78. (Has gained quite a good deal in flesh).

Personal and Medical History of John Coughlin

1895 Feb 23/95 Feb 23/95. Worked outside, today, carrying clothes. Feb 24/95. Complained of being sick at stomach; was " 24 given medicine (1 hr). Feb 25/95. Has been on medicine the past 2 days. Feb 26/95. Appetite good. Behavior " 25 good; he talks freely & sensibly; makes no complaints. Clean & tidy. Works outside carrying clothes &c. Mar 2 Mar 2/95. Wt 212 lbs. Is still gaining in flesh. Pulse 72. March 28/95. Not feeling well: did not " 28 go out to his usual work. March 31/95. Works outside daily. Health good. Behaves as usual. April 1 April 1/95. Wt 212 lbs. Pulse 70. April 8/95. Works outside daily. Talks freely & sensibly. Makes " 8 no complaints. Mental & physical condition are good. April 10/95. Went home. A Today.

Discharged

W. R. Livingston

1895 From 348.
July 15 July 15/95. Ds on regular & extra Diet. July 15/95. Sits upon bed, most of day: walks round, in room, some.
" 17 Wound appears to be doing nicely: dressed today. July 17/95. Appetite good: bowels in good condition.
" 19 Patient is improving much. July 19/95. Dressed and up on ward. July 22/95. Transf. to B1.
" 31 July 31/95. Patient has continued up & about daily & has been improving steadily. Still very talkative & somewhat prone to complaining & fault-finding, tho' not so much seen the past.
Aug 1 Aug 1/95. Wt 157 lbs. Pulse 80. (He has gained considerably in flesh the past month or so).
" 15 Aug 15/95. Patient has been improving rapidly: is not so nervous & excitable, as has marked his conditions previously. Is feeling very well, physically. Appetite good: bowels regular.
" 19 Works some on ward & in the dining-room. Aug 19/95. Is not feeling well, to day. Says "he is not really sick, but fears a spell of nervousness". Is keeping very quiet. Has no headache.
" 23 Aug 23/95. Is feeling much better, to day. Appetite improving & patient is improving in appearance.
" 25 Aug 25/95. Appears feeling very well, of late. Is anxious to be allowed to go home.
" 28 Aug 28/95. Was sent home this morning.

Discharged

Personal and Medical History of Peter. A. Nelson.

LOEBET, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3946.
Residence, 895. East 7th Street, St. Paul
Date Admission, 21st December 1894
Admitted by, D. Phelps. Hour, J(
How Sent, John. B. Oliver, Jos P. Lamse
Sex, Male.
Age, 45 Years.
Civil Condition, Married
Children, - 3 -
Age Youngest Child, —
Occupation, Harness-maker
Degree Education, not given
Profession Religion, not a Church Mem
Habits, Good.
Nativity, Sweden
Physicians Committing, W. D. Kelly & J. M. A. Grant.
Correspondents, Wm Nelem, 895 E 7th Street
744 Mendota Street St. Paul

No. for Year, 145.

Mrs. Peter A Nelson
change address to
744 Mendota St
May 1/96

Time in Hospital,
Result, Transferred to Hastings.

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 Peter. A. Nelson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ WEIGHT, 136 lbs NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 Peter A. Nelson.

LEIGHT, FICKLE & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3946.
Residence, 895 East 7th Street, St. Paul. Minn
Date Admission, 21st December 1894.
Admitted by, D. Phelps. Hour, 7 P.M.
How Sent, John. B. Olivier, Jof P. Ramsey County.
Sex, Male.
Age, 45 Years.
Civil Condition, Married
Children, - 3 -
Age Youngest Child, —
Occupation, Harness-maker
Degree Education, Not given
Profession Religion, not a Church member
Habits, Good.
Nativity, Sweden.
Physicians Committing, W. D. Kelly & J. M. A. Gravel.
Correspondents, Wm Nelson 895 E 7th Street
744 Mendota Street St. Paul

No. for Year, 145.
Insane Relatives, None; no heredity.
Cause Exciting, neurasthenia
Cause Predisposing, not stated.
Form, melancholia acute.
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, — 45 —
Time of Leaving, Nov. 21. 1900
Time in Hospital,
Result, Transferred to Hastings.

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 Peter A. Nelson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

WEIGHT, 135/05 NUTRITION,

Promptness Movement,
Size,
Accommodation,

Tongue,
General,

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

TAKEN,

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 Peter A. Nelson.

1894

This patient was brought here by Deputy Sheriff Kenney, with following history. Habits & morals have been good. There is no history of hereditary. Supposed cause of this attack is nervesthenia. Form of attack acute. There is no accompanying bodily disease. First symptoms of disease were manifested three weeks ago; he got lost near his own home. This is the first attack. Insanity now manifested by nervousness, loss of memory; imagines he is hypnotized. Patient is neither disposed to injure others, nor is he suicidal, nor filthy nor destructive. No peculiarities were previously known. There is no history of any bodily disease &c or injury to head. He has not been constrained or confined. He was under medical treatment some weeks ago, for nervousness.

Dec 21 On admission, was put on B² (SR. Complexion light; hair light; eyes blue; condition of skin good, no marks scars or eruptions noticed. Bodily condition clean. Behavior good). Pulse 98. R 22. T° refused.

" 22 Dec 22/94. Fairly restful, sleeping 6 hours, last night. PM. Pulse 102. R 24 T° 99.8. Appetite poor; bowels seem constipated. Stand about in a stupid & melancholy state. Shows delusions. Says he is burning up". Appetite poor; no cough observed. PM. Pulse 98. R 22. T° 99.6. No complaints or injuries to report. Dec 23/94. Has much disturbed & slept only 5 hours, last night. PM. Pulse 98 R 26. T° 99.8. Appetite still poor. Quiet & stupid. Stands about - Says "Everything is burning up". Talks but very little - PM. Pulse 98. R 22. T° 99.8. Dec 24/94. Slept 6 hours last night. PM. Pulse 96. R 22. T° 99.4. Appetite medium. Stands idly about; stubborn; deluded;

" 25 talks none - PM " 94 " 22 " 100.. Dec 25/94. Restless 2 hours, but slept 6 hours, last night. PM. Pulse 98. R 22. T° 100. PM. Pulse 94 R 20. T° 99.6. No change in conduct, behavior or manner.

" 26 Dec 26/94. More restful, sleeping 7 hours, last night. PM. Pulse 96. Still stands about. Is stupid

" 27 and melancholy. Appetite poor. Talks some; makes no complaints. Dec 27/94. Restless 3 hours, but slept 5 hours, last night. PM. Pulse 100. Looks brighter, today. Appetite fairly good. Talks some-

" 28 -what more freely. Dec 28/94. Examined by Dr Phelps; thinks some; "don't know why here"; answers questions fairly. Denies any causes. Appearance neglected & untidy; rather dull; eyes shew arcus; -

" 29 says "right eye inflamed once". Slept 6 hours, last night. Pulse, this Am, 98. Dec 29/94. Restless 2 hours, but slept 6 hours, last night. PM. Pulse 100. Appetite good. He talks some & is some brighter. He

" 30 has also improved in flesh. Dec 30/94. Slept fairly well (6 hours), last night. PM. Pulse 96; -

" 31 behaves well - inclined to be reticent, but talks when addressed - Goes walking. Dec 31/94. More restful sleeping 7 hours, last night. PM. Pulse 96. Walks about hall - Talks some, but is not very

1895 Communicative. Is gaining in flesh. Appetite keeps quite good. Bowels have become regular.

Jan 1 Jan 1/95. Rested fairly well, last night. Talks some; no delusions noted lately - Pulse, today, 94. -

" 2/3 Jan 2/95. PM. Pulse 92. Keeps about as usual. Jan 3/95. PM. Pulse 90. Behavior is good.

" 4 Jan 4/95. PM. " 88. Appetite good; bowels free; Patient is making some improvement.

Summary: Patient, on admission, was very dull, stupid & melancholy. Stood idly about or hall; he now moves freely about. Mental state was very much excited, the first few days. Showed delusions, & was afraid he was going to be burned up. Has become more quiet & has not expressed any delusions, of late. Talks quite freely now, when addressed. Sleep also has improved some -

" 8/10 Jan 8/95. Says "he is in the way & does not want to go into the dining-room". Jan 10/95. Imagines Berg (patient) is the cause of his being kept here. Jumped on him & threw him down. Received a

" 14 slight scratch on face. Jan 14/95. Shows delusions; says "they brought him here to destroy him" -

Personal and Medical History of Peter A. Nelson.

1895

Jan 18/31 Jan 18/95. "Thinks he was hypnotized and is going to be Destroyed". Jan 31/95. Behaves well, of late. Eats fairly well; bowels free. Talks when addressed - Sits idly about - "Still thinks he is going to be destroyed" - Works some in the ward - Habits are clean. Patient's physical condition has been improving. -

Feb 1/10 Feb 1/95. Wt 155 lbs. (a gain of 19 pounds since admission). Pulse 84. Feb 10/95. Works some in the ward.

" 15 Sits about. Is rather melancholy. "Says "he is a sinner" &c". Feb 15/95. Transferred to the Infirmary Ward.

" 20 PM. Was given local Galvanization (by Dr H.). Feb 20/95. Sleeps very well. Given shower-bath & vigorous rubbing, daily. He is melancholy. Thinks he is the cause of much trouble. "Bowels regular.

" 23 Feb 23/95. Shower-bath &c, every other day. Goes out walking. Works on ward, at times. Asks "to go to St Paul".

" 26/ Feb 26/95. Complained of feeling weak & exhausted & remained in bed, all day. Feb 27/95. Up, around, today.

" 28 Feb 28/95. Refused breakfast. Appetite rather poor of late. Bowels regular. In other respects, no special Change.

Mar 2/ Mar 2/95. Wt 157½ lbs. Mar 5/95. Patient rather melancholy; has some delusions. "Imagines he

" 15 is the cause of everyone's misfortunes" & wishes himself dead". Mar 15/95. Appetite fairly

" 31 good; bowels quite regular - Mar 31/95. Sleeps well, at night. Works some in ward. At times is melancholy & "wishes he were dead" - Still holds to his peculiar Delusions (above). -

Apl 2 Apl 2/95. Works in ward, considerably. Is quite melancholy. Goes out on grounds, every day. Sleeps well.

" 9 Apl 9/95. Wt 150½ lbs. Refused to eat, today. Says "he keeps the others from eating". Refused to eat

" 16 in Dining room; was given dinner in his room & ate heartily. Apl 16/95. Is very despondent. "Wants to go

" 30 to St Paul". Works some in ward - Apl 30/95. Remains in about same Condition, every day. Is quite

May 1 obstinate, at times. "Thinks he is the cause of everybody's troubles". May 1/95. Patient up, on ward. Talks freely, when spoken to. "Seems under the impression that he is a burden to everybody & wants

" 2/3/10 to die". May 2/95. 2 PM. Was visited by nephew - May 3/95. Wt 155½ lbs. May 6/95. Is quite

" 30 despondent. Goes out walking, daily. May 30/95. Still rather Despondent. Holds to the delusion that he is a burden to everybody. Often refused meals on the plea that other patients cannot

June 3/6 Eat if he does. (See attached nurse's record). June 3/95. Wt 158 lbs. June 6/95. Still despondent & holds to his delusions - Still "thinks he is the cause of the sorrows & miseries of all the world" & says "he wants to be killed". June 13/95. About the same. Goes out on grounds, every day; works on ward some.

" 13/20 June 20/95. Appetite fair; but will not come into dining-room until he is forced to do so. June 30/95. No

" 30 change apparent in this patient, either mentally or physically day after day (Receives massage treatment)

July 3/10 July 3/95. Wt 162 lbs. July 1/95. Appetite fair; is on regular & extra diet; bowels in good Condition.

" 18 He works some on ward. July 18/95. Is despondent; Still holds delusions: "thinks he is the cause

" 25 of all the misery in the world". will not eat without he is urged to do so. July 25/95. Goes out &

" 31 on grounds, every day. Habits clean & is fairly neat. July 31/95. No change, generally, to note.

Aug 1/ Aug 1/95. Wt 161½ lbs. Aug 31/95. At times, is quite cranky; still has his "melancholy spells" When he

13/31 thinks he is the cause of everybody's trouble &c & asks "be put to death". In the whole, no Change noted.

Sep 5 Sep 5/95. Wt 152½ lbs. Always seems depressed; "continually asking to be put to death".

" 15 Sep 15/95. Requires Continual watching, as his appearance indicates that he would do something to himself, if opportunity presented itself. Tries to get away, when out on grounds.

" 30 Sep 30/95. Does not seem to improve in any way. Always melancholy & Depressed.

Oct 3/31 Oct 3/95. Wt (dressed) 152 lbs. Oct 31/95. No change noted. He is melancholy & has delusions. "Thinks people are trying to take his life". Sleeps well: works on ward. Eats & sleeps well.

(carried to 1896)

Personal and Medical History of Frank Erren

LIBBEY, PISCAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3947

Residence, 502 St Peter St. St Paul.

Date Admission, 24th December 1894.

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

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

Sex, Male

Age, 47

Civil Condition, married

Children, one

Age Youngest Child, ——

Occupation, Marble Cutter.

Degree Education, probably fair

Profession Religion, not a Church Member

Habits, Is a drinking man.

Nativity, U. S. A.

Physicians Committing, Geo. Stanley and Orde Markel.

Correspondents, Wm Frank Erren (wife) 502 St Peter St. St Paul Minn.

No. for Year, 146.

Insane Relatives, none; no heredity.

Cause Exciting, Drinking

Cause Predisposing, probably intemperance

Form, Dementia alcoholic chronic

Accompanying Bodily Disorder, Unknown

Suicidal or Not, tried suicide 2 or 3 times

Date of this Attack, found time a go

Duration, probably long

No. of Attack, 1st

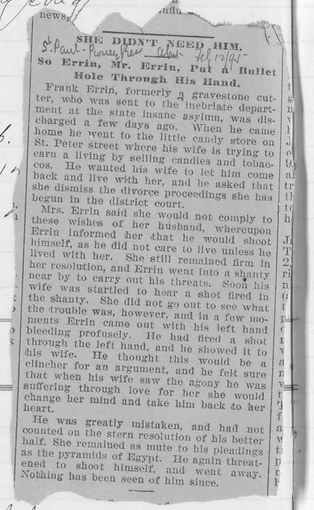
No. of Admissions, 1st

Age First Attack, ?

Time of Leaving, Feb.

Time in Hospital, 1

Result,



SHE DIDN'T NEED HIM.

St Paul Pioneer Press [illegible] 1st 13/95

So Errin, Mr. Errin, Put a Bullet Hole Through His Hand.

Frank Errin, formerly a gravestone cutter, who was sent to the inebriate department at the state insane asylum, was discharged a few days ago. When he came home he went to the little candy store on St. Peter street where his wife is trying to earn a living by selling candies and tobaccos. He wanted his wife to let him come back and live with her, and he asked that she dismiss the divorce proceedings she has begun in the district court.

Mrs. Errin said she would not comply to these wishes of her husband, whereupon Errin informed her that he would shoot himself, as he did not care to live unless he lived with her. She still remained firm in her resolution, and Errin went into a shanty near by to carry out his threats. Soon his wife was startled to hear a shot fired in the shanty. She did not go out to see what the trouble was, however, and in a few moments Errin came out with his left hand bleeding profusely. He had fired a shot through the left hand, and he showed it to his wife. He thought this would be a clincher for an argument, and he felt sure that when his wife saw the agony he was suffering through love for her she would change her mind and take him back to her heart.

He was greatly mistaken, and had not counted on the stern resolution of his better half. She remained as mute to his pleadings as the pyramids of Egypt. He again threatened to shoot himself, and went away. Nothing has been seen of him since.

Evelyn D. Steyer. Dec 15/94.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, Quick

MEMORY:

Past Events, } Seems good.

Recent Events, }

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, } Good

Own Mental State, }

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, very slightly

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, } none brought out

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, Voluble

GENERAL DESCRIPTIVE REMARKS:

Patient admits being always a hot-tempered man, & has lately been drinking quite hard. He shows letters which go to prove that he married a divorced woman & they consequently were obliged to discontinue communication with the Roman Catholic Church. His wife visited the priest during the time he was drinking & the priest told him that she was virtually living in adultery living with him & she therefore desired to leave him. He shows a letter from his wife in which she says that if her former husband is dead she will remarry him & that Christ bless him with him again. He denies that partly on this account & partly on account of the whisky he threatened suicide & produced a pistol but made no attempt while he had opportunity. He appears rational & self-contained

Personal and Medical History of Frank Erren

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ WEIGHT, 133 pds. NUTRITION, fair; slightly icterus Sclerotics.

WOUNDS OR ABNORMALITIES, See "S.2." at ref page E.

TONGUE, Tremors, not marked Coatings, fatty heavy yellowish fur Moist Promptness Movement, prompt

PUPILS, Equality, Yes Size, normal

Response Light, slightly excessive Accommodation, normal

SIGHT, Good, C

HEARING, Good

COORDINATION, Arms, unimpaired; Finger to nose, eyes shut, good.

Legs, unimpaired; Standing & foot, good; Standing, Eyes shut, good.

TREMORS, Hands, slight Tongue, very slight

Facial Muscles, none General, none

REFLEXES, Patellar, 5-6; equal

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION, intelligent

SENSIBILITY,

HEART, Impulse forcible; Sounds clear.

LUNGS, No adventitious sounds.

~~EXAM. URINE~~,

Treatment proposed.

Place in good ward, Early & give Strychnia Tonic.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Mother, senility.

Father or Pat. Relations, Father died of fever

Brothers or Sisters, 3 sisters; 2 brothers; 4 are healthy.

Personal and Medical History of Frank Erren

LEBERT, PIELER & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 3947

Residence, 502 St. Peter St. St Paul.

Date Admission, 24th December 1894.

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

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

Sex, Male

Age, 47

Civil Condition, married

Children, one

Age Youngest Child, —

Occupation, Marble Cutter.

Degree Education, probably fair

Profession Religion, not a Church Member

Habits, Is a drinking man.

Nativity, U. S. A.

Physicians Committing, Geo. J. Hanley & Chas Martel.

Correspondents, Mrs Frank Erren (wife) 502 St Peter St St Paul

No. for Year, 146.

Insane Relatives, none; no heredity.

Cause Exciting, Drinking

Cause Predisposing, probably intemp

Form, Dementia alcoholi

Accompanying Bodily Disorder, Unkn

Suicidal or Not, tried suicide 3x

Date of this Attack, Found to

Duration, probably co

No. of Attack, 1st

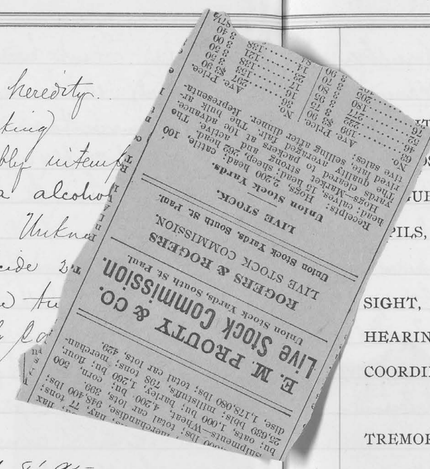
No. of Admissions, 1st

Age First Attack, ?

Time of Leaving, Feb. 8' 95-

Time in Hospital, 1 mo 14 ds.

Result, Impr.



Dr. Hanley Dec 24th 1894.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, Quick

MEMORY:

Past Events, } Recent Events, } Seems good.

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, } Own Mental State, } Good

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, very slightly.

Depressed,

DELUSIONS: } Systematized or Not, Special Subjects, Transitory or Not, none brought out

HALLUCINATIONS: }

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, Voluble

GENERAL DESCRIPTIVE REMARKS:

Patient admits being always a hot-tempered man, & as lately been drinking quite hard. He shows letters which go to prove that he married a divorced woman & they consequently were obliged to discontinue Communication with the Roman Catholic Church. His wife visited the priest during the time he was drinking & the priest told her that she was virtually living in adultery by living with him & she therefore deserted Heaven. He shows a letter from his wife in which she says that if her former husband is dead she will remarry him in the Church & live with him again. He denies that partly on this account & partly on account of the whisky he threatened suicide & produced a pistol but made no attempt & also had opportunity. He appears rational & self-contained

Personal and Medical History of Frank Erren

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ WEIGHT, 133 lbs. NUTRITION, fair; slightly icteroid Sclerotic.

MARKS OR ABNORMALITIES, See "S.S." end of page.

TREMBLING, Tremors, not marked Coatings, pale thick heavy yellowish fur. Promptness Movement, prompt

PUPILS, Equality, Yes Size, normal

Response Light, slightly excessive Accommodation, normal

SIGHT, Good, Good

HEARING, Good

COORDINATION, Arms, unimpaired; Finger to nose, eyes shut, Good.

Legs, unimpaired; Standing & foot, good; Romberg, eyes shut, good.

TREMORS, Hands, slight Tongue, very slight

Facial Muscles, none General, none

REFLEXES, Patellar, 5-6; equal

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

Intelligent

SENSIBILITY,

HEART, Impulse forcible; Sound — Clear. —

LUNGS,

No adventitious sounds. —

EXAM. URINE,

Taken,

Treatment proposed.

Place in good ward. Early & give Strychnia Tonic. —

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, mother, senility.

Father or Pat. Relations, father died of fever

Brothers or Sisters, 3 sisters; 2 brothers; 4 says healthy.

Personal and Medical History of Frank Erren

1894

This patient was brought here by E. J. Storst, Deputy with following history. Habits have been intemperate: he has had a "spree" for the last 2 months. There is no history of heredity. Supposed cause of this attack is drinking; form of attack chronic; if any accompanying bodily disorder, or if he has had any bodily disease or injury to head, unknown. First symptoms of disease manifested by irritability of temper. This is 1st attack. Insanity now shown by jealousy. He has tried to choke his wife, after trifling causes: has tried to commit suicide 2 or 3 times. He is not filthy or destructive. Patient has always been quick-tempered. He has not been restrained or confined, for want of medical treatment.

Dec 24 On admission, was put on B2 (S.R. Complexion light; hair dark; eyes blue; Condition of skin good; no marks, scars or bruises noted. Bodily condition clean; behavior good). Pulse 82. R 18. T(o) 98.8.

" 25 Dec 26/94. Slept 7 hours, restless 1 hour or so. PM. Pulse 76 R 18. T(o) 98.8. Appetite good; bowels constipated at times. Behaves well; talks freely; no delusions noted. PM. Pulse 78. R 18. T(o) 98. No cough observed.

" 26 no complaints or injuries to report. Dec 26/94. Quite restful, sleeping 7 hours, last night. PM. Pulse 80. R 18. T(o) 98.6. Appetite keeps good. Behavior good. Talks freely; makes no complaints. PM. P 78.

" 27 R 19 T(o) 98.6. Dec 27/94. Again, slept 7 hours, last night. PM. P 80 R 20 T(o) 98.5. PM. " 82

" 28 " 19 " 98.8. Behaves well; talks freely & sensibly. Dec 28/94. Somewhat restless, but slept 6 hours, last night. PM. P 76. Examined today by Dr Phelps; patient is fairly steady; health described as good, says "came here because he drank, quarrelled with wife & imitated suicide to "scare her". Never heard anything said about being crazy, before this attempt". Dec 29/94. Slept 8 hours, last night. AM. Pulse about normal.

" 30 Behaves well; talks freely & sensibly; reads; plays games; works some. Dec 30/94. PM. Pulse 76.

" 31 Dec 31/94. Continues to sleep well. Behaves well. Talks freely & sensibly; no complaints. Helps some with ward-work.

Jan 1/95 Jan 1/95. Was, today, transferred to A1. Jan 8/95. Since last noted, patient has been sleeping quite well, with the exception of the past 2 nights. Appetite has been good; bowels regular. Pulse, taken each morning has been, 88. 88. 100. 98. 106. 102. 98. (Wt 131-1/2 lbs). Recently, he received a letter from his wife & became very nervous & agitated; wept several times, during the day. Says "he has done wrong to her". He behaves very well. Talks freely & sensibly; no delusions noted. Makes no complaints. Enjoys himself by playing games etc. Appetite good; bowels are regular. Worries a good deal, at times, about home & wife. Thinks she will get divorced. Says "he is going to live a different life, after this; is very sorry for what he has done. Threatened to his wife that he would commit suicide, if she got a divorce, but says he never would commit the crime. Helps willingly with ward work.

" 23 Jan 23/95. Had divorce papers served. Claims he pretended suicide & they claimed to think he meant it, and sent him here. Admits considerable drinking. Jan 31/95. Behaves well. Is willing to assist with work on the ward. Is quick-tempered. No delusions noted. Habits clean.

Feb 2/95 Feb 2/95. Wt 138 lbs. (some slight gain in flesh). Pulse 94. Feb 8/95. About the same, as last generally noted. Behaves well. Free & pleasant in manner & conversation. Works some at ward. Was allowed to go home, today.

— Discharged —

Personal and Medical History of Frank Fitzpatrick

Form 208

1895

June 9/95. June 9/95. His whereabouts were, at last ascertained & patient was returned here today.

" 30 June 30/95. Appetite good; bowels regular; behavior still rather restless & noisy, although somewhat better, since he came back, this last time. Talks more rationally: Habits neat & clean. Works some at ward.

July 1/95 July 1/95. Wt 137 lbs. Pulse 75. July 10/95. Has seemed to be making some slight improvement.

" 11 July 11/95. Was allowed to go home (to St Paul) with a friend today.

— Discharged —

Patrick Galvin

1895 From 56.

Oct 3/95 Oct 3/95. Wt (dressed) 147-1/2 lbs. Oct 31/95. Condition does not change any from month to month. Is quiet, though cranky at times. General habits good. Helps some with work. Has liberty of the grounds.

Nov 5 Nov 5/95. Appetite good, but bowels not regular. Seldom move without aid of cathartic. Patient converses freely and quite rationally. Sleeps well. Works in dining room & ward. Has liberty of the grounds.

" 9/30 Nov 9/95. Wt 143 lbs. Nov 30/95. Condition remains about the same, from day to day. Still has liberty of grounds.

Dec 1/95 to Dec 31/95 Dec 12/95. Wt 144 lbs. Dec 31/95. No special change. Sleeps well; appetite good; bowels frequently constipated and require physic to move them. Works in dining room. Has a "limited parole". Seems contented here.

1896

Jan 11/96 to Feb 10/96 Jan 11/96. Wt 142 lbs. Jan 31/96. No change noted: bowels require frequent cathartics. Talks rationally. Has liberty of grounds. Behaves well. Sleeps good. Works at ward. Feb 10/96. Appetite good: he sleeps well: bowels active, requiring physic frequently. Physical appearance not very good. Behavior good: he talks rationally: still has "parole". Works in dining room. Feb 13/96. Wt 140 lbs. Febry 24/96. Seems to be gradually failing, physically. Mar 6/96. Wt 138-1/2 lbs. Mar 31/96. Still seems to be failing, gradually; nerves are quite unsteady. Works at ward: sleeps fairly well. Bowels constipated much of the time.

Apl 2/96 to Apl 30/96 Habits clean: has "parole". Appears quite rational. Apl 7/96. Wt 136-1/2 lbs. Apl 30/96. Appetite fair: bowels constipated, much of the time: seldom move without cathartic. Sleeps well. Patient seems to be gradually failing: nerves are quite unsteady. Habits clean: has parole: works at ward. Internally complaining of feeling in poor health.

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr Phelps. Patient during early part of 96 seemed quite intelligent & fairly well recovered: soon after, however, he came slight paretic symptoms of one side of body: these symptoms were somewhat localized & they were undoubtedly a secondary result of the brain lesion caused by his attempt at suicide. As the physical condition grew he commenced to be somewhat melancholy: seemed to suspect that he was going to die: Patient finally became so melancholy that he was placed upon Infirmary ward for better treatment: He is becoming quite demented.

Oct 1/97 Wt 133# Patient quite troublesome at times, noisy & restless. Has been growing more & more depressed mentally together with the somewhat localized paresis. Undoubtedly due to secondary lesion of the brain from the injury to the skull. Patient quite maniacal at times. Somewhat feebleminded also grew more & more paretic in limbs also got somewhat weak & demented mentally, as at present. Oct 31 Temp. a little above normal. has had a bedsore of late: lies in a dull quiet way. Is quite demented, wt. 139#. Nov 1 Wt. 129# failing gradually, quite demented: bed-sore quite bad. Temp. sometimes slightly elevated, probably due to bedsore. Died Nov 4 - 4:30 PM. Has been quite stupid last few days.

Died

Personal and Medical History of Irvine Thompson

LEIGHT, FICHLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3949.
Residence, Northfield, Rice Co. Minn
Date Admission, 25th December 1894
Admitted by, Dr Phelps Hour, 5.00 P.M.
How Sent, R. H. Mott. Jof P. Rice County.
Sex, Male
Age, 49
Civil Condition, married
Children, four
Age Youngest Child,
Occupation, Laborer
Degree Education, probably limited
Profession Religion, Yes; methodist
Habits, Good
Nativity, Warren Co. Penn
Physicians Committing, R. H. Mott and Jos Greaves
Correspondents, Name given in papers

No. for Year, 148.
Insane Relatives, none known
Cause Exciting, Unknown
Cause Predisposing, "chronic"
Form, mania acute
Accompanying Bodily Disorder, not apparent
Suicidal or Not, Not
Date of this Attack, about election time (Nov 8th)
Duration, (of this attack) about 2 months.
No. of Attack, 2nd probably
No. of Admissions, 1st Com.
Age First Attack, about 22 (when had fever)
Time of Leaving, 27th April 1895
Time in Hospital, 4 months & 2 Days.
Result, Died; Tuberculosis of vertebrae

Exd by D. Herzog Dec 26/94.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, much confused
Quick or Sluggish, quick -
MEMORY:
Past Events, } Poor
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, } incapable of Consecutive thought.
Own Mental State, }
Special Subjects, }

EMOTIONAL STATE:
Normal, ~~Calm,~~
~~Indifferent,~~
Exalted, Yes
~~Depressed,~~
DELUSIONS:
Systematized or Not, Not systematized.
Special Subjects,
Transitory or Not, Transitory
HALLUCINATIONS:
ILLUSIONS: ✓
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, very voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is in an acute state; unable to collect his thoughts, which flow in a rambling, unconnected fashion. He is alternately excited & depressed, now praying, now talking incoherently, another subject.

Personal and Medical History of Irvine Thompson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9 in WEIGHT, 143 lbs. NUTRITION, somewhat impaired.
WOUNDS OR ABNORMALITIES, See "S. B." in next page; teeth defective -
TONGUE, Tremors, not marked. Coatings, thick yellowish Promptness Movement, somewhat sluggish.
PUPILS, Equality, yes Size, normal
Response Light, somewhat excessive Accommodation, somewhat excessive
SIGHT, somewhat impaired -
HEARING, seems good -
COORDINATION, Arms, slight incoordination; finger to nose, eyes shut, somewhat uncertain.
Legs, some impairment; standing or foot, not good. standing, eyes shut, sways considerably.
TREMORS, Hands, slight Tongue, slight
Facial Muscles, none General, none
REFLEXES, Patellar, Equal - ± 3.
Other
ARTICULATION,
Slurred, peculiar drawling.
Hesitating,
FACIAL EXPRESSION,
- Changeable -
SENSIBILITY,
HEART, Changes; Sclerosis slight murmur heard at apex
LUNGS,
murmur good.

EXAM. URINE,

Treatment proposed
Laxatives; hot baths with cold to head; mild hypnotics at night; overfeeding with Eggnog.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, } no history
Father or Pat. Relations, }
Brothers or Sisters,

Personal and Medical History of *Irvine Thompson*

1894

This man was brought here by Deputy - Sheriff W. E. Hebbard, with following history. Habits have been good. No history of heredity known. Supposed cause of attack is unknown: form is chronic vatted & depressed. There is no accompanying bodily disorder apparent. He became very much excited about election-time, (Nov 1st); Insanity is now manifested principally on religious subjects. He has never made any attempt to injure others. Is not suicidal, nor filthy nor destructive in habits. Patient has always been strange & queer, since a course of fever about 27 years ago. There is no history of any Epilepsy &c or injury to head. He has not been restrained a confined. Has had some medical treatment, but only the last few days, without noticeable effect. ——— —

Dec 25 On admission, was put on B³ (I. R. Complexion dark; hair dark gray; eyes dark gray; condition of skin good; has scars from cuts, on instep of each foot; bodily condition dirty; behavior is good).

" 26 Dec 26/94. Was very restless & slept only 4 hours, last night; also troublesome the rest of the night. at-

" 27 11 Am, again became noisy & troublesome & was put in a room, for rest of the day. Dec 27/94. Slept only 3 hours; was noisy & troublesome 5 hours. Is excited & troublesome, this morning; Had to be held for

" 28 1 hour. Ate very little. Dec 28/94. Slept but 3 hours; was pugnacious, the rest of the night: seemed quite strongly demented. Health is only fair. Today, he talks freely; no delusions noted. Is very quarrelsome;

" 29 Confused & admits it; is very childish. Dec 29/94. Slept 4 hours; restless 3 hours, last night: Became, today, very noisy & irritating toward the other patients. Appetite fairly good. Refused his medicine.

" 30 Dec 30/94. Restless 8 hours, sleeping only 4 hours, last night. Has been noisy, restless & troublesome,

" 31 all day. Is deluded. Appetite very poor. Is served with the diet. Dec 31/94. Was noisy & restless, last night & slept poorly. Is very noisy today; restless; Continually walking up & down the hall, gesticulating & irritating & aggravating to the other patients. Bowels costive. Apparently growing more depressed.

1895
Jan 1 Jan 1/95. Restless, noisy & troublesome last night; slept poorly. Has also been very noisy & troublesome,

" 2 today; was moved to C³ during the day. Jan 2/95. Was, today, transferred to the "Infirmary Ward", where he was put to bed. Dieted on eggnog, with 2 oz whiskey, every 2 hours, throughout the day. - Slept about 2 hours & 15 minutes, during the day. Complains of pains in abdomen & chest. ——

" 3 Jan 3/95. Slept but 3 hours, noisy 5 hours, restless 1 hour, last night. Bowels costive. Was given 4 oz hunyadi water. Refused nourishment today; was fed, by tube, at 2.30 P.M.; at 3.45 P.M.

" 4 bowels moved slightly. Was very noisy all day. Jan 4/95. Noisy 5 hours, restless 2 hours, & slept but 2 hours, last night. Was put in restraint - sheet in the evening; this he afterward destroyed. Broke the glass in radiator. Refused eggnog for breakfast. Fed by tube at 10 Am, 1 quart eggnog. Patient requires continual attendance. Was put back into restraint. Has been noisy and filthy, all day.

" 5 Jan 5/95. Noisy 3 hours, restless 3 hours, & slept only 3 hours. 8.10 Am. Fed by tube, 1 quart eggnog. at 9.40 became violent & was put in restraint at 10. Am. Taken out of restraint at 7.45 P.M. Slept 5½ hours during day. Out of restraint at 4.30 P.M. & was put back again. Was very noisy & filthy, all day.

" 6 Jan 6/95. Received hypodermic at 9 P.M.: was noisy 5 hours, restless 2 hours & slept but 2 hours, last night. Has been in restraint all day; received a little nourishment, at intervals through day.

" 7 at 7.15 P.M. was given hot bath, with cold applications to head. Jan 7/95. Given hypodermic at 10 P.M. last night, but slept only 2 hours; was noisy 3 hours, restless 2 hours. Destructive all night. Is still in restraint. Appetite poor. Was fed eggnog: also given 2 "Combination baths".

" 8 Jan 8/95. Was given another hypodermic at 10. P.M., but slept only 3 hours: Noisy 3 hrs, restless 3 hrs.

Personal and Medical History of *Irvine Thompson*

1895 Jan 8 cont'd

Was given 1 quart eggnog for breakfast & 1 quart of same, at supper. Two "combination baths" given him today, one in morning & one in evening. **General Remarks.** Power of reasoning, fair. He is incoherent in speech. Emotional, at times; Has delusions & hallucinations & perverted ideas. Power of memory is very good. Physical appearances are only fair. Respiration, at times, is passive. Bowels do not move very regularly. Urine was not examined - Patient appears, at times, quite nervous: sleeps very little, through the night. Apparently had no fever, no chills, nor pain after the first day, after coming at this "Infirmary Ward". Skin is dry: boy dirty & noisy & hypodermics do not seem to have much effect. Has received no medicine, except one dose of Cotorol, after which his bowels moved more regularly. (See attached record of C. R. & Dx)

" 15 Jan 15/95. Since 9th last, has been restless & extremely noisy, at night - Very restless, all day, also. "Combinations-baths" continued. Patient is continually in restraint & requires constant attention of

" 16 one nurse - Jan 16/95. Somewhat more quiet, today - Baths continued. Jan 22/95. He is still kept in restraint - bowels are constipated. Has again become restless and noisy, by day.

" 23 Jan 23/95. Taken out of restraint & moved to B³ for the afternoon - 7.30. P.M. Brought back & again

" 28 put in restraint - Baths discontinued today. Jan 28/95 Restless & noisy, by night; Sleeping poorly -

" 29 restless, noisy & excited, by day, & is kept in restraint - Jan 29/95. Taken out of restraint at 10 Am and moved to B³, for the day. 7 P.M. Returned & again put in restraint: Has, all along, required

" 31 the constant attention of a nurse. Jan 31/95. Conduct & behavior, by night & by day, do not change any. He is kept in B³ in the day time & returned to this (IW) ward & put in restraint for the night - Was extremely noisy last night & slept very poorly. (See Nurse's record attached) -

Feb 4 Feb 4/95. Is very noisy restless & troublesome, during the day: Sleeps very poorly, at night; restless and

" 8 very noisy, while awake. Is in restraint, every night - Feb 8/95. No change to note. Is kept in B³ in

" 10 day time - behavior does not change - Feb 10/95. Transferred to B³ today. (See attached Nurse's record).

" 16 Feb 16/95. Patient has been restless & noisy, 7 to 8 hours each night & has slept but little - For the past few days

his right ear has been considerably swollen & inflamed; the left ear sore, also; the left ear burst, sometime

" 26 during the night. Was put to bed & in restraint at 11. Am. So that Ears might be treated. Feb 26/95: Has continued, every night, noisy & restless 5 to 7 hours, Sleeping only 2 to 4 hours, each. Was, today, taken out

of restraint, but he could not be kept from picking his Ears, so he was again put in restraint. Is very restless.

" 28 Feb 28/95. Behavior, both by day & night, does not change any. Is noisy & restless; always puts some mis-

-chief, unless watched very closely. Appetite fair, bowels regular. Habits, at times, dirty; Talk is incoherent - (Number of Hours, in restraint Sheet, during month 268: Number of Days dirty 15.) —

Mar 1/2 March 1/95. Wt 174 lbs. Pulse 98. (Has been losing in flesh). Mar 2/95: One of Ears bursted, this

" 7 morning: Same dressed & patient placed in restraint at 11. Am. Mar 7/95: Still sleeps

" 8 very poorly: Conduct & behavior do not change any. March 8/95. Left & out the ward, today.

" 25 Mar 25/95: Complains of left side being sore; upon examination, it was found a bunch had appeared

" 27 a little below his left Shoulder-blade. Is, this evening, 103 deg. Mar 27/95. Noisy & restless 8 hours, sleeping only 1 hour, last night. Am. Is 101 99/5. Was given an Enema, this morning: every night

" 31 breakfast - also given a bath. Abscess on side was lanced, today. Mar 31/95. Still, nightly, rest-

-less and noisy & sleeps very poorly. Appetite good; bowels regular. Noisy & restless, by day; Constantly

talking, from morning to night: has to be watched, all the time. Inclined to be destructive.

(Carried to 2444)

Personal and Medical History of Frank Fitzpatrick

LEBERT, FIDLAR & SAARBERG, DAVENPORT, IOWA.

Whole No. 3950.
Residence, W Hastings (last).
Date Admission, 26th December 1894
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, Thos C. Moran, Jeff'n, Dakota County.
Sex, Male.
Age, 33 Years
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Tailor
Degree Education, Probably Fair
Profession Religion, Church member
Habits, Intemperate
Nativity, Ireland -
Physicians Committing, H. VanBeeck and H. Fitch
Correspondents, Have given in "Papers"

No. for Year, 1449.
Insane Relatives, Says aunt uncle was slightly deranged.
Cause Exciting, Intemperance
Cause Predisposing, Possibly hereditary
Form, Mania chronic
Accompanying Bodily Disorder, Had an injury to head
Suicidal or Not, not.
Date of this Attack, not known; chronic -
Duration, Probably long -
No. of Attack, not the 1st
No. of Admissions, 1st (here)
Age First Attack, ?
Time of Leaving, July 11 '95
Time in Hospital, 6m 15d
Result, Imp.

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 Frank Fitzpatrick

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8in WEIGHT, 133 1/2 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 *Frank Fitzpatrick*

1894

This patient was brought here by Deputy Sheriff J. H. Hayland & attended by J. H. Dean, with the following history. Habits have been intemperate. There is some hereditary history; he says his uncle was slightly deranged. Supposed cause of this attack is intemperance; form of attack, chronic. There is no accompanying bodily disorder. When first symptoms of disease were manifested is not known. This is not the 1st attack. When others occurred, is not known, but he admits he was confined in an Asylum before. Patient threatens to injure certain parties; fighting his bars, prize fighting, destroying furniture, and clothing, being very noisy & restless are some of the ways, in which insanity is now shown. He is not suicidal. He had an injury to the head. Do not know of his being under medical treatment. No further particulars known, as he is a stranger here —

Dec 26 On admission, was put on B³ (S.R. Complexion dark. hair dark & gray; eyes blue; condition of skin good — no marks or scars noticed, except slight bruises on forehead. Bodily Condition clean; behavior good). —

" 27 Dec 27/94. Slept only 1½ hours, during night; was very restless & noisy; out of bed, pounding on door and screen; was sleeping in floor, at first, but had to be locked up in a single room. Appetite good, but bowels are active; no cough observed. Behavior, by day, is rather restless; he talks considerably but shows delusions. Pulse 88. R 24. T(a) 98.8. No complaints or injuries to report. Dec 28/94. Slept but 3 hours, during night; was very restless. Is, today, troublesome, quarrelsome & ready to fight, any moment. Got into trouble with a fellow patient (J. Bakke) this morning & got his face slightly bruised. Examined by D. Phelps. "Gives a long, garrulous story; drunk & disorderly frequently. Ready for a fight, when drunk". Dec 29/94. Received a sleeping dose, last night. Was restless & noisy 3 hours, & slept only 2 hours. AM. Pulse 112. T(a) 101. Appetite good; bowels regular. Is noisy & restless; troublesome quite frequently gets into trouble with other patients. "Thinks himself a pugilist & that he has an

" 29 engagement to fight for the light weight Championship of the world". Dec 30/94. Slept but 2 hours, during the night; quite noisy 2 hours & complaining of pain in his stomach; says that he is all right, this morning. Pulse 90. T(a) 100.2. Behavior still restless & noisy; talks fairly rationally. Is rather slouchy in appearance. Dec 31/94. Was given sleeping dose, but slept only 4 hours, during the night. AM. P 102. T(a) 99.8. Appetite good; bowels have moved. Behavior somewhat quieter today than has previously.

" 31

1895 Talks considerably, in a noisy way, at times. Still shows Delusions. Habits are cleanly.

Jan 1 Jan 1/95. Slept only 2 hours, last night; was quite noisy, balance of the time. Behavior restless

" 2 and noisy today. Jan 2/94. AM. Pulse 98. T(a) 99.2. Behavior same as usual. Wt 132½ pds.

" 3 Patient was very restless & noisy, nearly all night & slept only 1 hour. Jan 3/95. Received a sleeping-powder, last night, but slept only 3 hours, afterwards; was very noisy, at times. AM. Pulse 108. T(a) 101.4. Appetite good; bowels regular. Is restless, by day, and noisy; sometimes, extremely so.

" 4 Jan 4/95. Slept but 2 hours, last night; restless & noisy, balance of the time. AM. P 90. T(a) 100. Conduct & behavior do not change any; he is also very troublesome & causes a good deal of disturbance, occasionally.

" 5 Had some trouble with patient Bakke this am, but no marks made. Jan 5/95. Given hypnotic; slept only 4 hours; restless & noisy rest of the night. Behavior changeable: at times, fairly good; and at other times, very noisy & troublesome. Jan 6/95. Again given hypnotic; no effect; was very restless; bed stead had to be taken out of room & he was left to sleep on the floor. Was destructive; tore up 2 blankets during the night. AM. Pulse 82. T(a) 99.4. Behavior

" 7 by day, same as usual. Jan 7/95. Quite noisy for 3 hours, restless 2 hours, & slept only

Personal and Medical History of *Frank Fitzpatrick*

1895 Jan 7 about 4 hours, during the night. AM. Pulse 84. Appetite good; bowels regular. Behavior shows no change —

" 8 Jan 8/95. Noisy & restless 4 hours, but slept 5 hours, last night. AM. Pulse 86. He is not quite so noisily behaved & troublesome, today. Jan 9/95. Given sleeping dose, but slept only 2 hours, last night. Was

" 9 very restless & noisy for 7 hours. AM. Pulse 90. He is very noisy and troublesome, onward, today. Summary. Appetite keeps good; bowels are regular. Behavior, at times, fairly good, and he will talk quite rationally; again, at other times, he is very wild & excited, noisy, & generally causing a great deal of disturbance and trouble. Makes cigarettes & tries to smoke them, even nights, when not watched. At times, appears wild for want of tobacco. Is generally noisy, at nights, and sleeps very little. Habits are clean. He helps some with ward work. Jan 12/95. Continues restless & noisy

" 12 at night & sleeps poorly. Was thrown out the floor, last night, by patient (A. Fait) causing a bruise & appearance back of head. Jan 24/95. Had some trouble with this patient (Fait), resulting in the latter scratching his face quite badly. Fitzpatrick struck Fait the first blow, without provocation.

" 24

" 31 Jan 31/95. Appetite good; bowels apparently regular. Is very noisy & troublesome; also very destructive at times. Always ready to fight the other patients & quite often gets into trouble. Has delusions. Habits are clean. He works some on the ward. Feb 1/95. Wt 133 pds. P 74. Feb 4/95. Quite often

Feb 4 restless & noisy at night; sleeping poorly. Was struck by patient (Jas Abbott) today, making a mark on left temple. Feb 7/95. Struck attendant, Al Wise today; also struck patient

" 7 H. Stowasser. Feb 10/95. Still frequently restless & noisy at night; troublesome both by night &

" 10 day. Quite often tries to smoke on ward; bit Louis Kafer, last night, in washroom. Feb 18/95. Con-

" 18 tinues restless & noisy, at night & sleeps poorly. Restless & troublesome, also, by day. —

" 25 Feb 25/95. Appears to have improved some, of late; not as noisy as before, but still very restless.

" 28 Feb 28/95. Still sleeps poorly; very restless & noisy on some nights. Appetite good; bowels regular; is also noisy & restless by day; very troublesome, quite often getting into trouble with other patients; talks fairly rational, at times. Habits clean. Works some on ward. Struck by patient Ryan, today.

Mar 1 March 1/95. Wt 134½ pds. P 74. Mar 7/95. Has been somewhat restless, at night, but has been sleeping about 4 hours, each. Is still very noisy & quite troublesome, by day.

" 20/31 March 20/95. Has been quite peaceful & sleeping well, of late. Mar 31/95. Behavior rather noisy & restless, especially when he can't get out; will then get excited, jump up high, strike the wall, and at same time, abuse everybody of any authority. He has rather an exaggerated opinion of himself, as to his pugilistic ability. Works on ward. Habits clean.

Apl 1/8 Apl 1/95. Wt 132½ pds. P 76. Apl 8/95. He has been working in tailor shop, the last week. Yesterday he was very noisy & restless. The last 2 days he was down in Tailor Shop. He brought matches up with him & was smoking during the night. Was kept in the hall. —

" 25 Apl 25/95. Has been somewhat better behaved of late; less quarrelsome & troublesome.

" 29/30 Apl 29/95. Was allowed to leave for home, on trial. Apl 30/94. Had to be sent for, & was brought back by an attendant, this evening. May 1/95. Wt 134 pds. Pulse 76. —

May 1

" 31 May 31/95. Behavior has been rather noisy & also "mean", at times. Gets very angry, when he will jump high in the air, striking about him, as tho' he were fighting something. Habits clean: Works some on ward. June 1/95. Wt 135 pds. P 72. June 11/95. Made his escape

June 11/12 during the night, through the window (having unlocked the screen); another patient (P. L. Schott) accompanied him. Search made for them, but without avail. (carried to page 200)

Personal and Medical History of John Hammon Jr
Bro of Geo Hammon

LARKEY, PUCKE & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3957.
Residence, White Bear town, Minn.
Date Admission, 31st December 1894.
Admitted by, Dr Phelps Hour, 7 PM.
How Sent, John. B. Olivier, Jo P, Ramsey County.
Sex, Male
Age, 28 Years
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Stack-Driver
Degree Education, not stated
Profession Religion, Not a Church member
Habits, Temperate Drinker not especially immoral.
Nativity, White Bear, Minn
Physicians Committing, T. Macdonald and B. F. Paxton.
Correspondents, See brother Geo Hammon's address

No. for Year, 153.
Insane Relatives, Mother & brother
Cause Exciting, Not known
Cause Predisposing, Heredity
Form, Paranoia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, 5 Years ago & since
Duration, 5 Years, off & on
No. of Attack, many
No. of Admissions, 1st
Age First Attack, — 23 — about
Time of Leaving,
Time in Hospital,
Result,

Dictated Dr Herzog - Jany 2/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Slightly Sluggish
MEMORY:
Past Events, } Good on all subjects
Recent Events, }
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, Good
Own Mental State, See note
Special Subjects, " "

EMOTIONAL STATE:
~~Normal, Calm,~~
Indifferent, Yes
~~Exalted,~~
Depressed,
DELUSIONS:
Systematized or Not, Systematized
Special Subjects, of persecution by Stepmother
Transitory or Not, Fixed
HALLUCINATIONS: None
ILLUSIONS: " "
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, about normal

GENERAL DESCRIPTIVE REMARKS:
Patient converses well on all subjects, until you touch upon that of the attempted poisoning of his father by his Stepmother. He speaks calmly & judicially of the matter & states that she has made several attempts to poison himself his father by putting Carbolic acid in the tea. He supports this opinion by very insufficient evidence, but is quite ingenious in forming arguments against his position —

Personal and Medical History of John Hammon Jr

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8in WEIGHT, 174 lbs. NUTRITION, Good
WOUNDS OR ABNORMALITIES, See "S. K." on next page.
TONGUE, Tremors, Slight Coatings, Clean & red Promptness Movement, Prompt
PUPILS, Equality, Yes Size, normal
Response Light, normal Accommodation, normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good; finger to nose, eyes shut, accurate
Legs, Good; standing on foot, good; standing, eyes shut, good.
TREMORS, Hands, None Tongue, Slight
Facial Muscles, None General, None
REFLEXES, Patellar,
Other 8 - Equal.
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, Somewhat dulled
SENSIBILITY, ✓
HEART, 1st Sound at apex, rough
LUNGS, Good

EXAM. URINE,
Proposed Treatment
Nothing indicated

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Recent kept Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters, one brother —

Personal and Medical History of John Hannon Jr.

1895

This patient was brought here by Deputy Sheriff Courtean, with the following history. He is a temperate drinker; not especially immoral. There is quite strong hereditary history, his mother & brother being insane; supposed cause of this attack is not known: form, hallucinal. There is no accompanying bodily disorder. First symptoms of disease were manifested 5 years ago. He has had many attacks; at various times during the past 5 years. Insanity now shown by thinking that Step-mother intended to kill himself & father on account of property. Is disposed to injure others; threatens Step-mother & has attacked her. Patient is not suicidal, nor filthy nor destructive; no peculiarities etc were previously shown. There is no history of any bodily disease etc or head injury. He has not been restrained or confined, nor has he been under medical treatment.

Dec 31 1894 — On Admission, was put on B3 (S.R. Complexion light; hair light red; eyes gray; condition of skin good. Some small scars on upper lip, & on first toe on left foot. Bodily condition clean. Behavior is good).

Jan 1 — Jan 1/95. Quiet & restful, sleeping 8 hours, last night. Abn. Pulse 88. R 20. Temp 98 2/10; appetite good; bowels regular. No cough observed. He behaves well. Talks freely & rationally; no delusions noted.

" 2 — No complaints or injuries to report. Jan 2/95. Again, slept 8 hours, last night. Abn. Pulse 92. R 20. Temp 98 6/10; appetite keeps good; bowels normal; reads some; plays games; talks freely; no

" 3 — delusions yet noticed. Jan 3/95. Slightly restless, but slept 8 hours. Abn. Pulse 84. R 20. Temp 97 3/10.

" 4 — No special change to note. Wt (today) 176 pds. Jan 4/95. Again, rested & slept well, last night. Abn. Pulse. Behaves well. Talks freely & rationally; shows no delusions: reads, plays games etc. Seems contented.

" 5/6 — Jan 5/95. Abn. Pulse 92. Condition does not seem to change any. Jan 6/95. Abn. Pulse 90. Now,

" 7 — works some, on the ward. Otherwise, about as usual. Jan 7/95. Sleeps well; appetite good; bowels regular. Helps with work on ward. Habits clean & tidy. Pulse, this Am. 92. No delusions yet detected.

" 15 — Jan 15/95. During this, the 2nd week, patient has been resting & sleeping well (8 hours), nightly. Has been up & about daily. Uniformly well-behaved; clean tidy & of good personal habits. Pulse, taken each morning, has been 90. 92. 81. 91. 86. 88. (in past 6 mornings). He is quiet; has had no "Spells"; talks freely & sensibly; no delusions yet noted. Reads some; plays games & takes recreation. Does some

" 31 — work on the ward. Jan 31/95. Quiet patient; behaves well; talks freely & rationally; reads some; plays games; appetite good; bowels regular. Still works some on the ward.

Feb 7/28 — Feb 7/95. Wt 182 pds. P 92. Feb 28/95. Appetite good; bowels regular; he makes no complaints. Talks freely.

Mar 2 — Reads & plays games. No delusions noticed. Behaves well; works on ward. March 2/95. Wt 195 pds. P 80.

" 31 — March 31/95. Still quiet & well-behaved. Talks rationally. Makes no complaints. Works on ward.

Apl 1/3 — Apl 1/95. Wt 167½ pds. (has been losing in flesh, without known cause). P 82. Apl 3/95. At times, appetite

" 9 — has been cranky & obstreperate; showing delusions. Apl 9/95. Had a "Spell" today. Says "he has

" 13/15 — been drugged by a patient in 6 E". Apl 13/95. Refused to go out walking, today. Apl 15/95. Still somewhat obstreperate & showing delusions. Transferred to 6 E. On coming upon the ward, patient seemed much agitated, became transferred; protests innocence of wrong doing in B3". Behaved well. Has delusions.

" 18 — Apl 18/95. Behavior good. Still has delusions. Says "he expects to be sent to the Asylum, because one of the

" 30 — Attendants wears black pants". Apl 30/95. Behavior has continued quiet. Patient eats & sleeps well. Physical condition very good. He is obedient & industrious: still shows delusions. Does not talk much.

May 1 — Reads some. Attends patients entertainments. Habits are cleanly. May 1/95. Wt 158 pds. Pulse 95.

" 15 — May 8/95. Behavior has been very good. Eats & sleeps well. Physical condition very good.

Personal and Medical History of John Hannon Jr.

1895

May 17 — May 17/95. Has a tendency toward Kleptomania(?). On searching him for things missing, many articles,

" 20 — (but of no value), were found upon his person. May 20/95. Has continued quiet & well-behaved &

" 31 — has worked some. 1 P.M. Transferred to B3. May 31/95. Works willingly & takes an interest in his work. Behaves well. Is clean & tidy: talks freely & sensibly - does not express delusions, lately -

June 1/30 — June 1/95. Wt 165 pds. Pulse 75. June 30/95. During past 10 days or so, has been working about the "New Centre", washing windows etc. Also works well on ward. Says "he wants to stand in with the Doctor, so they will give him a job & pay". Has the idea, however, that 2 certain attendants, (Justice & Tyler) are working against him. Says many things, of not much consequence, but they tend to show a mind somewhat impaired. Patient is in good physical condition.

July 1/17 — July 1/95. Wt 164 pds. Pulse 78. July 7/95. Told another attendant to watch the 2 nurses above mentioned "as he heard them say they would escape out of the window" (probably an hallucination).

" 16 — July 16/95. Deluded, to the extreme. Says "that this place is going to be surrounded by soldiers" - also says "Grover Cleveland is his relation & that he has 7 cousins here: Dr Herzog is one of

" 17 — his relations etc etc". July 17/95. Was watching out of windows, 2 or 3 hours, last night, "to see

" 31 — that all Mr Tyler did not get out". Shows many & various delusions. July 31/95. Delusions persist: says "Dr K & P - have it anything to do with this place, but what he says, does. Dr H. is a cousin of his & he is going to make him Supt.: Soldiers are stationed out 2 or 3 miles from here. He is a nephew of Grover Cleveland etc: Don't like Attd Tyler, "because he burned up the U.S. forts on 4th July". Patient still works on ward. Is clean & tidy & in good physical condition.

Aug 2/31 — Aug 2/95. Wt 165 pds. Pulse 82. Aug 31/95. Has many delusions. Imagines certain persons are notes desperadoes & that he is sent to watch them". Works on ward some & off ward, frequently. Sep 2/95. Wt 166 pds. P 108. Sep 30/95. Still holds many & various delusions.

Sep 2/30 — Thinks he was sent here to watch by the U.S. Army Officials": says "all the officers and employes here are relations of his". Works diligently in the A3 Eastward; daily; is scraping & cleaning the floors & takes great interest in his work. Physical condition very good.

Oct 1/15 — Oct 1/95. Keeps in his usual flesh. Oct 15/95. Still works daily, scraping floors etc etc.

" 31 — Oct 31/95. Apparently, no change in patients' condition, from month to month. Has many and varied delusions. Says "he is an U.S. Secret service man & is watching what is going on here". Is cranky & overbearing, towards patients, at times. Abates much of the time on ward & is interested in his work. Is in good Physical Health. Habits are clean.

Nov 2 / Dec 2 1895 / Jan 2/31 1896 — Nov 2/95. Wt 162½ pds. Pulse 92. Dec 2/95. Wt 166 pds. Pulse 112. Jan 2/96. Wt 166 pds. Pulse 86. Jan 31/96. Transferred to B3/4 (on account of general change of wards). Appetite good: bowels in good condition. Patient has many & varied delusions, as before noted. Says also that he is sent here to manage things & to see that they are run in the right way. Thinks that he is a U.S. Secret service official". Works a good deal on the ward & does his work well.

Feb 28 / Mar 2 / Apl 2/30 — Feb 28/96. Wt 165 pds. P 92. March 2/96. Wt 165 pds. P 92. April 2/96. Wt 166 pds. P 88. Apl 30/96. During the period, no change noticed; patient remains in about same condition, month after month. Works on ward much. Has many delusions. Says "he is the head of this Institution & that he was sent here to see that it was properly run". Physically, is in very good condition. Makes no complaints.

See Transfer Book H page 312.

Personal and Medical History of Joseph McKnight

LEGGET, PIDLAR & GAMBERS, DAVENPORT, IOWA.

Whole No. 3960
Residence, LeRoy, Minn
Date Admission, 3rd January 1895
Admitted by, D. Phelps Hour, 11 am
How Sent, J. S. Washburn, Jo. Co, Mower County.
Sex, Male.
Age, - 57 -
Civil Condition, Married
Children, - Eight -
Age Youngest Child,
Occupation, Lawyer
Degree Education, should be good
Profession Religion, Church member
Habits, Good -
Nativity, Wisconsin
Physicians Committing, A. A. Allen and E. A. Washburn
Correspondents, Mrs E. J. McKnight LeRoy Minn

No. for Year, 159
Insane Relatives, none; no history of heredity.
Cause Exciting, not known.
Cause Predisposing, previous attack.
Form, mania acute.
Accompanying Bodily Disorder, None known
Suicidal or Not, not -
Date of this Attack, 3 months ago
Duration, about 3 months -
No. of Attack, 2nd - (one, 2 years ago) -
No. of Admissions, 1st -
Age First Attack, - 55 -
Time of Leaving, March 9' 96.
Time in Hospital, 1 yr. 2 mo. 6 da.
Result, Disc. Improved May 6'96.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exly Dr Herzog. Jany 4/95.

MENTAL ACTIVITY:
Clear or Confused, very slightly confused
Quick or Sluggish, Quick

MEMORY:
Past Events, } seems good for ordinary
Recent Events, } subjects
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, fair
Own Mental State, reasons well, but from wrong standpoint.
Special Subjects,

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

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

HALLUCINATIONS: Present
ILLUSIONS:

CONVERSATION:
~~Coherent or~~ Incoherent, Lightly
Voluble ~~or Reticent~~, markedly

GENERAL DESCRIPTIVE REMARKS:
Has numerous systematized Delusions, Concerning which he converses freely. He claims that the Millennium has Come & that he has received seven messages from the Lord, which, he thinks, refer to the 7 trumpets of Revelation. He is also able to use Energy & produce cataleptic State in others by method of attracting the Electricity from the air. He has commanded the wind & he still & has seen the resurrection of the Dead that Died in the Lord. He Can speak to him mentally, & make him the recipient of his messages. He is in a Self satisfied Condition of mind & while he freely admits that he would Concede anyone else holding his beliefs as insane, his delusions are fixed.

Medical History of Joseph McKnight

CHAPTER 316—H. F. NO. 397.
AN ACT for the relief of Joseph McKnight for personal injuries sustained while a patient in the Rochester hospital for the insane at Rochester, Minnesota, during A. D. eighteen hundred and ninety-five (1895), and to appropriate money therefor.
Be it enacted by the Legislature of the State of Minnesota:
Section 1. That the sum of fifteen hundred (1,500) dollars be and the same is hereby appropriated out of any money in the state treasury, not otherwise appropriated, for the relief of Joseph McKnight for personal injuries sustained by him while a patient at the Rochester state hospital for the insane at Rochester, Minnesota, during the year A. D. eighteen hundred and ninety-five (1895), whereby he was injured by overt acts of attendants, and incapacitated from following his profession as an attorney at law for life.
Sec. 2. The state auditor is hereby directed immediately after the passage and upon the approval of this act, to draw his warrant on the state treasurer for fifteen hundred (1,500) dollars in favor of and deliver the same to said Joseph McKnight.
Sec. 3. This act shall take effect and be in force from and after its passage.
Approved April 20th, 1899.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

Respo
SIGHT, 1/2 WEIGHT, NUTRITION, Somewhat reduced in flesh
HEARING,
COORDINATI
TREMORS, H
Fa
REFLEXES,
Other
ARTICULATI
Slurred,
Hesitating,
FACIAL EXI
SENSIBILITY
HEART, 1st
somewhat re
atheroma
LUNGS, fa
OPHTHALM
HABITS, Di
BOWELS, N
APPETITE,
SLEEP, Goo
PULSE,
CRANIAL M
HISTORICA
LENGTH O
HEREDITY
Mother or M
Father or Pa
Brothers or Sisters,

LITIES See "L R" at next page.

Nurses on Ward with J. McKnight.

Jan. 3, 1895. B2. T. M. Tyler.
E. Burbank.
T. Murray.
J. D. Melling.
Van D. Smith. (Night.)

Jan. 9, 1895. Annex. E. Allen.
C. Lund.
C. D. Roof.
J. Hennesey.
Frank Rose.
F. Martin.
O. Gulli.
M. Sage.
G. A. Pearce. (Night).

Jan. 11, 1895. B 3. C. F. Olson.
W. Jessup.
Chas. Rose.
G. Fallen.
N. W. Prestidge.
G. Fallen. (Night).

Jan.16, 1895. Infirmary. T. R. Spillane.
D. Byrnes.
F. A. Allen.
F. Kuebler.
G. H. Justice.
R. H. Pease.
George Kimball. (Night).
J. H. Sweaney. "

Feb.16, 1895. C 3. L. H. Vokes.
G. H. Justice.
G. Kiefer.
C. Hanson.
D. Anderson.
J. L. Miller.
M. J. Grady. (Night.)

March, 1895. Same, except W.Williams new and Hanson and Miller left ou

April, 1895. Same.

May, 1895. Same, except J. L. Miller new and Vokes left out, and
May 20th, J. A. Miller (Night).

June, 1895. G. H. Justice.
G. Kiefer.
J. Spillane.
D. B. Chapman.
J.A.Miller (Night) up to June 3rd, then
M.J.Grady, (Night).

Personal and Medical History of Joseph Mc Knight

LEGGET, PIDLAR & GAMBERS, DAVENPORT, IOWA.

Whole No. 3960 No. for Year, 159.

Residence, LeRoy Minn

CHAPTER 316—H. F. NO. 397.

AN ACT for the relief of Joseph McKnight for personal injuries sustained while a patient in the Rochester hospital for the insane at Rochester, Minnesota, during A. D. eighteen hundred and ninety-five (1895), and to appropriate money therefor.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. That the sum of fifteen hundred (1,500) dollars be and the same is hereby appropriated out of any money in the state treasury, not otherwise appropriated, for the relief of Joseph McKnight for personal injuries sustained by him while a patient at the Rochester state hospital for the insane at Rochester, Minnesota, during the year A. D. eighteen hundred and ninety-five (1895), whereby he was injured by overt acts of attendants, and incapacitated from following his profession as an attorney at law for life.

Sec. 2. The state auditor is hereby directed immediately after the passage and upon the approval of this act, to draw his warrant on the state treasurer for fifteen hundred (1,500) dollars in favor of and deliver the same to said Joseph McKnight.

Sec. 3. This act shall take effect and be in force from and after its passage.

Approved April 20th, 1893.

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 Illusions,

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

GENERAL DESCRIPTIVE REMARKS:

Has m
has pe

that he
energy & produce cataleptic state in other type method of attacking the Electricity from the sky. He has commanded the wind & it still & has seen the resurrection of the Dead that Died in the Lord. The Lord Speaks to him daily, & makes him the recipient of His Message. He is in a deluded Condition & while he freely admits that he would Concede anyone else holding his beliefs as insane, his delusions are fixed.

Medical History of Joseph Mc Knight

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

WEIGHT, NUTRITION, Somewhat reduced in flesh

LITIES, per "S.R." on next page.

Coatings, clean, red Promptness Movement, prompt

Jos Mc Knight

Resp

SIGHT,	July,		D. H. Chapman left.	Chr. Hanson new.
HEARING,	August.		Chr. Hanson left.	Carleton Herrick new.
COORDINAT	September.		G. Kiefer left.	Chr. Hanson new.
TREMORS, F	October.		G. H. Justice. J. D. Aye. M. Sage. J. Spillane. C. Herrick. M. J. Grady. (Night).	
REFLEXES,				
Other	November.		Same.	
ARTICULAT	Nov. 11, 1895.	B 2.	F. A. Allen. E. Burbank. W. McNamara. G. Jarzyna. John Melling (Night).	
Slurred,				
Hesitating,				
FACIAL EX	Dec., 1895. Dec.17,1895.		Allen and Burbank left. W. E. Burbank (Night).	H.H.Smith,W.Williams new.
SENSIBILIT	Dec. 25, 1895.	B 1.	J. H. Carr. John Conville. W. Smith. (Night).	
HEART,	Jan. 1896.		Same.	
somewhat r atheroma	Jan. 21, 1896.		Ward changed. Same nurses.	
LUNGS,				
OPHTHALM				
HABITS, Di				
BOWELS, N				
APPETITE,				
SLEEP, Goo				
PULSE,				
CRANIAL N				
HISTORICA				
LENGTH O				
HEREDITY				
Mother or M				
Father or Pa				
Brothers or				

Personal and Medical History of Joseph McStr...

LIBBEY, FISLAR & SCARBERG, DAVENPORT, IOWA.

Whole No. 3960 D 1. No. for Year, 159.

Residen...

Date ...

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Sex,

Age,

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Age ...

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Star... that he
has... heard
energy & produce cataleptic state in others by a method of attracting the electricity from the air. He has commanded the wind & the still & has seen the resurrection of the Dead that Died in the Lord. The Lord Speaks to him audibly, & makes him the recipient of his Messages. He is in a Glorified Condition & while he feels & knows that he would Concede anyone else holding his beliefs as insane, his delusions are based

Personal and Medical History of Joseph McStraight

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ WEIGHT, ~ NUTRITION, somewhat reduced in flesh

WOUNDS OR ABNORMALITIES, see "S.R." on next page.

TONGUE, Tremors, slight Coatings, clean, red Promptness Movement, prompt

PUPILS, Equality, yes Size, normal

Response Light, slightly increased Accommodation, slightly increased.

SIGHT, somewhat presbyopic.

HEARING, has been impaired, since the war.

COORDINATION, Arms, slight impairment; finger to nose, eyes shut. Some uncertainty.

Legs, unimpaired; standing upon foot, good; standing, eyes shut, good.

TREMORS, Hands, none Tongue, slight

Facial Muscles, none General, none.

REFLEXES, Patellar, about 2 - equal

Other

ARTICULATION,

Slurred, ✓

Hesitating,

FACIAL EXPRESSION,

✓

SENSIBILITY,

HEART, 1st sounds at apex somewhat rough - suspicion of atheroma —

LUNGS, found good -

TAKEN,

~~EXAM. URINE,~~

Treatment proposed.

Feeding; hot baths, with cold to head & hypnotics -

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") — no history

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Joseph McKnight

1895

This patient was brought here by Sheriffs Deputy H. F. Herms, with following history. Habits and morals have been good: there is no hereditary history. Supposed cause of this attack, not known. Form of attack is chronic + paroxysmal; about 2 years ago, he was similarly affected but not as bad. He then had religious hobbies. No accompanying bodily disorder, or difficulty known. Last attack commenced gradually ~3 months since. This, then, seems to be the 2nd one: that, of 2 years ago, lasted a few weeks. Insanity now manifested on religious subjects and electricity or magnetism. He is not disposed to openly injure persons, though, about 2 months ago, he made his wife stand while he threw 8 pails of cold water over her. He is not suicidal, nor filthy, nor destructive. He has not been restrained or confined, nor under medical treatment. Patient thinks he is a Prophet and that the Millennium has come, + he shows similar vagaries of the mind.

Jan 3 On admission, was put on B2 (S.R. Complexion light; hair gray; eyes blue; condition of skin good; some scars on left ankle, from a cut. Bodily Condition Clean. Behaves well, but shows delusions).
" 4 When taken to ward, Pulse 84. R 18. Tº 98.8. Jan 4/95. Restless 6 hours. Sleeping but 2 hours, last night, out of bed frequently, somewhat noisy; was "examining heads of other patients"; HM. Pulse 90. R 17. Tº 98.8. bowels not free. No cough noticed. Somewhat noisy, today; again "examining heads"; Talks considerable; "considers himself a great inventor in electrical appliances &c". PM. P 85. R 18. Tº 98.8. No complaints or injuries to report. Jan 5/95. Slept only 5 hours, restless 3 hours, last night. Am. Pulse 80. R 18. Tº 98.8. PM. Pulse 78. R 18. Tº 98.8 (Note following by Dr Phelps: Talks clearly; 3 years ago he had La Grippe; had to go out collecting; "a month ago, if any one had said what he now says, he would have thought him very crazy". Talks quietly + in rational form. Poor health. Paranoiac. Reasons out his delusions - Noticed first mixed in mind, in forenoon - Health had been good. Lively conversation; memory good).
" 6 Jan 6/95. Restless 5 hours. Sleeping only 3 hours. HM. Pulse 80. R 18. Tº 99. PM. Pulse 82. R 18. Tº 98.8. Talks freely. Has delusions - Says "he is the right hand man of God + can apply electricity to everything, with success, except the resurrection of the Dead". —
" 7 Jan 7/95. Restless 6 hours + slept only 2 hours, last night. HM. Pulse 86. Appetite good; bowels
" 8 free. Restless noisy + deluded. Washes the other patients. Jan 8/95. Slept only 3 hours, was noisy 5 hours, last night. HM. Pulse 82. Appetite fair. PM. Has been extremely noisy, all day. Still shows delusions.
" 9 Makes no complaints. Jan 9/95. Slept poorly (only 3 hours), was restless 5 hours in all last night. — 12.15 PM. Had been very noisy + troublesome. Is still so. Was transferred to D.E. at this hour. —
" 10 Jan 10/95. Slept but 1 hour; noisy + restless 7 hours, last night. HM. Pulse 92. Is very noisy, today, + full of delusions. Tells the others that by following his directions in regard to certain electrical
" 11 appliances of his own invention, they will be cured in two days". Jan 11/95. Slept only 6 hours, last night; was talkative + restless, while awake. Is much quieter on ward, today than yesterday. Was transferred to B3 East. Had some trouble with him in running - now he got his face scratched.
" 12 Jan 12/95. Was restless 3 hours, noisy 3 hours + slept only 3 hours, last night. HM. Pulse 96. — Appetite fairly good. He is rather restless + noisy; talks incoherently, though he will carry on quite an interesting conversation for a few moments, after which he will wander off to some other subject.
" 13 Jan 13/95. Slept 6 hours; quite noisy 3 hours, during the night. HM. Pulse 90. Appetite better, today; bowels apparently regular. Behavior does not change any. Still full of delusive ideas; talks about
" 14 "electricity" most of the time. Jan 14/95. Slept only 3 hours, last night; slightly noisy 4 hours and

Personal and Medical History of Joseph McKnight

1895 cont'd

Jan 14 restless 2 hours. HM. Pulse 86. Behavior same as usual. Appetite good; bowels seem regular.
" 15 Jan 15/95. Restless and noisy 5 hours, sleeping but 3 hours last night. Behavior. Still
[illegible] the right;
[illegible](ke) in which
[illegible] of being
[illegible] forenoon.
2½ hours -
this ward.
[illegible]" —
[illegible]ters, balance
[illegible] B3 East,
[illegible] were also
[illegible] with
[illegible]ment seems
[illegible] for water -
[illegible]t. Removes
[illegible] passed an
[illegible]ery tron -
[illegible] very noisy
[illegible] respiratory
[illegible] behavior,
[illegible]ords). —
[illegible]motions,
[illegible]ften noisy
[illegible]s he was
[illegible]ll, the
[illegible]sual.
[illegible] restless +
[illegible]cluded to
[illegible]t to speak
[illegible] 6 hours.
[illegible]hange any.
[illegible]t him
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[illegible] troublesome,
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[illegible]tally +
[illegible]ity —
[illegible]tone

29/3/13

CLINICAL REPORT.

Patient's Name Joseph McKnight Case Number 5960 Record Commences January 14
DATE. HM. PM.

January 27	88		96			Appetite fair. behavior as usual
						Night slept 6 hours very noisy and
						all night
						noisy because very violent
						disturbance from several
						night slept 5 hours. Quite
						noisy
						behavior as usual
						slept 4 hours. was very noisy
						like
						good. bowels regular.
						3 hours. very noisy
						as usual.
						4 hours restless 6 hours
						while awake

Rochester N.Y.
September
15. 1895

We the undersigned attendants of the Rochester Insane Asylum, respectfully petition C. F. Kilbourn Superintendent of the aforesaid asylum + the Trustees thereof, that they discharge Joseph McKnight therefrom, since he is now well, both physically and mentally. He was admitted to

Personal and Medical History of Joseph McKnight

1895

This patient was brought here by Sheriffs Deputy H. F. Herms, with following history. Habits and morals have been good: there is no hereditary history. Supposed cause of this attack not known. Form of attack is chronic + paroxysmal; about 2 years ago, he was similarly affected but not as bad. He then had religious hobbies. No accompanying bodily disorder, or difficulty known. Last attack Commenced gradually ~3 months since. This, then, seems to be the 2nd one: that, of 2 years ago, lasted a few weeks. Insanity now manifested on religious subjects and electricity or magnetism. He is not disposed to openly injure persons, though, about 2 months ago, he made his wife stand while he threw 8 pails of cold water over her. He is not suicidal, nor filthy nor destructive. He has not been restrained or confined, nor under medical treatment. Patient thinks he is a Prophet and that the Millennium has come, + he shows sin

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" 4 some scars on left ankle, from a cut. Bodily Co
Where taken in ward. Pulse 84. R 18. Te 98.8. Jan
out of bed frequently, somewhat noisy; was examining
bowels are free. No cough noticed. Somewhat noisy, foo
Considers himself a great inventor in electrical appl
" 5 - plaints or injuries to report. Jan 5/95. Slept only
R 18. Te 98.8. PM. Pulse 78. R 18. Te 98.8. (NO
had La Grippe; had to go out collecting; "a month a
would have thought him very crazy". Talks quietly +
reasons out his delusions - noticed felt mixed in r
" 6 conversation; memory good). Jan 6/95. Restless
Te 99. PM. Pulse 82. R 18. Te 98.8. Talks freely
of God + can apply electricity to everything, with in
" 7 Jan 7/95. Restless 6 hours + slept only 2 hours,
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last night. AM. Pulse 82. Appetite fair. PM. A
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12 15 PM. Had been very noisy + troublesome: Restless
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full of delusions. Tells the others that by following
" 11 appliances of his own invention, they will be cure
last night; was talkative + restless, while awake.
Was transferred to B3 East. Had some trouble with
" 12 Jan 12/95. Was restless 3 hours, noisy 3 hours + slept [illegible]
Appetite fairly good. He is rather restless + noisy; talks incoherently, though he will carry on quite an
interesting conversation for a few moments, after which he will wander off to some other subject.
" 13 Jan 13/95. Slept 6 hours; quite noisy 3 hours, during the night. AM. Pulse 90. Appetite better today;
bowels apparently regular. Behavior does not change any. Still full of delusive ideas; talks about
" 14 Electricity "most of the time. Jan 14/95. Slept only 3 hours, last night; slightly noisy 4 hours and

Personal and Medical History of Joseph McKnight

1895
Jan 14 restless 2 hours. AM. Pulse 86. Behavior same as usual. Appetite good; bowels seem regular.
" 15 Jan 15/95. Restless and noisy 5 hours, sleeping but 3 hours, last night. No change in behavior. Still

CLINICAL REPORT.

3/31/13

Patient's Name Joseph McKnight Case Number 3960 Record Commences January 18
DATE. AM. PM.

January 27	88			96			Appetite fair. Behavior as usual
							Night slept 1 hour. very noisy and
							all night
							became very violent
							attendance from several
							ght slept 5 hours. Quite
							ies
							behavior as usual
							ft 4 hours. was very noisy
							ke
							d. Bowels regular.
							3 hours. very noisy
							usual.
							f 2 hours restless 6 hours
							while awake
							Attendant
							" "
							" "
							" "
							" "
							" "
							" "
							" "
							" "
							" "
							" "

to the asseylum Jany. 8. 1895. and been under our constant charge since, hence we know whereof we respectfully pray. He was forty eight years old the 8th day of last June + has a wife + four children dependant on him for their support. He resides at L & Ry Mower co. this State where he has continuously made his home since 1885. And is a gentleman + a scholar and seeming a good lawyer. He claims, although his wife has been appointed his guardian that she is not, financially, capable of transacting his business, especially his legal business that now urgently demands his personal attention.

Joseph McKnight in propria persona

Jan 15 restless and noisy 5 hours, sleeping but 3 hours, last night. No change in behavior. Still
" 16 full of delusive ideas. Jan 16/95. Restless 5 hours, noisy 4 hours, sleeping but 3 hours, last night.
" 17 Jan 17/95. Restless 5 hours, noisy 4 hours, sleeping but 3 hours, last night. Appetite fair.
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" 14 Oct 14/95. Restless 5

Personal and Medical History of Joseph McKnight

1895

This patient was brought here by Sheriffs Deputy St. F. He
and morals have been good: there is no hereditary hist
Form of attack is chronic + paroxysmal: al
He threw had religious hobbies. ha
Commenced gradually
lasted a few we
He is not disposed
he threw 8 pails o
has not been restra
and that the Millenniu
Jan 3 On admission, was p
some scars on left ar
" 4 When taken to ward, Pulse
out of bed frequently. Somewh
bowels were free. No cough re
Considers himself a great mu
" 5 - plaints or injuries to report.
R 18. Tº 98.8. PM. Pulse 78.
had La Grippe; had to go out coll
would have thought him very crazy
Reasons out his Delusions - Noticed
" 6 conversation; memory good). - Jan 6/95. Restless 5 hours. Sleeping only 3 hours. AM. Pulse 80. R 18.
Tº 99. PM. Pulse 82. R. 18. Tº 98.8. Talks freely. Has delusions - Says "he is the right hand man
of God + can apply electricity to everything with success except the resurrection of the Dead". —
" 7 Jan 7/95. Restless 6 hours + slept only 2 hours, last night. AM. Pulse 86. Appetite good; bowels
" 8 free. Restless, noisy + deluded. Bothers the other patients. Jan 8/95. Slept only 3 hours, was noisy 4 hours,
last night. AM. Pulse 82. Appetite fair. PM. Has been extremely noisy, all day. Still shows delusions.
" 9 Makes no complaints. Jan 9/95. Slept poorly (only 3 hours), was restless 5 hours a so last night: -
12 1/2 PM. Had been very noisy + troublesome: Restless so. Was transferred to D.E. at this hour. —
" 10 Jan 10/95. Slept but 1 hour; noisy + restless 7 hours last night. AM. Pulse 92. Severy noisy, today, &
full of delusions. Tells the others that by following his directions in regard to certain electrical
" 11 appliances of his own invention, they will be cured in two days". Jan 11/95. Slept only 6 hours,
last night; was talkative + restless, while awake. Is much quieter on ward, today than yesterday.
Was transferred to B³ East. Had some trouble with him in dressing room & he got his face scratched.
" 12 Jan 12/95. Was restless 3 hours, noisy 3 hours + slept only 3 hours, last night. AM. Pulse 96. —
Appetite fairly good. He is rather restless + noisy; talks incoherently, though he will carry on quite an
interesting conversation for a few moments, after which he will wander off to some other subject.
" 13 Jan 13/95. Slept 6 hours; quite noisy 3 hours, during the night. AM. Pulse 90. Appetite better, today;
bowels apparently regular. Behavior does not change any. Still full of delusive ideas; talks about
" 14 "Electricity" most of the time. Jan 14/95. Slept only 3 hours, last night; slightly noisy 4 hours and

Personal and Medical History of Joseph McKnight

1895 cont'd

Jan 14 restless 2 hours. AM. Pulse 86. Behavior same as usual. Appetite good; bowels seem regular.
" 15 Jan 15/95. Restless and noisy 5 hours, Sleeping but 3 hours, last night. No change in behavior. Still

CLINICAL REPORT.

2/13/13

Patient's Name Joseph McKnight Case Number 3966 Record Commences January 19

DATE. Wm. Pitt.

January 27	88		96			Appetite fair. behavior as usual. Night slept 1 hour. very noisy and destructive all night
28	84		80			During afternoon became very violent requiring attendance from several nurses. Night slept 5 hours. Quite noisy at times
29	124	70	(96) 84			Appetite fair behavior as usual. Night slept 4 hours. was very noisy while awake
30	80		90			Appetite good. bowels regular. Night slept 3 hours. very noisy
31	96		72			Behavior as usual. Night slept 2 hours restless 6 hours also noisy while awake

Personal and Medical History of Joseph McKnight

Jan 14 restless 2 hours. PM. Pulse 86. Behavior, same as usual. Appetite good; bowels seem regular.
" 15 Jan 15/95. restless and noisy 6 hours, sleeping but 3 hours, last night. No change in behavior. Still
" 16 [illegible]
" 17 [illegible]
" 18 [illegible]
" 19 [illegible]
" 20 [illegible]
" 21 [illegible]
" 22 [illegible]
" 23 [illegible]
" 24 [illegible]
" 25 [illegible]
" 26 [illegible]
" 27 [illegible]
" 28 [illegible]
" 29 [illegible]
" 30 [illegible]
" 31 [illegible]
Feb 1 [illegible]
" 2 [illegible]
" 3 [illegible]
" 4 [illegible]
" 5 [illegible]
" 6 [illegible]
" 7 [illegible]
" 8 free. [illegible]
" 9 Makes no complaints. Jan 9/95. Slept poorly (only 3 hours), was restless 5 hours a 6 last night. —
12 1/2 P.M. Has been very noisy & troublesome. Is still so. Was transferred to D.E. at this hour. —
" 10 Jan 10/95. Slept but 1 hour; noisy & restless 7 hours last night. PM. Pulse 92. Is very noisy, today, & full of delusions. Tells the others that by following his directions in regard to certain electrical
" 11 appliances of his own invention, they will be cured in two days. Jan 11/95. Slept only 6 hours, last night; was talkative & restless, while awake. Is much quieter on ward, today than yesterday. Was transferred to B3 East. Had some trouble with him in dining room & he got his face scratched.
" 12 Jan 12/95. Was restless 3 hours, noisy 3 hours & slept only 3 hours, last night. PM. Pulse 96. —
Appetite fairly good. He is rather restless & noisy; talks incoherently, though he will carry on quite an interesting conversation for a few moments, after which he will wander off to some other subject.
" 13 Jan 13/95. Slept 6 hours; quite noisy 3 hours, during the night. PM. Pulse 90. Appetite better, today; bowels apparently regular. Behavior does not change any. Still full of delusive ideas; talks about
" 14 "Electricity" most of the time. Jan 14/95. Slept only 3 hours, last night; slightly noisy 4 hours and

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29/3/95

CLINICAL REPORT.

Patient's Name Joseph McKnight Case Number 3960 Record Commences January 19th

DATE.							
January 19	84	22	99.6	96			Patient picks at sore trying to make it bleed. requires continual attendance from nurses. Out medicine 3 times a day. 2 P.M. gave pills. Slept some
20	80	20	99.2	86			Has removed bandage during night. very restless to day wanting to get out of bed continually. Out of bed nearly all night. Slept 2 hours restless 6
21							Refused food to day. Is very restless requiring continual attendance Night very noisy pounding on door all night. Slept 1 hour
22	80		76				Behavior as usual. Night slept 2 hours
23	84		84				Troublesome and very restless most of day requiring continual attendance Night noisy and restless all night
24	96		76				very restless will not stay in bed 2 P.M. visited by sons. Night slept 3 hours. Passed an unusually quiet night
25	100		68				Eats heartily of late. Bowels regular. requires continual attendance Night 100 P. Slept 3 hours noisy when awake
26	84		80				very troublesome & flies requiring attendance from several nurses and quite violent. Night slept 6 hours Passed an unusually quiet night

E

Personal and Medical History of Joseph McKnight

1895 cont'd

Jan 14 restless 2 hours. PM. Pulse 86. Behavior same as usual. Appetite good; bowels seem regular.
" 15 Jan 15/95. Restless and noisy 5 hours, sleeping but 3 hours, last night. No change in behavior. Still holds to his delusions. Pulse 90. Jan 16/95. Was restless, noisy & disturbed during the night; and slept very poorly. (Knows No. Had some trouble during night, with a fellow patient (Jos. Brikke) in which the latter struck & kicked him & also bit his finger. This morning his finger complains of being sore across his stomach from the effects of this pounding &c. Pulse 95. Transferred to Infirmary Ward.
" 17 PM. Pulse 88. R 22. T 100 2/5. Jan 17/95. Restless & excited last night & slept only 2 1/2 hours. AM. " 96 " 22 " 100 2/5. Appetite good; bowels have not moved since he came on this ward. Talks considerable & incoherently. Tries to remove adhesive plaster; says "it is too tight." —
" 18 PM. Pulse 90. R 20. T 101. Jan 18/95. Slept only 1 1/2 hours, last night; was quite restless, balance of the time. Summary. On Jany 16th patient was received in Infirmary ward, from B3 East, suffering from fracture of 8th rib, left side, and severe bruises on chest; arms & face were also scratched; complained of pain in breathing; frothy & bloody expectoration: immobilized with adhesive plaster strips. (Jan 17th) - Patient is somewhat strange. Is quite hursky; his throat seems rather sore - Is quite restless, wanting to sit up in bed, considerably, & frequently calling for water -
" 21 Jan 21/95. Very restless at night; out of bed frequently; pounding on door, wanting to get out. Removes
" 24 bandage. Requires continual attendance. Jan 24/95. Visited by Son. Jan 25/95. Passed an
" 26 unusually quiet night, last night. Eats quite heartily of late. Jan 26/95. Is very trou-
" 28 -blesome & quite violent, at times: requiring attendance of several nurses. Jan 28/95. Very noisy & destructive, all night; slept only 1 hour. During this afternoon, became very violent: requiring
" 31 attendance from several nurses. Jan 31/95. Restless & noisy & sleeps very poorly. Conduct & behavior, by day, do not change any - appetite good; bowels regular (See attached Case - Record). —
Feb 1/8 Feb 1/95. Wt 170 pds. Pulse 76. Is dressed & up on ward. Feb 8/95. Has been given frequent hypnotics, but still sleeps very poorly, (3 to 4 hours) each night. Is very troublesome by day: often noisy
" 8 & restless, requiring continual attendance & watching. Feb 8/95. Is noisy & restless, that he was
" 12 removed to B3 on the night. Slept poorly. Febry 12/95: Given hypnotics & has slept well, the
" 15 past 2 nights. Febry 15/95. Very noisy & destructive, last night. Behavior, by day, about as usual.
" 16/17 Febry 16/95. Transferred to C3 East - (Pulse when taken, has been about normal). Feb 17/95: Restless &
" 28 noisy 8 hours, last night. Was given a sleeping dose, but it had no effect. Is loquacious & inclined to be noisy, by day. Feb 28/95. Has been given sleeping dose, almost nightly, without any effect to speak of. He has been, nightly, restless & noisy; at times, destructive, sleeping only from 3 to 5 or 6 hours. Only on one or 2 nights has he been quiet, when awake. Conduct & behavior, by day, do not seem to change any.
Mar 1/13 March 1/95. Wt 162 pds. (has lost some in flesh). Pulse 92. March 13/95. Night nurse reports him
" 17 as being very noisy and troublesome, also destructive, all night & hard to control. March 17/95: Was very
" 20 boisterous & destructive, the greatest part of the night, (night nurse reports). Mar 20/95. Noisy & troublesome,
" 25 all day; ran away, while out for exercise - Has sores on head, from constant irritation. Mar 25/95: Visited
" 28 by friend: talked very incoherently. Mar 28/95. Noisy & ugly, last night: considerable suppuration
" 31 from left ear. (Ear is being treated). March 31/95. For the month, no improvement to note, mentally & physically. Is noisy by day & night; restless; at times ugly & destructive. Habits are dirty —
Apl 1/5 Apl 1/95. Wt 161 pds. Pulse 90. Apl 5/95. Slept none; restless & noisy all night. Uncon & stone

(Carried to page 253)

Personal and Medical History of John Delstrom
or Dahlstrom

LABERT, FISCHER & SCHAMBERG, DAVENPORT, IOWA.

Whole No. 3961
Residence, (935) 735 Payne Ave, St Paul.
Date Admission, 3rd January 1895.
Admitted by, D. Phelps Hour, 7 PM.
How Sent, John. B. Olivier, Jof P. Ramsey County
Sex, Male.
Age, 39
Civil Condition, married
Children, Three (3)
Age Youngest Child,
Occupation, Cabinet-Maker
Degree Education, probably fair
Profession Religion, Lutheran
Habits, Good
Nativity, Sweden
Physicians Committing, James. A. Quinn (and) E. L. Mann
Correspondents, Brother (Peter Delstrom 935 Payne Ave St Paul)

No. for Year, 160.
Insane Relatives, none
Cause Exciting, Untrown
Cause Predisposing, not Stated
Form, Melancholia acute stuporous.
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, November 1894
Duration, over a month
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 39 —
Time of Leaving, 11th December 1901
Time in Hospital, 6 yrs 11 mos 8 Days
Result, Transferred to Stastings Asylum

M. Flynn

Eddy D. Herzog Jan 7/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Somewhat
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Not good but better than that of
Recent Events,
Special Subjects, Since illness.
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, in some respects
REASONING POWER:
Ordinary Subjects, } perverted
Own Mental State, }
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Somewhat
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, None brought forth
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent.
Voluble or Reticent, reticent.

GENERAL DESCRIPTIVE REMARKS:
Patient is much emaciated but shows no definite trouble. He complains of vague pains in the abdomen, which does not seem to be tender. His appetite is poor. He is very shy in his answers & is suspicious of some one. He will endeavor to avoid questions by claiming not to understand but his knowledge of English is plainly much better than he pretends it to be. The mental state is somewhat difficult to define.

Personal and Medical History of John Delstrom

Rochester Second Hospital
July 2 1896

A. K. Kelbourne
Superintendent
of the Hospital
Dear Sir

I hopen your Explain yours
grandt what rigth you
have to hold mi in yours
Secand Hospital. I hopen
you dont fael to tack action
in the following matter
if you are in need of more
Person I give you adolres
of them Spacled mi betwen
the sexth or tent of Novber
1894 Sven Balmgren
Carl Balmgren Johnston
in Hasse 1145 Jesse St-

B. A. Form 104.
Beneficial Association.
REPORT.
ion, Dec 10 1894
Age 39 Married Single
of A E Land
from Minn Division.

s. P. Dahlstrom, for the
Dahlstrom, insane, to
te court St Paul.
nday the 13th day of May
Inenoon.
Wilkich Judge of Probate

ney Surgeon,
Minn

him carefully
case would be
he could have

W Courtney
Chief Surgeon E.D.

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

LEIGHT, FISCHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3961

Residence, (937) 735 Payne Ave, St Pa

Date Admission, 3rd January 1895.

Admitted by, Dr Phelps Hour,

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

Sex, Male

Age, 39

Civil Condition, married

Children, Three (3)

Age Youngest Child,

Occupation, Cabinet - M

Degree Education, Publ

Profession Religion, Lut

Habits, G

Nativity, Sw

Physicians Committin

Correspondents, Bu

Exam'd Dr Herzog Jan 7/95.

MENTAL ACTIVITY:

Clear or Confused, Somewhat.

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Not good but better than that of

Recent Events,

Special Subjects, since illness.

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, in some respects

REASONING POWER:

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

Exalte..

Depressed, somewhat

DELUSIONS:

Systematized or Not,
Special Subjects,
Transitory or Not, } None brought out X

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent.

Voluble or Reticent, reticent.

GENERAL DESCRIPTIVE REMARKS:

Patient is much emaciated but shows no definite trouble. He complains of vague pains in the abdomen, which does not seem to be tender. His appetite is poor. He is very shy in his answers & is suspicious of some one. He will endeavor to avoid questions by claiming not to understand but his knowledge of English is plainly much better than he pretends it to be. The mental State is somewhat difficult to define. —

Guest Soderberg 935
Payne avenue
John Gustafson
Guest Allen 690 Cook Ave
old St. Paul People
Respectfully
John Dahlstrom
naval B2

Asylum

Dr. Herzog

Dr. Herzog's Report
Dr. Herzog's Report
Dr. Herzog's Report

Personal and Medical History of

LEIGHTY, PECK & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3961

Residence, 935 735 Payne Ave, St Paul

Date Admission, 3d January 1895.

Admitted by, Dr Phelps Hour, 7

How Sent, John. B. Oliver, Jo P. Lai

Sex, Male

Age, 39

Civil Condition, married

Children, Three

Age Youngest Child,

Occupation, Cabinet

Degree Education,

Profession Religion,

Habits,

Nativity, Swe

Physicians Committing,

Correspondents, Brof

Exdly Dr Herzog Jan 17

MENTAL ACTIVITY:

Clear or Confused, Somewhat

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Not good but better than that of

Recent Events,

Special Subjects, Recent illness.

PERCEPTIVITY:

Alert or Dull, Dull

~~Correct~~ or Illusive, in some respects

REASONING POWER:

Ordinary Subjects,

Own Mental State, } perverted

Special Subjects,

Exa...

Depressed, ...hat

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not, } None brought out

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent.

Voluble or Reticent, reticent.

GENERAL DESCRIPTIVE REMARKS:

Patient is much emaciated but shows no definite trouble. He complains of vague pains in the abdomen, which does not seem to be tender. His appetite is poor. His story that in his answers & is suspicious of some one. He will endeavor to avoid questions by claiming not to understand but his knowledge of English is plainly much better than he pretends it to be. The mental state is somewhat difficult to define. —

East Soderberg 935
Payne avenue
John Gustafson
Gust Olson 620 Cook Ave
all St. Paul People
Respectfully
John Dahlstrom
Ward B 9

Personal and Medical History of John Delstrom

1M. 11-16-92. B. A. Form 104.

Minn. Div. File 4452 Missouri Div. File

Lake Sup'r Div. File Y'stone Div. File

Man Div. File Mont. Div. File

Dakota Div. File Pay Patient File

Current File 3991

Northern Pacific Beneficial Association.

SICK REPORT.

Brainerd Station, Dec 10 1894

I hereby notify you that Gus Delstrom Age 35 59 Married ~~Single~~

Nativity Swede Occupation Cabinet Maker in charge of A E Lawson

was this day received at Sanitarium as an Insane patient, from Minn Division.

The attack occurred ~~on the~~ ~~time~~ ~~day of~~ in Nov 1894, and is supposed to be due to

State opinion as to probable Cause of Illness.

Diagnosis Melancholia

His condition is Delusions

Name and address of nearest relative or friend.

His address is 735 Payne Ave St Paul and nearest relative

is brother whose address is Peter Delstrom 935 Payne ave St Paul

W Courtney Surgeon,

At Sanitarium

the past three weeks. I have examined and watched him carefully and feel satisfied that the best interests of his case would be served by sending him to an insane hospital where he could have the care that his case demands.

Yours truly,

W Courtney

Chief Surgeon E.D.

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,

...Unimpaired -

...ript

...es Shut, Fairly good.

...URINE,

...Proposed.

...t Tonics

Personal and

LIBBEY, PERCAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 2
Residence, (935)
Date Admissi
Admitted b
How Sent
Sex,
Age,
Civil
Chi
A
Occupa
Degree
Profe
Habit
Nativity,
Physicians Committing, James.
Correspondents, Brokaw (Peter

Dolly D Herzog Jan 7/

MENTAL ACTIVITY:

Clear or Confused, Somewha
Quick or Sluggish, Sluggish

MEMORY:

Past Events, Not good but better than that of
Recent Events,
Special Subjects, Since illness.

PERCEPTIVITY:

Alert or Dull, Dull
Correct or Illusive, in some respects

REASONING POWER:

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

Depress
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, None brought out X
HALLUCINATIONS:
ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent.
Voluble or Reticent, reticent.

GENERAL DESCRIPTIVE REMARKS:

Patient is much emaciated but shows no definite trouble. He complains of vague pains in the abdomen, which does not seem to be tender. His appetite is poor. He is very shy in his answers & is suspicious of some one. He will endeavor to avoid questions by claiming not to understand but his knowledge of English is plainly much better than he pretends it to be. The mental state is somewhat difficult to define. —

C. F. Boyd
N. P. Beneficial Association
SICK REPORT.

Name, [illegible]
Disease, [illegible]
Dated at [illegible] 1894
Rec'd on the 10 day of [illegible] 1894
Surgeon at [illegible]

Minn. Div. File 1512
Lake Sup'r Div. File
Dak Div. File
Main Div. File
Mo. Div. File
Yellowstone Div. File
Mont. Div. File
Pay Patient File
Forwarded
By
Surgeon at [illegible]
Received at St. Paul 1894

If patient is sent to or received by other Hospital or Physician, state name, time and place
Time of illness before transfer
Cause of Change

Surgeon.

Office of Superintendent of the Hospital

Personal and Medical History of John Dalstrom

2-23-93 1M S

Northern Pacific Beneficial Association.

Office of Hospital and Medical Service.

W. COURTNEY, M. D.,
CHIEF SURGEON EASTERN DIVISIONS.

Brainerd, Minn. Jany 2nd. 1895

Mr. W.A.Laidlaw,

St. Paul.

Dear Sir:-

In sending Dahlstrom to you I thought it might be well to say that he has shown no disposition to be violent but has shown numistakable evidence of being insane. He will sit for hours without saying a word, unless spoken to, and cannot be induced to go about out of doors. At times he has delusions such as wanting to go and buy himself new clothes "because the ones he has on are dirty", and one one occasion while quite excited he said he was ashamed of God and the people.

He is usually quite sleepless at nights unless given hyoscyamine to quiet him. He has been here under my observation for the past three weeks. I have examined and watched him carefully and feel satisfied that the best interests of his case would be served by sending him to an insane hospital where he could have the care that his case demands.

Yours truly,
W Courtney
Chief Surgeon E.D.

ED.

much impaired -
prompt

q), eyes shut, fairly good.

KAM. URINE,
t proposed.
diet & tonics

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

LIBERTY, FOGLAN & CHAMBERS, SAVANNAH

Whole No.

Residence,

Date Ad

Admit

How

Se

Chil

A

Ex.

MENTAL

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events, Not good but o

Recent Events,

Special Subjects, since illness.

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, in some respects

REASONING POWER:

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

ot,

s,

r Not, None brought out

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent.

Voluble or Reticent, reticent.

GENERAL DESCRIPTIVE REMARKS:

Patient is much emaciated but shows no definite trouble. He complains of vague pains in the abdomen, which does not seem to be tender. His appetite is poor. His very short in his answers & is suspicious of some one. He will endeavor to avoid questions by claiming not to understand but his knowledge of English is plainly much better than he pretends it to be. The mental state is somewhat difficult to define. —

Personal and Medical History of Jorus Delstrom

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5in WEIGHT, 114 pds. (usual wt 140 lbs) NUTRITION, much impaired -

WOUNDS OR ABNORMALITIES, See "S. R." on next page -

TONGUE, Tremors, None Coatings, bright - red Promptness Movement, prompt

PUPILS, Equality, left slightly larger Size, about normal

Response Light, yes Accommodation, yes

SIGHT, impaired for 1 year past

HEARING, seems good.

COORDINATION, Arms, unimpaired;

Legs, slightly impaired; standing & foot, difficult; standing, eyes shut, fairly good.

TREMORS, Hands, slight Tongue, none

Facial Muscles, none General, none

REFLEXES, Patellar, Equal

Other

ARTICULATION,

Slurred, ✓

Hesitating,

FACIAL EXPRESSION,

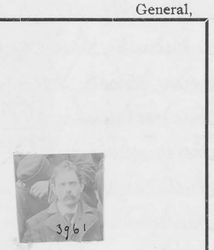
Haggard

SENSIBILITY,

✓

HEART, 1st Sound at apex rough; 2d pulmonic tones sharp.

LUNGS, resonance & murmur good, but respirations shallow.



TAKEN,

EXAM. URINE,

Treatment proposed.

Nutritious diet & tonics

OPHTHALMOSCOPIC EXAM.,

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

Records Kept

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of John Delstrom

(1895)

This patient was brought here by Deputy Sheriff Kinney with following history. Habits and morals have been good. There are no insane relatives. Supposed cause of attack is unknown. Form of attack, depressed and paranoidal. There is no accompanying bodily disorder. First symptoms were manifested in November 1894; he seemed in a dazed condition; declined to talk. This is 1st attack. He is now melancholic. Patient is neither disposed to injure others, nor suicidal, nor filthy nor destructive. No peculiarities were previously shown. There is no history of a bodily disease &c or head-injury. He has not been restrained or confined. Patient has been at the Northern Pacific Hospital, at Brainerd, for the past month, under careful observation; no lesion was determined. No further particulars known (there are 2 letters attached, from Dr. Courtney, under whose observation patient has been for period mentioned). From these, it is ascertained that he has also shown delusions &c: has been sleepless, at night; very reticent &c.

Jan 3 On admission, was seen by Dr. (S.C.) Complexion light; hair dark; eyes blue; Condition of skin good; no marks scars or bruises noticed. Bodily Condition clean. Behavior good. Says usual Wt 148 pds. When put in ward, Pulse 68. R 18. T(o) 99 = Jan 4/95. Slept 6 hours, last night; was restless a couple of hours. AM. Pulse 66. R 18. T(o) 99. Appetite medium; bowels generally free. Is quietly-behaved; melancholy; answers questions quite freely; no delusions noted. Has a slight Cough. PM. Pulse 62 R 20 T(o) 99.2

" 4 Jan 5/95. Restless 2 hours, but slept 6 hours, last night. AM. Pulse 62 R — T(o) 98.8 PM. Pulse 62. R 20 T(o) 99.

" 5 (Note by Dr. Phelps): is very quiet; answers questions readily; says "Commenced with headache"; "surprised that we should think him crazy"; is very dull, as he does not realize why or for what he is sent here. His answers show dullness. Lungs very inactive; pulse weak; no motor signs; (Pulse 60-65). Health evidently poor. Has no headache now". Speaks of no delusions, but there are hints. Diagnosis "melancholia acute".

" 6 Jan 6/95. Slept 6 hours, restless 2 hours, last night. AM. Pulse 62. Appetite only medium. Is quiet; talks some, when addressed. Says "he is not crazy". Jan 7/95. AM. Pulse 64. Behaves well; is depressed. Talks some; makes no complaints. Jan 8/95. AM. Pulse 62. Sits idly about on the benches. Talks but seldom. Memory seems poor. Jan 9/95. AM. " 66. Appetite fairly good; bowels free. Otherwise about as usual. Jan 10/95. During past few nights patient has been sleeping about the same (restless 2 hours or so & sleeping about 6 hours, each); AM. Pulse 66: behaves well

" 17 Talks some. Appetite is improving. Is on medicine. Jan 17/95. During this, the 2nd week of this stay, patient's rest at night, has kept on improving & he has been sleeping about 9 hours, each night. Appetite has been good; he has not made any complaints; he has been quiet & well behaved. At times, has seemed somewhat brighter, yet, as a whole, is much depressed. He answers questions freely, but he is not very communicative, otherwise. Memory is poor. Pulse has been about normal. Walks about the ward. Reads some. Writes an occasional letter. Goes out walking. Is on medicine.

Summary. On admission, patient was weak; looked badly; was run down in flesh. Appetite was poor, but is now good, & he has gained some in flesh & looks brighter, though still quiet & melancholy. He now talks more freely, than on admission & for first few days. No delusions noted. Habits are clean.

" 30 Jan 30/95. Appetite good. Patient behaves well. Lies about on seats, at times. Walks leisurely about ward. Talks quite freely when addressed. Reads. Is somewhat depressed. Clean & tidy.

Feb 5 Feb 1/95. Wt 131 pds. (has gained 17 pds in weight since admission). PM. Feb 5/95: Has been sleeping rather poorly, the past few nights; has been restless. Feb 8/95. Sits about; quiet and melancholy.

" 28 Feb 28/95: Works some; talks sensibly & quite freely; lies about; quiet & melancholy. Appetite good.

Personal and Medical History of John Delstrom

(1895)

Feb 18 Cont. He makes no complaints, tho' he says "that he is not crazy & don't think that he ought to be here". Reads some.

Mar 2 Is clean in habits. March 2/95. Wt 135 pds. Pulse 76. March 22/95. Behaves well. Is quiet. Depressed.

" 20 Talks quite freely when addressed. Reads some. Transferred to A1. March 29/95. Shows delusions; got

29/217

March 22 1896
Rochester Hospital

Mr. A F Kelbourne
Gen. Superintendent
and To the Governor
State of minnesota.
Daer Sers
I get 160 acr; improved
farm in swept Co. minn &
have to live to a Taindt to
the Same if not sa them
have To Pei mi 2 dol 50 cent
a day for my Board and
fefteen hunred Dolass for
Seasen 1896 for the Farm
Cab Vet Mawcker from the
NPRR Shaps Yours Dahlstrom
at Tecumseh

to get out. World not go to bed. Said "somebody was trying to

March 31/95. Appetite fair; bowels regular. Does not talk, unless

depressed. Does no work. April 1/95. Wt 137 pds. Pulse 60

delusions, as before. Says "people are trying to kill him"

April 11/95. Still takes to bed to sleep. Has "spells"; every

are after him, all the time". Does not rest well, at night

has not got rid of his delusions; has nervous spells"

some work, the last few days. May 1/95. Wt 130 pds. P 64.

takes medicine for them: he has improved a little, mentally: is not so restless, at night: does a little work

Pulse 88. June 30/95. No special change. Bowels run

ill much, but still manifests delusions.

ing in flesh the past 3 months, without known cause)

ing very well: is very quiet & moves: talk not

r. appetite rather poor. Is much depressed

spite bloody matter: seems very much worried and

thing: says "food does not taste clean". Appetite poor.

. Appears not to be feeling well. Has delusions: says

to kill him". Appetite poor. He does not sleep well.

food is not clean". Tries to eat every meal, but spits it

took a good supper. Walked away from the crowd, today

Aug 31/95. Has "spells" quite frequently, when he

says "J. Palmgren from St Paul, is bothering him,

in flesh. Condition shows no improvement.

ad a spell": stayed in bed: ate no breakfast: has

delusions, as before mentioned. Transferred to B1. After coming to this ward, Complained

" 18 of not feeling well: remained in bed, all day. PM. Pulse 70 R 20 T 99. Sept 19/95. Slept poorly. AM. Pulse 72 R 20 T 98 = Feels much better. Up, on ward, all day.

" 27 Appetite not good. Sept 27/95. Remains up, on ward, every day. Appetite improving. Is on

" 30 outs ground every day. Sept 30/95. Behaves well. Shows numerous delusions: talks foolish. Uses chewing tobacco to excess; has a craving for it, so is allowed it. Says "he cannot live without it". Appetite fair: bowel regular: no work: is on medicine.

Oct 1 Oct 1/95. Wt 116 pds. Pas. Oct 31/95. No change from what is reported in above notes.

Nov 2 Nov 1/95. Wt 116½ " 96. Dec 1/95. Wt 114½ pds. Pulse 74. Jan 2/96 Wt 116 pds. Pulse 70.

Dec 1 Jan 2/96 Transferred to B2 (on account of general change of wards). Jan 31/96. No change in

Jan 2/96 (31) patient's condition, either mentally or physically. Uses a great deal of chewing tobacco. Is on medicine. Has numerous delusions. Appetite not very good: bowels seem regular. Physical condition weak: Has no work.

= Carried to Transfer Book "A" Page 267.

Personal and Medical History of John

1895

This patient was brought here by Deputy Sheriff [illegible]
morals have been good. There are no insane pe[illegible]
Form of attack, depressed and paranoiacal. [illegible]
yered manifested in November 1894; he has bee[illegible]
He is now melancholic. Patient is ri[illegible]
No peculiarities were previously shown [illegible]
been restrained or confined. Pat[illegible]
month, under careful observ[illegible]
are 2 letters attached. [illegible]
From these, it is ascert[illegible]

Jan 3 On admission, wa[illegible] no
marks scars or bruises [illegible]
" 4 on ward. Pulse 68. R [illegible] when put-
AM. Pulse 66. R 18. Te[illegible] ple of hours.
Answers questions quite freely; a[illegible] ved; melancholy;
" 5 Jan 5/95. Rested 2 hours, but slept [illegible] 62 R 20 Te 99.2
Noted by Dr Phelps: is very quiet; answe[illegible] Te 98.8. PM. P 60. to 99.
"we should think him crazy"; is very [illegible] with headache"; surprised that
show dullness. Lungs very inactive; pulse [illegible] for what he is sent here. His answer
Has no headaches now". Speaks of his delusions [illegible] ulse 60-65). Health evidently poo[illegible]
" 6 Jan 6/95. Slept 8 hours, restless 2 hours, last night. [illegible] nts" - Diagnosis "melancholia acute" -
" 7 talks some, when addressed. Says he is not crazy. Jan 7/95. AM. Pulse 64. Behaves well;
" 8 is depressed. Talks some; makes no complaints. Jan 8/95. AM. Pulse 62. Sits idly about on
" 9 the benches. Talks but seldom. Memory seems poor. Jan 9/95. AM. " 66. appetite fairly good;
" 10 bowels free. Otherwise about as usual. Jan 10/95. During past few nights patient has been sleeping
about the same, (restless 2 hours or so & sleeping about 6 hours, each); AM. Pulse 66: behaves well
" 17 talks some. Appetite is improving. Is on medicine. Jan 17/95. During this, the 2nd week of his
stay, patient's rest at night, has kept on improving & he has been sleeping about 9 hours, each night.
Appetite has been good; he has not made any complaint; he has been quiet & well behaved. At times,
has seemed somewhat brighter, yet, as a whole, is much depressed. He answers questions, freely,
but he is not very communicative, otherwise. Memory is poor. Pulse has been about normal. Walks
about the ward. Reads some. Writes an occasional letter. Goes out walking. Is on medicine.

Summary. On admission, patient was weak; looked badly; was run down in flesh. Appetite was
poor, but is now good, he has gained some in flesh & looks brighter, though still quiet & melancholy.
He now talks more freely, than on admission & for first few days. No delusions noted. Habits are clean.
" 30 Jan 30/95. Appetite good. Patient behaves well. Lies about on seats at times. Walks leisurely
about ward. Talks quite freely when addressed. Reads. Is somewhat depressed. Clean & tidy.
Feb 5 Feb 1/95. Wt 131 pds. (has gained 17 pds in weight since admission). P 68. Feb 5/95. Has been sleeping
" 16 rather poorly the past few nights; has been restless. Feb 6/95. Sits about; quiet and melancholy.
" 28 Feb 28/95. Works mine; talks sensibly & quite freely: lies about; quiet & melancholy. Appetite good.

Personal and Medical History of John Delstrom

1895

Feb 28 He makes no complaints, tho' he says "that he is not crazy & don't think that he ought to be here". Heads some.
Mar 2 Is clean in habits. March 2/95. Wt 135 pds. Pulse 76. March 22/95. Behaves well. Is quiet. Depressed.
Talks quite freely, when addressed. Reads some. Transferred to A1. March 29/95. Shows delusions; got
up during the night & dressed himself. Tried to get out. Would not go to bed. Said "Somebody was trying to
" 30 kill him". Mar 30/95. Went on B1 to sleep. March 31/95. Appetite fair; bowels regular. Does not talk, unless
addressed. Lies about on seats. Downhearted & depressed. Does no work. April 1/95. Wt 137 pds. Pulse 60
" 4 April 4/95. Complains of pain in head. Still shows delusions, as before. Says "people are trying to kill him"
" 11 Is depressed & melancholy. (Sleeps on B1). April 11/95. Still takes B1 to sleep. Has "spells", every
few days. Says "that people from St Paul are after him, all the time". Does not rest well at night.
" 30 April 30/95. Seems to have improved some, but has not got rid of his delusions; has "nervous spells".
May 2 Has slept on Ward since the 12th inst. Has done some work, the last few days. May 2/95. Wt 130 pds. P 64.
" 31 May 31/95. Appetite poor: bowels constipated: takes medicine for them: he has improved a little, men-
tally; does not show delusions so much, of late: is not so restless at night: does a little work
June 1 on ward, if asked. June 1/95. Wt 127 pds. Pulse 58. June 30/95. No special change. Bowels now
30 more regular: he is quiet & orderly: does not talk much, but still manifests delusions.
July 1 July 1/95. Wt 123 pds. (Patient has been losing in flesh the past 3 months, without known cause)
" 7 Pulse 72. July 9/95. Does not appear to be feeling very well: is very quiet & moves: will not
sleep in bed, but takes blanket & sleeps on floor. Appetite rather poor. Heis much depressed -
" 31 July 31/95. Not feeling well, the past 2 days: spits bloody matter: seems very much worried and
shows delusions. Some days, does not eat anything: says "food does not taste clean". Appetite poor.
Aug 13 Aug 1/95. Wt 120½ pds. Pulse 60. Aug 13/95. Appears not to be feeling well. Has delusions: says
= "there is a man from St Paul, trying to kill him". Appetite poor. He does not sleep well.
" 19 Aug 19/95. Has not eaten any all day. Says "food is not clean". Tries to eat, every meal, but spits it
" 20 out. Aug 20/95. Ate no breakfast or dinner, but took a good supper. Walked away from the crowd, today
" 31 and refused to come back, when caught. Aug 31/95. Has "spells" quite frequently, when he
will refuse food. Still shows delusions: says "S. Palmgren, from St Paul, is bothering him,
both night and day." Patient is losing in flesh. Condition shows no improvement.
Sept 2 Sept 2/95. Wt 117½ pds. P 68. Sept 18/95. Had a "spell": stayed in bed: ate no breakfast: has
18 delusions, as before mentioned. Transferred to B1. After coming on this ward, complained
" 19 of not feeling well: remained in bed, all day. PM. Pulse 70 R 20 Te 99. Sept 19/95. Slept
poorly. AM. Pulse 72 R 20 Te 98.5. Feels much better. Up, on ward, all day.
" 27 Appetite not good. Sept 27/95. Remains up, on ward, every day. Appetite improving. Goes
" 30 out on grounds every day. Sept 30/95. Behaves well. Shows numerous delusions: talks
foolish. Uses chewing tobacco to excess: has a craving for it, so is allowed it.
Says "he cannot live without it". Appetite fair: bowels regular: no work: is on medicine.
Oct 1 Oct 1/95. Wt 116 pds. P 88. Oct 31/95. No change from what is reported in above notes. —
Nov 2 Nov 2/95. Wt 116½. " 96. Dec 1/95. Wt 114½ pds. Pulse 72. Jan 2/96. Wt 116 pds. Pulse 70. -
Dec 1 Jan 2/96 Transferred to B2 (account of general change of wards). Jan 31/96 No change in
1896 Jan 2/96/31 patient's condition, either mentally or physically. Uses a great deal of chewing tobacco. Is on medicine.
Has numerous delusions. Appetite not very good: bowels seem regular. Physical condition weak: Is no work.

= Carried to Transfer Book "A" page 267.

Personal and Medical History of Johnathan McPeek

LOBERT, FIDLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3963.
Residence, County Poor Farm.
Date Admission, 5th January 1895.
Admitted by, Dr Pelkey — Hour, 7 PM.
How Sent, C. F. Kay, Jr P. Dodge County.
Sex, Male.
Age, 69
Civil Condition, Widowed
Children, Several
Age Youngest Child, —
Occupation, Farmer
Degree Education, not stated
Profession Religion, not a church member.
Habits, Not good
Nativity, — Ohio
Physicians Committing, S. A. Vanfleet and S. W. Lawson
Correspondents, Mrs George Healey Karren (Karren?)

No. for Year, 162.
Insane Relatives, Brother and Nephew.
Cause Exciting, not stated
Cause Predisposing, Heredity.
Form, mania senile.
Accompanying Bodily Disorder, Cystitis
Suicidal or Not, not
Date of this Attack, Recent
Duration, Short, this time.
No. of Attack, 2nd (1 in Spring of 1894).
No. of Admissions, 1st
Age First Attack, — 68 -
Time of Leaving, 15th January 1895
Time in Hospital, 10 Days.
Result, Died; Exhaustion in Senile Dementia.

Dr's Pelkey, Kenyon, Jany 11 '95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, sluggish
MEMORY:
Past Events, } Fair
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, } almost completely in abeyance —
Own Mental State, }
Special Subjects, }

EMOTIONAL STATE:
Normal, Calm, Yes
Indifferent,
~~Exalted~~,
Depressed,
DELUSIONS:
Systematized or Not, None noted
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
~~Coherent~~ or Incoherent, Slightly
~~Voluble~~ or Reticent, No

GENERAL DESCRIPTIVE REMARKS:
At the time of examination he was calm but considerably Confused. He is, however, subject to periods of acute maniacal excitement, in which he is noisy & destructive. It seems that he has a Cystitis probably from an enlarged prostate. It was not thought advisable to examine by specimen or to pass catheter at present

Personal and Medical History of Johnathan McPeek

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, Not taken NUTRITION, Considerably impaired -
WOUNDS OR ABNORMALITIES, See "S. R." on next page; abrasions on wrists & legs -
TONGUE, Tremors, Slight Coatings, Dry, red; Sordes on lips & teeth Promptness Movement, Slow
PUPILS, Equality, Yes Size, Normal
Response Light, very sluggish Accommodation, very sluggish
SIGHT, Quite presbyopic; eyes glazed -
HEARING, Impaired -
COORDINATION, Arms, } Tests not possible; patient in restraint -
Legs, }
TREMORS, Hands, none Tongue, Slight
Facial Muscles, none General, none
REFLEXES, Patellar, not tested
Other
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION,
Confused
SENSIBILITY,

HEART, 1st Sounds all feeble, blowing Sound at aortic valve; Slight decided Sclerosis
LUNGS,
Nothing abnormal on Casual Examination -
OPHTHALMOSCOPIC EXAM.,

TAKEN,

EXAM. URINE,

Treatment proposed

Liquid diet in large quantities; regulate bowels; hot baths; hypodermics as needed; Later, if he becomes quiet & gains a little more strength, attend to the bladder -

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated, Yes	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,") } No history from patient; See papers of his Commitment" -
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Johnathan McPeek

1895

This patient was brought here by Deputy-Sheriff Sturgeland + attended by Jack Adams, with the following history. He comes from the County Poor farm. Habits have not been good. There is some history of heredity, brother and nephew having been insane. Cause of this attack is not stated. Form of attack is acute, paroxysmal. Accompanying bodily ades, Cystitis: symptoms manifested recently. This is not 1st attack; occurred in the Spring of 1894. Insanity now manifested in everything. Patient is disposed to injure others, from sudden passion. Is not suicidal. Is, however, of filthy + destructive habits. Patient has not been under medical treatment.

Jan 5 **On admission**, was put on B.B.[3] (S.K. Complexion light; hair gray; eyes blue; condition of skin rough + some pimple abrasion on left leg + foot; some bruises + cuts (from restraint); bodily condition dirty. Malaise well; is completely tired out from his journey). He was brought here, in wickliffe's. —

" 6 Jan 6/95. Owing to patient resting very poorly last night + being wild + excited this morning, he was transferred to the "Infirmary Ward". Was given a Sponge-bath + put to bed; 5 oz. Hunyadi water also given him. He ate very little dinner. 1 P.M. Suddenly became excited + violent, and would not stay in bed; it required 2 nurses to hold him. 2 P.M. Patient was put in restraint. Bowels are costive. 3 P.M. Patient somewhat quieter, now. Pulse 98 R 26. T◎ 100 4.

" 7 Jan 7/95. Was noisy 1 hour, restless, + slept only 4 hours, last night. AM. P 88. R 24. T◎ 100 2. Took, at breakfast, 1 quart of milk, and 1 glass of milk for dinner. 6 P.M. Took 1½ pints of milk = 5.30 P.M. Patient was given 4 oz of hunyadi water. P.M. Pulse 96. R 24. T◎ 98 8.

" 8 Jan 8/95. Slept 6 hours during the night. Was somewhat restless. AM. P 84 " 24 " 100. PM. Pulse 98. R 24. T◎ 100. Took a quart of Eggnog, 3 times today. Bowels moved freely. Patient has been quite restless today. Was given a bath. Has passed his urine, in bed.

" 9 Jan 9/95. Rested poorly + slept only 5 hours, last night. AM. Pulse 96. R 26. T◎ 100. P.M. Pulse 90. R 26. T◎ 100 4; is resting quietly, today. Complains of being hungry, also of pain in abdomen, in region of the bladder. Took milk Toast for his supper.

" 10 Jan 10/95. Quiet + restful, sleeping 8 hours, last night. AM. Pulse 120. R 26. T◎ 100 5. Appears quite weak, today. 10 Am. Was catheterized + bladder washed out with a solution of boracic acid. PM. Pulse 102. R 30. T◎ 102 2. Passed bloody urine during afternoon.

" 11 Jan 11/95. Was given hypodermics at 9 P.M. 12 PM + 3 am; rested somewhat more easily. He appears brighter this AM. Pulse 120. R 30. T◎ — Takes a fair amount of nourishment. PM; Has been in a stupor, most of the time; Pulse is rapid + bounding. He has passed no urine since 9 Am. 5.30 P.M. Was given 4 oz. Hunyadi water. 6 P.M. Passed a small amount of urine. Took beef tea for supper. P.M. Pulse 130. R 30. T◎ 101 2.

" 12 Jan 12/95. Was given Sleeping-dose at 9.30 PM + afterwards slept about 4 hours. Passed about 8 oz. of urine at 6 30 this Am. Pulse 108. R 26. T◎ 98.8. Patient is quite restless, today. Passed urine at 1 30 PM 4 30 PM and 6 PM. Has taken 3 quarts of eggnog, today. P.M. Pulse 116. R 24. T◎ 99.8. Patient lies in bed + in a sort of stupor. —

" 13 Jan 13/95. Restless + disturbed + slept only 3 hours, last night. AM. Pulse 108 R 28 T◎ 98.8. Took 3 quarts of eggnog, today. Bowels moved at 12 PM; he also passed urine quite frequently, during day. 5 P.M. Patient seems quite low + is failing. P.M. Pulse 100 R 28 T◎ 99.4. Was visited by some of his friends or relatives, today. ———

Personal and Medical History of Johnathan McPeek

1895

Jan 14 Jan 14/95. Slept 5 hours, last night; groaned a good deal. AM. Pulse 124. R 30. T◎ 99.2. Took a quart of eggnog, 3 times today. Passed his urine frequently, in bed. Respiration rapid and labored. PM. Pulse 144 R 36. T◎ 100.6. — Patient is quite weak and is failing. —

" 15 Jan 15/95. Slept very poorly, only 1 hour, last night. — Is very weak this Am. Pulse 152 R 48. T◎ 101.8. Respiration is very rapid. Passed urine frequently. — He is rapidly failing. Took no nourishment, today. — 3 P.M. Is failing very rapidly. — 5th P.M. Died at this hour. (Dr. McNutt).

Various causes contributed to his death; senility, atheromatous arteries, cystitis, partial suppression of urine + a general Exhaustion. The bladder remained fairly clear after catheterization, Jany 10th.

— Died —

From 328.

Patrick Clark.

1895

May 13 May 13/95. Appetite not very good, of late. May 14/95. Patient seems to have had a convulsion at 2 Am. May 15/95. Is unable to take solid food this AM. Put on liquid diet + stimulant given him. PM. Has groaned continually, all day; coughing, at times and raising phlegm; also some blood.

" 16 Stimulants Continued to be given. May 16/95. Slept some, during the night; Bowels moved. — 5 P.M. Pulse weak + high; 7 PM. Respiration quick + labored; Patient is steadily failing.

" 17 May 17/95. Patient continued to fail quite rapidly + died at 5. Am.

(see Nurse's record attached on page 228)

— Died —

Personal and Medical History of Jabish Clark

LIBBEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3964.
Residence, Alms-House, St. Paul
Date Admission, 5th January 1895
Admitted by, D. Sheehy Hour, 7 PM
How Sent, John B. Olivier, Jof C. Ramsey County
Sex, Male.
Age, 67 years
Civil Condition, a widower
Children, Backed 6
Age Youngest Child,
Occupation, Unoccupied
Degree Education, not given; probably poor
Profession Religion, formerly member of Baptist Church
Habits, Has never used liquor; Lacks access of the Proprieties
Nativity, Illegible
Physicians Committing, E. N. Spotswood & J. C. Kuhles
Correspondents, No address given - Can be made out of C + C Physicians -

No. for Year, 163.
Insane Relatives, No heredity, so far as known.
Cause Exciting, Old Age
Cause Predisposing, probably old Age.
Form, Dementia organic
Accompanying Bodily Disorder, General debility; epileptic seizures.
Suicidal or Not, Not
Date of this Attack, Slowly manifested several years
Duration, Several years -
No. of Attack, 1st (of several years standing)
No. of Admissions, 1st -
Age First Attack, (?)
Time of Leaving, 17th May 1895.
Time in Hospital, 4 mos - 12 Days.
Result, Died: Ethu in Senile Dementia.

Emily D. Sheehy, Jany 7/95 -

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, -
Quick or Sluggish, Medium -
MEMORY:
Past Events, quite impaired
Recent Events, not good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, not good
Own Mental State, not good
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Patient is quite infirm -

EMOTIONAL STATE:
Normal, Calm, Demented
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, None
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS: none
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, Free, when started & rather jolly. Quite a "humorist".

Personal and Medical History of Jabish Clark

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 11in WEIGHT, 122 pds. NUTRITION, ✓
WOUNDS OR ABNORMALITIES, See "S. Q", next page
TONGUE, Tremors, some tremor Coatings, Coated some Promptness Movement, Prompt
PUPILS, Equality, Equal Size, about normal
Response Light, Do not respond very readily Accommodation, Do not respond very readily -
SIGHT, Very impaired
HEARING, Fair, for his age
COORDINATION, Arms, } not tested, as he was so infirm -
Legs, } " " "
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, Some General, Yes
REFLEXES, Patellar, Equal, about ++ EXAM. URINE,
Other ✓
ARTICULATION,
Slurred,
Hesitating, Good
FACIAL EXPRESSION, ✓
SENSIBILITY, Normal
HEART, a little weak; Sclerotic
LUNGS, Good

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,
} Patient does not know —

Personal and Medical History of Jabish Clark.

1895

This patient was brought here by Deputy Sheriff Courteau, with the following history: He has been confined in the County Alms-house. He has never used liquor. Has lost the bulk of the properties. There is no history of heredity, so far as known. Supposed cause of this attack is old Age; - form of the attack is chronic. He now suffers from General debility & epileptic seizures. The first symptoms of disease was manifested by loss of memory, epileptic attacks, filthy habits. Have been slowly manifested for several years. This is 1st attack, seemingly Continuous. Patient is neither disposed to injure others, nor suicidal, but has filthy habits. No peculiarities as were previously shown, so far as known. He has these Epileptiform seizures, at night. Breaks out in sores, wherever he bruises himself. Has been watched constantly, of late; has been confined in the County Alms-House, & has been under the medical care of the City & County Physician.

Jan 5 On admission, was put on W. (S.R. Complexion Dark; Hair light gray; eyes light gray; Condition of Skin good; some deep scars on inside of thigh of left leg; skin slightly shaded below knee of left leg; bodily condition clean; legs, from knee downward, of a dark purple mottled color. Behavior is good.

" 6 Patient is old & feeble). Right eye also was blackened, on admission. Jan 6/95. Slept but 2 hours, last night; awake 1 hours, restless 6 hours. HM. Pulse 76 (strong). R 24. Tem 96 2/10th. Appetite good; bowels moved yesterday; he urinates very often & seems to have pain, when voiding water. No cough is noticed. His behavior is quiet, talks rationally, in a hesitating voice. Is childish in manner. Complains of colic -

" 7 Jan 7/95. Restless 6 hours, sleeping but 3 hours, last night. HM. Pulse 71. R 20. Tem 96. Appetite good; bowels costive: urine dribbles instead of flowing freely; seems to have bound pain there. Is quiet but troublesome - Talks sensibly, but wanders in his speech. Is feeble-minded. Jan 8/95. Restless 4 hours, but slept 4 hours, last night. HM. Pulse 77. R 16. Tem 96 1/10th. Bowels still costive. Quietly behaved.

" 9 Talks foolishly. Bowels still Constipated. Patient seems improving in health. Jan 9/95. Restless for 6 hours & slept only 3 hours, last night. HM. Pulse 75. R 17. Tem 96 14/10. Well-behaved;

" 10 talks childishly; appetite keeps good. He makes frivolous Complaints. Jan 10/95. Restless 6 hours, and slept only 4 hours, last night. HM. Pulse 70. R 17. Tem 97. Bowels move more regularly, but excreta is hard. No special Complaints &c. Talks ramblingly. Jan 11/95. Slept 6 hours; was restless 3 hours, during the night. HM. Pulse 65. R 17. No special change. Bowels still Costive.

" 12 Jan 12/95. Slept 5 hours, restless 7 hours, last night. HM. P 71. R 17. Behaves well. Talks incoherently.

" 19 Fell and hurt back of his head today. Jan 19/95. During this second week, rest and sleep have not improved any. He has been restless & noisy about 7 hours, nearly every night - Sleeping only about 3 hours in each; on 2 nights has been noisy all night, sleeping none at all. Pulse, taken each morning, has been about normal. Appetite has been good; bowels constipated, the greater part of the time, have within the past 2 days, become somewhat more regular. No cough has been noticed. (Fell & cut his head slightly, during night of 13th inst). He has been quiet & well-behaved. Talk & speech, the greater part of the time, Childish, foolish & incoherent, has, within past 2 days become more intelligible. He has not been making any complaints, of late. Summary. The patient was very feeble, when admitted, but has improved to a slight extent, physically. Appears also to have improved some, mentally as his speech has become more connected & rational. Urinary organs are weak - Rest & sleep, as above stated, have been much disturbed at night, but he gets sufficient natural rest, during the day.

" 31 Jan 31/95. Appetite good; bowels regular. No cough observed. Physical condition weak and

Personal and Medical History of Jabish Clark

1895 Cont'd

Jan 31 gait staggering. Behavior quiet during the day, but noisy at night. Makes no Complaints. Talks freely but not connectedly. Apparently a case of Senile Dementia. Is given extra diet. Habits dirty -

Feb 1 wet in bed. Senile, Atrophied; arteries atheromatous. Feb 1/95. Wt 132 pds. Pulse 73. —

" 10 Feb 10/95. Patient John Scanlon Jr. hit Clark, during the night & blackened his right Eye. ——

Feb 15/95. Appetite good; bowels free; no cough noticed. Patient is weak in lower limbs, & often falls when walking around ward. Urinary organs are also weak; he suffers considerable pain when urinating, (which he is obliged to do about every 2 hours) & dribbles about the floor; he is very noisy at night, is obliged to be constantly getting up, attended, to make water. He is, otherwise, in fairly good health. Behavior is fairly quiet, during the day; recent any freedom taken with him. No complaints or injuries to report - Talks freely & easily; converses sensibly; but has a want of memory & vocation. Is cleanly in his habits; (was wet no day during the month). Patient is given extra diet. —

Mar 1 March 1/95. Wt 143 pds - Has been steadily & quite markedly gaining in flesh; Pulse 78. — —

" 3 March 3/95. Fell on floor, this morning, & struck his head against a heater, cutting a superficial gash about 1½ inches long. March 6/95. Patient was seized with colic, yesterday; mustard plaster applied & hypodermic given. Slept 8 hours last night & appears to be all right, this morning -

" 31 March 31/95. There is little change in condition of this patient since last report of 28th ult. but his physical condition & mental faculties are gradually becoming weaker (lost 1 day during month)

Apl 1/17 Apl 1/95. Wt 144 pds. Pulse 82. Apl 17/95. Patient had a fit, this morning (9.20 Am), which lasted about 10 minutes. When he was seized with fit, he fell off his chair & knocked his left cheek. about ½ past 11 Am, had another fit & lay unconscious about 15 minutes, breathing stertorously most of the time. at 6.30 pm. patient had another fit which lasted about ten minutes. —

" 25 Apl 25/95 - Patient complained yesterday (about 2 Pm) of great pain in right arm; claimed he had a fall. (Arm examined by D+H). Patient suffered considerably & groaned all night. Was given hypodermic. Arm still painful this morning - Apl 27/95. Has continued to suffer great pain, apparently; sleeps scarcely any & is very noisy: large portions of skin below injured arm and on breast & neck have become a dark purple color. Eats well, but has to be fed.

" 29 Apl 29/95. He is now able to move his arm a little & is not quite so helpless - Given a hypodermic last evening & was not so noisy last night, but got considerable sleep. Pain is evidently decreasing). He fell over bed-board last night & injured skin of his left fore-arm. - Bowels are regular. He is very weak in lower limbs & his lower limbs often fall on floor - There has been little change to report in mental condition, since 28th Feby last, except that his intellect is not so bright as it was & his mind is daily becoming more impaired. (11 Dayset during month)

10. Am Mention "Infirmary Ward": apparently very weak & has a lame arm. Given bath & put to bed -

" 30 Apl 30/95. Slept scarcely any all night; rolling & groaning as if in great pain - Was given hypodermic last evening). Appetite is good. Patient is on regular diet. Bowels regular.

May 1 May 1/95. Slept none, all night; groaning & very restless. May 2/95. He seems to be in constant

" 3 pain; is groaning continually. May 3/95. Appetite fairly good; is fed by nurse. May 5/95. He

" 6 sleeps only from two to 4 hrs, at night. May 6/95. Given sponge bath. Patient is very restless and continually getting out of bed, & calling for some one to put him back. Talks quite rationally. -

" 7/10 May 7/95. Slept none during night; was noisy. May 9/95. Appears to be gradually growing weaker.

(carried to 229)

Personal and Medical History of Axel Carlson

LEBERT, FIDLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3968.

Residence, Goodhue County, Minn

Date Admission, 10th January 1895.

Admitted by, Dr. Linton - Phelps Hour, 7 PM.

How Sent, Axel Haller. Jof P. Goodhue County.

Sex, Male

Age, - 23 -

Civil Condition, Single

Children, Yes - Two (2) in Sweden.

Age Youngest Child,

Occupation, Laboring - Man

Degree Education, Probably limited

Profession Religion, Yes; Lutheran, in Sweden

Habits, Strictly temperate & moral, except as above stated.

Nativity, - Sweden -

Physicians Committing, F. W. Dennett and A. L. McClusky

Correspondents, A.M. Anderson (uncle)
Etter, Minn

No. for Year, 167.

Insane Relatives, One uncle; (3 short attacks)

Cause Exciting, Religious & Domestic matters

Cause Predisposing, Heredity. -

Form, Melancholia acuta

Accompanying Bodily Disorder, None

Suicidal or Not, Has propensity & suicide -

Date of this Attack, on Tuesday Jany 8/95

Duration, - 2 Days -

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, - 23 -

Time of Leaving, May 3rd '95

Time in Hospital, 3 mo 23 d

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 Axel Carlson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10½ WEIGHT, 177 lbs. NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT,

HEARING,

COORDINATION, Arms,

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

LUNGS,

TAKEN,

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 Axel Carlson

1895

This patie
history.
Our uncle ha
matters; fe
also parox
or injury
away from
to previous
saved, but he
God". Patie
said today,
Confined, he

Jan 10 On admi
" 11 good: no ma
and slept y
very little
" 12 P.M. Pulse
AM "
" 13 stupid & n
6 hours, la
" 14 quiet, but
last night
" 15 Jan 15/95
" 16 walking, foi
" 17 AM. Pulse
but slept
" 24 brighter; ta
patient has
Pulse, take
well-beha
-mer. He
brighter af
clean. Ha
" 31 Goes out
good: talk

Feb 1 Works on ward; has improved greatly in past few days. Feb 1/95 Wt 180 pounds. Pulse 92.
" 10/11 Feb 10/95. Visited by friend. Feb 11/95. Complains of headache; was given medicines.
" 15/28 Feb 15/95 sits idly about; talks none; Does no work. Feb 28/95. Behaves well. Makes no complaints. Talks no English. Works some on ward. Habits are clean.
Mar 31 Mar 1/95. Wt 181 pds. Pulse 80. March 31/95. No special change; behaves well; talks but little;

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CASE RECORD.

Patient's Name Axel Carlson Name Disease Apnl Name Physician H. H. H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Apr. 1				Patient rec'd on ward from B. & E.		
Apr. 2				Appetite very good. bowels regular behavior very good. night slept 8 hours		
Apr. 9				Weight 185 pounds		
Apr. 16				Patient goes out on grounds every day. does considerable work on ward always appears bright and cheerful		
Apr. 30				Appetite good. bowels regular. Patient receives massage treatment 2 times weekly.		
Apr. 30				Massage treatment two times weekly. Patient very quiet. does not talk any. and apparently can speak no english also has much difficulty to understand it.		
May 2				Visited by friend.		
" 3				"Taken away by friend"		

Recorded by F. E. Spillan Nurse.

Personal and Medical History of Axel Carlson

1895
Mar 31 Appetite good; bowels free; habits clean; works some on ward. Goes out walking quite regularly.—
Apr 1 Apl 1/95. Wt 188 lbs. (a gain of 11 pounds, since coming). Pulse 76. Transferred to Infirmary Ward.
" 2 Apl 2/95. Appetite very good; bowels regular. behavior very good. Rests and sleeps well.—
" 9/16 Apl 9/95. Wt 185 lbs. Apl 16/95. Patient goes out on grounds every day: does considerable work on ward.
" 20 Always appears bright & cheerful. Apl 20/95. Appetite good; bowels regular. He receives massage—
" 30 treatment 2 times, weekly. Apl 30/95. Patient very quiet; does not talk any; apparently can speak no English; also has much difficulty to understand it. Massage treatment (as above) Continued.
May 2/3 May 2/95. Visited by a friend. May 3/95. Friend was allowed to take him out on trial.

Discharged

1895 From 140
Aug 5 George Berg.
Early one morning, he fell out of bed. Takes a fair amount of nourishment; (milk & eggnogs): abdomen, at times, has been swollen and hard. He has to be catheterized 2 to 3 times, daily. Patient is very low, today. Refused food: seems failing rapidly; is in a comatose condition. Respiration rapid and labored; pulse thread-like & intermittent. Aug 6/95. No and condition as yesterday. Mumbles incoherently.
" 6 Aug 7/95. Appears some better, this Am. Aug 9/95. Has been sleeping fairly well, past 2 nights. Refuses food,
" 7/9 sometimes. Seems some brighter, today. Aug 13/95. Patient lies more quietly in bed, of late. Sleeps some better.
" 15 passes urine in normal quantities. Bowels move freely & he appears to be gaining. Habits are very filthy & he soils his room & bed frequently. Takes nine pecks of eggnogs. Aug 21/95. Has been very restless & destructive lately.
" 21 Aug 23/95. Restless, noisy, sleeping very poorly, the past few nights: filthy & very destructive. also threw a
" 23 chamber at nurse. Has sores on heel & back. Aug 30/95. No particular change in any way: vomited
" 30 some this Am. Habits are still very filthy & destructive. Sores on heel & back dressed daily. (See attached record).
Sep 10 Sept 10/95. Still confined to bed. As a rule, restless at night, sleeping very poorly.
very restless, also, during the day: also destructive. Habits filthy: heel & back dressed daily.
" 13/17 Sept 13/95. Very restless & continually getting out of bed. Sept 14/95. Quiet & easy, all day.
" 18 Semi-liquid diet: (1 quart eggnog, 3 times a day). Sept 16/95. Patient lies steadily in bed.
" 20/22 Talks some. Sept 20/95. Sores are healing nicely. Sept 22/95. He fainted while being dressed,
" 26 & day; Sept 26/95. Lies steadily in bed; quiet as a rule; somewhat restless, at times,
" 27 bowels fairly regular: habits filthy. Sept 27/95. 10:00 Am. Patient was taken with a convulsion, starting in left side & lasting about 5 minutes; then reversed to right side, lasting about the same length of time: then they came a general twitching
" 28 of the body: & this has continued all day & night. Sept 28/95. 7:30 Am. Pulse 136 R. 44 T (?) 103 2/5. Patient seems to be gradually growing worse. 8:30 Am. Died
(See attached records)

Died

Personal and Medical History of Axel Carlson

1895

This patient was brought here by Jans Lestrand, Deputy Sheriff, and a friend, with following history. Habits strictly temperate & moral, (except that he has 2 children, illegitimate(?) in Swedish). One uncle has been insane; he had 3 short attacks. Supposed cause of this attack is religious & domestic matters; "fears he will be killed". Form of this attack is acute, depressed; somewhat melancholy, also paroxysmal. There is no accompanying bodily disorder, nor has he been subject to any bodily disease or injury to head. First symptoms of disease were manifested on Tuesday, Jany 8th 1895; he ran away from home & said his thoughts troubled him. (Has the bible almost continuously for a week or so previous). This is 1st attack. Insanity now manifested in religious subject. Says "his soul is saved, but his body is lost". Also worries about his children & seems homesick. Says "he wants to go to God". Patient is not disposed to injure others. He has not attempted suicide, but has the propensity. Said, today, "he would like to take poison, or cut his throat". No filthy or destructive habits. He has not been confined, but last night, it was necessary to restrain him, for a few hours. Has had no medical treatment.

Jan 10 On admission, was put on B2 (S.R. Complexion light, hair dark; eyes dark gray; condition of skin
" 11 good: No marks scars or bruises noted. Bodily condition dirty. Behavior quiet & good. Jan 11/95. Quiet, and slept 7 hours, last night. AM. Pulse 74. R 18. T 98.8. Ate a good breakfast; no dinner and very little supper. No cough noticed. Is crying & decidedly depressed & melancholy, today. Talks no English.
" 12 PM. Pulse 72. R 18. T 99. Jan 12/95. Was restless 3 hours & slept ally 6 hours, last night.
AM " 72 " 19 " 99.2 PM. Pulse 72. R 17. T 98.8. Appetite poor; he is
" 13 stupid & melancholy; has a "religious craze". Jan 13/95. Restless a couple of hours, but slept
6 hours, last night. AM. Pulse 74. R 18. T 98.8. PM. Pulse 72. R 17. T 98.6. He is
" 14 quiet, but talks to himself; appetite fairly good, today. Jan 14/95. Slept fairly well (6 hours)
last night. AM. Pulse 72. Appetite quite good, today. He seems a great deal brighter. Talks no English.
" 15 Jan 15/95. Restless 2 hours, but sleeping 6 hours, last night. AM. Pulse 70. Is quiet. Went out
" 16 walking today. Talks some with his fellow-Countrymen. Jan 16/95. Slept 6 hours, restless 3 hours.
" 17 AM. Pulse 70. Appetite good. He is quietly-behaved. Walks about ward. Jan 17/95. Restless 2 hours
but slept 6 hours, last night. AM. Pulse 70. Is quiet. Has improved some in flesh; also looks
" 21 brighter; talks with his Countrymen; works some on the ward. Jan 21/95. During the past week,
patient has continued restless for from 2 to 3 hours, nightly, & has been sleeping only 5 or 6 hours, as a rule.
Pulse, taken each morning has been about normal. Appetite has been good. He has been quiet and
well-behaved; has made no complaints. Talks only Swede & converses some with his fellow Country-
men. He was stupid & melancholy for first few days; began to work some on ward and to
brighten up; has had no trouble on ward. He is still, however, depressed at times. Habits are
clean. Hallucinations have been reported; he is somewhat religious. Physical condition good.
" 31 Goes out walking, with the rest, quite regularly. Jan 31/95. Patient is behaves well. Appetite
good: talks quite freely (but no English); makes no complaints. Clean & tidy in habits. Goes walking.
Feb 1 Works on ward; has improved greatly in past few days. Feb 1/95. Wt 150 pounds. Pulse 92.
" 10/11 Feb 10/95. Visited by friend. Feb 11/95. Complains of headache; was given medicine; ———
" 16/28 Feb 15/95. Sits idly about; talks none; Does no work. Feb 28/95. Behaves well. Makes no complaints.
Talks no English. Works some on ward. Habits are clean. ———
Mar 31 Mar 1/95. Wt 151 pds. Pulse 80. March 31/95. No special change; behaves well; talks but little;

Personal and Medical History of Axel Carlson

1895

, quite regularly. —
o Infirmary Ward" —
eeps well. —
nsiderable work on ward —
receives massage —
apparently can speak
sabove) Continued —
; at present.

eggways): abdomen,
ient is very low,
easy and labored;
n's constantly —
; nights. Refuses food,
. Sleeps some better.
very filthy & hoards
& destructive lately.
tive. Also threw as
y way: Vomited
(as attached record).
very poorly.
dressed daily.
ay, all day.
steadily in bed.
le being dressed,
-less, at times,
taken with
ver and night
-stretching;
Pulse 136 R 44

(as record) — y growing worse. 8:30 Am. Died

Died

Personal and Medical History of Hubert Kramer

LAMONT, FISLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3971.
Residence, St Paul, Minn
Date Admission, 11th January 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, G. Willrich, Jof P. Ramsey County
Sex, Male
Age, 30
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Coachman.
Degree Education, probably fair
Profession Religion, Church member
Habits, Good
Nativity, Germany
Physicians Committing, J. Ohage and Arthur Sweeney
Correspondents, his Employer was Dr. L. M. Benepe, St Paul

No. for Year, 170.
Insane Relatives, one sister died insane.
Cause Exciting, religious fervor & masturbation
Cause Predisposing, some hereditary
Form, paranoia.
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, 2 months ago
Duration, 2 months.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 30 (a
Time of Leaving,
Time in Hospital,
Result,

Exd by Dr. Herzog (Minn Asst) Jany 12/95.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, clear
Quick or ~~Sluggish~~, fairly

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

PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, seems correct

REASONING POWER:
Ordinary Subjects, seems good.
Own Mental State,
Special Subjects,

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

DELUSIONS:
Systematized or Not, No
Special Subjects, see no
~~Transitory~~ or Not,

HALLUCINATIONS:
ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Patient is somewhat deteriorated in health & confesses to masturbation, go he[re]tion
held with him was somewhat disjointed, as he speaks scarcely any English. [spring]
the revolver, (as attached newspaper clipping) he said he wished to show the police [the]
servant-girl. He was quite unable to explain how this action would [this]
subjects he seemed quite rational & was quick & well-behaved - says he sle[pt] [had]
for some time at home & his appetite is good —

St Paul Pioneer Press
Jany 11/95

CHIVALROUS MR. KRAMER.

HE WAS A COACHMAN AND LOVED THE HOUSEMAID.

His Affection Was Unrequited and He Made a Demonstration With a Couple of Guns—The Circumambient Air Shot to Pieces by the Madman, Who Thought He Was Fighting for the Life of His Lady-Love—A Wild Chase After the Maniac.

Hubert Kramer, a native of Germany, whose mind, it seems, has become a dreary waste of whirring wheels, was declared insane by an examining board of physicians before Probate Judge Gebhard Willrich yesterday forenoon and he was ordered committed to the insane asylum at Rochester. Kramer is thirty years of age and unmarried. He has no relatives in the United States and emigrated here from Emperor William's domain some ten years ago. During the past year he has been employed as a coachman by Dr. L. M. Benepe, who lives at No. 554 Broadway street. Kramer lived with the family; he was a sober, industrious man and a trusted employe. About two months ago he became morose, was moody and taciturn and exhibited an exalted religious turn of mind. These were the first symptoms of the wasting of his brain tissues. Along with his other whims Kramer developed an unusually jealous attachment for a pretty housemaid employed at Dr. Benepe's home. About ten days ago Kramer confided to the young lady the assertion that prudence had commanded him to protect her with his life from enemies, which he assured the startled young lady were plotting her ruin and death. The housemaid informed her employer about the conversation she had held with Kramer, and the doctor sought to reason with his coachman, the while watching him closely and meditating filing information of insanity against him in case the symptoms of insanity in the man became alarmingly developed. But Kramer was cunning. He seemed quite rational when the doctor talked with him about the conversation with the housemaid and from that time on, until Wednesday night, he was unusually quiet and moody. Wednesday night about 8 o'clock he obtained a couple of revolvers and, meeting the object of his affections in the yard, he stopped the young woman and told her again that he was her protector by authority of a divine command. The girl sought to break away from Kramer, and, as she struggled, the now wholly insane man conjured up in the tangled web of his distorted imagination

A Host of Bloodthirsty Villains

who seemed about to harm his inamorita, and, with horrible, blood-curdling yells he began dancing about the frightened girl. Then from somewhere about his person he produced the two revolvers and commenced a noisy fusillade into the air.

Dr. Benepe heard the shooting and so did a policeman, and they each made a run for the infuriated madman. He saw them coming and ran like a deer out of the yard and up the street with the smoking weapons tightly grasped in either hand. On through the streets he sped in the darkness of the night, up Broadway to Fifth street, where he turned and ran up Fifth street to Jackson. Here again he turned and ran to the Endicott Arcade building, where some fancy induced him to stop. He turned and ran into the arcade, past the janitor and up the stairs, to be followed a couple of minutes later by a policeman and Dr. Benepe. He was found crouching in one corner of the hallway on the top floor of the building, shivering with fright. He offered no resistance when placed under arrest. The patrol wagon was called, and he was taken from the Arcade building to the central police station, where he was examined by Dr. Hanley, and from the station he was conveyed to the county jail, where he spent the night in a padded cell. In the morning Dr. Benepe filed information of insanity against him, and he was declared insane by the board of examining physicians, and will be taken to Rochester to-day.

Personal and Medical History of Hubert Kramer

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6½ WEIGHT, 140 lbs on return 142 lbs. 7/31/95 NUTRITION, Somewhat thinner than usual; somewhat anaemic.
WOUNDS OR ABNORMALITIES, See "S.R." on next page. —
TONGUE, Tremors, Slight. Coatings, slight grayish Promptness Movement, prompt
PUPILS, Equality, right slightly larger Size, about normal
Response Light, yes Accommodation, yes
SIGHT, Seems good
HEARING, do do
COORDINATION, Arms, slight impairment; fingers nose, eyes shut, some uncertainty.
Legs, slight impairment; standing at rest, fairly good; standing eyes shut, sways some.
TREMORS, Hands, not marked Tongue, slight
Facial Muscles, eyelids, on closing — General, none.
REFLEXES, Patellar, q. equal;
Other (Abdominal) act briskly respond quickly
ARTICULATION,
Slurred, no
Hesitating, no
FACIAL EXPRESSION,
not abnormal
SENSIBILITY,
HEART, somewhat irregular; sounds good —
LUNGS,
seem good —


3971

Taken,

~~EXAM. URINE~~,

Proposed Treatment

Tonics, iron & strychnine,

OPHTHALMOSCOPIC EXAM.,

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

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

Personal and Medical History of Hubert Kra

LEIGHT, FOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3971.

Residence, St Paul, Minn

Date Admission, 11th January 1895.

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

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

Sex, Male

Age, 30

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Coachman.

Degree Education, probably fair

Profession Religion, Church member

Habits, Good

Nativity, Germany

Physicians Committing, J. Chase & Arthur Sweeney

Correspondents, his Employer was W. L. M. Benepe, St Paul

No. for Year, 170.

Insane Relatives, one sister

Cause Exciting, religious fe

Cause Predisposing, none

Form, paranoia.

Accompanying Bodily Disorder,

Suicidal or Not, not

Date of this Attack, 2 mon

Duration, 2 months

No. of Attack, 1st

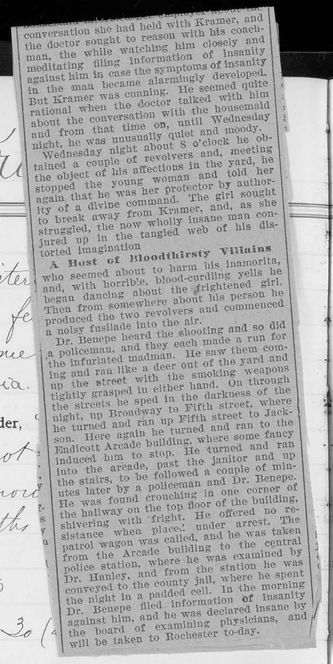
No. of Admissions, 1st

Age First Attack, 30 (

Time of Leaving,

Time in Hospital,

Result,



conversation she had held with Kramer, and the doctor sought to reason with his coachman, the while watching him closely and meditating filling information of insanity against him in case the symptoms of insanity in the man became alarmingly developed. But Kramer was cunning. He seemed quite rational when the doctor talked with him about the conversation with the housemaid and from that time on, until Wednesday night, he was unusually quiet and moody.

Wednesday night about 8 o'clock he obtained a couple of revolvers and, meeting the object of his affections in the yard, he stopped the young woman and told her again that he was her protector by authority of a divine command. The girl sought to break away from Kramer, and, as she struggled, the now wholly insane man conjured up in the tangled web of his distorted imagination

A Host of Bloodthirsty Villains

who seemed about to harm his inamorita, and, with horrible, blood-curdling yells he began dancing about the frightened girl. Then from somewhere about his person he produced the two revolvers and commenced a noisy fusilade into the air.

Dr. Benepe heard the shooting and so did a policeman, and they each made a run for the infuriated madman. He saw them coming and ran like a deer out of the yard and up the street with the smoking weapons tightly grasped in either hand. On through the streets he sped in the darkness of the night, up Broadway to Fifth street, where he turned and ran up Fifth street to Jackson. Here again he turned and ran to the Endicott Arcade building, where some fancy induced him to stop. He turned and ran into the arcade, past the janitor and up the stairs, to be followed a couple of minutes later by a policeman and Dr. Benepe. He was found crouching in one corner of the hallway on the top floor of the building, shivering with fright. He offered no resistance when placed under arrest. The patrol wagon was called, and he was taken from the Arcade building to the central police station, where he was examined by Dr. Hanley, and from the station he was conveyed to the county jail, where he spent the night in a padded cell. In the morning Dr. Benepe filed information of insanity against him, and he was declared insane by the board of examining physicians, and will be taken to Rochester to-day.

Exd by Dr Herzog Jany 12/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, clear

Quick or ~~Sluggish~~, fairly

MEMORY:

Past Events, } seems good

Recent Events, }

Special Subjects, }

PERCEPTIVITY:

Alert or Dull, fairly alert

Correct or Illusive, seems correct

REASONING POWER:

Ordinary Subjects, seems good.

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

~~Exalted~~,

~~Depressed~~,

DELUSIONS:

Systematized or Not, Not

Special Subjects, See note —

~~Transitory~~ or Not,

HALLUCINATIONS: } None noted

ILLUSIONS: }

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:

Patient is somewhat deteriorated in health & confesses to masturbation, as being taken with it. His conversation held with him was somewhat disjointed, as he speaks scarcely any English. On speaking about his cause for firing the revolver, (as attached newspaper clipping) he said he wished to show the people that he wished to marry the servant girl. He was quite unable to explain how this action would show the people anything. Overall other subjects he seemed quite rational & was quiet & well-behaved - says as regards his health that he had for some time at home & his appetite is good —

Personal and Medical History of Hubert Kramer

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6½ WEIGHT, 140 lbs on return 7/31/95 142 lbs NUTRITION, Somewhat thinner than usual; somewhat anaemic.

WOUNDS OR ABNORMALITIES, See "SC" on next page. —

TONGUE, Tremors, Slight, Coatings, slight grayish Promptness Movement, prompt

PUPILS, Equality, right slightly larger Size, about normal

Response Light, Yes Accommodation, Yes

SIGHT, Seems good

HEARING, OD OD

COORDINATION, Arms, slight impairment; finger touch, eyes shut, some uncertainty.

Legs, slight impairment; standing at first, fairly good; standing eyes shut, sways some.

TREMORS, Hands, not marked Tongue, slight

Facial Muscles, eyelids, on closing — General, none

REFLEXES, Patellar, ⊖ equal; ~~EXAM. URINE~~,

Other Light and Knee respond quickly Proposed Treatment

ARTICULATION,

Slurred, no Sonos, iron & strychnine,

Hesitating, no

FACIAL EXPRESSION,

not abnormal

SENSIBILITY,

HEART, somewhat irregular. Sounds good —

LUNGS,

Seem good —



TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters, one sister insane.

Personal and Medical History of Hubert Kramer.

1895

This patient was brought here by Deputy Sheriff M. N. Goss, with following history. Habits have been good. There is some history of heredity; one sister died insane. Supposed cause of this attack is religious fervor & masturbation; form of attack exalted, acute. There is no accompanying bodily disorder. First symptoms of disease were manifested 2 months ago; he became moody; attached to the housemaid, whom he believed God had commanded him to protect. He obtained revolver and fired in the air to protect the girl. This is 1st attack. Insanity now shown by the belief that God has commanded him to protect the servant-girl against danger. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. No peculiarities were previously shown. There is no history of any bodily disease or head-injury. He has not been restrained or confined, nor under medical treatment. (His Employer was Dr. L. M. Benepe, St. Paul.)

Jan 11 **On admission**, was put on B2 (LL. Complexion light; hair light; eyes blue; condition of skin good; no marks, scars or bruises noticed. Bodily condition clean. Behavior good). Jan 12/95. Fairly restful & slept 7 hours, last night. AM. Pulse 92. R 19. Tp 99.2. Appetite good; bowels seem free; no Cough observed. Behavior is good; he talks quite freely, but does not like to be questioned about "matters in St. Paul". Makes no complaints, except of a slight headache. Works some in dining-room. Habits clean.

" 13 PM. Pulse 86. R 18. Tp 99.4. Jan 13/95. Somewhat restless, but sleeping 6 hours, last night. — AM. " 92 " 18 " 98.8. PM. Pulse 92. R 18 — Tp 99. Appetite good; behaves well & is

" 14 quiet. Talks freely; works some. Jan 14/95. Quite restful & sleeping 7 hours, last night. — AM. Pulse 90 R 18. Tp 98.6. PM. Pulse 86 — R — 18. Tp 98.8. Behaves well; talks freely;

" 15 makes no complaints. Works on ward. Is now receiving. Jan 15/95. AM. Pulse 84. Habits clean.

" 16/17/18 Jan 16/95. AM. Pulse 86. Jan 17/95. AM. Pulse 88. Jan 18/95. Since last noted, patient has been quiet at night, sleeping about 7 hours a each. Uniformly well-behaved. Neat & tidy; talks freely; no delusions have been detected. Works on ward. No complaints, except of headache, at times.

" 19 Is on medicine. Pulse this morning, 84. Jan 19/95. Slept 6 hours, last night; was somewhat restless. AM Pulse 72. Was out walking, today, also worked on ward. About 5:30 PM, he complains of headache, and went to bed. Jan 20/95. Slept better, 7 hours, last night. AM. Pulse 72. PM. Pulse 70. Has been

" 20 in bed, all day; still complains of headache: was given medicine. Appetite continues good. —

" 21 Jan 21/95. Slept quite well, again, last night. Is still in bed: complains of headache & pain in abdomen.

" 22 Appetite good. (AM. Pulse 66. Tp 98.8.). Jan 22/95. AM. Pulse 68. Sleep, in ward, today. Complains of bowels being Constipated, which is probably the cause of his headaches. Appetite only medium.

" 23 Jan 23/95. Appetite better, today. Was given medicine for bowels. Is quiet; seems dejected, today;

" 24 Jan 24/95. AM. Pulse 68. Still complains of headache. Does no work now. Behaves well.

" 25 Jan 25/95. For the past few nights, has been sleeping about 7 hours, a each. Still complains of headache. Does not look as well as for first few days after admission. — AM. Pulse 72.

Summary: behavior has been good, since admission. Worked up to 8th day, when he quit. His physical condition looked as if somewhat run-down in flesh. On 8th day, he complained of headache & of feeling sick; went to bed & remained there 2 days. Also complained of being Constipated & of pain in bowels, & did some. Was given medicine for same. Was also kept on tonic medicines, till 9th day; since which time he has refused to take it. Mental condition remained about the same, up to 8th day; since then he has been somewhat dejected & depressed. He also

Personal and Medical History of Hubert Kramer

1895

Jan 26 worries somewhat. Jan 26/95. Was given medicine for bowels at 9:15 PM, last evening. Was restless for 6 hours or so, during the night & slept only about 2 hours. Sleep & about as usual, today.

" 31 Jan 31/95. Appetite good; talks but little; reads some; is rather depressed; complains of headache;

Feb 1/10 works done on the ward — Feb 1/95. Wt 145 pds. Pulse 100. Feb 6/95. Behavior good; talks quite

" 28 freely; works in dining-room — Feb 28/95. Behaves well: talks freely; makes no complaints. Clean

Mar 2 and tidy in habits. Works in dining-room — Seems good physical condition. Mar 1/95. Wt 156 pds —

" 31 (has gained considerably in flesh, the past month). P 76. March 31/95. No special change. Seems Contented.

Apl 1/10 Apl 1/95. Wt 167 pds (a gain of 11 pds in weight, in past month). P 80. Apl 10/95. Transferred to B2

" 17 (the "Open ward") — Works, daily, in the kitchen. Apl 17/95. Addisposed; complained of headache &

" 13 was in bed, part of the day. Apl 13/95. Up, & again working in kitchen. Works intelligently there.

" 30 Apl 30/95. Quiet, well-behaved; pleasant & agreeable; works well, everyday, in kitchen — Clean & tidy — makes no complaints — Seems quite contented here. Seems good physical condition —

May 15 May 15/95. Sleeps about as usual. Works daily in kitchen. Has "limited parole. Habits clean & tidy —

" 31 May 31/95. Eats & sleeps well: bowels regular: physical condition good. Talks quite rationally.

June 1 Behaves well. Works every day. Is on "parole" — June 1/95. Wt 165 pds. Pulse 75. Still works.

" 25 June 25/95. No special change — Has been permitted to go down town to Church on Sundays.

" 27 June 27/95. Was visited today by a friend who spent the greater portion of the day with him. Friend seems anxious to take patient out to his farm.

" 28 June 28/95. Allowed to go out, on trial, with his friend, today; going into the Country.

July 3 July 3/95. Patient was brought back this evening, by the same Farmer friend, who took him out as he seemed relapsing into his former Condition and the women-folk were becoming afraid of him. Was put on B2. Patient is in rather a stupid & melancholy Condition; has lost in flesh: "fact he had not been eating very much"; ate some supper on his

Aug 1 return here — Quiet & dull: talked but little. Aug 1/95. Restless 3 hours, sleeping 4 & 5 hours,

" 7/9 last night. Aug 7/95. Wt 144 pds. Pulse 86. Aug 9/95. Worked in kitchen, today. Still dull.

" 31 Aug 31/95. Sleeps poorly, as a rule. Mental condition does not seem to change any. Physical

Sept 7/17 health is improving. Sept 2/95. Wt 149 pds. Pulse 96. Sept 17/95. Has been working steadily

" 30 in kitchen since 2nd inst. Transferred to A1, today. Sept 30/95. Is very quiet. Acts foolishly; talks & laughs to himself. Does not sleep well. Physical condition is improved.

Oct 3/31 Oct 1/95. Wt 150 pds. Pulse 94. Oct 31/95. No special improvement noticed in his mental condition. Is quiet & well-behaved, works & some, if asked. Appetite good. Habits are clean.

Nov 2 Nov 1/95. Wt 147½ pds. Pulse 92. Dec 3/95. Wt 145⅓ pds. Pulse 80. Jan 1/96. Wt 147 pds. Pulse 92.

Dec 3 1895 Jan 31/96. Behavior has been fair. Complains of headache, at times. Does not sleep well. Has not

Jan 1/31 seemed to improve any mentally. Still holds delusions. Some days, he has "spells" when he will laugh to himself all the time. Seems in good physical health. Works some, if asked.

Feb 1/15 Feb 1/96. Wt 140½ pds. P 88. Feb 15/96. Has some trouble with him today: wanted to wear his cap in ward, and a sheet on his neck. Would not give any reason for wearing it. Is very restless: has walked the floor, nearly all the time, for some days. Picked up a chair to fight with. Mar 1/96. Wt 141 pds. Pulse 82.

Mar 2 Mar 5/96. Went down the elevator rope, to the kitchen. Said he wanted to see the girls. Mar 31/96. Good days

" 31/ Apl 1/30 apt has Wt 151½ pds. P 90 — Apl 30/96. Has not improved any mentally. Acts somewhat silly. Some days changes his clothes 4 or 5 times if allowed to. Does not talk much. Works in dining room. Eats & sleeps fairly well. See Transfer Book A page 314

Personal and Medical History of Robert A. (N) Simpson

LEGGET, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3973.
Residence, 202 Tennessee St. St. Paul.
Date Admission, 14th January 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, G. Wilbuck, Jo. P. Ramsey County.
Sex, Male.
Age, 26 Years
Civil Condition, Single
Children, none
Age Youngest Child,
Occupation, R.R. Clerk
Degree Education, probably good
Profession Religion, Church member
Habits, Good.
Nativity, Ireland
Physicians Committing, Talbot Jones and H. J. O'Brien
Correspondents, Mrs Elizabeth Masson 173 Aker St. St. Paul.

No. for Year, 172.
Insane Relatives, none; no history of heredity.
Cause Exciting, Overwork (?)
Cause Predisposing, not given
Form, paranoia
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, one year ago
Duration, abt a year
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 25 —
Time of Leaving,
Time in Hospital,
Result,

Early Dr. Herzog Jany 15/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear, in the main
Quick or Sluggish, Fairly quick
MEMORY:
Past Events, Seems good
Recent Events, good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, is good
Own Mental State, Poor
Special Subjects, See note

EMOTIONAL STATE:
Normal, ~~Calm~~,
~~Indifferent~~,
~~Exalted~~,
Depressed, Yes
DELUSIONS:
Systematized or ~~Not~~, Systematized
Special Subjects, See note
~~Transitory~~ or Not,
HALLUCINATIONS: None brought out
ILLUSIONS: " "
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, Slightly reticent

GENERAL DESCRIPTIVE REMARKS:
Believes that he is in love with a young lady of higher social position, whom he has never met & thinks his affections are reciprocated. The only reason he has for believing this is that she looks at him in a peculiar manner when she passes him in her Carriage. He acknowledges that he has never met her, but that he has made no effort to meet him, that he has called upon her several times but was refused admittance; but that his delusion remains fixed. He complains of distress after eating & says his "nerves". He has not worked for 3 months past on account of his health.

Personal and Medical History of Robert A. Simpson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ WEIGHT, 136½ pds. NUTRITION, Considerably Emaciated; anaemic breath fœtal.
WOUNDS OR ABNORMALITIES, See "S. K" on next page; ends of fingers clubbed.
TONGUE, Tremors, Considerable Coatings, large and flabby. Promptness Movement, Fairly prompt.
PUPILS, Equality, Yes Size, about normal
Response Light, Yes Accommodation, Yes
SIGHT, Somewhat myopic; lids inflamed at Edges.
HEARING, Good.
COORDINATION, Arms, unimpaired; finger nose, eyes shut, fair.
Legs, unimpaired; standing on foot, good; walking backward, good; standing eyes shut, good.
TREMORS, Hands, Slight Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, about 8-9; Equal
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL, EXPRESSION,
SENSIBILITY,



TAKEN,

EXAM. URINE,
Treatment proposed
Digestants & tonics

HEART, Sound somewhat muffled; no murmurs;—
LUNGS, Nothing shown; murmur good.

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, 2 - 3 Years ONSET GRADUAL OR SUDDEN, Gradual
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,
} nothing brought out

Personal and Medical History of Robert. A. Simpson

1895

This patient was brought here by Deputy-Sheriff Kinney & attended by a friend (Physician?), with the following history. Habits have been good. There is no history of heredity. Supposed cause of this attack is overwork (?); form of attack is chronic. There is no accompanying bodily disorder. First symptoms of disease were manifested one year ago; complained of being tired; went to Ireland, for a visit and rest. This is 1st attack. Insanity now shown by his wanting to marry, and he calls upon a Young Lady, unknown, save by sight. Patient is not dissipated, liquor &tobacco, nor suicidal, nor filthy, nor destructive in habits. Previously, he was rather morose, at times. There is no history of any bodily disease &c or head injury. He has not been Constipated or Confined. Has been under medical treatment, but no particulars can be obtained. There is no knowledge of any other cause unless hard work. Used to masturbate, as a boy; denies it, at present.

Jan 14 — On admission, was put on B[d]/S.R. Complexion light; hair dark brown; eyes gray; Condition of skin good; some scars on back of head; no eruptions noticed. Is slightly dirty. Behavior good). When taken inward, Pulse 96. R 24. T[e] 100[4]. Jan 15/95. Was restless 4 hours, sleeping only about 5 hours, during the night. A.M. Pulse 84. R 24. T[e] 99.2. Behavior is quiet & good. Appetite is poor; bowels quite free. P.M. Pulse 84. R 24. T[e] 99.5. Appears to think the greater part of his trouble is caused from his "nerves"; also complains of a weak stomach. Jan 16/95. Restless 5 hours, and slept but 3 hours, last night. Patient is quite reserved; even surly when spoken to, but up to the present, his behavior has been quite good. Appetite improving. Jan 17/95. Slept about 5 hours, last night; was restless when awake. A.M. Pulse 96. R 22. T[e] 98[4]. P.M. Pulse 96. R 24. T 98.8. He has been very restless, today; complains of "Stomach being out of order". Is quite obstinate, at times. Had some trouble with him about shaving, today. Jan 18/95. Fairly restful, sleeping 6 hours, during the night. A.M. Pulse 80. P.M. Pulse 80. Appetite fair; bowels are in good condition. Patient is slightly dejected, today. Jan 19/95. Restless 2 hours, but slept 6 hours, last night. — A.M. Pulse 80. Appetite fair. Says "he wants to take the first train to St Paul". Is quite restless. P.M. " 84. Jan 20/95. Again fairly restful, sleeping about 6 hours, last night. A.M. Pulse 80. Is very quiet today. Appetite good. Wanted to go up-stairs to see a lady friend, who, he said, had called on him" — (Evidently a delusion). P.M. Pulse 84. Jan 21/95. Was very restless & disturbed, and slept only about 3 hours, last night. Appetite some better. He is getting very surly, of late, & will not answer civil questions. Jan 22/95. During the night, he wanted to go out; got up & put his clothes on; night-nurse had some trouble to get him back to bed. Slept only 2 hours. Jan 23 — He has been very restless, during the day. Jan 23/95. Was quite noisy, at times, during the night; slept only about 2 hours. Appetite fair. He holds quite persistently to the delusion above mentioned. Says "there is a young lady upstairs who wants to see him" & he asks to go up. — Jan 24 — Jan 24/95. Slept 5 hours, during the night; restless when awake. Appetite poor, of late, but bowels are regular. — Jan 25 — Jan 25/95. Appetite poor. Behavior not good. Is obstinate & at times, violent. He is always surly. Jan 26 — Jan 26/95. Is quite melancholy & despondent of late. Discontented; ill-at-ease; "Wants to go back to St Paul". Jan 27 — Jan 27/95. Appetite very poor, during last few days. Patient quite obstinate & violent at times. Jan 28 — Jan 28/95. Has been sleeping quite poorly, of late. Appetite continues very poor. Is quite despondent, during the day. Does not read or amuse himself, otherwise, noticeably. Habits are cleanly.

Summary: Patient came on ward, looking much run-down & emaciated: he has

Personal and Medical History of Robert. A. Simpson

1895

Summary (cont'd) — gained considerably in flesh, up to the present time, & general appearance is much improved, also. He has grown quite surly & obstinate, and is, at times, quite violent. Often, has to be forced to retire, and also to come to meals. Mental state seems to have grown worse, during the last week, as, at first, patient would talk reasonably & rationally on most any subject, but will now talk incoherently. He cannot concentrate his mind on any one subject, for long. Jan 31/95. Appetite poor; bowels regular. Patient is rather quiet of late & at times, when spoken to is quite surly. Transferred to B[2].

Feb 1 — Feb 1/95. Wt 145 pds. (Has gained some since coming). P.M. Feb 2/95. Stands idly about, or sits in Letter; generally with hand on forehead. Talks but very little; plays checkers occasionally — Feb 28/95. No special change. Melancholy. Talks but little; not communicative. Does not walk out. Clean & tidy in habits. March 2/95. Wt 137 pds (has lost some in flesh without apparent cause) Pulse 80. March 31/95. Has delusions. Says that his name is "Bob Ingersoll". Laughs & acts silly, at times. Plays cards some. Walks out some. Works none. Talks but little unless addressed. — Apl 1/95. Wt 145 pds (has regained his lost flesh). P.M. Visited by his cousin, Miss Day. Apl 30/95. Does not seem to improve. Talks but little. Sits idly about; puts a hand to forehead with hand. Laughs to himself. Walks out regularly, of late. Plays games. Is clean & tidy. May 1 — May 1/95. Wt 151 pds. Pulse 86. May 31/95. Patient is very much deluded. Works none, but plays games &c. Is clean & tidy in habits. June 1/95. Was visited by a cousin at 11[a] & 30[a]. Also Weight 146 pds. Pulse 76. June 30/95. Well behaved & quiet. Does not talk much of his delusions, as he did. Makes no complaints. Clean & tidy. Physical condition good. July 1 — July 1/95. Wt 148 pds. Pulse 86. July 30/95. Called on by friend. July 31/95. Shows delusions. Says "we can all read his mind & that he wants to go to St Paul, to give it a rest". July 31/95. Appetite poor: at times, will eat nothing. Sits idly about, rubbing his forehead. Talks but little. "Wants to get to St Paul". Still claims "that we read his mind here". Seems losing in flesh; Aug 1 — Aug 1/95. Wt 144 pds. Pulsed 96. Aug 7/95. Appetite poor: sits about, with eyes closed & hand on forehead, or rubbing it: talks but little, unless addressed. Is melancholy and depressed. Aug 31 — Aug 31/95. No change noticeable; does not talk, unless spoken to; melancholy; "wants to go home". Sept 2 — Sept 2/95. Wt 145 pds. Pulse 84. Sept 30/95. Still no change to note. Is melancholy. Talks very little. Oct 1 — Oct 1/95. Wt 153 " " 86. Oct 31/95. No change noticeable. Grows worse & worse. Nov 1 — Nov 1/95. Wt 156 " " 84. Nov 29/95. Complained of feeling weak & dizzy: went to bed: ate no dinner, and took a very light supper. Nov 30/95. Is in bed, all day; ate very little. Is quiet. Dec 1 — Dec 1/95. Up, inward. Says, "he feels some better, today". Dec 2/95. Transferred to 6[2]. Dec 9 — Dec 9/95. Feeling very well, as the appetite & poor Generous Diet: also on Bromidia. t.i.d. Dec 31/95. No apparent change. Sleeps well. Appetite good: bowels regular. Patient has both Delusions & Hallucinations. Jan 1/96 Jan 2 — Jan 2/96. Wt 152 pds. Pulse 84. Jan 29/96. Transferred to 6[3]. Jan 30 — (as a result of general change of wards). Jan 30/96. Physical condition not very good. Skin weak. Appetite poor. Bowels regular. Does not talk much. Is constant walking. Still has delusions. Feb 12 — Feb 12/96. Wt 150 pds. Pyr. Feb 13/96. Appeared to improve, for several days, but has again resumed his quiet, melancholy manner. Works none: has delusions. Physical condition fair. Appears very pale & weak, at times. Appetite poor. Delusions are of a religious nature. Is constant walking. Mar 1/96. Wt 156 pds & Pr. Mar 31/96. No change. Apl 1 — Apl 1/96. Wt 149 pds. Pyr. Apl 30/96. No change, mentally: no improvement, physically. Appetite poor: bowels constipated.

Dec. Transfer Book. F. page 316.

Personal and Medical History of Philander, M. Hall.

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3971k.
Residence, Dover, Minn.
Date Admission, 15th January 1895.
Admitted by, Dr. Kilbourne Hour, 5 P.M.
How Sent, Thomas Fraser, Jof S. Olmsted Co.
Sex, Male.
Age, 64 Years
Civil Condition, Widower
Children, Yes; five
Age Youngest Child,
Occupation, Farm - Laborer
Degree Education, probably limited
Profession Religion, Not a church member
Habits, Temperate
Nativity, Newyork
Physicians Committing, C. F. Granger & L. C. Dugan
Correspondents, Danl. W. Drake (friend) Dover Minn

No. for Year, 173.
Insane Relatives, not known.
Cause Exciting, not given - "chronic" -
Cause Predisposing, Previous attacks
Form, melancholia senile.
Accompanying Bodily Disorder, General debility
Suicidal or Not, Suicidally inclined, (by starvation) -
Date of this Attack, 9 or 10 Years ago (longer?)
Duration, 9 or 10 years — (longer?)
No. of Attack, 1st Continuous
No. of Admissions, 2nd here -
Age First Attack, - 38 years
Time of Leaving, 23rd January 1895
Time in Hospital, - 8 Days
Result, Died; Marasmus after Situ-phobia.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exd by Dr. Herzog Jany 17/95.

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

GENERAL DESCRIPTIVE REMARKS:
Patient speaks but a few words: seems depressed. Complains, but of nothing particular. Sleeps some. Seems somewhat inflamed; appetite is very poor.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Yes
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, None noted
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, very reticent

Personal and Medical History of Philander, M. Hall

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken (too feeble) WEIGHT, not taken (patient feeble) NUTRITION, very much emaciated -
WOUNDS OR ABNORMALITIES, See "S. R", on next page.
TONGUE, Tremors, not marked Coatings, red & dry - Promptness Movement, Slow
PUPILS, Equality, Yes Size, somewhat Contracted
Response Light, Yes Accommodation, Yes
SIGHT, Impaired
HEARING, not good
COORDINATION, Arms, Considerably impaired
Legs, do do : patient is almost unable to stand -
TREMORS, Hands, Yes Tongue, slight
Facial Muscles, None General, attempts to stand -
REFLEXES, Patellar, EXAM. URINE,
~~Other~~ Not tested ; patient feeble - Proposed Treatment
ARTICULATION,
Slurred, Keep abed; give liquid nourishing diet; regulate bowels; anoint rectum -
Hesitating, Yes
FACIAL EXPRESSION,
as if exhausted
SENSIBILITY,

HEART, Weak; not rapid; sounds as if slight mitral regurgitation -
LUNGS,
Sounds good; respiration shallow -

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, See history - 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 Philander M. Hall.

1895

This patient was brought here by Deputy-Sheriff Post, with following history. Habits have been temperate. No hereditary history known of. Form of attack is chronic, depressed. No cause given for the present one, which seems to be the 1st (continuous); shows, as accompanying bodily disorder, general debility. First symptoms of disease manifested 9 or 10 years ago (Munger?); do not know symptoms of 1st manifestations. Now, he will not eat, unless forced; will not take care of himself; neither will he talk; (insanity manifested in this way). Patient is not disposed to injure others; has not attempted suicide, except by starvation. Is not filthy or destructive. There is no history of any bodily disease etc or head-injury. Has been in this (Rochester) Hospital before. Has had no medical treatment, except at Hospital. No further particulars in this present history.

Jan 15 Wt. 130 lbs. 8 oz. Nov 18

Note. Records show he was here before, from Sep 9/89 to July 14/90. On then coming, it was ascertained he had been confined previously in St Peter and Meadota Asylums; was very talkative; noisy at night. Speech incoherent. Was an odd good-natured man. Showed no marked delusions, thought talking strangely about marrying &c, + women. Wrote odd + strange letters; decorated himself in strange ways. Was, after a while, given parole + walked about the "Center". Also worked outside some. Generally in good humor; once in a while, irritable; physical health was very good.—

On admission, was put on M+ / S.R. Complexion light; hair dark grayish; eyesight fair; condition of skin good; some small dark spots at back. Bodily condition dirty; has vermin in him; behavior good. Patient is feeble + almost unable to walk). Jan 15/95. Patient slept all night. T.M. P 86. R 17. T. 97 4/5

" 16 Appetite poor; can only be persuaded to eat extra diet, with milk; bowels seem free. No cough noticed.

" 17 Is quietly behaved; talks none; no complaints or injuries to report. Jan 17/95. Awake + restless, all last night, slept none; took eggnog + a glass of milk during the night. T.M. Pulse 92. R 18. T. 98 2/5. Appetite still poor; bowels constipated; behavior quiet; talk none; makes no complaints.

" 18 Jan 18/95. Was somewhat restless, though sleeping 5 hours, last night. T.M. Pulse 87. R 21. T. 99 1/5 +

" 19 Jan 19/95. Slept poorly, last night. T.M. Pulse 87. R 19. T. Normal. Is still on extra diet.—

" 20 Jan 20/95. Rested very poorly, again, last night. T.M. Pulse 83. R 19. T. 97 1/5. (Pulse irregular).

" 21 Jan 21/95. Awake 2 hours, restless 4 hours, sleeping but 3 hours, last night. Is vomited, last night, after supper. T.M. Pulse 81 (irregular) R 19. T. 98 2/5 +. No cough has been observed. Continues quietly behaved. Talks none + but very little. Appetite is still poor; bowels free. Makes no complaints.

" 22 Patient is evidently failing, in every way. Jan 22/95. Slept but 3 hours, was restless remainder of the night. T.M. Pulse 96 (very weak); R 29. T. 97 1/5. Refused food, today. Is quietly behaved; talks none. Bowels free; makes no complaints. Jan 23/95. Rested + slept very poorly, last night. T.M. Pulse 101. R 33. T. 96 3/5. Took food twice, today. Passed blood in afternoon. Behavior is mostly quiet; he talks none. Slept most of the day. His friend was this evening, advised of the patient's critical condition. He became restless this evening; feet grew cold; hot sand-bags applied. Hypodermics + beef-meal administered, at 7 30 P.M. Continued to fail and died at 8 30 P.M. (Friend also advised of his death).

The patient was brought here in a prostrated condition; he was much emaciated, probably because of continued abstinence from food, as indicated in the papers that accompanied him. Although he was given liquid diet + stimulants, he never rallied much, but, after the 3d day, gradually declined.

— Died —

Personal and Medical History of Irvine Thompson

June 2 04.

and also dirty. (Number of Days dirty 14; number of hours, in restraint 141). Seems very weak-
ape of Apl 1/95. Wt 120 lbs. Pyr. Apl 5/95. Abscess lanced this morning). Apl 10/95. Abscess again lanced,
she has remained
him in bed; he tears
es lanced, this
am out. Patient
ived diarrhoea-
oing most all of
times, very noisy-
s of side pain-
ritely in sanity-
y. Light. Discharg-
d: Extremities
d.

CASE RECORD.

Vol 29
Folio 201

Patient's Name I. Thompson Name Disease _____ Name Physician H.H.H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms
Apl. 23	100	78	22	8 30 Abscess dressed. Still discharging pus.		8 30 Patient received on ward. 2 P.M. bowels moved copiously passage thin and watery. 8 P.M. bowels moved. has severe diarrhoea. Night slept 4 hours.
Apl. 24	99.4 100	80	24 26	Side dressed. pus is still sweet and tuberculous	On liquid diet. Appetite good.	Bowels moved several times to day. still has bad diarrhoea. Appears steadily failing. Night slept 1 hour. was noisy most all night. restless hours.
Apl. 25	100	84	24	Side dressed, has discharged but little since last dressing. Seemingly a large quantity in cavity.	Took about 2 ozs eggnog. Drinks Say. Calls for solid food. Complained of side pain this a.m.	Patient has a very offensive odor about him. At times very noisy. Night slept 1 hour out less 7 hours.
Apl. 26		60		Side dressed. very slight discharge		night slept 1 hour out less 7 hours. very low all night and rapidly failing. 8 A.M. Respiration labored. extremities cold. took no nourishment to day. 1 45 P.M. died.
Apl. 27						

Recorded by _____ Nurse.

...Supper on account from C. Orman - agreement was made and rec'd. May 4th 118.15. No charges since no work. March 1898 Rather more restless since window when he hears train go by. Requires very careful watching when out of doors: Attempts frequently to elope. Nov 20 Struck at patient L. Frank. Jan 3 99 Wt. 150. Appetite good. Bowels regular. Has delusions of persecution.

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Personal and Medical History of Prulander M. Hall.

1895

Jan 15 Wt. 13. Ab. 96.5 98

[illegible]

died at 8.30 PM. (friend also advised of his death).

The patient was brought here in a prostrated condition; he was much emaciated, probably because of Continued abstinence from food, as indicated in the papers that accompanied him. Although he was given liquid diet & stimulants, he never rallied much, but, after the 3d day, gradually declined.

– Died –

Personal and Medical History of Irvine Thompson

Room 204.

and also dirty. (Number of Days dirty 14; number of hours, in restraint 141). Seems very weak.

Apl 1/95 Apl 1/95. Wt 120 lbs. Pulse 72. Apl 5/95. Abscess lanced this morning. Apl 10/95. Abscess again lanced this morning. Apl 11/95. Complained of feeling very bad & weak. Was put to bed where he has remained very quiet all day. Apl 12/95. Very restless & destructive. Apl 13/95. Cannot keep him in bed; he tears his clothes as fast as they are put on, & at times, also, his bedding. Apl 18/95. Abscess lanced, this morning. Apl 23/95. Abscess broke open this morning, & about a quart of pus ran out. Patient was transferred to Infirmary, at 3 PM. Apl 24/95. Patient has quite severe diarrhoea. Abscess still discharging pus. He appears steadily failing. Apl 25/95. Restless & noisy most all of the night; slept only 1 hour. Patient has a very offensive odor about him. At times, very noisy. He took about 3 quarts of eggnog during the day; calls for solid food. Complains of side paining him. Abscess has discharged but little since last dressing; seemingly, a large quantity in cavity. Apl 26/95. Passed a very poor night. Was restless & very noisy – side dressed; very slight discharge. Was very low all night, and rapidly failing. Apl 27/95. AM. Respiration labored; extremities cold. Has taken no nourishment today. Is rapidly failing. 1.40 PM. Died.

– Died –

John Richa

1896 Room 170.

Feb 1/96 Feb 1/96. Wt 138 lbs. Pulse 90. Visited by wife today. Feb 29/96. Patient stands by door at end of hall, looking out of window, & rapping on sills – – – – – , thus: invariably followed by raising his hand & blowing his nose & perspirating on floor. Mar 1/96. Wt 139 lbs. Pulse 88. Mar 30/96. No change noted. Walks goes through his peculiar motions & actions. Attempts to run in dwelling-houses while out walking. Requires continual attendance while out of doors. Apl 1/96 Wt 138 lbs. Pulse. Apl 30/96. Walks no change noticeable: tries, very frequently, to escape while out walking: is under constant surveillance of nurses. Has delusions "of poisoning" & is very careful about eating. Eats mostly bread, which he holds under the table, breaking pieces & putting it to his mouth: keeps his cup covered with saucer, all the time, while eating, for fear of some one dropping "poison" in it.

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. Has changed very little during past period: has been visited frequently by relatives. Always full of delusions of his own, knocking upon the wall & standing about. Rather restless in manner: talks but little: Wt. about 140 lbs. Continued by Dr. Herzog. Wt. 143#. Appetite fairly good: peculiar in regard to eating, holds plate under table seems to be afraid that someone will introduce poison. Pounds on door & window: makes mysterious movements, apparently in imitation of lodge signs. Attempts to escape: will not speak to anyone except relatives. Fairly clean: does no work: expectorates when spoken to & attempts to expectorate on nurses: kept in bed because of attempting to escape. Oct 1 Wt. 150#. Oct 19 Attacked Nurse Brown on being asked to change room: fought violently biting & kicking. A. Fait attempted to help nurse. Fait's face scratched: Brown's arm bitten. Nov 1 No change except is allowed out of bed part of time. Frequently attempts to escape. Stands with hands clasped, holding breath until face becomes congested. Sits on floor & whispers in meditation. Eats & sleeps in room with E. Smith. Frequently lies under bed. May 4 Wt. 151#. No change. Does no work. Mch 1/98 Rather more restless. Runs to window when he hears train go by: requires very careful watching when out of doors: Attempts frequently to elope. Nov 20 Struck at patient L. Franck. Jan 3/99 Wt. 150#. Appetite good: Bowels regular. Has delusion of persecution.

To Transfer Book 295

Personal and Medical History of Frank Gherke

LORENT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3975.

Residence, Zumbrota village, Goodhue Co. Minn

Date Admission, 15th January 1895.

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

How Sent, Axel Galles, Jof P. Goodhue County

Sex, Male.

Age, 22 years

Civil Condition, Married

Children, one

Age Youngest Child, —

Occupation, Laborer.

Degree Education, probably limited

Profession Religion, not a church-member

Habits, Temperate & of good moral habits.

Nativity, Germany.

Physicians Committing, C. M. Bebe & O. I. Hall

Correspondents, William Gherke, Zumbrota, Minn
% Wm Mantie, Zumbrota, Minn

No. for Year, 174.

Insane Relatives, none; no history of heredity.

Cause Exciting, family & church troubles.

Cause Predisposing, not stated

Form, Melancholia acute

Accompanying Bodily Disorder, none

Suicidal or Not, Attempted suicide Jan 9/95 and Jany 11/95.

Date of this Attack, a month a 5 weeks ago

Duration, a month a 5 weeks

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, — 22 —

Time of Leaving, Mch 18' 95

Time in Hospital, 2m 3d

Result, Rec.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr. Herzog - Jany 11/95.

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, Fairly quick

MEMORY:

Past Events, Good

Recent Events, Good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Fairly alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, Seems good

Own Mental State, Seems good

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, None noted

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, Slightly reticent

GENERAL DESCRIPTIVE REMARKS:

Patient tells of his attempts at suicide, clearly & connectedly. He gives as a cause, a trivial quarrel with his wife - the attempt, by hanging, he fructated himself, losing courage. He then told his wife of the occurrence & she became frightened, leaving the house. This further discheartened him, and he attempted suicide again by taking Paris green. Aside from the suicidal attempts, for insufficient cause, he appears as well as the usual young man of little discretion -

Personal and Medical History of Frank Gherke

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 163 pds. NUTRITION, fairly good -

WOUNDS OR ABNORMALITIES, see "L. L." on next page -

TONGUE, Tremors, none Coatings, brownish & anaemic Promptness Movement, prompt

PUPILS, Equality, equal Size, normal

Response Light, Yes Accommodation, Yes

SIGHT, Seems good

HEARING, Seems good

COORDINATION, Arms, good, by usual tests.

Legs, good " "

TREMORS, Hands, none Tongue, none

Facial Muscles, none General, none

REFLEXES, Patellar, ? - equal EXAM. URINE,

Other proper treatment

ARTICULATION, None stated -

Slurred, ✓

Hesitating,

FACIAL EXPRESSION, Good

SENSIBILITY, ✓

HEART, no murmurs

LUNGS, Seem good

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Recent kept Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Resp., Temp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters, No history

Personal and Medical History of Frank Sherke

1895

Patient was brought here by the village Marshall of Zumbrota, with following history. Habits temperate; meals good; no history of heredity; Exciting Cause, family & Church trouble: there is acute melancholia, in form. No accompanying bodily disorder. First Symptoms of disease were manifested a month or 6 weeks ago; brooding over supposed persecutions, which he could not satisfactorily explain. This is 1st attack. Insanity now shown by his being very suspicious of relatives, especially wife and sister-in-law. Patient is not disposed to injure others. Is suicidally inclined. Jan 9/95. Attempted suicide by hanging. Jan 11/95. Again, attempted suicide by taking Paris-green. He is not filthy or destructive in habits. There is no history of any bodily disease or injury to head. Patient has not been confined or restrained, nor has he been under any medical treatment.

Jan 15 On admission, was put on B[2] (S.A. Complexion light; hair brown; eyes brown; Condition of skin good; no marks scars or bruises noted; bodily Condition clean. Behavior good). Jan 15/95. Slept 5 hours, was restless about 3 hours, last night. Ath. Pulse 104. R 19. Tm 99 2. Appetite good; bowels been free. Behavior good. Talks freely, no delusions noted. Makes no complaints; no cough noticed.
" 17 PM. Pulse 100. R 20. Tm 99.2. Jan 17/95. Fairly restful, sleeping 7 hours, last night. Ath. Pulse R 20. Tm 99.2. PM. Pulse 96. R 16. Tm 99. Behaves well. Reads some; talks freely, no delusions noted. His
" 18 appetite keeps good. Jan 18/95. Slept 6 hours, restless 2 hours, last night. Ath. P 96. R 20. Tm 98.
" 19 PM. Pulse 96. R 19. Tm 99. About same as yesterday; makes no complaints. Jan 19/95. Ath. P 98.
" 20 sits about; talks freely. Does no work. Behaves well. Jan 20/95. Ath. Pulse 100. Talks freely &
" 21 sensibly; reads some. Seems cheerful, but "wants to be released." Jan 21/95. Ath. Pulse 100.
" 22 Behaves well; Cheerful; reads some; plays games &c. Jan 22/95. Since last noted, has continued to be restless about 2 hours nightly, but sleeping about 6 hours in each. Ath. P 96.
" 24 Conduct & behavior about as usual. Habits are clean. Jan 24/95. During this, the 2nd week, patient has been more restful & sleeping 7 to 8 hours nightly. Has been up & about daily; clean, tidy & of good personal habits. Pulse, taken each morning, has ranged from 98 to 92 (today). Appetite has been good; bowels regular. He sits about, while in ward; talks freely & sensibly; no delusions noted; reads, plays games &c, does not walking; but does no work. Makes no
" 31 Complaints yet his getting quite anxious to go away. (Was visited by brother on 28th inst)- thinks he ought not to be kept here." Physical condition is good. Jan 31/95. No special Change.
Feb 1/6 Feb 1/95. Wt 165 pds. Pulse 84. Feb 6/95. Transferred to A'. Feb 28/95. Appetite good; bowels free; behaves well; talks freely & sensibly; no delusions noted; always happy & contented; plays cards &c.
Mar 2 keeps to himself. Otherwise - Habits are clean & tidy. March 2/95. Wt 164½ pds. Pulse 80.
" 18 March 18/95. Continues quiet & well-behaved. Talks freely & sensibly. Contented; makes no Complaints. Works some in ward. Physical health good.
Visited by brother today & allowed to go home with him.

Discharged

Personal and Medical History of W. N. Thompson.

From 250.

May 31 May 1/95. Wt 137 pds. P 88. May 31/95. Continues restless & noisy for from 4 to 6 hours, almost every night: sometimes, noisy all night: as a rule, sleeps very poorly - appetite good: bowels regular. behavior noisy & restless; pounding himself. Talks incoherently: habits dirty - (24 days dirty, in month).
June 1/9 June 1/95. Wt 135 pds. Pulse 100. June 9/95. Fell against a settee, cutting his face quite severely.
" 14 June 14/95. Has been pounding his forehead, until he has made an open sore & has begun to pick at it. Placed in restraint at 11[30] am. June 20/95. Taken out of restraint at 10 Am. June 30/95. No
" 20/30 special change. Restless & noisy. (Number of days dirty 30: no. hours restrained 158[2] during month).
July 1/2 July 1/95. Wt 134 pds. Pulse 96. July 2/95. On examination today, the following noted: left pupil very slightly larger than right; both respond to light & accommodation: articulation "Sing-Song". reflexes 9 - 10, with slight ankle-clonus: fine tremor of tongue: coordination of limbs, appa-rently fairly good: (visual tests fail, but movements are very active). D[r] H H[r] note -
" 31 July 31/95. Still very restless & noisy; at night frequently: for several nights in succession, has slept almost no at all - noisy all night. Habits still dirty (31 days this month). Otherwise no change.
Aug 1/3 Aug 1/95. Wt 131 pds: pulse 96. Aug 31/95. Quite often restless & noisy at night & sleeps very poorly. Sometimes, noisy all night. Behavior, by day, noisy: talks incoherently: Covers himself: habits dirty & filthy: (was 24 days dirty, during month). Sept 2/95. Wt 134 pds. Pulse 96. Sept 16/95. Was struck
Sept 2/16 with a mop-stick, in the hands of George Wright, Cutting his head quite severely. Sept 30/95. Has
" 30 been quite often restless & noisy at night, sleeping very poorly. Condition shows no change. (Number of days dirty during month 30). Oct 1/95. Wt 130 pds. Pulse 94. Oct 10/95. He had 41
Oct 1/10 Convulsions during night, (between 8 & 11 o'clock Pm). Oct 11/95. Semi & about as well as ever. D[r] H.
" 11 Oct 14/95. Noisy, talkative & troublesome during the day. Habits continue very filthy. -
" 14 Oct 31/95. Was found with a black eye this morning: not known how he got it, during the night. Still no change in Conduct or behavior, by day or night. (Dirty 31 Days, during the month). -
" 31 Nov 1/95. Wt 134 pds. Pulse 92. Nov 18/95. Has been quite often restless, the greater part of each night
Nov 1/18 and sleeping very poorly - Nov 19/95. Left thigh is swollen & inflamed, causing him very much pain.
" 19 Nov 21/95. Did not sleep any, during night. Nov 25/95. Visited by friend. Nov 30/95. No change noted -
" 21/30 being restless & can't sit still for 5 minutes at a time: either pounding himself or jumping up & down on the floor: will not keep his clothing in shape: habits dirty & filthy (Number of Days dirty 30). Talks incoherently & shows delusions. Patient has a boil on his left thigh which is very painful.
" 30 Dec 1/95. Wt 146 pds. Pulse 100. Dec 31/95. Nine often restless at night: sleeps very poorly: Otherwise, no
Dec 1 to Jan 1 change, in any way. (Number of days Dirty 31). Jany 1/96 Wt 150 pds. (So gaining in flesh).
" 17/31 Jan 17/96. Struck his head against door of closet, making a bruise. Jan 21/96. Moved to B[3]
" 31 (on account of a general change of wards). Jan 31/96. No change, in any way.
Feb 1/29 Feb 1/96 Wt 152 pds. P 86. Feb 29/96. Is slightly restless, sometimes noisy & sleeps only 3 & 5 hours at each.
Appetite good: bowels regular. Behavior restless & noisy: Will strike himself: troublesome in keeping his
Mar 1/30 clothing on. (was 29 days dirty during month). Mar 1/96 Wt 152 pds. P 86. Mar 30/96. No change noted.
Still noisy & troublesome about his clothing: Constantly striking himself. (Was 30 days dirty during month).
Apl 1/9 Habits very filthy - Apl 1/96. Wt 155 pds. P 88. Apl 9/96. No change. Noisy, troublesome: filthy & dirty in habits.
" 10 Apl 10/96. 10 Pm Was taken with a "spell" of Convulsions: had 29 up to 2[45] am: from then till morning was in an unconscious condition. Bowels moved freely. (Carried to Transfer Book A' page 269.)

Personal and Medical History of Richard Howard

LOBERT, FOLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 3976.
Residence, Dodge Centre, Minn
Date Admission, 16th January 1895.
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, Sivert Olson, Jof C, Dodge County
Sex, Male
Age, 6r years
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, none
Degree Education, not given
Profession Religion, not a church member
Habits, Good.
Nativity, New York
Physicians Committing, S.H. Vanllew and S.N. Rawson
Correspondents, Mrs Maria Morehouse (sister) Dodge Centre, Minn

No. for Year, 175.
Insane Relatives, mother
Cause Exciting, Imbecility from birth.
Cause Predisposing, Heredity.
Form, Imbecility
Accompanying Bodily Disorder, Cystitis.
Suicidal or Not, not.
Date of this Attack, at birth
Duration, 6r years —
No. of Attack, not 1st
No. of Admissions, 1st
Age First Attack, birth —
Time of Leaving, March 25 - '95 -
Time in Hospital, 2 mo 11 ds.
Result, Unimproved

Entered by Dr. Herzog. Jany 1895.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } Poor
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct, in the main
REASONING POWER:
Ordinary Subjects, } Poor
Own Mental State, }
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient is evidently an imbecile, judging from his actions, talk & expression; health is fair;

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Yes
Exalted,
Depressed, Yes
DELUSIONS:
Systematized or Not, } None noted.
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent.
Voluble or Reticent, Somewhat reticent.

Personal and Medical History of Richard Howard

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 1/4 WEIGHT, 148 1/2 lbs NUTRITION, fair; somewhat run down.
WOUNDS OR ABNORMALITIES, See "S.R." on next page.
TONGUE, Tremors, None Coatings, Yellowish, at base Promptness Movement, fairly prompt
PUPILS, Equality, Yes Size, Normal
Response Light, Yes Accommodation, Yes
SIGHT, Seems good.
HEARING, Seems good.
COORDINATION, Arms, somewhat impaired; has difficulty in buttoning clothing
Legs, considerably impaired; unable to stand on one foot; standing, eyes shut, sways
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, R- equal
Other
ARTICULATION, /
Slurred,
Hesitating, Yes
FACIAL EXPRESSION, imbecile & stupid
SENSIBILITY, /
HEART, weak & rapid
LUNGS, seem good.

EXAM. URINE,
Proposed treatment
No treatment

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Record kept	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 Richard Howard.

1895

This patient was brought here by Sheriff Joel Tucker + accompanied by Hon Mc Gill, with the following history. Habits + morals have been good. There is history of heredity; his mother having been insane. Patient has been an imbecile from birth. Form of this attack is chronic. Accompanying bodily disorder, Cystitis. He is disposed to injure others, but is not suicidal. He will not wear any clothes. Has not been restrained or confined. If under medical treatment, is not stated. —

Jan 16 On admission, was put on B 2 (S.R. Complexion light; hair gray; eyes blue; condition of skin good; no marks, scars or bruises noted. Bodily condition clean. Behavior good). Taken to Hall, pulse 110. —

" 17 Temperature (c) refused. (broke thermometer) — Jan 17/95. Restless 2 hours, but slept 6 hours, last night. HM. Pulse 108. L — T(c) refused. Ate very little breakfast + dinner, no supper; he is cranky + obstinate; talks freely; memory poor + confused; is childish. PM. Pulse 104. Complains of leg being sore.

" 18 No cough noticed. Jan 18/95. Sat up in bed for 3 hours, last night; slept only 5 hours. HM. P 98. Ate none today. Is obstinate. Says "he wants to go out + starve". Inclined to be violent when he cannot have his own way. PM. Pulse 102. Jan 19/95. Slept only 5 hours; was restless 3 hours, last night.

" 19 HM. Pulse 104. Was fed, by the tube, this morning, by Dr Herzog; ate no dinner; took very little supper. Is confused + obstinate. "Wants to get out + die". Jan 20/95. Restless 4 hours, sleeping but 4 hours, last night. HM. Pulse 100. Behaves fairly well; is quiet. Drank 1 quart of milk at breakfast

" 20 and dinner; ate a very good supper. Jan 21/95. Restless 3 hours, but slept 5 hours. Is on extra diet + appetite is becoming good. Behavior good. Is quiet. Pulse 102. Jan 22/95. Slept 5

" 21 hours, restless 3 hours, last night. HM. Pulse 98. Appetite good. Patient is confused + demented.

" 22 Jan 23/95. Slept 4 hours, restless 4 hours. HM. Pulse 98. Talks freely but is weak minded, demented.

" 23 Jan 24/95. HM. Pulse 98. Appetite only medium; is stubborn; does not want to eat. Visited by friend, today.

" 24 Jan 25/95. Appetite fairly good. Makes no complaints, except legs being lame. No change, mentally.

" 25 Jan 26/95. HM. Pulse 98. Stubborn, at times. Appetite fairly good. Jan 27/95. HM. Pulse 100.

" 26/27 Bowels probably constipated. Jan 28/95. HM. Pulse 88. Appetite changeable. Patient is stubborn.

" 28 Jan 29/95. HM. Pulse 96. Jan 30/95. Urine last noted, rest + sleep have been poor; only about

" 29/30 5 hours nightly; restless about 3 hours at each. He is very childish. Sits about on the floor. Demented.

Summary: He is very stubborn + wilful, generally. Sits about + acts in a very childish manner. Physical Condition weak. Is lame at times, complaining of sore legs. Bowels are constipated. Appetite changeable + sometimes, he will not eat at all. "Wants to starve". Is generally quiet.

Feb 1/10 Feb 1/95. Wt 142 pds. (Has been losing some, in flesh). Pulse 88. Feb 10/95. During past 9 nights, has been frequently restless + sleeping only about 5 hours, each. Is troublesome, by day;

" 28 "wanting to get out". Had to be held for an hour (7 to 8 PM). Feb 28/95. Rest + sleep, at night do not seem to improve any. Habits have become dirty. He seems demented. —

Is untidy in dress. Walks aimlessly about hall. Is childish. Appetite fairly good.

Mar 2/3/17 Mar 1/95. Pulse 104. Mar 13/95. Visited by a friend. Mar 17/95. Habits have become very filthy.

" 19/25 Mar 19/95. Visited by sister, from Dodge Centre. Mar 25/95. Has today visited by two of his friends, who desired to take him on trial + he was permitted to go with them.

— Discharged —

Personal and Medical History of Joseph Mc Knight

From 215.

Apl 14 down the ward; said "he wanted to kill somebody". Has wet. Apl 17/95. Noisy, dirty + destructive, during

" 15 the day. Apl 18/95. Has been so destructive of late that he was put in restraint (by mittens), to prevent the

" 23/24 destruction of bedding. Apl 23/95. Visited by friend. Apl 30/95. Physical condition fair. Behavior not good.

...noisy, at night. Destructive. Has illusions + delusions

...bedding. No improvement mentally or physically; he

... (has lost some in flesh, without known cause; except

... Pulse 102. May 31/95. Has some sores on neck;

...9/95. Destroyed his shirt, and rubber sheet, last night.

... May 31/95. No change to note, for this past month.

... restless + noisy, by day. Also very destructive + clothing.

...bt 165 pds. (has received his last flesh). Pulse 78.

... noticed + he is not so noisy, by day. June 30/95. Was

...ut. Habits still continue very dirty, dress. June 30/95. Struck

...s wrist. Otherwise, no special change to note,

...95. July 6/95. Is also mischievous + tenacious and

...95. Still, nightly, noisy restless + occasionally

...night. Behavior, by day, slightly improved,

...anical, attendant remarks). No special change

...this date. Aug 1/95. Wt 178 pds. Pulse 102. —

...very restless. Visits the bed, every opportunity he gets.

... Condition fair. Sept 1/95. Wt 184 pds. Pulse 108.

... Anterior surface of both legs spotted with circular

...syphilitic, but are, probably from simple ulcers

...by a friend. Sept 30/95. Patient is very desirous

... temper + during it, he is vicious + violent.

... still manifests many + various delusions. —

...ined considerably in flesh the past 5 months. Wt 180.

... + sleeps well. Still shows many delusions (see

...sions since). For some time, has been very anxious to go home. Has good physical health.

Nov 1/11 Nov 1/95. Wt 202 pds. Pulse 88. Nov 11/95. Physical Condition good: Behavior very good: Patient is

able to converse, sometimes, for an hour or two, without any defect in speech noticeable: he

still holds delusions. Is of a very amorous disposition; masturbates: habits somewhat foolish.

" 30 Transferred to B 2. Nov 30/95. About as usual. Quiet + well-behaved. Quite talkative.

Dec 2/30 Dec 1/95. Wt 213 pds. Pulse 80. Dec 20/95. Patient is much better than he has been and

seems improving, every day. Talks rationally + well: no delusions or hallucinations, at present

" 28 noted. Works in kitchen, every day. Is becoming desirous of leaving here. Dec 28/95. Moved to B 1.

" 31 Dec 31/95. Quiet + agreeable — Sleeps well. Physical + Mental condition seems to be very good.

1896 Jan 2/96. Wt 212 pds. (has gained quite markedly in flesh). Pulse 94. Jan 2/96. Moved to B 2.

Jan 2/31 Jan 31/96. (on account of general change of the Wards). Improvement seems to keep up well.

" 31 appears very anxious to go home. Talks freely, rationally: habits neat + clean: works daily in kitchen.

(carried to 296)

Rochester Minn
Oct 30 - 1895.

Wm W. J. Brenner Esq
Spring Valley
Minn.

Dear Sir.

I am still here, in this Insane Asylum, of course greatly against my will.

Now you have known me a long time + ought to take stock in what I write you —

Your daughter [redacted] Alice who died of diptheria, + was buried at Wesley on Fillmore county, and my sweet

Personal and Medical History of Richard Howard.

1895

This patient was brought here by Sheriff Joel Tucker accompanied by Wm Mc Gill, with the following history. Habits & morals have been good. There is history of heredity; his mother having been insane. Patient has been an Imbecile from birth. Form of this attack is chronic. Accompanying bodily disorder, Cystitis. She is disposed to injure oth... clothes. Has not been restrained or confined. Sp...

Jan 16 On admission, was put on B2 (S.R. Complexion ... no marks scars or bruises noted. Bodily condition clean...

" 17 Temperature (c) refused. (broke thermometer). Jan 17/95. HM. Pulse 108. R — T(c) refused. Ate very little brea... talks freely; memory poor & confused; is childish.

" 18 no cough noticed. Jan 18/95. Sat up in bed for 3 ... Ate none today. Is obstinate. Says "he wants to go on... have his own way. PM. Pulse 102. Jan 19/95.

" 19 HM. Pulse 104. Was fed, by the tube, this morning...

" 20 supper. Is confused & obstinate. "Wants to get out & ... hours, last night. HM. Pulse 100. Behaves fairly...

" 21 and dinner; ate a very good supper. Jan 21/95.

" 22 this diet & appetite is becoming good. Behaves... hours, restless 3 hours, last night. HM. Pulse ...

" 23 Jan 23/95. Slept 4 hours, restless 4 hours. HM. Pul...

" 24 Jan 24/95. HM. Pulse 98. Appetite only medium:

" 25 Jan 25/95. Appetite fairly good. Makes no complai...

" 26/27 Jan 26/95. HM. Pulse 96. Stubborn, at times ...

" 28 Bowels probably constipated. Jan 28/95. HM...

" 29/30 Jan 29/95. HM. Pulse 96. Jan 30/95. Juice la... 5 hours nightly; restless about 3 hours each. ...

Summary: He is very stubborn & violent, quie... Physical condition weak. Is loud at times, ... appetite changable & sometimes, he will not eat at all. ...

Feb 1/10 Feb 1/95. Wt 142 pds. (has been losing some in flesh). Pulse 88. Feb 10/95. During past 9 nights, has been frequently restless & sleeping only about 5 hours, on each. Is troublesome by day;

" 28 "wanting to get out". Had to be held in for an hour (7 to 8 PM). Feb 28/95. Rest & sleep, at night. Do not seem to improve any. Habits have become dirty. He seems demented. — Is untidy in dress. Walks aimlessly about hall. Is childish. Appetite fairly good.

Mar 7/11 Mar 7/95. Pulse 104. Mar 13/95. Visited by a friend. Mar 19/95. Habits have become very filthy.

" 19/25 Mar 19/95. Visited by sister, from Dodge Centre. Mar 25/95. Has today visited by two of his friends, who desired to take him out on trial & he was permitted to go with them.

— Discharged —

Personal and Medical History of Joseph Mc Knight

From 215.

Apl 14 down the ward; said "he wanted to kill somebody". Bed wet. Apl 14/95. Noisy, dirty & destructive, during

" 15 the day. Apl 15/95. Has been so destructive of late that he was put in restraint (by mittens) to prevent the

" 23 destruction of bedding. Apl 23/95. Visited by friend. Apl 30/95. Physical condition fair. Behavior not good.

... noisy, at night. Destructive. Has illusions & delusions ... bedding. No improvement mentally or physically; he ... (has lost some in flesh, without known cause). Appetite ... Pulse 102. May 1/95. Has some sores on neck; ... 1/95. Destroyed his shirt, and rubber sheet, last night. ... May 31/95. No change to note, for this past month. ... restless & noisy, by day. Also very destructive of clothing. ... Wt 165 pds. (has recovered his lost flesh). Pulse 78. ... noticed & he is not so noisy, by day. June 30/95. Was ... out. Habits still continue very dirty. July 30/95. Struck ... urist - Otherwise, no special change to note, ... 95. July 1/95. Is also mischievous & needles some. ... 95. Still, nightly, noisy restless & occasionally ... night. Behavior, by day, slightly improved, ... occasional, attendant remarks) - No special change ... this date. Aug 1/95. Wt 178 pds. Pulse 102. - ... very restless. Visits the bed, every opportunity he gets. ... condition fair. Sept 1/95. Wt 184 pds. Pulse 108. ... . Anterior surface of both legs spotted with circular ... syphilitic, but are, probably, from simple ulcers ... by a friend. Sept 30/95. Patient is very desirous ... temper & during it, he is vicious & violent. ... still manifests many & various delusions. - ... ined considerably in flesh the past 5 months. Wt ... & sleeps well. Still shows many delusions (see ... Is in good physical health.

Nov 1/11 Nov 1/95. Wt 202 pds. Pulse 88. Nov 11/95. Physical condition good: Behavior very good: Patient is able to converse, sometimes, for an hour or two, without any defect in speech noticeable: he still holds delusions. Is of a very amorous disposition; masturbates: habits somewhat foolish

" 30 Transferred to B3. Nov 30/95. about as usual. Quiet & well-behaved. Quite talkative.

Dec 7/25 Dec 7/95. Wt 213 pds. Pulse 80. Dec 25/95. Patient is much better than he has been and

" 28 seems improving, every day. Talks rationally & well: no delusions or hallucinations, at present noted. Works in kitchen, every day. Is becoming desirous of leaving here. Dec 28/95. Moved to B1.

" 31 Dec 31/95. Quiet & agreeable - Sleeps well. Physical & Mental condition seem to be very good -

1896 Jan 7/31 Jan 7/96. Wt 212 pds. (has gained quite markedly in flesh). Pulse 94. Jan 21/96. Moved to B3 -

" 31 (on a/c of general change of the Wards). Jan 31/96. Improvement seems to keep up well. Appears very anxious to go home. Talks freely & rationally: habits neat & clean: works daily in kitchen.

(carried to 296)

To school to me about nine winters of 1865 & 1866 - is here alive in body. as an atheist dark and has been for nearly two years.

I knew him the first moment I saw him she is in mens yards and been all over the west & europe. Also St Paul & all the cities in including Jesus Christ, Mary and many others of the ancients as known as inmates of this Asylum. Now I should write as much as I think yer can bear at present. without [illegible] me all a mistake.

Alice - goes under the name of George Justice. So if you should wish to come in person send very by my Stenuncle Evi[illegible] Thin here -

Geo - Justice
Rochester
Asylum Minn

However were I in your stead under similar circumstances I would prefer some personable Mr Williamson certainly summoned Jan 12 - 1895 -

Yours Truly
Joseph Mc Knight

Personal and Medical History of Richa

1895

This patient was brought here by Sheriff Joel Ju
the following history. Habits & morals have been goo
nuisance. Patient has been an imbecile from birth
bodily disorder, cystitis. He is disposed to injur
clothes. Has not been restrained or confined

Jan 16 On admission, was put on B2 (S.R. 6c
no marks, scars or bruises noted. Bodily Co

" 17 Temperature (c) refused. (broke thermometer
PM. Pulse 108. L — T(c) refused. At
talk freely; memory poor & Co

" 18 no cough noticed. Jan 18/95
Ate none today. Is obstinate. T

" 19 Leaves his own way. P.M
PM. Pulse 104. Was fo

" 20 supper. Is confused & ob
hours, last night.

" 21 and dinner; ate a very
extra Diet & appetite is bee
hours, restless 3 hours, last night

" 23 Jan 23/95. Slept 4 hours, restless 4

" 24 Jan 24/95. PM. Pulse 98. Appetite ady

" 25 Jan 25/95. Appetite fairly good. Makes no com

" 26/27 Jan 26/95. PM. Pulse 96. Stubborn, at times. N
Jan 27/95. PM. Pulse 100.

" 28 Bowels probably constipated. Jan 28/95. PM. Va
Appetite changeable. Patient is stubborn.

" 29/30 Jan 29/95. PM. Pulse 96. Jan 30/95. Since last noted, rest & sleep have been poor; only about
5 hours nightly; restless about 3 hours each. He is very childish. Sits about on the floor. Demented.

Summary: He is very stubborn & wilful, generally. Sits about & acts in a very childish manner.
Physical Condition weak. Is lame at times, complaining of sore legs. Bowels are constipated.
Appetite changeable & sometimes, he will not eat at all. "Wants to starve". Is generally quiet.

Feb 1/10 Feb 1/95. Wt 142 lbs. (has been losing some in flesh). Pulse 88. Feb 10/95. During past 9 nights,
has been frequently restless, & sleeping only about 5 hours, each. Is troublesome by day;

" 28 "wanting to get out". Had to be held for an hour (7 to 8 PM). Feb 28/95. Rest & sleep, at
night do not seem to improved any. Habits have become dirty. He seems demented —
Is untidy in dress. Walks aimlessly about hall. Is childish. Appetite fairly good.

Mar 2/17 Mar 2/95. Pulse 104. Mar 13/95. Visited by a friend. Mar 17/95. Habits have become very filthy.
" 19/25 Mar 19/95. Visited by sister, from Dodge Centre. Mar 25/95. Was today visited by two of
his friends, who desired to take him on trial & he was permitted to go with them.

— Discharged —

Personal and Medical History of Joseph Mc Knight

From 215.

Apl 15 down the ward; said "he wanted to kill somebody". Bed wet. Apl 17/95. Noisy, dirty & destructive, during
" 18 the day. Apl 18/95. Has been so destructive of late that he was put in restraint (by mittens), to prevent the
" 23 destruction of bedding. Apl 23/95. Visited by friend. Apl 30/95. Physical condition fair. Behavior not good.
" 30 Noisy, destructive, violent to nurse. Restless & noisy, at night. Destructive. Has illusions & delusions
May 1 He is in restraint, night, to prevent destruction of bedding. No improvement mentally or physically; he
" 11 seems to be getting worse. May 1/95. Wt 174 lbs. (has lost some in flesh, without known cause; except
" 19 it be caused by his continuous restlessness &c). Pulse 102. May 11/95. Has some sores on neck;
" 27/31 caused by pricking himself with a pin. May 19/95. Destroyed his shirt, and rubber sheet, last night.
May 27/95. Visited, today, by his son & daughter. May 31/95. No change to note, for the past month.
He is noisy & restless at night: sleeps very poorly: restless & noisy, by day. Also very destructive & clothing.

June 1 No improvement to note, mentally. June 1/95. Wt 165 lbs. (has recovered his lost flesh). Pulse 78.
" 7/10 June 7/95. A slight improvement in behavior noticed & he is not so noisy, by day. June 10/95. Has
" 30 fluctuations, during the greater part of the night. Habits still continue very dirty. June 30/95. Struck
the heater with his hand, causing a sprained wrist. Otherwise, no special change to note,

July 1/6 in any way. July 1/95. Wt 157 lbs. Pulse 96. July 6/95. Is also mischievous & restless at nights.
" 31 Tried to make his escape, today. July 31/95. Still, nightly, noisy restless & occasionally
destructive: sleeps only 4 to 5 hours, each night. Behavior, by day, slightly improved,
tho' he is still mischievous: (Is kleptomaniacal, attendant remarks) — No special change

Aug 1 to note, either mentally or physically, at this date. Aug 1/95. Wt 178 lbs. Pulse 102. —
" 31 Aug 31/95. Does not sleep very well, at night. Very restless. Wets the bed, every opportunity he gets.
Sep 1 Has still many delusions. Physical condition fair. Sep 1/95. Wt 184 lbs. Pulse 108.
" 10 Sep 10/95. Boisterous & mischievous, at times. Anterior surface of both legs spotted with circular
pigmented scars, freely moveable: appear syphilitic, but are, probably, from simple ulcers
" 23/30 caused by irritation. Sep 23/95. Visited by a friend. Sep 30/95. Patient is very destructive
of bedding, now. He has an uncontrollable temper & during it, he is vicious & violent.
Wets his bed (out of pure meanness). Still manifests many & various delusions. —

Oct 1 Oct 1/95. Wt 190 lbs. (Patient has gained considerably in flesh the last 5 months. Wt 130.
" 31 Oct 31/95. Behavior has improved. He eats & sleeps well. Still shows many delusions (see
attached letters). For some time, has been very anxious to go home. Is in good physical health.

Nov 1/11 Nov 1/95. Wt 202 lbs. Pulse 88. Nov 11/95. Physical Condition Good: Behavior very good: Patient is
able to converse, sometimes, for an hour or two, without any defect in speech noticeable: he
still holds delusions. Is of a very amorous disposition; masturbates. Habits somewhat foolish.
" 30 Transferred to B2. Nov 30/95. about as usual. Quiet & well-behaved. Quite talkative.
Dec 1/30 Dec 1/95. Wt 213 lbs. Pulse 80. Dec 25/95. Patient is much better, than he has been and
seems improving, every day. Talks rationally & well: no delusions or hallucinations, at present
" 28 noted. Works in kitchen, every day. Is becoming desirous of leaving here. Dec 28/95. Moved to B1.
" 31 Dec 31/95. Quiet & agreeable — Sleeps well. Physical & Mental Condition seems to be very good —
1896 Jan 1/31 Jan 2/96. Wt 212 lbs. (has gained quite markedly in flesh). Pulse 94. Jan 21/96. Moved to B2.
" 31 (on a/c of general change of the Wards). Jan 31/96. Improvement seems to keep up well.
Appears very anxious to go home. Talks freely & rationally: habits neat & clean: works daily in kitchen.

(carried to 296)

Personal and Medical History of W. H. Thompson

Whole No. 3979.
Residence, Winona, Minnesota
Date Admission, 24th January 1895
Admitted by, Dr. Phelps Hour, 4 P.M.
How Sent, H. L. Buck Jail, Winona County
Sex, Male
Age, 43 years
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, Barber
Degree Education, probably fair
Profession Religion, not a church member
Habits, Good.
Nativity, Pennsylvania
Physicians Committing, D. A. Stewart & H. J. English
Correspondents, Mrs H. H. Thompson
276 E 4th St. Winona

No. for Year, 178.
Insane Relatives, no history of heredity.
Cause Exciting, Cerebral brain pressure
Cause Predisposing, probably injury to head, some years ago.
Form, Dementia paretic
Accompanying Bodily Disorder, epilepsy (?)
Suicidal or Not, not
Date of this Attack, about Jany 1st 1895.
Duration, a little over four weeks —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 43
Time of Leaving, 17th Jan
Time in Hospital, 1 year 4
Result, Died: April

Examined by Dr. Herzog, Jany 25 95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } Poor
Recent Events, }
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive, in the main.

REASONING POWER:
Ordinary Subjects, } Poor.
Own Mental State, }
Special Subjects,

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

DELUSIONS:
Systematized or Not, misyste
Special Subjects, of gran
Transitory or Not, Tra

HALLUCINATIONS: not

ILLUSIONS: —

CONVERSATION:
Coherent or Incoherent, Inc
Voluble or Reticent, very

GENERAL DESCRIPTIVE REMARKS:
Patient is extremely self-satisfied, with the delusions of grandeur
an excited General Paretic. He insists that he has $10 feed
world. He feels first-rate". His mind is very much confused, more so than is
usual in such cases. —

NAILED HIMSELF IN.

CRAZY FREAK OF WM. THOMPSON, WHO HAS GONE INSANE.

After Scaring His Wife Away From Home Nails the Doors Fast—Examined for Insanity and Committed to the Asylum at Rochester.

W. H. Thompson was arrested for insanity at an early hour Thursday morning at his home in this city, was examined before Probate Judge Buck in the afternoon, and committed to the asylum at Rochester. His insanity is of the most violent kind, and on that account there is much more chance of his speedy recovery than if it was a case of melancholia. Mr. Thompson is a barber, who for several years past has been running a shop on East Third street at the corner of Franklin. He was summoned to Trempealeau on Monday by a telegram announcing the illness of his mother, and his present fit of insanity came upon him soon after his return. On Tuesday night he was quite violent, walking around his home the greater part of the night, tearing off wall paper and moving dishes from place to place. Last night he was much worse, so that his wife deemed it prudent to leave the house and go to a neighbor's, by whom information was filed with the police department. Night Capt. Howard went to the house and found that Thompson had nailed up the doors. After a delay he secured admittance and Thompson went with him to the police station, where he spent the greater part of the night in loud talk. He was quite tractable, however, with Capt. Howard, Chief Bogart and Officer Shepard, as he considered that they were thoughtful of his wants and treated him in the proper manner.

The cause of the insanity is not known. It is not liquor, as Thompson is not a drinking man. Mr. H. F. Ruehlman of Oldham, S. D., who is a brother of Thompson's wife and is here on a visit, thinks from what Thompson has said in his ravings that the attack has been brought on by brooding over troubles that he has experienced in the past. Thompson has been married twice, his second marriage occurring about four years ago.

Personal and Medical History of W. H. Thompson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9in WEIGHT, 144½ lbs NUTRITION, Poor.
WOUNDS OR ABNORMALITIES, See "S R" on next page
TONGUE, Tremors, Slight Coatings, grayish over dorsum Promptness Movement, somewhat slow.
PUPILS, Equality, left slightly larger — Size, slightly Contracted
Response Light, Yes Accommodation, yes.
SIGHT, Unknown
HEARING, Seems good.
COORDINATION, Arms, somewhat impaired; finger & nose, eyes shut, some uncertainty.
Legs, very slight impairment; standing on foot, good. Standing, Eyes shut, Grasp slightly strong & perfect, some uncertainty.
TREMORS, Hands, some Tongue, some —
Facial Muscles, none General, none
REFLEXES, Patellar, 10 — equal
Other ankle clonus
ARTICULATION,
Slurred, Yes
Hesitating,
FACIAL EXPRESSION,
Changing sluggishly
SENSIBILITY, ✓
HEART, somewhat rapid and weak,
LUNGS,
impossible to examine on account of noise.

EXAM. URINE,

Proposed treatment

Regulate bowels; Try hot-baths, for quieting effect.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	kept Clean,	Careless,
BOWELS, Normal,	Record 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, } unknown
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of W. N. Thompson

LIBERTY, PUDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3979.
Residence, Hibbing, Minnesota
Date Admission, 24th January 1895
Admitted by, Dr. Phelps — Hour, 4 P.M.
How Sent, U.S. Truck. Co. 0, Nimrod County
Sex, Male
Age, 43 years
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, Barber
Degree Education, probably fair
Profession Religion, not a church member
Habits, Good.
Nativity, Pennsylvania
Physicians Committing, D. A. Stewart and N. J. English
Correspondents, Mrs. H. N. Thompson 276 E 11th St Nimrod

No. for Year, 178.
Insane Relatives, no history
Cause Exciting, Central ha
Cause Predisposing, probably
Form, Dement
Accompanying Bodily Disorder, —
Suicidal or Not, not
Date of this Attack, about Jan
Duration, a little over
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 43 years —
Time of Leaving, 17th June 1896.
Time in Hospital, 1 year 4 mos. 24 Days.
Result, Died: Epileptiform Seizure in General paresis.

Exhibited D. Herzog Jany 25 95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } Poor
Recent Events, }
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive, in the main.

REASONING POWER:
Ordinary Subjects, } Poor.
Own Mental State, }
Special Subjects,

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

DELUSIONS:
Systematized or Not, unsystematized
Special Subjects, of Grandeur
Transitory or Not, Transitory

HALLUCINATIONS: not noted

ILLUSIONS: "

CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, very voluble.

GENERAL DESCRIPTIVE REMARKS:
Patient is extremely self-satisfied, with the delusions of grandeur peculiar to an excited General Paretic. He insists that he has to feed & care for the whole ward. He feels first-rate. His mind is very much confused, more so than is usual in such cases.—

Personal and Medical History of W. N. Thompson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 144½ lbs NUTRITION, Poor.
WOUNDS OR ABNORMALITIES, see "S.R." on next page
TONGUE, Tremors, Slight Coatings, grayish over Dorsum Promptness Movement, somewhat slow.
PUPILS, Equality, left slightly larger — Size, slightly Contracted.
Response Light, Yes Accommodation, yes.
SIGHT, Unknown
HEARING, seems good.
COORDINATION, Arms, somewhat impaired; fingers & nose, eyes shut, some uncertainty.
Legs, very slight impairment; standing on foot, good. Standing Eyes shut, sways slightly turning pupils of. some uncertainty.
TREMORS, Hands, some Tongue, some
Facial Muscles, none General, none
REFLEXES, Patellar, 10 — equal
Other ankle clonus
ARTICULATION,
Slurred, yes
Hesitating,
FACIAL EXPRESSION,
changing thoughtfully
SENSIBILITY, ✓
HEART, somewhat rapid and weak,
LUNGS, impossible to examine on account of noise.

EXAM. URINE,

Proposed treatment

Regulate bowels; Try hot-baths, for quieting effect.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		kept Clean,	Careless,
BOWELS, Normal,	Record	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, } unknown
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of W. H. Thompson

1895

This patient was brought here in charge of E. V. Bogart, Chief of Police and attended by Mr. Allen with the following history of case. Habits, as regards temperance & morality good. There is no history of any heredity. Supposed cause of this attack is central brain pressure, from excitement produced by receiving unfavorable telegram. Form of the attack is acute. First symptoms of the disease was manifested since about Jany 1st, in unintelligible talk. This is the 1st attack. Insanity now shown by his raving & being violent. Patient has shown no disposition to injure others, nor is he suicidal; nor filthy nor destructive, in habits. He was hurt at the head, some years ago; in what manner &c is not stated. He has not been restrained or confined, nor under medical treatment; patient had had a severe Epileptic fit, this morning). ——"——

Jan 24 **On admission**, was put on B^d (S.R. Complexion fair; hair brown; eyes blue; Condition of skin good; some scars on right arm and side: bodily Condition clean; behavior good) - Would not allow pulse & temp taken.

" 25 Jany 25/95. Was restless for 6 hours & slept but 2 hours, last night. Had a fit at 8 P.M. Attendants had several tussles with him. At 6^30 A.M. patient had trouble with a fellow-patient (Kiese); they were parted. He then tried to strike attendant Tyler; they being close, quite a severe struggle ensued & patient received several small marks on face, of no consequence. He has been restless, all day; "wanting to go to Winona" - says "that he saw all his dead relations, last night"; "is going to tear down all the Asylums & Penitentiaries & save the money & pay the poor"; "owns the Earth & a few more planets"; "is going to pave the streets with gold &c". P.M. Pulse 92. He ate no breakfast or dinner today, but took a fair supper. Janr 26/95. Urine passed a pound, alone, last night & door locked.

" 26 Was restless 2 hours or so, but slept 6 hours. A.M. Pulse 96. He eats but very little; drinks some milk.

" 27 Has been very restless & noisy all day. Struck a fellow-patient (J. Picka); Jan 27/95. Restless and noisy for 6 hours & slept only 2 hours, last night. Was also violent. A.M. Pulse 96. He eat very little. Bowels are constipated. Patient seems to be failing. Is extremely noisy & troublesome - Requires constant

" 28 attention of one nurse. Jan 28/95. Restless & noisy 4 hours, sleeping only 4 hours, last night. A.M. P 108. Takes milk & some solid food - Has been restless & talking, all day. Still requires constant atten-

" 29 -tion of one nurse - Jan 29/95. Restless 3 hours, but slept 5 hours, last night. A.M. P 118. Eats but very little; takes milk & teas - Has again been noisy & restless, all day. Habits dirty.

" 30 Spits all over the floor & walls - Jan 30/95. Noisy 4 hours & slept only 4 hours, during the night. A.M. Pulse 96. Appetite medium; bowels constipated; He is dirty & filthy in habits. Deluded. Was, today, given a hot bath, with cold applications. Still requires & have constant attention.

" 31 Jan 31/95. Slept poorly, again, last night; was noisy & restless, a good deal of the time. A.M. P 90. Was given a "Combination bath" again, today. Appetite poor. He is very noisy; also filthy in habits. Still requires the constant attention of one nurse. Talks continually; is incoherent & full of delusions.

Feb 1 Feb 1/95. Noisy 4 hours & slept only 4 hours, last night. A.M. Pulse 88. Appetite fairly good. Was given a bath (similar to the one above) again today. Has been noisy all day. Requires constant attention -

" 2 Ut today, 14 & /95. Feb 2/95. Noisy & restless 3 hours, but slept 5 hours, last night. A.M. Pulse 86. Appetite medium; bowels constipated; (was given medicine for them); has been noisy, all day. Is not so much trouble as he was, though he still requires constant watching & attention.

" 3 Feb 3/95. Slept 5 hours, noisy 3 hours, last night. A.M. Pulse 88. Appetite fairly good; he is given milk & teas; bowels have moved. Was given bath today, (as before); he has been

Personal and Medical History of W. H. Thompson

Feb 4 very noisy all day; habits dirty & filthy. Feb 4/95. Restless & noisy 2 hours, but slept 6 hours, last night. A.M. Pulse 86. Again given bath &c, today. Appetite fairly good, but bowels are constipated;

" 5 he has been noisy all day. Habits filthy & at night. Feb 5/95. Slept 5 hours, restless & noisy 3 hours, last night. A.M. Pulse 86. Appetite good; bowels moved. Bath repeated, today. Noisy; needs constant

" 6 attention; habits filthy. Feb 6/95. Noisy 3 hours, sleeping 5 hours, last night. A.M. Pulse 84. Bowels

" 7 still constipated; he is noisy; talking continually; full of delusions; incoherent. Feby 7/95. Noisy & how but slept 6 hours, last night. A.M. Pulse 88. Appetite fairly good. Is very noisy all Day. Incoherent &c. Summary. Patient was restless & violent on admission; incoherent, most of the time, though he would talk sensibly, at times, when questioned closely. Showed many delusions (as above specified). For first week, was very troublesome; annoying & quarreling with the other patients, and required Constant attention; even yet he requires a good deal of such. He is noisy, but harmless. Physical condition about the same as on admission. Appetite fair; bowel constipated, most of the time. Mental state is altered; is very noisy. Talks incoherently & with no sense at all. Still full of delusions.

" 8/9 Feb 8/95. Was restless & noisy for 5 hours & slept only 3 hours, last night. Feby 9/95. Noisy, restless & sleeps poorly. Tears up pillow, quite frequently. Dirty. Noisy, also by day; very troublesome & gradually growing violent, & hard to manage. Feb 13/95. Struck & cut over right eye by patient (Wm Lynch).

" 13 Feb 20/95. Still noisy & restless, at night; sleeps poorly; habits filthy. Frequently noisy, all day; is

" 20 troublesome; violent. Had quite a severe tussle with patient, today; he struck Att. Tyler & also seized a chair & attempted to strike him with that. Patient is also frequently destructive, the past

" 21/22 10 days. Feb 21/95. Face began to break out, today. Feb 22/95. (He has been given 15 Drops Ft. Gt.

" 24 Ergot. t.i.d.). Feby 24/95. Face still sore. Is still noisy, all Day. Will take clothes all off, as soon as he

" 25 has an opportunity. Habits still filthy. Feby 25/95. No change noticeable, in any way. —

Mar 2/ March 2/95. Wt 135 lbs. (has lost some, in flesh). Pulse 108. - March 5/95. Hand has been swollen

for some time; (Caused by his pounding door); it broke & discharged during night. Dressed with

" 6 Iodoform Gauze. March 6/95. Hand dressed, but he tore bandage off. Has been noisy & extremely trouble-

" 10 -some, all Day. Kicks floor and pounds screens, with hands; Ear somewhat swollen. Mar 10/95. Very

noisy at night; pounding & kicking door. Is very disagreable, on account of keeping the whole

" 17 flat awake, by his continual noise; hematoma growing larger. Mar 17/95. Gets struck by

patients, at times, because he bothers them; was struck by L. Pickett, 95, today. Habits filthy.

" 20 March 20/95. Noisy; pounding window; hand swollen & inflamed. Patient has been quite

" 31 filthy for several days. Transferred D to B^3, 95 today. March 31/95. Patient is noisy from 5 to 9 hours, during night. Requires a person to watch him constantly, by day. Visited by wife, during the month. Habit still very filthy. In other respects, no change whatever to note.

Apl 1/ Apl 1/95. Wt 138 lbs. Pulse 94. Apl 6/95. His "insane" ear was broken, during the night. —

" 6 he was picking at it, while awake. Apl 21/95. Is getting very troublesome in getting off his

" 21 clothes; the last two evenings, had to be undressed by force. Apl 24/95. Has a bunch over his

" 24 right eye (no one knows how he got it). Apl 30/95. (Patient took 20 gr. Pot. bromide & 10 gr.

" 30 hyoscin. hydrobrom., nearly every night, during past month - Slept, on an average, 6 hours. He has delusions of grandeur &c; is noisy & incoherent; is extremely restless; continually pounding his forehead, with the flat of his hand. Has gained slightly in strength, but is decidedly paretic, though active - Dr. H's note) —

(carried to 248)

Personal and Medical History of Charles P. Miller

LEBERT, FISCH & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3982.
Residence, Bloomfield, Minn
Date Admission, 28th January 1895.
Admitted by, D. Kilbourne — Hour, 4 P.M.
How Sent, E.V. Farrington, Jct R, Fillmore County
Sex, Male —
Age, — 39 —
Civil Condition, Married
Children, — 5 —
Age Youngest Child, —
Occupation, Farmer
Degree Education, Not given
Profession Religion, Lutheran
Habits, Good —
Nativity, Norway —
Physicians Committing, J.H. Phelps and G.A. Love
Correspondents, Martin P. Miller (Brother)
Spring Valley — Minn

No. for Year, 181.
Insane Relatives, None.
Cause Exciting, Family troubles
Cause Predisposing, not stated (previous attack)
Form, Melancholia acute stuporous.
Accompanying Bodily Disorder, None
Suicidal or Not, Not.
Date of this Attack, Last Spring
Duration, about 10 months
No. of Attack, 2nd (probably more)
No. of Admissions, 1st time (Walla Dakota Hospital) 2 years ago
Age First Attack, about 37 —
Time of Leaving,
Time in Hospital,
Result,

Exd by D. Herzog, Jany 30/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Somewhat Confused.
Quick or Sluggish, apparently sluggish
MEMORY:
Past Events, } Seems good, but it is impossible
Recent Events, } to test.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Seemingly dull
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, } Seems Dulled
Own Mental State, }
Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:
It is very difficult to get patient to talk. He appears to understand everything, but is so much Depressed that he will not answer.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, much
DELUSIONS:
Systematized or Not, } None brought out
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, very reticent

Personal and Medical History of Charles P. Miller

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ WEIGHT, 160 lbs NUTRITION, Somewhat Emaciated
WOUNDS OR ABNORMALITIES, See "S. R." ninent page.
TONGUE, Tremors, Considerable Coatings, clean Promptness Movement, Somewhat slow
PUPILS, Equality, Yes Size, Slightly dilated
Response Light, Yes Accommodation, Yes
SIGHT, not tested.
HEARING, Seems Good —
COORDINATION, Arms, Somewhat impaired: fingers tremor, eyes shut, Considerable uncertainty.
Legs, Somewhat impaired; Standing with feet, fair: standing, eyes shut, sways Considerably
TREMORS, Hands, Some Tongue, Considerable
Facial Muscles, none General, none
REFLEXES, Patellar, Equal — 9
Other Slight ankle clonus
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION, Depressed
SENSIBILITY,
HEART, Somewhat weak & Rapid 1st Sound shaper rough —
LUNGS, Seem good



TAKEN,

EXAM. URINE,

proposed treatment

Regulate bowels; give mild hypnotics when needed; general faradization three times a week. Give iron tonic.

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, See history ONSET GRADUAL OR SUDDEN, Previous 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 Charles P. Miller.

1895

This patient was brought here by Sheriff Nupson, with the following history. Habits good; there is no history of heredity: supposed cause of this attack is family troubles; form of attack is depressed. There is no accompanying bodily disorder, nor has he been subject to any bodily disease or injury to head. First symptoms of disease, in this attack, were manifested last spring; he discovered that his wife was having correspondence with another man; he, immediately became depressed & melancholic. This is not 1st attack; 2 years ago he was sent to the Hospital in South Dakota; was discharged in 3 months. Insanity now shown by his being melancholic & depressed. Patient is not dis-posed to injure others, nor suicidal, nor filthy nor destructive in habits. His supposed insanity was brought on by trouble he has had with his wife.

Jan 28 **On admission**, was put on W3 (SR. Complexion dark; hair brown; eyebrows; Condition of skin clean; no marks scars or bruises noticed; behavior good.) AW 29/95. Restless 2 hours & ½, but slept 6 hours, last night. TM. Pulse 98. R 24. Te 99⁶. Appetite fairly good; behavior is quiet, dull, depressed; looks down; will not talk. PM. Pulse 104. R. 22. Te 99⁴. No cough noted. No complaints.

" 30 Jan 30/95. Slept only 5 hours, was restless 3 hours, last night. TM. Pulse 102. R 20. Te 99⁴. Restless. Walks the hall most of the time. Talks now. Appetite good, today. PM. 98 " 20 " 99⁶. He is depressed

" 31 Jan 31/95. Restless a couple of hours, but slept 6 hours, last night. TM. 108 " 20 " 99⁵. Still restless and melancholy. Appetite good. He talks now. Is on medicine. PM. 106 " 20 " 99²-. Habits clean.

Feb 1 Feb 1/95. Cased last night, about as usual. TM. Pulse 110. Appetite fairly good, restless again, today

" 2 and walking the hall. Talks now. Is much depressed. Wt 154 pds. Feb 2/95. Restless 2 hours, but sleeping 6 hours, last night. TM. Pulse 98. Appetite medium; refuses extra Diet. Restless.

" 3 Takes medicine. Feb 3/95. Slept 6 hours, restless 2 hours. TM. Pulse 102. Generally walking the hall.

" 4 Is very restless. Talks now. Is much depressed. Is still on medicine. Feb 4/95. Restless a couple of hours, but slept 6 hours, last night. TM. Pulse 98. No special change noted, from day to day.

" 11 Feb 11/95. During this the 2nd week of his stay, there has been no special change to note. During the first two nights of this week he slept very poorly; was quite restless & disturbed; later, has been more restful, sleeping about 7 hours, nightly. Pulse, taken each morning, has now become more nearly normal. Appetite has become quite Good; bowels seem free. Yet patient is very restless, by day; walks the hall a great deal of the time. When spoken to, does not seem to hear, or, at least, pays no attention. Seems to be in deep thought; looks down at the floor; is depressed, dull & melancholy. Talks none. Does not read, work, or take any particular interest in anything. Physical condition about the same as on admission. When sitting, keeps his hand on his head, as if in deep study.

" 18/28 Feb 18/95. Appetite fairly good; talks none; walks the hall. Feb 28/95. No special change. Is melancholy; walks about hall, looking down towards floor. Talks none. No recreation. Does not go out walking. Habits clean.

Mar 2/31 March 2/95. Wt 157 pds. (a slight gain in flesh): P 96. Mar 31/95. Melancholy & down hearted. Was never

Apl 1 been known to speak (attendant reports). Walks out, at times. Apl 1/95. Wt 175 pds (Still gaining in flesh).

" 30 Pulse 96. Apl 30/95. No change to note. Cranky at times. Talks none at all. Is melancholy & depressed.

May 2/31 May 1/95. Wt 178½ pds. P 96. May 31/95. Obstinate; melancholy; talks none at all; walks about

June 1 in an aimless way. Does no work. June 1/95. Wt 183 pds. Pulse 108. (Still gaining in flesh)

" 30 June 30/95. Very reticient; has not been known to speak a word since admission. Melancholy.

July 1/31 Works none. July 1/95. Wt 182 pds. P 96. July 31/95. No change to note in any way. —

Personal and Medical History of Charles P. Miller

1895

Aug 1/31 Aug 1/95. Wt 180 pds. Pulse 98. Aug 31/95. Patient very quiet. Stubborn at times. Restless outside & continually walking up & down the room. No change noticeable in his mental Condition.

Sept 1/30 Feb 2/95. Wt 181 pds. Pulse 96. Feb 4/95. Apparently feeling sick today: will not talk any to the Physician or nurse. Refused dinner but ate supper, 9 P.M. Refused medicine. Sep 30/95. Condition remains about the same from month to month. He is still very quiet; stubborn, at times.

Oct 1/31 Oct 1/95. Wt 183 pds. Pulse 88. Oct 31/95. Visited by brother & friend. Oct 18/95. Cranky & stubborn, generally. Goes out walking every day. Eats well: makes no complaints. Bowels in good condition.

D. H. Notes: When visited by brother & sister (Oct 3rd), he at first refused to speak to them, but later, talked quite freely, & promised to do so, after they had gone, but relapsed into his old condition. Is moody, reticent, stubborn & obstinate. Commitment papers State delusions of infidelity of wife. Brother states these are no delusions, but that the conduct of his wife induced the melancholia). Oct 31/95. No change & above notes still hold good, at this date. —

" 31 Nov 1/95. Wt 185 pds. Pulse 116. Dec 1/95. Wt 184 pds. Pulse 108. Jan 1/96. Wt 180 pds. Pulse 120. —

Nov 1 Jan 2/96. Transferred to W3 (account of a general change of the wards): from month to month; he is quiet, sullen & morose: cranky, at times. Eats & sleeps well: bowels in good

Dec 1 condition. Goes out walking, every day. Feb 1/96. Wt 180 pds. P 84. Mar 1/96 Wt 186 pounds. Pulse 92.

Jan 2 Apl 1/96. Wt 182 pds. Pulse 88. Apl 30/96. Appetite good: bowels constipated generally. He makes no complaints.

Feb 1 talks none: will not even say "Yes or no". Is despondent & cranky at times. Goes walking daily: habits slouchy. —

Mar 1 Summary Nurses Notes by Dr. Phelps (Patient a chronic case: Always melancholy: Acts in a dull,

Apl 1/30 quiet, stubborn way almost uniformly: Wt 183 to 195 lbs. Aug 31/97 Wt 194th Oct 31/97

May 1/96 Rather melancholy & sullen in appearance: Always wanting to go home. Does

Aug 1/97 no work: Sits quietly in a dull way Jan 31/99 Patients behavior & condition in every respect the same. From July 31/99 (Dewamons) Wt. 189. Well behaved: will not work. Physical condition good. June 1 No change. Aug. 1 to Jan 31/1900 (W Chapple) Wt. 199.

1900 Scarcely any change during period: Physical condition & behavior good. Tidy in habits. Does not speak: is very inactive. Feby 1/1900 Wt 199th P 72. July 17. Vaccinated.

Jany 31 No change noted. Seems in excellent physical health: quite tidy in habits: very quiet & well behaved.

Feby 1 Talks to himself, but seldom speaks to any one else. Never does any work: is very inactive.

July 31 Wt 190th. Jany 31/1901. Remains about same, from day to day: very rarely speaks unless addressed:

Aug 1 1900 Is clean & tidy in appearance: very quiet: seems to take no interest in anything about him:

Jan 31 Walked a little on ward, for a time, but does nothing now. Physical health appears excellent. —

Feby 1 Wt 185th: May Wt 177½: Aug 1 Wt 181th Nov 12. Transfered to D3. Has been very quiet: very rarely speaks.

Nov 12 1901 never does anything: setting about ward is devoid of interest in everything, apparently: health good —

Jan 31 no change noticeable. —— Aug 1. Wt 176th. Jany 31/03. Has been quiet, peaceable, indolent

1903 July 31 Patient: occasionally moved to talk a little. Works a little on ward. —

Personal and Medical History of Frank Petralbie (Bifaly)

LARGET, PIDLAR & SCHROEDER, DAVENPORT, IOWA.

Whole No. 3984.

Residence, 489 Bay Street, St Paul.

Date Admission, 29th January 1895.

Admitted by, T. Phelps Hour, 1 PM.

How Sent, G. Willrich J of P. Ramsey County

Sex, Male

Age, about 32.

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, Cigar-maker

Degree Education, not stated

Profession Religion, Church-member

Habits, Good.

Nativity, Austria.

Physicians Committing, L. Stamm & J. B. Brimhall

Correspondents, none given in "papers".

No. for Year, 183.

Insane Relatives, no history of hereditty.

Cause Exciting, may be tuberculosis of the brain.

Cause Predisposing, not given (consumption in family)

Form, Melancholia acute stuporous.

Accompanying Bodily Disorder, none

Suicidal or Not, not

Date of this Attack, not given; probably recent

Duration, probably short.

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, about

Time of Leaving, 5th Jan

Time in Hospital, 4 mos

Result, Died; Phthisis pulmonalis

PEHOLBIC IS INSANE.

His Mind Was Left Blank and He Was Sent to Rochester.

Frank Peholbic, of No. 489 Bay street, was committed to Rochester on a charge of insanity by Judge Willrich, of the probate court yesterday. Peholbic is married, thirty years of age and is a cigarmaker by trade. His case is a peculiar one. He is suffering from a general collapse of brain power and for five weeks his mind has been a blank during which time he has not spoken a word and appears to recognize no one nor to be cognizant of anything going on around him.

EXAMINATION ON ADMISSION

Ed by G. D. Herzog, Jan 30 95.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Seems Confused

Quick or Sluggish, Sluggish —

MEMORY:

Past Events, } Impossible to test

Recent Events, }

Special Subjects, }

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Seems Correct

REASONING POWER:

Ordinary Subjects, } Seems poor

Own Mental State, }

Special Subjects, }

EMOTIONAL STATE:

Normal, ~~Calm~~,

~~Indifferent~~,

Exalted,

Depressed, Yes

DELUSIONS:

Systematized or Not, } none noted

Special Subjects, }

Transitory or Not, }

HALLUCINATIONS: }

ILLUSIONS: }

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, very reticent

GENERAL DESCRIPTIVE REMARKS:

Patient is much emaciated & very weak; is hardly able to stand. Examination shows no sign of disease in any organ — Is silent for the most part, but will occasionally answer a question, but only briefly & in a whisper: seems much depressed — Is very stubborn.

Personal and Medical History of Frank Petralbie

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in WEIGHT, 117 lbs. NUTRITION, very poor

WOUNDS OR ABNORMALITIES, see "D. L." on next page.

TONGUE, Tremors, quite marked Coatings, pale & anaemic, clean Promptness Movement, slow

PUPILS, Equality, Yes Size, slightly dilated

Response Light, somewhat excessive Accommodation, somewhat excessive

SIGHT, unknown.

HEARING, unknown.

COORDINATION, Arms, much impaired; fingers drop, eyes shut, much hesitancy

Legs, much impaired; standing on foot, cannot stand; standing, eyes shut, staggering walk.

TREMORS, Hands, some Tongue, considerable

Facial Muscles, none General, on standing.

REFLEXES, Patellar, 9 - Equal

Other —

ARTICULATION,

Slurred,

Hesitating, Yes & in a whisper

FACIAL EXPRESSION,

Blank & staring; haggard

SENSIBILITY,

HEART, somewhat rapid; weak;

LUNGS, Murmur somewhat harsh; very slight dullness over right apex; no marked signs of disease —

OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,

TAKEN,

Proposed Treatment

Keep abed - Feed Eggnog frequently in small quantities. Give 5 gr. each Lacto peptine & Ferratin 3 times Daily - Watch lungs for tuberculosis.

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 Frank Petralbie (Bikaly)

LAMBERT, PIGLAS & SCARBERG, DAVENPORT, IOWA.

Whole No. 3984.
Residence, 489 Bagg Street, St. Paul.
Date Admission, 29th January 1895.
Admitted by, T. Phelps. Hour, 7 P.M.
How Sent, G. Willrich. S. of P. Ramsey County
Sex, Male.
Age, about 32.
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Cigar-maker
Degree Education, not stated
Profession Religion, Church-member
Habits, Good.
Nativity, Austria.
Physicians Committing, G. Stamm & J. B. Brimhall
Correspondents, none given in "papers".

No. for Year, 183.
Insane Relatives, no history of heredity.
Cause Exciting, may be tuberculosis of the brain.
Cause Predisposing, not given (Consumption in family)
Form, Melancholia acute stuporous.
Accompanying Bodily Disorder, —
Suicidal or Not, not
Date of this Attack, not given
Duration, probably
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 32.
Time of Leaving, 5th June 1895.
Time in Hospital, 4 mos - 7 days.
Result, Died; Phthisis pulmonalis

"Third—Provide that a United States local
lender note or greenback discount for
payment shall be paid in gold or silver at
the option of the holder, and when paid
shall not be reissued, but shall be de-
stroyed.
"Fourth—Provide that for five years the
United States Treasury shall on deposit
exchange its gold coin for silver coins and
"Fifth—Authorize national banks to use
the new bonds as a basis for their issue of
notes to the amount of the face of the
bonds in denominations not less than $10.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Ed by D. Herzog, Jany 30 95

MENTAL ACTIVITY:
Clear or Confused, Seems Confused
Quick or Sluggish, sluggish —
MEMORY:
Past Events, } impossible to test
Recent Events, }
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Seems Correct
REASONING POWER:
Ordinary Subjects, } Seems poor
Own Mental State, }
Special Subjects, }

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Yes
DELUSIONS: } none noted
Systematized or Not, }
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS: }
ILLUSIONS: }
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, very reticent

GENERAL DESCRIPTIVE REMARKS:
Patient is much emaciated & very weak; is hardly able to stand. Examination shows no sign of disease in any organ - Is silent for the most part, but will occasionally answer a question, but very briefly & in a whisper: Seems much depressed - Is very stubborn.

Personal and Medical History of Frank Petralbie

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in. WEIGHT, 117 lbs. NUTRITION, Very poor -
WOUNDS OR ABNORMALITIES, See "Remarks" on next page.
TONGUE, Tremors, quite marked Coatings, pale & anaemic; clean. Promptness Movement, Slow
PUPILS, Equality, Yes Size, Slightly Dilated
Response Light, somewhat excessive Accommodation, somewhat excessive -
SIGHT, unknown.
HEARING, unknown.
COORDINATION, Arms, much impaired; fingers & nose, eyes shut, much hesitancy -
Legs, much impaired; Standing on foot, Cannot Stand, Standing, Eyes shut, Staggering much -
TREMORS, Hands, none Tongue, considerable
Facial Muscles, None General, on Standing -
REFLEXES, Patellar, 9 - Equal
Other —
ARTICULATION,
Slurred,
Hesitating, Yes in a whisper
FACIAL EXPRESSION,
Blank & staring; haggard
SENSIBILITY, —
HEART, somewhat rapid; weak;
LUNGS, Murmur somewhat harsh; very slight dullness over right apex; no marked signs of disease -
OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,

TAKEN,

Proposed Treatment

Keep abed - Feed Eggnog frequently in small quantities. Give 5 gr. each Lacto peptine & Peruvian 3 times Daily - Watch lungs for Tuberculosis -

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 *Frank Petralbie*

1895

This patient was brought here by Deputy-Sheriff Kinney, with following history, which is rather meagre - Habits and morals good. No history of heredity, though there is stated to be consumption in the family. Cause of this attack may be tuberculosis of the brain; form of attack is depressed. There is no accompanying bodily disorder. When first symptoms of disease were manifested is not stated; he commenced to stay in bed, refusing any assistance &c. This is the 1st attack. Insanity now shown by his not talking at all. Patient is not disposed to injure others, no suicidal, nor filthy nor destructive in habits. No peculiarities of temper &c were previously manifested. He has not been subject to bodily disease &c nor injury to head. He has not been restrained or confined; has had some medical treatment, but without any avail. (Slow pulse; only 55 to 60. P.M.)

Jan 29 On admission, was Pulse 82 (S.R. Complexion light; hair dark; eyes gray; condition of skin, good; no marks, scars or bruises noticed. Bodily condition fair, and has a kind of rash on back; Behavior is good; is very quiet; somewhat stupid and will not speak). Pulse & Respiration unreliable on account of resistance offered. T(e) 100.2

" 30 Jan 30/95. Restless 3 hours, but slept 5 hours, last night. AM. Pulse 76. R 26. T(e) 99.8. Transferred to Infirmary-Ward. Ate a medium breakfast. - PM. " 80. " 20. " 99.2. Refused dinner, and supper. 1:30 PM. Tried to give him a glass of milk, with but little success. 7 PM. Took about 1 pint of eggnog, with whisky. Bowels are costive.

" 31 Jan 31/95. Has awake all night, but lay very still. AM. Pulse 76. R 28. T(e) 99.4. Refused breakfast. Took a glass of eggnog at 7:30 + 9 Am. PM. Pulse 80. R 24. T(e) 99.8. Bowels moved copiously at 3:30 P.M. Took about 1½ quarts of Eggnog, during day. Same medicine.

Feb 1 Feb 1/95. Slept none, last night. AM. Pulse 84. R 22. T(e) 99.2. He absolutely refuses solid food. Is very quiet. Sits up in bed most of the time & stares at the wall. PM. Pulse 98. R 24. T(e) 100.4

" 2 Took 1½ quarts of eggnog, during the day. Feb 2/95. Slept none, last night. AM. Pulse 68. R 20. T(e) 98.4. PM. Pulse 80. R 20. T(e) 98.6. Behavior same as usual - Absolutely refuses medicine.

" 3 Has taken about 1½ quarts of eggnog, during the day. Feb 3/95. Last evening was given Sleeping-dose through rectum. Afterward slept 4 hours, or so. AM. Pulse 88. R 24. T(e) 99.8. 10:30 Am Gave him 2 oz. castor oil, as enema; at 11:30 gave another enema. 1 PM. Bowels moved copiously; PM. Pulse 92. R 24. T(e) 100. Patient took about 2 quarts eggnog, during the day.

" 4 Feb 4/95. 10 P.M. last night, was given Sleeping dose, again, per rectum, but slept only about 2 hours. AM. Pulse 92. R 18. T(e) 98.8. Takes only liquid diet. He is very stubborn; sits up in bed, most of the time. PM. Pulse 80. R 20. T(e) 100.2.

" 5 Feby 5/95. Was again given Sleeping dose, in above way; slept only 2 hours; restless balance of the night. AM. Pulse 96. R 24. T(e) 99.2. Will take only liquid food & then only a glassful at a time. He is rather quiet & dull. Hardly ever speaks.

" 6 PM. Pulse 88. R 22. T(e) 100. Feb 6/95. Thenuyal hypnotic given, but slept only about 2 hours. AM. " 76. " given tumbler of milk every 2 hours. Bowels constipated. He was given Enema. 10:30. Bowels moved copiously. PM. Pulse 100. R 24. T(e) 99.6. Behavior about as usual -

" 7 Feb 7/95. The usual hypnotic. Slept 2 hours; sitting up in bed balance of the time. AM. Pulse 68. PM. Pulse 76. " given Eggnog, as usual. Behavior about the same. Is very stubborn and frequently asks to get up & dress.

" 8 Feb 8/95. Very restless last night; slept only about 3 hours. AM. Pulse 80; Refused nourishment this morning. 9:30. Fed by tube, a quart of eggnog. 10:30. given Enema of soapsuds; bowels afterwards moved. PM. Pulse 96. T(e) 99 4/100 -

Personal and Medical History of *Frank Petralbie*

1895

Feb 9 Feb 9/95. Gave usual dose, per rectum: but slept only 2 hours. AM. Pulse 84. PM. Pulse 74. Patient

" 10 took no nourishment after 7:30 Am, today. Asks to get up & go to the table to eat. Feb 10/95. Again

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CASE RECORD.

Patient's Name *Petralbie Frank* Name Disease *March.* Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
March 15.		92.		Patient slept 4 hours, restless 4 hours.		
		86.				
" 16.		86.		Eats fairly well at times. Slept 6 hours R 2		
		84.				
" 17.		72		Bowels quiet regular - Slept 6 hours R 2		
		76				
" 18.		88.				
		88.		Patient is up on ward during day. Slept 5 hrs R 3		
" 19.		92				
		84.		Is very obstinate - refuses to do any thing I ask him - talks quiet rational. Slept 6 hours R 3 -		
" 20.		80				
		94.		Slept 6 hours R 2 -		
" 21		94				
		96.		Left ear discharges - at times. Slept 4 R 4		
" 22.		92				
		80.		Slept 5 hours - R. 3 -		
" 25				Patient seems to be doing fairly well.		
" 31				Patient appetite good. Bowels regular. - Sleeps well during night - of late talks quiet freely at times		

Recorded by J. R. Spillane Nurse.

May 3/95. Pat 98 3/5 pds. - May 5/95. Patient, of late, has slight Coughing spells & seems to be out of

" 16 Doctrine. Put to bed. May 6/95: ate but little breakfast & dinner - Refused Supper -

(carried to 328)

1895

...of skin,
...on back;
...ations available
...5 hours, last night.
...ing in breakfast.-
...Tried to give him a glass
...with whisky. Bowels ac-
...M. Pulse 76. R. 28. Tem 99.4.
...Pulse 80. R. 24. Tem 99.8 Bowels
...egnog, during day. Same medicine.
...Tem 99.2. He absolutely refuses solid food
...at the wall. PM. Pulse 98. R 24 Tem 100.4
...2/95. Slept none, last night. AM. Pulse 68. R 20
...is same as usual - Absolutely refuses medicine.
Feb 3 Has taken as ... the day - Feb 3/95. Last evening, was given Sleeping dose
through rectum ... hours, or so. AM. Pulse 88. R 24. Tem 99.8. 10:30 Am Gave
him 2 oz. castor oil ... 30 gave another Enema - 1 PM. Bowels moved copiously;
PM. Pulse 92. R 24. ...atient took about 2 quarts eggnog, during the day.
" 4 Feb 4/95. 10 PM, last night, ... given Sleeping dose, again, per rectum, but slept only about 2 hours.
AM. Pulse 92. R 18. Tem 98.8. Takes only liquid diet. He is very stubborn; sits up in bed, most of
" 5 the time. PM. Pulse 80. R 20. Tem 100.2. Feby 5/95. Was again given Sleeping dose, in above way;
slept only 2 hours; restless balance of the night. AM. Pulse 96. R 24. Tem 99.2. Will take
only liquid food & then only a glassful at a time. He is rather quiet & dull. Hardly ever speaks.
" 6 PM. Pulse 88. R 22. Tem 100. Feb 6/95. The usual hypnotic given, but slept only about 2 hours.
AM. " 76. Is given tumbler of milk every 2 hours. Bowels constipated. He was given Enema.
10:30. Bowels moved copiously. PM. Pulse 100 R 24. Tem 99.6. Behavior about as usual -
" 7 Feb 7/95. The usual hypnotic. Slept 2 hours; sitting up in bed balance of the time. AM. Pulse 8.
PM. Pulse 76. Is given Eggnog, as usual. Behavior about the same. Is very stubborn and
" 8 frequently asks to get up & dress. Feb 8/95. Very restless last night; slept only about 3 hours.
AM. Pulse 80; Refused nourishment this morning. 9.30. Fed by tube, a quart of eggnog.
10:30 given Enema of soap suds; bowels afterwards moved. PM. Pulse 96. Tem 99 4/100 -

Personal and Medical History of *Frank Petralbre*

1895

Feb 9 Feb 9/95. Gave usual dose, per rectum; but slept only 2 hours. AM. Pulse 84. PM. Pulse 74. Patient took no nourishment after 7.30 Am, today. Asks & get up & on & off the table to eat. Feb 10/95. Again ... PM Pulse 84.
... urging -
... Pulse 84. Ate
... rectum (9 PM)
... quite violent.
... rived freely -
... has been very
... ked by the nurse
... much physi-
... state, will answer
... slept daily 4 hours -
... night, but sleeps
... eats very little.
... times, by day.
... stays in his room.
... was returned.
... movement noted.
... Gums slightly sore.
... less, during the day.
... faucet of bath -
... during only 4 or 5
... ten, eats fairly
... very obstinate,
... ages, at times.
... is regular. He
... & vereathes
... Ear is
... rather in stupid
... ted every day;
... almost
... to bed. -
... every day.
... a very affa-
... good every day,
... times, will eat

CASE RECORD.

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3984

Patient's Name Petralbre Frank Name Disease March Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms
March		80				
" 7		88		Weight 93½ pounds		
		74		Patient is very restless. Eyes are slightly		
		78		sore. Appetite poor. Bowels costive.		
				Gave Enema of soapsuds and glycerine		
				Bowels moved freely. Night slept 4 hours.		
" 8		76				
		76		Night slept 4 hours. restless 4 hours.		
" 4		76		Very restless during day.		
		80				
" 8				Gave Enema. Bowels moved freely. 9 A.M.		
				Appetite fair. 7 P.M. Bowels moved.		
" 9				Given Enema daily. 10 P.M. Dressed		
				upon ward. While bathing patient,		
				he struck his head on the faucet of		
				bath tub. causing 2 cuts on forehead.		
				wounds dressed. Sky Dr. 7 & 84		
				Night slept 4 hours restless 4 hours		
" 10.		74				
		78.		Slept 4 hours - restless 4 hours		
" 11		72		Appetite fair of late bowels regular		
		76.				
" 12		85		Slept 5 hours - restless 3 hours		
		76				
" 13		62		Upon ward 4 hours during P.M.		
		74		Slept 4 hours restless 4		
" 14		76				
		75		Slept 5 hours restless 3 -		

Recorded by C. R. Spillane Nurse.

May 3/95. Tot 98 & 100. May 5/95. Patient, of late, has slight Coughing Spells & seems to be at the
" 16 Decline. Put to bed. May 8/95: ate but little breakfast & dinner - Refused Supper -

(carried to 328)

1895

P

...ack;
...unchable
...ours, last night.
...in breakfast.-
...ued to give him a glass
...with whisky. Bowels are
...Pulse 76. R 28. Tem 99.4.
...se 80. R 24. Tem 99.8. Bowels
...ng during day. 2 no medicine.
99.2. He absolutely refuses solid food.
...te wall. PM. Pulse 98. R 24. Tem 100.4
...Slept none, last night. AM. Pulse 88. R 20
...ine as usual - Absolutely refuses medicine.
...y - Feb 3/95. Last evening, was given Sleeping-dose
...ose. AM. Pulse 88. R Set. Tem 99.8. 10:30 Am Gave
...ve another Enema - 1 PM. Bowels moved Copiously;
took about 2 quarts eggnog during the day.

Feb 4/95. 10 PM, last night ... Sleeping dose, again, per rectum, but slept only about 2 hours.
AM. Pulse 92. R 18. Tem 98. ... takes only liquid diet. He is very stubborn; sits up in bed, most of
the time. PM. Pulse 80. R 20. Tem 100.2. Feby 5/95. Was again given Sleeping dose, in above way;
slept only 2 hours; restless balance of the night. AM. Pulse 96. R 24. Tem 99.2. Will take
only liquid food & then only a glassful at a time - He is rather quiet & dull. Hardly ever speaks.
PM. Pulse 88. R 22. Tem 100. Feb 6/95. The usual hypnotic given, but slept only about 2 hours.
AM. " 76. Is given tumbler of milk, Every 2 hours. Bowels Constipated. He was given Enema.
10:30. Bowels moved Copiously. PM. Pulse 100. R 24. Tem 99.6. Behavior about as usual -
Feb 7/95. The usual hypnotic. Slept 2 hours; sitting up in bed, balance of the time. AM. Pulse 8[illegible].
PM. Pulse 76. Is given Eggnog, as usual. Behavior about the same. Is very stubborn and
frequently asks to get up & dress. Feb 8/95. Very restless last night; Slept only about 3 hours.
AM. Pulse 80; Refused nourishment this Morning. 9.30. Fed by tube, a quart of eggnog.
10:30. Given Enema of soapsuds; bowels afterwards moved. PM. Pulse 96. Tem 99 4/100 -

Personal and Medical History of Frank Petralbe

1895

Feb 9/95. Gave usual dose, per rectum: but slept only 2 hours. AM. Pulse 84. PM. Pulse 74. Patient took no nourishment after 7.30. Am, today. Asks to get up + go to the table to eat. Feb 10/95. Again
... PM. Pulse 84.
...ch urging -
... Pulse 84. Is
...ectum (9 PM).
...d quite violent.
...d moved freely -
...has been very
...ked by the nurse
...ed much, physi-
...f late, will answer
...slept only 4 hours -
...night, but sleeps
...eat very little.
...times, by day.
...stay in his room.
...was returned.
...provement noted.
...Eyes slightly sore.
...less, during the day.
...faucets of bath -
...ping only 4 or 5
...letter; eat fairly
...very obstinate,
...ages, at times.
...ls regular. He
...& secretions.
...door. Ear is
...bathed in tepid
...ated every day;
almost
...to bed. -
every day.
...a very offen-
...ged every day,
...times, will eat
very well; then, for a day or so, will eat nothing. Bowels, as a rule, are fairly regular -
" 3/5 May 3/95. Ate but 9 Sups of food. - May 4/95. Patient, of late, has slight "Coughing Spells" & seems to be on the
" 16 decline. Put to bed. May 5/95: ate but little breakfast & dinner - Refused Supper -

(carried to 328)

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CASE RECORD.

Patient's Name Frank Petralbe Name Disease 3984 Name Physician February 13

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms
Febg 13		80		Patient very stubborn. Sits up in bed		
7		78		most of the day. Night. slept 4 hours. restless 4 hrs.		
" 14		72		Night. slept 5 hours.		
		72				
" 15		74		Appetite very poor. Given enema of soapsuds		
		96		and glycerine. Bowels moved freely.		
16		70		Night. Slept 5 hours. restless balance.		
		78				
17		78		9 P.M. gave sleeping dose per rectum.		
		78		slept 6 hours.		
18		76		Patient will not stay in bed during day time		
		70		Night. gave dose per rectum 9 PM. slept 5 hours.		
19		70		Eats very little takes solid food.		
		76		Night. gave dose per rectum. slept 5 hours.		
20		74		Patient very restless and at times very troublesome		
		78		10 PM. gave dose per rectum slept 6 hours.		
21		74		Appetite fair. Bowels costive gave enema.		
		78		of soapsuds. Bowels moved copiously.		
22		78		Night slept 4 hours restless 4 hours.		
		78				
23		74		Night. slept 2 hours. restless 6 hours.		
		74				
24		80		Patient very troublesome. will not stay in room		
		76		Night Slept 5 hours.		
25		76		Appetite very poor.		
		78		Night. slept 4 hours restless balance		
26		78		10 1/2 AM. gave bath. dressed and removed for the		
				day to C3. 7 PM. returned.		
27		74		10 1/2 AM. gave enema of soapsuds and glycerine.		
		74		Bowel moved freely.		
28		78		Appetite good Bowels costive.		
		72				

Recorded by J. R. Spillane Nurse.

Pr

1895

…Skin,
…back;
…ommendable
…hours, last night.
…in breakfast.-
…ed to give him a glass
…with whisky. Bowels are
…Pulse) 76. R 28. T(o) 99.4.
…80. R 24. T(o) 99.8. Bowels
…g, during Day. Is on medicine.
…99.2. He absolutely refuses solid food.
…wall. PM. Pulse 98. R 24. T(o) 100.4
… Slept worse, last night. AM. Pulse 68. R 20
… as usual - Absolutely refuses medicine.
… Feb 3/95. Last evening, was given Sleeping-dose
… So. AM. Pulse 8. R 24. T(o) 99.8. 10.30 Am Food
… another Enema - 1 PM. Bowels moved copiously;
… took about 2 quarts eggnog, during) the Day.
… sleeping dose, again, per rectum, but slept only about 2 hours.
… only liquid diet. He is very stubborn; sits up in bed, most of
… Pulse) 92. R 18. T(o) 98.
… Pulse 80. R 20. T(o) 100.2. Feby 5/95. Was again given Sleeping dose in above way;
… slept only 2 hours; restless balance of the night. AM. Pulse 96. R 24. T(o) 99.2. Will take
… only liquid food & then only a glassful at a time - He is rather quiet & dull. Hardly ever asks.
… PM. Pulse 88. R 22. T(o) 100. Feb 6/95. The usual hypotic given, but slept only about 2 hours.
… AM. " 76. Is given tumbler of milk, every 2 hours. Bowels constipated. He was given Enema.
… 10.30. Bowels moved copiously. PM. Pulse 100. R 24. T(o) 99.6. Behavior about as usual -
… Feb 7/95. The usual hypotic. Slept 2 hours; sitting up in bed, balance of the time. AM. Pulse 68.
… PM. Pulse 76. Is given Eggnog, as usual. Behavior about the same. Is very stubborn and
… frequently asks to get up & dress. Feb 8/95. Very restless last night; slept only about 3 hours.
… AM. Pulse 80; Refused nourishment this morning. 9.30. Fed by tube, a quart of eggnog.
… 10.30. Given Enema of soapsuds; bowels afterwards moved. PM. Pulse 96. T(o) 99 4/100 -

Personal and Medical History of *Frank Petralbre*

1895

Feb 9/95. Gave usual dose, per rectum: but slept only 2 hours. AM. Pulse 84. PM. Pulse 74. Patient took no nourishment after 7.30 Am, today. Asks to get up & go to the table, to eat. Feb 10/95. Again gave him hypnotic, as usual. Slept only 1 hour; was restless 7 hours. AM. Pulse 88. PM. Pulse 84. He is quite restless today - Has taken about 2 quarts of milk, today, after much urging -

" 11 Feb 11/95. Given usual hypnotic - Restless 7 hours, slept but 1 hour. AM. Pulse 86. PM. Pulse 84. Ate very little of solid food, today. Feb 12/95. Again, gave him Sleeping dose per rectum (9 PM). but slept only 1 hour, 5 Am. He got hold of a suit of clothes in the hall & became quite violent.

" 12 AM. Pulse 80. PM. Pulse 90. Was given enema at 9.30 Am: bowels afterward moved freely - appetite is poor. He asks, frequently to get up & dress. Summary. Patient has been very stubborn, and, at times, quite violent, since admission - Refuses to do anything asked by the nurse although he has not taken much nourishment, he does not appear to have declined much physically - At first patient would not speak at all to either nurse or Physicians, but of late, will answer

" 13 questions, though he cannot carry on any Conversation. Feb 13/95. Usual hypnotic but slept only 4 hours - Is very stubborn, sits up in bed, most of the

" 19 time. Feb 19/95. Is given Sleeping dose, by rectum, almost nightly, but sleeps only about 5 hours, each night. Will not stay in bed, during the day; takes solid food; but eats very little.

" 23 Feb 23/95. Sleeps only about 4 hours, nightly - Very restless; also restless & troublesome, at times, by day.

" 24 Bowels often constipated & he is given enemata. Feb 24/95. Very troublesome. Will not stay in his room.

" 25/26 Feby 25/95. Sleeps & eats very poorly. Feb 26/95. Dressed & moved in the day, to C[3]. 7 PM. Was returned.

" 28 Feby 28/95. Appetite good; bowels active. Bowels are moved only by enemata. No special improvement noted.

Mar 1 Mar 1/95. Wt 93 2 lbs - Patient is very restless. Appetite poor; bowels Costive. Eyes slightly sore.

" 9 Mar 9/95. Has been sleeping & eating fairly. Bowels require frequent enemata. Very restless, during the day.

1 PM. Dressed & up, in ward. While bathing patient, today, he struck his head on faucet of bath-

" 13 -tub, causing 3 cuts on forehead, which were dressed. Mar 13/95. Still restless & sleeping only 4 or

" 18 hours, nightly. Was up, in ward, 4 hours, during PM. Mar 18/95: Is now sleeping better; eats fairly well, at times. Bowels becoming quite regular. Is upon ward, during the day. Is very obstinate,

" 21 refuses to do anything he is asked; talks quite rationally - Mar 21/95: Left ear discharges, at times.

" 25/31 Mar 25/95: Patient seems to be doing fairly well - Mar 31/95. Appetite good; bowels regular. He sleeps well, during night, of late. Talks quite freely, at times. Still sickness & Restless.

Apl 2 Apl 2/95. Left ear of Patient discharging a thick pus & causing a very offensive odor. Ear is syringed out, every day, with corrosive sublimate solution (1 to 1000) & eyes also bathed in tepid water, & treated, 3 times daily. Apl 9/95. Wt 99 lbs. Apl 12/95. Ears & eyes treated every day;

" 9/12 as above. Appetite is Poor; bowels regular. Patient stands in one place, almost Continually; is very stubborn & must be forced to dress, wash, eat and to go to bed. -

" 18 Apl 18/95. Appetite poor: bowels not very regular: behavior about same, as above, every day. Habits are quite filthy. Ear syringed every day, as before. Patient still has a very offen-

" 30 -sive odor about him. Apl 30/95. Patient still very stubborn; ear syringed every day,

May 1 with bi-chloride solution (1 to 2000). May 1/95. Patient up, in ward. At times, will eat very well; then, for a day or so, will eat nothing. Bowels, as a rule, are fairly regular -

" 3/5 May 3/95. Wt 98 1/2 lbs. - May 5/95. Patient, of late, has slight Coughing spells & seems to be on the

" 16 Decline. Put to bed. May 16/95: Ate but little breakfast & dinner. Refused Supper -

(carried to 328)

Personal and Medical History of F. W. Krekow

LOBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3985.
Residence, Norton, Winona County, Minn.
Date Admission, 30th January 1895.
Admitted by, Dr. Herzog Hour, 10 P.M.
How Sent, H. L. Buck, Jr. P. Winona County.
Sex, Male.
Age, 56 Years
Civil Condition, married
Children, — 8 —
Age Youngest Child,
Occupation, Farmer
Degree Education, not given
Profession Religion, Yes; Lutheran.
Habits, Good as far as known
Nativity, Germany
Physicians Committing, E. D. Reyes and D. B. Pritchard
Correspondents, Humboldt Lodge #24 I.O.O.F. Winona Minn

No. for Year, 184.
Insane Relatives, no history of heredity.
Cause Exciting, not known
Cause Predisposing, previous attacks.
Form, Dementia syphilitic
Accompanying Bodily Disorder, skin eruption
Suicidal or Not, not
Date of this Attack, 8 years ago at intervals since
Duration, 8 years, off & on.
No. of Attack, probably 1st Continuous.
No. of Admissions, 1st
Age First Attack, about 48.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
Dr. D. Herzog, Jany 31st 95. **MENTAL CHARACTERISTICS.**

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

MEMORY:
Past Events, } Poor
Recent Events, }
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
~~Correct~~ or Illusive, in some respects

REASONING POWER:
Ordinary Subjects, Poor
Own Mental State, says he has been insane before & possibly is now.
Special Subjects,

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

DELUSIONS:
Systematized or Not, } Conversation is somewhat incoherent & ideas illusive but nothing definite.
Special Subjects, }
Transitory or Not, }

HALLUCINATIONS:
ILLUSIONS:

CONVERSATION:
~~Coherent or~~ Incoherent, somewhat
Voluble ~~or Reticent~~, fairly

GENERAL DESCRIPTIVE REMARKS:
Impossible to concentrate his attention - Flow of ideas rapid & incoherent - Not particularly noisy but shows lying propensities - Behavior peculiar - Walks up & down the hall, mixing the pictures &c - Has not an adequate conception of his surroundings - Asks irrelevant questions.

Personal and Medical History of F. W. Krekow

29/265 3985
M F. W. Krekow
Copy of Order for Hearing Petition of Augusta Krekow for appointment of a guardian for F. W. Krekow insane; served and service admitted 4th November 1900.
(Papers filed with commitment papers.)

MISSION, CONTINUED.
RACTERISTICS.

NUTRITION, Fairly Good.
Page - Some shortening of left leg as a result of fracture - ...w cut at hip. Promptness Movement, Prompt: Dexterity & Left.
Size, Somewhat Contracted
Accommodation, Yes

COORDINATION, Arms, Good, by usual tests
Legs, Good " "
TREMORS, Hands, None
Facial Muscles, None
REFLEXES, Patellar, Equal - +
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
Restless
SENSIBILITY, ✓

HEART,
All first - Sounds somewhat rough.
LUNGS,
Respiratory Murmur good -

Tongue, None
General, None

~~EXAM. URINE,~~
Treatment
Nothing indicated. Give a brisk purge.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Kept Recent

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 F. W. Krekow

LEBERT, FISLAR & CAMPBELL, DAVENPORT, IOWA.

Whole No. 3985.
Residence, Norton, Winona County, Minn
Date Admission, 30th January 1895.
Admitted by, Dr. Herzog Hour, 10 P.M.
How Sent, A. L. Buck, Jr. P., Winona County
Sex, Male.
Age, 56 years
Civil Condition, married
Children, —8—
Age Youngest Child,
Occupation, Farmer
Degree Education, not given
Profession Religion, Yes; Lutheran
Habits, Good as far as Known
Nativity, Germany
Physicians Committing, E. D. Keyes and D. B. Pritchard
Correspondents, Humboldt Lodge #74 I.O.O.F. Winona Minn

No. of Attack, probably 1st Continuous.
No. of Admissions, 1st
Age First Attack, about 48.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

Exby Dr. Herzog Jany 30th.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, } Poor
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
~~Correct~~ or Illusive, in some respects
REASONING POWER:
Ordinary Subjects, Poor
Own Mental State, says he has been insane before & possibly is now—
Special Subjects,

EMOTIONAL STATE:
~~Normal~~, Calm,
~~Indifferent~~,
Exalted, somewhat
~~Depressed~~,
DELUSIONS:
Systematized or Not, Conversation is somewhat incoherent & ideas illusive
Special Subjects, but nothing definite.
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
~~Coherent or~~ Incoherent, somewhat
Voluble ~~or Reticent~~, fairly

GENERAL DESCRIPTIVE REMARKS:
Impossible to concentrate his attention - Flow of ideas rapid & incoherent - Not particularly noisy but shows signs of restlessness - Behavior peculiar - Walks up & down the hall, moving the pictures &c - Has not an adequate conception of his surroundings - Asks irrelevant questions.

Personal and Medical History of F. W. Krekow

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ WEIGHT, 135 lbs. NUTRITION, Fairly Good.
WOUNDS OR ABNORMALITIES, See "S.R." on next page - Some shortening of left leg as a result of fracture -
TONGUE, Tremors, None Coatings, Grayish yellow coat at base Promptness Movement, Prompt: Deviates slightly to Left.
PUPILS, Equality, Yes Size, Somewhat Contracted
Response Light, Yes. Accommodation, Yes
SIGHT, Somewhat presbyopic
HEARING, Seems Good.
COORDINATION, Arms, Good, by usual tests
Legs, Good " "
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal - + -
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
Restless
SENSIBILITY,
✓
HEART,
All first - Sounds somewhat rough.
LUNGS,
Respiratory Murmur good -

TAKEN,

~~EXAM. URINE,~~
Treatment
Nothing indicated. Give a brisk purge.

OPHTHALMOSCOPIC EXAM.,

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

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

Personal and Medical History of F. W. Krekow.

1895

This patient was brought here by Sheriff's Deputy A. W. Fuhrman, with following history. Habits and morals good, so far as known. There is no history of heredity: Supposed cause of attack not known. Form of attack chronic, depressed. He has found skin eruption + sores on his body. First symptoms of disease were manifested many (at least 8) years ago, by destruction of property and quarrels with family. This is not the 1st of these attacks. At least 8 years ago, he smashed windows on way home from church; and these attacks have taken place at intervals ever since. Insanity is now manifested by hallucinations in religion and women, destruction of clothing and property. Patient is not disposed to injure others, nor suicidal. Has been confined 14 Days in County Jail. He has not been under medical treatment.

Jan 30 **On admission**, was put on B³ (S.A. Complexion light; hair brown; eyes blue; has a scratch on nose + one on hand; some sores on body (back); bodily condition dirty. Has had left leg broken below knee. Behavior is good. Pulse —; Jan 31/95. Slept but 2 hours, during the night; restless balance of the time. Appetite fairly good; bowels moved - PM. Pulse 120. R 18. T(a) 99.5 - restless + stubborn, at times, yelling very loud, also crying; talks incoherently - Feb 1/95. Slept only 2 hours, restless + noisy 7 hours. T(a) 100.2. Pulse 88. Did not partake of any breakfast, but ate very good dinner. Behavior very restless and contrary; at times, objects to keep on his clothing; is also noisy. Feb 2/95. Slept only 4 hours, last night. T(a) 100. (this morning). Appetite rather poor; did not eat any supper last evening + took no breakfast this morning. Very restless; would not keep his clothing on this Am. He this morning was given physic; bowels afterwards moved. 5 PM. Is not as restless as this morning. He has to be watched very closely. Feb 3/95. Very restless + disturbed + slept only 2 hours, last night. AM. Pulse 88 - T(a) 100.8. Appetite poor; eating no breakfast + very little dinner; no supper: Very restless + must want to keep his clothing on; is very stubborn. Sores bled quite freely, twice, during the day. —

" 4 Feb 4/95. Slept but 1 hour during the night; restless 7 hours; noisy 1 hour. Was put in room alone, by night - nurse, as he could not keep him in bed - AM. Pulse 80. T(a) 100.2. Appetite poor. Did not eat any breakfast. He says his bowels moved, but they are probably constipated; he was given enema of soap-suds, without any result; afterwards was given some milk + castor oil. His behavior is same as usual. Feb 5/95. Slept 6 hours, last night. Appetite still poor. Am. P 88 T(a) 100.2. Bowels not known to move - partook of only a slight supper, last evening; no breakfast this Am - took a very small dinner + supper - Behavior, quieter than usual today. Feb 6/95. Seems to have slept somewhat better, last night: Am. Pulse 90. T(a) 100.8. Appetite poor. Behavior restless, hardly speaks to any one. Feb 7/95 AM. Pulse 78. T(a) 98.8. Appetite still poor. Behavior quieter today, than any day since committed here; appears to be improving a little. Feb 8/95. AM. Pulse 116. T(a) 101.8. Appetite very poor. Is very restless, at times. Transferred to B⁴ (Infirmary Ward). Feb 9/95. Was given a Powder at 9 PM, but slept only 1 hour; was very restless. Had several Coughing Spells during the night. AM. Pulse 76. R 24 T(a) 99⅘. PM. Pulse 78. R 24. T(a) 100.4. Took only milk today; 1 quart each at 7 Am. 12 M + 6 PM; frequently calling for solid food; finger is bruised + inflamed. Feb 10/95. Restless 7 hours + slept only 1 hour, last night. AM. Pulse 80. R 24. T(a) 99.6; PM. Pulse 80. R 28. T(a) 100.2 Took solid food today; ate very well. there is slight discharge from sores on back and sides. Bowels are costive: gave Enema; bowels afterwards moved. Feb 11/95. Slept only 3 hours, last night. - AM. Pulse 84. - R 24 - T(a) 98.6; PM. Pulse 78. R 26. T(a) 99.2. Appetite has improved;

Personal and Medical History of F. W. Krekow

1895

CASE RECORD.

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Patient's Name F. W. Krekow. Name Disease February 1 Name Physician 9985

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
February 1st	99	80	22	Very Troublesome, will not stay in bed.		
		76		Night very noisy. out of bed frequently disturbing other patients		
15	99.6	80	22	Night. Out of bed most of night.		
		72		slept 4 hours		
16	99.6	80	22	Appetite good. he behaves as usual.		
	98.6	70	20	Night. Slept 3 hours.		
17		80		Night. Very noisy and out of bed most		
		88		all night		
18		76		Appetite good. Bowels regular.		
		86		Very noisy and restless during day.		
19		78		Was removed to B 3 during day on		
				account of being too troublesome.		
20				Transferred to B 3 E.		
24				Does not sleep very well nights and is very troublesome		
				also destroying his clothing		
25				Slept 3 hours restless 6 hours received S.D.		
26				Slept 5 hours restless 4 hours		
28				Appetite fairly good Bowels apparently regular		
				Behavior troublesome destroying his clothing		
				at times and touchy in appearance inclined		
				to be dirty number of days dirty 7. Ears swollen		
				Slept 5 hours restless 4 hours		
March 1st				Weight 129 lbs Pulse 96		
2				Slept 5 hours restless 4 hours		
5				3 " " 6 "		
6				Restless 6 hours during night		
8				Restless 4 hours during night		
10				Restless 2 hours during night		
12				5 " " "		
17				Slept 5 hours restless and noisy 4 hours		

Recorded by _____ Nurse.

Oct 30/95. Very quiet + well - behaved. Appetite good. Bowels regular. Sleeps well. Talks rationally: no delusions noted; works in kitchen every day. Oct 2/95: Wt 170 lbs. Pulse 82. Has been steadily gaining in flesh, for several months past. Oct 31/95. Very quiet + orderly. Worked in kitchen until 27th inst. Still somewhat troubled with Eczema. Is now receiving medicine. Talks freely + rationally. Says "he wants to go home." Physical health is good.

Carried to 272

Personal and Medical History of F. W. Krekow.

1895

Habits
of known.
symptoms
quarrels
way home
now
herety.
ty fail.
scratch
ow knee
times.
times,
y 7 hours.
restless
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folk
nesses.
he watched
ee 88—
wandering
alone,
Does not
given
Has
P 88
ak/ps+
Seems
is restless,
day, than
F. Appetite
given a
the night.
sack at

Jan 30 C

" 31

Feb 1

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" 3

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" 11

7 AM. 12 M & 6 PM. frequently calling for solid food; finger is bruised & inflamed. Feb 8/95. Restless 2 hours & slept only 1 hour, last night. HMM. Pulse 80. R 24. T(e) 99.6; RM. Pulse 80. R 28. T(e) 100.2. Took solid food today; ate very well. there is slight discharge from sores on back and sides. Bowels are costive: gave Enema; Bowels afterwards moved. Feb 11/95. Slept only 3 hours, last night. — HMM. Pulse 84. — R 24 — T(e) 98.6; RM. Pulse 78. R 26. T(e) 99.2. Appetite has improved;

Personal and Medical History of F. W. Krekow

1895

Febry Patient is very restless, during the day, out of bed, much of the time. Feb 12/95. very restless for 4
" 13 hours, last night, & slept only 4 hours. HMM. Pulse 88. R 24. T(e) 99.6; RM. P 78 R 24 T(e) 99.2 Appe-
-tite very good; Calls for food, at all times of day; out of bed very much. Feb 13/95: Slept only 4 hours,
last night; was quite noisy, at times. HMM. Pulse 82. R 22. T(e) 99.2 RM. P 80. R 24. T(e) 100.2 Ap-
-petite continues good; bowels regular. 2 PM. Visited by friends. Summary. During first
week, patient was inclined to violence, at times. When moved to "Infirmary" he became much quiet
and content, for a few days. Mental condition appears worse, every day. He can down stairs, during
1st week, but has since gained, quite perceptibly. On Feby 11th, eruption appeared on left side, anterior
portion of lower part of chest & upper of abdomen; 7 oval spots, with cup-shaped brownish-black
crusts, from ¼ to ¾ inches long, on right posterior portion, from similar lesions, with a number of
small brownish-red macules: two larger macules on lower limb; two round scars on back
" 14 superficial pigmented on periphery clear in centre supposes syphilitic rupia. Feb 14/95: Was
" 18 very restless & slept only 1 hour, last night. Feb 15/95. very troublesome; will not stay in bed; very
" 19 noisy, at night: out of bed frequently, disturbing other patients. Sleeps very poorly. Feb 19/95: Was
" 20 removed to B3, during day, on account of being too troublesome. Feb 20/95. Transferred to B3 East.
" 28 Feb 27/95. Is still very troublesome; destroying his clothing, at times: slouchy in appearance.
Includes Bed dirty. (No. of Days dirty 1). Ears swollen lately; right ear the worst. Still noisy at night.
Mar 1/95 March 1/95. Wt 129 lbs. (Has been losing in flesh). Pulse 96. Mar 1/95: Restless at night & still sleeps poorly.
" 29/31 March 29/95: Not as noisy as he has been & apparently has improved some. March 31/95: appetite fair:
bowels regular: behavior quiet; hardly ever speaks to any one; rather slouchy in dress, & occasionally
destructive. Habits clean. Does not work. April 1/95. Wt 136½ lbs. (Has gained some in flesh).
Apl 1 Pulse 72. Apl 30/95. Has been improving some, of late, still, at present, talks quite rationally,
" 30 but naturally very quiet. Habits clean: does not work. There is considerable dementia.
May 1/31 May 1/95. Wt 149 lbs. Pulse 88. May 31/95. Appetite fairly good: bowels regular: behavior quiet: hardly
ever speaks to any one & acts rather silly: habits clean: does not work any. Health seems good.
June 1 June 1/95. Wt 147½ lbs. Pulse 78. Was visited by friends recently (on 20th & 29th inst.).
" 30 June 30/95. Continues quiet & well-behaved: Talks rationally: has improved considerably of late.
July 1 Still, acts rather silly. Works some on ward: Habits clean. July 1/95. Wt 163 lbs. (Has gained,
" 31 on the whole, 25 pounds in flesh, since admission). Pulse 93. July 31/95. Always quiet &
well-behaved: Causes no trouble. Has good physical condition: Memory continues to improve.
Aug 1/31 Aug 1/95. Wt 164 lbs. Pulse 80. Aug 31/95. Behaves well: talks rationally: seems to be all right:
Sept 2 quite often expresses a desire to go home. Habits clean. Works on ward. Sep 2/95: Wt 167 lbs. Pulse 74.
" 9/13 Sep 9/95. Transferred to B1. Sep 13/95. Works outside a great deal. Quiet & orderly.
" 14 Sep 14/95: (Patient has Eczema marginatum, extending down thighs. Treated by Dr. H.)
" 20 Sep 20/95. Works in kitchen every day. Eczema has nearly all disappeared. —
" 30 Oct 30/95. Very quiet & well-behaved. Appetite good: bowels regular: sleeps well: talks
Oct 1 rationally: no delusions noted; works in kitchen every day. Oct 2/95: Wt 170 lbs. Pulse 82.
" 31 Has been steadily gaining in flesh, for several months past. Oct 31/95. Very quiet & orderly.
Worked in kitchen, until 29th inst. Still somewhat troubled with Eczema. Is on medicine.
Talks freely & rationally. Says "I want to go home." Physical health is good.

— Carried to 272 —

Personal and Medical History of Peter. G. Cunningham

LOBERT, FISLAR & SAUERBERG, DAVENPORT, IOWA.

Whole No. 3986.
Residence, — Rochester, Minn. —
Date Admission, 1st February 1895.
Admitted by, Dr. Kilbourne — Hour, 12 M. —
How Sent, Thos. Fraser, Jail, Olmsted County
Sex, Male —
Age, — 23 —
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Laborer
Degree Education, Probably fair
Profession Religion, Church member
Habits, Temperate; Morals good
Nativity, Ireland.
Physicians Committing, C. T. Granger & Christopher Graham
Correspondents, Thomas Cunningham Rochester Minn

No. for Year, 185.
Insane Relatives, Father.
Cause Exciting, Unknown
Cause Predisposing, Heredity & previous attacks.
Form, mania acute
Accompanying Bodily Disorder, None
Suicidal or Not, papers say: yes. { Brother this afternoon, stated he has some suicidal tendencies
Date of this Attack, Jany 28/95
Duration, about 24 Days —
No. of Attack, — Many —
No. of Admissions, 1st "
Age First Attack, not given.
Time of Leaving, Mch 1'95
Time in Hospital, 1 mo.
Result, Rec.

Ed by Dr. Herzog Feb 1/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, } Poor
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct in the main
REASONING POWER:
Ordinary Subjects, } Incapable of Consecutive
Own Mental State, } thought.
Special Subjects, }
GENERAL DESCRIPTIVE REMARKS:
Patient is very much excited: acutely maniacal. Ideas flow readily. He is loud, profane & incoherent.

EMOTIONAL STATE:
~~Normal, Calm,~~
~~Indifferent,~~
Exalted, Yes
~~Depressed,~~
DELUSIONS:
Systematized or Not, Unsystematized
Special Subjects, —
Transitory or Not, Transitory
HALLUCINATIONS:
ILLUSIONS: ?
CONVERSATION:
Coherent or Incoherent, Incoherent.
Voluble or Reticent, Voluble —

Personal and Medical History of Peter. G. Cunningham

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken (145 lbs) WEIGHT, Not taken NUTRITION, Fairly Good.
WOUNDS OR ABNORMALITIES, See "S. R" next page.
TONGUE, Tremors, Not marked Coatings, somewhat large — pale & anaemic clean — Promptness Movement, Fairly prompt
PUPILS, Equality, Yes Size, about normal
Response Light, Yes Accommodation, Yes
SIGHT, Seems good.
HEARING, Seems good.
COORDINATION, Arms, } usual tests impossible; apparently some incoordination.
Legs, }
TREMORS, Hands, Some Tongue, Slight
Facial Muscles, none General, none
REFLEXES, Patellar, ℰ — equal
Other ✓
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
Rapidly Changing
SENSIBILITY,
✓
HEART,
Somewhat rapid; Sound good —
LUNGS, Murmur somewhat harsh —

TAKEN,

~~EXAM. URINE,~~

Proposed Treatment

Wet Sponge with Croton — oil; Hotbaths (110°) with cold to head for 10 minutes, twice daily. Hypnotics (mild) if needed — Extra Diet of eggnog, to contain 2 teaspoonfuls of whiskey, 3 times, daily. —

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Record kept Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, high & bounding — 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,~~ has been here several times.
Brothers or Sisters, 2 brothers inebriate

Personal and Medical History of Peter. G. Cunningham

1895

This patient was brought here by Sheriff Stewart and Jones - Marshall Kalb + accompanied by 2 of his friends. The following is the history of the case. He has been temperate and of good morals. There is history of heredity, his father having been insane. Supposed cause of this attack is unknown; form of attack is acute. There is no accompanying bodily disease. Patient has had an injury to his head. First symptoms of the disease were manifested this time, Janu 28/95. (about 4 Days ago), by incoherent talk, loud laughter, imagines himself a horse". He had had many such attacks; (though this is probably the most severe one, as it has been necessary to confine him in hospital): dates of these attacks or their duration, unknown. His insanity now shown by delusions, incoherency; refuses to go to bed. Is disposed to injure others from sudden passion, but is not suicidal. He is destructive of clothing. He has not been previously restrained or confined, but has been watched, during these attacks. Has been treated.

Feb 1 On admission, was put on B3 (SR. Complexion dark; hair black, eyes gray; Condition of skin good. No marks, scars or bruises noticed. Bodily Condition not very clean. Is violent + noisy).

" 2 Patient was given a "Combination bath" at 7.30 PM. Feb 2/95. Restless 2 hours, noisy 3 hours and slept only 2 hours, last night. AM. Pulse 86. R 20. Temp 99. Appetite very good; bowels constipated and require to be moved by Cathartics. He coughs loud + raises considerable phlegm. Behavior is very bad. He is noisy; violent; striking + kicking other patients. Does not seem to have delusions or

" 3 illusions. Was given a "Combination bath" at 10 Am + again at 7.30 PM. Feb 3/95. Slept but 1 hour, last night; was extremely noisy for 4 hours. AM. Pulse 90. R 20. Temp 98.4. Behavior not

" 4 good; is noisy, abusive, striking other patients, without provocation. Appetite good. Feb 4/95. Was restless 4 hours, noisy 1 hour + slept but 4 hours, last night. Had been given an hypnotic at 9 PM. AM. Pulse 102 R 21. Temp 99. Appetite very good; behavior is very bad; he is fighting + abusive

" 5 had to be placed in Seclusion for 5 hours. Feb 5/95. Restless 3 hours, but slept 5 hours, last night. Was given hypnotic at 9 PM. AM. Pulse 102. He eats well; bowels regular. Is very noisy + troublesome.

" 6 Feb 6/95. Slept 5 hours, restless 14 hours, last night. AM. Pulse 102. Some improvement noticed in his behavior, though he is still noisy. No illusions or delusions noted. Appetite keeps good.

" 7 Feb 7/95. Restless 2 hours, noisy 1 hour, but slept 6 hours, last night. Given hypnotic at 9 PM. No cough observed. Pulse 98. Behavior is fair, though he is still inclined to be noisy. Eats well.

" 8 Talks quite coherently + reads some. Feb 8/95. Slept but 1 hour, last night; restless 8 hours. Complains of pain in stomach. AM. Pulse 98. Appetite very good; also behaves very well. Was

" 9 visited by his brother, today. Feb 9/95. Slept 5 hours, last night; was restless 14 hours. AM. P. 99 (Was given hypnotic at 10 PM). Eats well; bowels regular. Behavior very good. He was out for a walk today.

" 10 Feb 10/95. Restless all night + slept none. AM. Pulse 102. Eats well. Behaves very well. Talks

" 11 very little. Was visited by his brother + sister today. Feb 11/95. Was given hypnotic at 9 PM. Slept 6 hours, was restless 3 hours. AM. Pulse 105. Bowels have been constipated. Was given a Cathartic at 1 PM: bowels afterwards moved. He behaves well + talks quite rationally. Visited

" 12 by his father, today. Feb 12/95. Was restless 5 hours + slept but 14 hours, last night. This AM. Pulse 104. Appetite good; bowels move regular; he is quietly behaved; talks quite rationally;

" 13 reads some + plays games. Feb 13/95. Was given hypnotic at 10 PM, but slept only 3 hours, was restless 6 hours. Behavior continues quiet. Talks quite rationally; reads, plays games +

Personal and Medical History of Peter. G. Cunningham

1895

Feb 14 attends Patients' Entertainments Feb 14/95. Was given hypnotic at 11 PM: slept 6 hours; restless

" 15 1 hour. AM. Pulse 100. Feb 15/95. Was given hypnotic at 9 PM. Restless a couple of hours, but slept 7 hours. Appetite has continued Good + bowels regular. Behavior has also been very good. Patient was transferred to B1 today. Summary: On admission, patient was violent + noisy; pugnacious; ugly towards his fellow-patients; continued so for 5 days, when he became quiet and well-behaved. He is still more or less restless, nights, but is not noisy. No delusions, illusions or hallucinations have been observed. He reads, writes, plays games, attends Entertainments &c. Is

" 16 apparently in good physical condition. Feb 16/95. Behaves well. Appetite good; bowels regular;

" 18 he talks freely + rationally. Visited by his brothers, today. Feb 18/95. Visited by his father. Works on ward.

" 20/ Feby 20/95. Started to work in laundry. Feby 27/95. Attendant instructed to keep patient on ward,

" 28 as he appears nervous and very restless. Feb 28/95. Behaves well: less restless; talks freely and

Mar 1 rationally. Makes no Complaints. Sleeps + eats well. Is quite often visited by his relatives. —

Mar 1/95. Was today visited by his father + a friend. As patient had so fully recovered, he was allowed to be taken home by them.

— Discharged —

1895 Room 268. — T. W. Krekow —

Nov 2/30 Nov 1/95. Wt 171½ pds. P & R. Nov 30/95. Appears to be all right: talks freely rationally: no delusions apparent. Works some in kitchen, at times, on the ward. Appetite good: no complaints. Physical health good.

Dec 31/ Dec 1/95. Wt 174 pds. Pulse 66. Dec 31/95. Not working in kitchen of late, but works on ward. Attitude, no change noted.

Jan 31/ Jan 1/96. Wt 177 " " 66. Jany 31/96 No change noticeable, either mentally or physically. Works well on ward.

Feb 29/ Feby 1/96. Wt 177 " " 68. Mar 2/96. Wt 174½ pds. Apl 1/96. Wt 174 pds. P 72. Apl 30/96 Patient appears to

Mar 2 be all right, mentally + physically. No delusions apparent. Talks freely + rationally; reads + plays games.

Apl 1/ Is a very good worker on ward. Habits neat + clean: appetite good: bowels regular: no complaints: Physical con-

30 -dition good. —

May 1/96 + Summary Nurses Notes by Dr. Phelps. Patient rather demented, at times is able to talk in a fairly

to rational way, at others is foolish: Has worked out a good deal at times: Nov 4/96 ran away

Aug 1/97 as far as Elgin but was returned: Since that time he has been quietly upon ward: usually quite dull + somewhat despondent. Aug 31/97 Wt. 171# Oct 31/97 Patient at present talking in quite freely + in a comparatively rational way: Health good: Works some:

Jan 31/99 Intervening notes show little change in condition: Is rather dull in manner usually quiet but on talking to him he answers in a fairly intelligent way. Is anxious to go out on trial Jan 1 - July 31/99 (Dr Mannons) Is well behaved: Shows no delusions: Bowels regular: Physical condition fair. Mch 1. Had a bad spell - pugnacious + very noisy

Aug 1 - Jan 31 1900 (Dr Chapple) Wt. 164# Has been well behaved: Tidy in dress + habits: Works in dining room + spends much time reading. Conversation very rational: Is rather irritable + eccentric. Physical condition has been good.

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Personal and Medical History of Henry H. Gordon

LEBERT, FIDLAR & GUARDER, DAVENPORT, IOWA.

Whole No. 3987.
Residence, Owatonna, Minn.
Date Admission, 1st February 1895.
Admitted by, D. Phelps Hour, 7 PM.
How Sent, W.B. Hadwicks, Jr. P. Steele County
Sex, Male.
Age, 34 years
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Salesman
Degree Education, Probably quite good
Profession Religion, Not a church member
Habits, Good
Nativity, Berlin, Steele Co. Minnesota
Physicians Committing, W.C. Eustis and J.P. Johnson
Correspondents, C.S. Gordon, Owatonna Minn

No. for Year, 186.
Insane Relatives, none
Cause Exciting, business troubles & ill-health
Cause Predisposing, — Chronic —
Form, Melancholia chronic
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, Some 3 years ago
Duration, — about 3 years, off & on, —
No. of Attack, probably 1st, Continuous
No. of Admissions, 1st
Age First Attack, about 31 —
Time of Leaving, May 23 — 1901
Time in Hospital, 6 yrs 3 mos 22 ds
Result, Died Chronic Nephritis

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ordered Dr. Herzog Feby 2/95

MENTAL ACTIVITY:
Clear or Confused, Slightly Confused
Quick or Sluggish, fairly quick

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

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

REASONING POWER:
Ordinary Subjects, fair, but not connected
Own Mental State, admits some weakness
Special Subjects,

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

DELUSIONS:
Systematized or ~~Not~~, somewhat
Special Subjects, of persecution & sexual subjects
~~Transitory or Not~~, fixed

HALLUCINATIONS:
ILLUSIONS: ✓

CONVERSATION:
Coherent or Incoherent, fairly coherent
Voluble or Reticent, slightly reticent

GENERAL DESCRIPTIVE REMARKS:
Patient has delusions of persecution, about which he reasons but not well. Explains the burning of clothing which he says, consisted [illegible] some woolen socks, by saying that they caused a burning sensation in his genitals. He is very much concerned about the condition of his genitals & much depressed make of nocturnal emissions. Denies sexual excesses of the past. Seems to be fairly well educated. The subject is apt to describe his condition as early masturbation. He denies masturbation at present. He claims that he can tell when a woman is aroused & that no woman can remain in his presence 15 minutes without having erotic desires. All women dislike him. His delusions on this subject are not well systematized. —

Personal and Medical History of Henry H. Gordon

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 9 in WEIGHT, 114 lbs. NUTRITION, Considerably impaired
WOUNDS OR ABNORMALITIES, See "D.R."; Flexor contractions of fingers & left little finger & beginning contraction of right little finger. Some atrophy of muscles — particularly Thenar & commenced at 27 —
TONGUE, Tremors, quite marked Coatings, grayish white Promptness Movement, somewhat slow —
PUPILS, Equality, Yes Size, slightly dilated
Response Light, somewhat excessive Accommodation, somewhat excessive —
SIGHT, Seems good
HEARING, Good
COORDINATION, Arms, somewhat impaired; finger to nose, eyes shut, done succ[illegible] & unsteady
Legs, slightly impaired; standing on foot, fairly good, standing, eyes shut, sways considerably.
TREMORS, Hands, Some Tongue, Considerable
Facial Muscles, None General, None
REFLEXES, Patellar, Not Mentioned
Other
ARTICULATION,
Slurred, Not mentioned
Hesitating,
FACIAL EXPRESSION,
Somewhat depressed
SENSIBILITY, ✓
HEART, Impulse feeble; all 1st sounds booming —
LUNGS, Seem good; power of expansion very good —
OPHTHALMOSCOPIC EXAM.,


3987

TAKEN,

~~EXAM. URINE~~,

Treatment
Laxatives; shower baths and mild hypnotics —

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, } None known
Father or Pat. Relations, }
Brothers or Sisters,

Personal and Medical History of Henry H. Gordon

1895

This patient was brought here by Sheriff S. Z. Bancard, with following history. Habits and morals have been good. Here are no insane relatives. Supposed cause of this attack is business troubles and ill-health; form of attack, chronic; There is no accompanying bodily disorder. First symptoms of disease were manifested some three years ago, when his mind became filled with strange notions. This is probably 1st attack, Continuous, more or less from the first. Insanity now shown by his having hallucinations; distrusts his best friends, and burns his own private property. Patient is not disposed to injure others, nor suicidal, but has burnt some of his clothing. There is no history of any bodily disease or injury to head. He has not been restrained or confined, has had some medical treatment, for general reasons, and his condition physically, then became very good. ——

Feb 1 **On admission**, was put on B^th (S.R. Complexion light; hair light; eyes blue; Condition of skin good. No marks scars or bruises noticed. Bodily Condition Clean. Little finger on left hand has the chord contracted. Behavior is very good. Patient seems to be quite rational in his remarks).

" 2 Pulse 92. Feb 2/95. Was awake for 7 hours & slept only 1 hour, last night. Am. Pulse 94. Is quiet. Appetite fairly good. Talks freely when addressed; no delusions noted. Was transferred to Infirmary Ward. Complains of bowels being Costive; no cough observed. PM. Pulse 96. No injuries to report. Habits clean.

" 3 Feb 3/95. Was restless 5 hours during night & slept only 3 hours. AM. Pulse 96. R 24. T 99. He is quiet and well-behaved. Ate quite well. Still complains of bowels being costive: was given seidlitz powder.

" 4 5:30, bowels moved. PM. Pulse 80. Feb 4/95. Was given sleeping dose at 9 PM, but slept only 4 hours. AM. Pulse 84. R 24 T 98.8. He sits quietly in a chair & reads, most of the day: is rather nervous.—

" 5 PM. " 90. " 24 " 98. Feb 5/95. Was again given sleeping dose at 9 PM, & slept well 6 hours. AM. Pulse 80. PM. Pulse 88. Appetite hearty; bowels have moved. Is still rather nervous & slightly restless during the day. Feb 6/95. Rested very well & slept 6 hours, last night. AM. Pulse 80.

" 7 Seems content & rather quiet; reads some, during the day. PM. Pulse 86. Feby 7/95. Again rested well, last night & slept 6 hours. AM. Pulse 80. PM. Pulse 84. Appetite good; bowels fairly regular.

" 8 Behavior still very good. Was visited by brother, today. Feb 8/95. Was restless 4 hours & slept only about 2 hours, last night. Complained of noise at the hall. AM. Pulse 80. R. 20. T 98.6. PM. Pulse

" 9 Talks very little; answers questions rationally; seems slightly melancholy. Feb 9/95. Rested quite well, sleeping 5 hours, last night. AM. Pulse 80. PM. Pulse 80. Appetite good; bowels regular.

" 10 Feb 10/95. Slept 5 hours; rested well. AM. Pulse 84. PM. Pulse 80. Is quite content with his surroundings, but seems a little conservative. Feb 11/95. Rested very well and slept 6 hours.

" 11 PM. Pulse 80. Was given a shower-bath, Commencing at 110° & running down to 85°; followed by a vigorous rubbing down: effect was slightly exhausting. PM. Pulse 88. Feb 12/95. Slept 6 hours, last night. AM. Pulse 96. Bath was repeated. Appetite good; bowels fairly regular;

" 13 behavior rather quiet, as usual. Feb 13/95. Slept 5 hours last night. AM. Pulse 80. Appetite good; bowels regular. Repeated shower-bath, water running from 110° to 85°. Shows a tendency to tire

" 14 patient slightly. PM. Pulse 80. Feb 14/95. Rested & slept fairly well. AM. Pulse 80. Appetite good; bowels regular. Bath repeated. Patient generally sleeps 2 to 4 hours, during the day.

" 15 PM. Pulse 88. Feby 15/95. Slept but 4 hours, during the night. AM. Pulse 80. Repeated bath; as usual. Behavior is, as usual, very quiet & reserved. PM. Pulse 80. Appetite Continues good.

Summary: patient has been very quiet & well-behaved, since arrival, but of late, seems more so,

Personal and Medical History of Henry H. Gordon

1895

Summary cont'd than at first. On admission, he was rather emaciated & run-down & apparently has gained very little in strength or flesh. He seems a little melancholy. Reads and sleeps some during the day; but spends most of his time in staring at the wall, or out of the window. He behaves quite rationally, with regard to habits, but he talks so very little, that much can be ascertained as regards his mental capacities. Feb 16/95. Ward, as yet; appetite good; bowels regular. Given shower bath & rubbing.

" 20 Feb 20/95. Bath repeated, every other day. Patient well behaved; very quiet and unassuming. Habits clean.

" 28 Feb 28/95. Is given baths, as above, every other day. He sleeps well. Eats well. Bowels regular. Is very quiet & inclined to be melancholy. Goes out walking frequently. March 2/95. Wt 118 pounds. ——

Mar 8 " 15 Mar 15/95. Patient does not appear very strong; works a little, on ward, at times. Appetite very good. Bowels fairly regular. He is very quiet; speaks only when spoken to. Receives shower baths, every other day also goes for short walks. Mar 20/95. Seems to be doing nicely. Appetite still continues good. —

" 31 Mar 31/95. He sleeps from 6 to 7 hours, nightly. Appetite keeps good; bowels fairly regular. Is brighter, of late.

Apl 9 Apl 9/95. Wt 115 pds. Works on ward, a little, & in dining-room some; is always very quiet; very seldom speaks, but sits or walks in an absent-minded manner, most of day. Habits clean.

" 20 & 30 Apl 20/95. Is given shower-bath, every other day. Appetite good; bowels regular. Apl 30/95. Nothing special to change.

May 3 May 3/95. Wt 114 pds. Patient is given baths & massage treatment. Sleeps about 6 hours, last night.

" 15 May 15/95. Appetite fair; is on regular diet & extra. He is quite emaciated, does not appear to gain any

" 23 flesh. May 23/95. Goes out walking every day; works some in dining-room. Appetite fair; bowels

" 31 regular. May 31/95. Appetite very good, yet he does not seem to gain in flesh. Works some on ward; Goes out in grounds, daily. Mental condition does not seem to change much, if any.—

June 3 June 3/95. Wt 112 pds. June 6/95. Patient quite despondent; scarcely ever converses. but will answer

" 15 questions rationally. June 15/95. Appetite very good, but patient is quite emaciated, and does not

" 30 appear to gain any flesh. Goes out in grounds every day. June 30/95. Is given massage treatment

July 3/13 quite often. Wt. apparently, no change either mentally or physically in this patient, during past month.

" 31 July 3/95. Wt 111 pds. July 31/95. Massage treatment to Continue. He is very quiet: no delusions or hallucinations noticeable. Works some, in dining-room. July 31/95. No change noted for the month. He appears in a sort of stupid condition, generally. Goes out on grounds, every day.

Aug 5, 15 Still receives bath & massage treatment. Aug 5/95. Wt 110½ pds. Aug 15/95. Very quiet and melancholy; remains about same, day after day. Baths & massage treatment are Continued. —

" 31 Aug 31/95. Seems much depressed. Sits about, on ward; with head down: scarcely ever speaking only when spoken to. Sleeps well. Makes no complaints. Sep 5/95. Wt 110¾ pds. He always appears

Sep 5 Emaciated, although appetite is very good & bowels regular. Sep 14/95. Reticent & returning

" 14 to speak only when spoken to. Sep 20/95. Sleeps from 7 to 8 hours, nightly: talks rationally, tho'

" 20 he still shows some delusions. Works in dining-room. Sep 30/95. No change specially

" 30 noticeable: condition is about the same, from day to day. Oct 3/95. Wt (dressed) 110 pds.

Oct 3 " 31 Oct 31/95. No change to note, for the month: Always quiet, although not melancholy. Works on ward

Nov 5/30 Nov 5/95. No change noticeable. Nov 9/95. Wt 114 pds. Nov 30/95. Keeps about same, from month to month.

Dec 12 Dec 12/95. Wt 112 pds. Dec 31/95. Sleeps well: very quiet: seldom speaks. Physical condition not very good.

1895/31 Jan 11/96. Wt 113 pds. Jan 31/96. Appetite fair, but physical condition generally poor. Behavior good.

Jan 11/31 Sleeps well: is very quiet. Seldom talks: works on ward. (carried to Transfer Book A page 349)

Personal and Medical History of Jeremiah Ryan

LOBERT, PUELAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3988.
Residence, 897 Euclid St., St. Paul, Minn
Date Admission, 2nd February 1895
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, G. Wilbrich. Jail. Ramsey County
Sex, Male
Age, 22
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, — None —
Degree Education, not stated
Profession Religion, Roman Catholic
Habits, Intemperate & morals bad —
Nativity, — Wisconsin —
Physicians Committing, P. F. Payson and Arthur B. Ancker
Correspondents, (Father) John. C. Ryan
897 Euclid St. St Paul

No. for Year, 1894.
Insane Relatives, one of patient's aunts a "little simple"
Cause Exciting, — not given
Cause Predisposing, probably sound heredity —
Form, mania subacute
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, about 1 month ago (before leaving Prison)
Duration, about a month
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 22 —
Time of Leaving, July 9' 94.
Time in Hospital, Five months 7 da.
Result, Imp. 2/5/96

Exd by Dr. Herzog, Feby 5/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, somewhat sluggish
MEMORY:
Past Events, } Not good
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, illusive, at times
REASONING POWER:
Ordinary Subjects, } Disconnected
Own Mental State, }
Special Subjects, }

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Yes
Depressed,
DELUSIONS:
Systematized or Not, unsystematized
Special Subjects, as to the Identity of persons
Transitory or Not,
HALLUCINATIONS: ✓
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is somewhat emaciated & anaemic. Talks disconnectedly. Says that his father is Jesus Christ; that he is related to the Youngers; says nothing about Talcott. Say that he masturbated, at times, while in prison. Talks about the identity of persons and his conceptions are frequently illusive.

Personal and Medical History of Jeremiah Ryan

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ WEIGHT, 135 lbs. NUTRITION, fair, but anaemic, with the "prison pallor"
WOUNDS OR ABNORMALITIES, See "S.L."; protruding jaw, giving him a "tough look"
TONGUE, Tremors, None Coatings, heavy, yellowish in centre Promptness Movement, fairly prompt
PUPILS, Equality, Yes Size, Normal
Response Light, Yes Accommodation, Yes
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good; fingers tremor, eyes shut, good. Rt Hand
Legs, Slight impairment, staggers on foot, some uncertainty; staggers, eyes shut sways 2½"
TREMORS, Hands, Slight Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, 0 equal response Skin 0.
Other Slight ankle-clonus
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, "Tough"
SENSIBILITY, ✓
HEART, first sound at apex somewhat good
LUNGS, Nothing definite

EXAM. URINE,

Treatment

Iron tonics; mild hypnotics; occasional hot baths.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") None known
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Jeremiah Ryan

1895

This patient was brought here by Deputy Sheriff E. J. Horst + accompanied by W.B. Hellen with the following History. Habits have been intemperate; morals bad. He was sent to Penitentiary at Stillwater, in March 1894, for assault in second degree; was released Jany 25th 1895. His father says that one of patient's aunts was a "little simple". Supposed cause of this attack is not stated; form is acute, depressed. There is no accompanying bodily disorder. First symptoms of disease were manifested about one month ago, before leaving prison. This is the first attack. Insanity is now manifested in that he is stupid + sullen, at times; has marked delusions; talks incoherently, at times, + c + c. Patient has shown a disposition to be violent, at times, but is not suicidal. Somewhat destructive; has kicked the windows in. No peculiarities + c were previously shown. There is no history of any bodily disease + c or injury to head. Has not been restrained or confined, except at Stillwater, as above stated. ———

Feb 2 On admission, was put on B3 (S.R. Complexion light; hair brown; eyes brown; Condition of teeth good; 2 marks, from vaccination, on left arm; no scars or bruises noticed. Bodily Condition dirty;
" 3 no bodily peculiarities observed. Behavior quiet + good). Feb 3/95. Was restless + noisy for 4 hours, and slept only 4 hours, last night. AM. Pulse 96. T(o) 99.6. Appetite medium. No cough noticed. PM Pulse 102. T(o) 99.8. He has been restless + noisy all day. Also talked all day. Is extremely deluded.
" 4 No complaints or injuries to report. Feb 4/95. Restless + noisy 3 hours, sleeping 5 hours, last night. AM Pulse 102 T(o) 99.8. PM. Pulse 96. T(o) 100. Again noisy + restless, today; talking + gesticulating. Says he is Jesus + that his father was God Almighty + c". Feb 5/95. Restless
" 5 and noisy for + hours, but slept 6 hours, last night. AM. Pulse 96. T(o) 99.8. Appetite medium.
" 6 Restless and noisy, all day; talks foolishly + with but very little sense. Feb 6/95. Slept + hours; was restless + noisy 3 hours, last night. AM. Pulse 100. Restless + noisy, today; talks continually. Is full of delusions. Appetite medium: no complaints. Was transferred to B3 today. —
" 7 Feb 7/95. Noisy 4 hours + sleeping only + hours, last night. AM. Pulse 84. Appetite good. Behavior
" 8 is restless + noisy; has many delusions. Feb 8/95 Restless + noisy 5 hours; slept only about 1 hour. Soiled his bed, during the night. AM. Pulse 112. Appetite fair. He has been restless + noisy, all day.
" 9 Feb 9/95. Restless + noisy nearly all night, sleeping only 1 hour or so. AM. Pulse 124. Received a hot bath (at 104°) with cold application to head, this evening. He has been quieter this evening than
" 10 at any time since brought down here; look as if he is worn out. Feb 10/95. Slept 6 hours, last night. Am. Pulse 98. Appetite fair; bowels moved. Behavior quiet this morning. Has delusions still.
" 11 Feb 11/95. Restless an hour or so, but slept 8 hours, last night. Am. Pulse 90. Appetite fairly good; bowels regular. Is quietly-behaved. Talks fairly rationally, for a while, but still has delusions;
" 12 Has improved some. Feb 12/95. Was given a sleeping dose at bed time; afterwards, restless for an hour, but slept 8 hours. AM. Pulse 96. PM. Pulse 108. Behavior same as usual, of late.
" 13 Feb 13/95. Was again given sleeping dose + slept 8 hours. AM. Pulse 108. Is not as quiet as at the past 3 days. Is restless, walking the hall + talking to himself — Was given a hot bath
" 14 at 104° with cold applications to head. Feb 14/95. Slept 6 hours, last night after being given
" 15 a sleeping dose. AM. Pulse 104. Appetite good; bowels regular. Feb 15/95 — Appetite is fair.
" 16 Patient is noisy + restless today. Bowels have moved. Pulse 84. Feb 16/95. Has slept well (8 hours) each of the past + nights. Behavior about as usual. Pulse 92 — Summary: Appetite, as a rule,

Personal and Medical History of Jeremiah Ryan.

Summary cont'd has been only medium; behavior has been restless + noisy; he walks about the hall, talking to himself, gesticulating + c. Has various delusions: talks incoherently — Of late, he was fairly well-behaved and quiet, for about 3 days and appeared as though he would "brace up", but would fall back into the same old stage, at times gesticulating + very restless. Habits are clean, but he is slouchy about his
Feb 27 clothing. He does not work any. Feb 27/95. Attacked attendant (C. F. Olson) today, when requesting
" 28 him + keep quiet, fought vigorously for a little while; he also had an encounter with J. Fitzpatrick, striking F— in the forehead, leaving a mark. Feb 28/95. Still noisy + restless, every night, sleeping only from 1 + + hours. — Is restless, noisy + pugnacious; very troublesome; talks incoherently. Habits inclines to be filthy; at times, dirty: (2 days dirty during month) (Is maniacal,
Mar 1 with transitory unsystematized delusions P.E. + note). March 1/95. Wt 132 pds. Pulse 72. —
" 10 March 10/95. Less frequently restless, at night. March 11/95. Again attacked Att'd Olson, this afternoon
" 20 when alone in hall (other att'd having gone to supper) because he was requested to leave other patients
" 31 alone: quite a struggle ensued, before he was got under control. March 20/95. Appears to have improved some, in the last few days, but is very restless, still. March 31/95. Appetite good; bowels
Apl 1 regular: Is noisy + restless. Talks incoherently. Stubborn + inclined to be pugnacious; slouchy
" 5/15 in dress: very fancy: does no work. Apl 1/95. Wt 138 pds. P 90 (has gained some in flesh).
" 30 Apl 6/95. Visited by mother. Apl 16/95. Had two fistic encounters (12th + 15th) with P. Hardo, a fellow-
May 1/9 patient receiving some cuts over eye + c. Apl 30/95. No special change + note in patient's Card to-day.
" 31 May 1/95. Wt 145 pds. Pulse 108. May 9/95. Was shouting + hallooing at the top of his voice; attendant (Jessup) came up to him and requested him to keep quiet. Patient threw his arms around attendant's feet + tried to throw him + Jessup fell on top of him. May 31/95. Appetite good;
June 1/ bowels regular. Behavior mean + mischievous + occasionally noisy — Talks rationally — Does not work.
" 13/18 June 1/95. Wt 151 pds. Pulse 78. June 6/95. Struck patient (H. Hawley) slightly cutting his lip, and causing his nose to bleed. June 13/95. Visited by brother — June 26/95. Transferred to B3. —
" 30 June 30/95. Behavior good. He reads aloud + plays games, but does no work. Talks quite sensibly when addressed, but not communicative. Is clean in habits; Physical condition is good.
July 1 July 1/95. Wt 150 pds. (Has gained 15 pounds in flesh since admission). Age 26 years.
" 8 July 8/95. Visited by his mother, this evening — She was determined to take him home with her.
" 9 July 9/95. Visited by Rev. Father Riordan this morning: also by his (patient's) mother.
She was allowed to take him home with her, today.

Discharged

Personal and Medical History of Frank Peterson

Whole No. 3991.
Residence, Goodhue, Minn.
Date Admission, 4th February 1895.
Admitted by, D. Phelps Hour, 7 PM.
How Sent, Axel Hallen, Jof P. Goodhue County.
Sex, — Male —
Age, — 32 —
Civil Condition, single
Children,
Age Youngest Child, ——
Occupation, Farmer's laborer
Degree Education, Probably limited
Profession Religion, Church-member
Habits, Good
Nativity, Sweden —
Physicians Committing, D. Dearborn and B. Jacking
Correspondents, (Father) Carl Peterson, Welch, Minn
(Mother) Gus. Peterson, Welch, Minn
(Uncle) Frank Peterson " "

No. for Year, 190.
Insane Relatives, no history of heredity.
Cause Exciting, no particular one given (Sunstroke?)
Cause Predisposing, "chronic"
Form, Melancholia chronic
Accompanying Bodily Disorder, Dyspepsia
Suicidal or Not, Not
Date of this Attack, 5 years ago
Duration, 5 years, off & on
No. of Attack, probably 1st (continuous).
No. of Admissions, 1st
Age First Attack, about 27 -
Time of Leaving, Apr. 25'96.
Time in Hospital, 1 yr. 2 mo. 21 da.
Result, Improved. Dec. Aug. 12'96.

Copy Dr. Herzog. July 1895.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Slightly Confused -
Quick or Sluggish, sluggish -
MEMORY:
Past Events, } Fairly good -
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, } Not able to reason very accurately, or connectedly -
Own Mental State, }
Special Subjects, }

EMOTIONAL STATE:
~~Normal~~, Calm,
~~Indifferent~~,
Exalted,
Depressed, Slightly
DELUSIONS:
Systematized or Not, }
Special Subjects, }
Transitory or Not, } None noted -
HALLUCINATIONS: }
ILLUSIONS: }
CONVERSATION:
~~Coherent~~ or Incoherent, Slightly
Voluble or ~~Reticent~~, not markedly

GENERAL DESCRIPTIVE REMARKS:
Patient states that he received a sun stroke, some years ago. Thought he had spermatorrhoea, at one time. His speech is somewhat disconnected & he is evidently not bright. He manifests no particular delusions, but is somewhat simple & evidently defective. He is inclined to resent the imputation of insanity -

Personal and Medical History of Frank Peterson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9½in WEIGHT, 198½ lbs. NUTRITION, Good.
WOUNDS OR ABNORMALITIES, See "S. K." Has a low, narrow forehead; round skull -
TONGUE, Tremors, Considerable coarse Coatings, large, frayish coating down Promptness Movement, fairly prompt
PUPILS, Equality, Equal Size, Normal
Response Light, Yes Accommodation, Yes
SIGHT, Seems good.
HEARING, Seems good.
COORDINATION, Arms, Good; fingers & nose, eyes shut, fairly good.
Legs, No marked impairment; standing & feet, good; standing, eyes shut, slight swaying
TREMORS, Hands, Some slight Tongue, considerable
Facial Muscles, None General, Some of legs
REFLEXES, Patellar, Q - equal -
Other slight ankle - clonus
ARTICULATION,
Slurred, } Slight lisp, peculiar
Hesitating, } to Scandinavians -
FACIAL EXPRESSION,
Somewhat stupid -
SENSIBILITY,
HEART, Sounds somewhat muffled
no murmurs;
LUNGS,
Light bronchitis

TAKEN,

~~EXAM. URINE,~~

Treatment

Nothing indicated at present. Keep under observation. Give Expectorants for bronchites. -

OPHTHALMOSCOPIC EXAM.,

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

Records Kept

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

Personal and Medical History of Frank Peterson.

1895

This patient was brought here by Sheriff P. J. Grundquist, with following history. He is a farm-laborer; habits & morals have been good. No history of heredity. No particulars given as to the cause of this attack; form, Chronic, Paroxysmal; accompanying bodily disorder, dyspepsia; the first symptoms of disease were manifested 5 years ago; this is probably 1st attack, Gutturnus; Insanity now shown on no subject in particular; he makes complaints of headache & he acts strangely. 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 injury to head. He has not been restrained or confined. Had had medical treatment under Dr. H. C. Cooley of Canon Falls. Results not stated. No further particulars given, except that, about 5 years ago, he claims to have had sunstroke. —

Feb 4 **On admission**, was put on B² (L.R. Complexion dark; hair dark; eyes gray; condition of skin good; no marks scars or bruises noticed: bodily condition dirty; no bodily peculiarities noted. Behavior very good; talks freely). Feb 5/95. Restless 5 hours & slept only 3 hours, last night. A.M. Pulse 72 R 22. Tem 99.4. Appetite good; bowels seem free: some cough (from a cold); Complains of being weak and went to bed, but was up again at 3 P.M. Is restless & wanting to get out. Talks freely; no delusions noted.
" 6 says "he is not crazy". P.M. Pulse 78. R 20. Tem 99.6. Feb 6/95. Restless 3 hours, but Sleeping 5 hours, last night; A.M. Pulse 72. R 20. Tem 98.8. Soup, in ward. Appetite good. Talks freely; "thinks he ought to be let go"; P.M. " 70 " 19 " 99.2. Feb 7/95. Slept 5 hours, restless 3 hours. A.M. Pulse 72.
" 7 Bowels are free. He is restless, & walking the hall, at times. Talks freely; no delusions yet noted. —
" 8 Feb 8/95. Slept 6 hours, restless 2 hours. A.M. Pulse 78. Appetite fairly good; he behaves well. Is rather
" 9 nervous, walking about a good deal. Works some. Feb 9/95. A.M. Pulse 76. Restless & rather Cranky
" 10 today. Feb 10/95. A.M. Pulse 74. Is quiet. Complains some of pain in chest. Behavior is good.
" 11 Feb 11/95. Since last noted, has continued somewhat restless for 2 to 3 hours, at night, but sleeping 5 & 5 hours, on each. A.M. Pulse 74. Talks quite freely; no delusions noted. Is on medicine —
" 12/13 Feb 12/95. A.M. Pulse 72. Feb 13/95. A.M. Pulse 70. Restless, sleeping about 6 hours, nightly. Restless by day.
" 14 Feb 14/95. A.M. Pulse 80. Complains of being weak &c. Helps some with work. Appetite & behavior good. —
" 15 Feb 15/95. A.M. " 86. Laid abed part of the day; Complained of being weak, sleeps about 6 hours, each night.
" 16 Feb 16/95. A.M. " 86 - 88. Says he is sick; Tem 99.4. Appetite good. Restless; walks hall considerably.
" 18 Feb 18/95. Pulse about normal, the past 2 mornings. Appetite keeps good. Is restless & walks the floor, a good deal; at times Complains of being weak & lies on his bed. Works some in the ward. —

Summary: patient has been generally quiet, though very restless, at times. Is discontented. "He wants to get out". Is sullen & somewhat depressed. Talks freely; Complains of being weak. Helps some with ward-work. Physical condition apparently good. Habits are cleanly.
" 19/24 Feb 19/95. Restless 3 hours, but slept 8 hours, last night. Feb 22/95. Restless 4 hours, slept only 4 hours. Lazy, walking the hall & exercising his muscle. Says "he is weak". Threatened to thrash Attendant Rinbank aside & go out of door. Feb 24/95. Under sleeps poorly; Complains of being weak &c. Feb 25/95. Appetite good; bowels
" 26/28 too free; given medicine for same; Complains continually of being weak. Otherwise, no special change noted.
Mar 2/5 March 2/95. Wt 191 pds. Pulse 87. March 5/95. Tried to get away, by going up on B¹, when going out for a walk. Was told Patients that he was going to run away. Is complaining & babyish.
" 31 March 31/95. Still Complains of being weak. Appetite good. Lies about on the settees. Works some.
Apl 1 Goes out walking, at times. Otherwise about the same. Apl 1/95. Wt 189 pds. Pulse 64

Personal and Medical History of Frank Peterson

1895

Apl 19 - 30 Patient has been steadily losing in flesh, without apparent cause. Apl 19/95. Is best part of day. Bowels are too free; given medicine for same. Apl 30/95. No noticeable change. Appetite good; lies idly about. Says that he is weak & is generally unable to work". Is depressed. Untidy in his appearance & habits.

May 1/31 May 2/95. Wt 190½ pds. Pulse 90. May 31/95. No change noted. Does not work on ward, because "he
June 1 - 30 claims he is too weak". Goes out walking with the rest. June 1/95. Wt 189½ pds. Pulse 100. June 30/95. Is "babyish". Works some now; did work a little, in dressing room. Still says "he

July 1 - 31 is weak & cannot work"; appetite, however, is good. Habits clean. July 1/95. Wt 185 pds. Pulse 88. July 31/95. Generally sits about, in a meditative state of mind; works occasionally; but is, generally, very indolent. Physical condition good. Transferred to B¹, today.

Aug 1 - 31 July 31/95. Behavior well; talks but little; Works some on ward; no delusions noticed. Habits clean. Patient appears to be improving some. Aug 1/95. Wt 176½ pds. Pulse 105. Aug 31/95. A quiet melancholy patient: sits idly about, the greater part of the time: Works some. Complains, a great deal of being sick, or not feeling well. Appetite fair, yet he does not seem to regain his normal weight. Talks quite rationally. Sept 1/95. Wt 174 pds. Pulse 82.

Sept 1 - 15/30 Sept 15/95. Seems depressed: talks but little. Sept 30/95. No change: still has "Spells" when he is very depressed: "wanting to go home". Works some on ward. Oct 1/95. Wt 174 pds. Pulse 132.

Oct 1 - 31 Oct 31/95. Had "spell" when he was restless & wants to go. Complains, at times, of pain in Stomach.

Nov 1 / Dec 1 / Jan 1/96 Talks freely & rationally. Nov 2/95. Wt 175 pds. Pulse 92. Dec 1/95. Wt 173½ pds. Pulse 108. Jan 1/96. Wt 170½ pds. Pulse 98. Jan 2/96. Transferred to B³ (on account of general change of ward). Jan 31/96. Sleeps well: appetite good: bowels regular. Appears to be all right, both mentally & physically. Talks freely & rationally: no delusions or hallucinations apparent: reads, plays games &c: behaves well, but he is very lazy & does no work. Anxious to go home.

Feb 1 / 29 Feb 1/96. Wt 167 pds. Pulse 70. Feb 29/96. No change noticeable, in patient's condition. Sits in room most of the time. Talks freely & rationally, when addressed: no delusions or hallucinations noticed.

Mar 1 - 31 Physical condition good: makes no complaints. Works some on ward. Mar 1/96. Wt 168 pds. Pulse 72. Mar 31/96. Is about as last generally reported: Appetite good: bowels regular: no complaints.

Apl 1 / 3 - 24 - 25 April 1/96. Wt 164 pds. Pulse 100. Apl 2/96. Patient has a slight cold: Complained of headache & remained in bed, part of the day. Apl 3/96. Up, on ward & feeling much better. Takes medicine. April 24/96. Physical & mental condition seem to be good. Otherwise he is about as usual. Apl 25/96. Went home with a relative, today. —

Discharged

Personal and Medical History of Charles Bagley

= Charles Backler

LEBEST, PUDLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3992

Residence, Minneapolis, Minn.

Date Admission, 5th February 1895.

Admitted by, Dr. Phelps Hour, 7 PM

How Sent, E. G. Butts, Jof C, Washington County

Sex, Male

Age, about 50 (?)

Civil Condition, Single

Children, None

Age Youngest Child,

Occupation, Common Laborer

Degree Education, not stated; probably poor.

Profession Religion, Yes, Lutheran

Habits, Good, as far as known

Nativity, Germany

Physicians Committing, M. A. Pratt MD & H. B. Clark

Correspondents, Henry Backler

3/15/95 address given by patient: Cathy Henry Bagley - Cedarburg Wis / Cathy John Bagley - Ashland Wis

Ashland Wisconsin

No. for Year, 191.

Insane Relatives, None; no hereditary history.

Cause Exciting, Epileptic attacks

Cause Predisposing, Chronic; previous attacks

Form, Dementia Epileptic

Accompanying Bodily Disorder, Epilepsy

Suicidal or Not, Suicidal

Date of this Attack, about a week ago

Duration, about a week

No. of Attack, not 1st (several)-

No. of Admissions, 2nd (claims he was here 5 yrs ago)

Age First Attack, about 40 - 45 -

Time of Leaving, April 6'96.

Time in Hospital, 1 yr. 2 mo 1 da

Result, Discharged May 6'96 (Trans. to Wis).

Eddy Dr. Herzog Feb 13/95

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, slightly Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, } Fair

Recent Events, }

Special Subjects,

PERCEPTIVITY:

Alert or Dull, somewhat dull

Correct or Illusive, Correct, in the main.

REASONING POWER:

Ordinary Subjects, somewhat slow

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: } None noted

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, Slightly reticent

GENERAL DESCRIPTIVE REMARKS:

States that he has been in Hospital at Oshkosh, Wis + County asylum at Virginia, Wis. from which place he eloped. Has had Epileptic Convulsions, since the age of 18 or 19, at which time he was released from Andersonville Prison. He describes a sort of "Spell" occurring after the Convulsions, in which he destroys clothing &c. Is somewhat simple minded. —

Personal and Medical History of Charles Bagley

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8½ in WEIGHT, 148 lbs. NUTRITION, Good.

WOUNDS OR ABNORMALITIES, See "S. R." ment Page.

TONGUE, Tremors, Slight Coatings, Clean + moist. Promptness Movement, Prompt; deviates to left.

PUPILS, Equality, Equal. Size, Slightly Contracted.

Response Light, somewhat sluggish Accommodation, somewhat sluggish

SIGHT, Good

HEARING, Good -

COORDINATION, Arms, Fair; finger to nose, eyes shut, slight uncertainty.

Legs, Fair; standing on foot, some uncertainty; standing, eyes shut, Good -

TREMORS, Hands, Slight Tongue, Slight

Facial Muscles, Good General, Good

REFLEXES, Patellar, Equal — & -

Other

ARTICULATION,

Slurred, ✓

Hesitating,

FACIAL EXPRESSION, somewhat Stupid

SENSIBILITY, —

HEART, Good

LUNGS, Good

EXAM. URINE,

Treatment

None indicated at present

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Records Kept

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Charles Bagley

1895

This patient was brought here by Deputy Sheriff George Green with following history of the case. Habits good, as far as known. There is no hereditary history. Supposed cause of this attack is Epileptic attacks: form, paroxysmal: Patient has been under observation of witness for about a week past. This is not 1st attack; has epilepsy & has been subject to these attacks, at intervals, for several years. Insanity now shown to examining physicians knowledge only as hereinafter stated. If disposed to injure others, is not known. Is suicidal; attempted to hang himself with his suspenders; has destructive habits; chewed up his hat, cut up his shoes, and also stripped himself stark-naked. Patient claims to have been sent to this (Rochester) Asylum from Minneapolis, about a year ago, under the name of "Charles Buckler" - He has been confined in County Jail, the last week. Has not had any medical treatment, so far as known. There is nothing known about this man, except that he was brought to Stillwater, about a week ago, by a farmer, for whom he had been working a few days, & who was alarmed at some of his manifestations of violence. ——— ——

Feb 5 **Note.** A careful search of the "Records" fails to show that this patient was here before, as claimed.

Feb 5 **On admission**, was put on B^3 (S.R. Complexion sandy; hair & beard sandy; eyes gray; Condition of skin good. No marks, scars or bruises noticed; bodily condition dirty; no bodily peculiarities observed. Behavior good. Understands English imperfectly but talks freely in his own tongue. Is quite positive in his claim that he was here before, about 6 years ago.) ——— ——

" 6 Feb 6/95. Slept well (8 hours), during the night. HM. Pulse 72. R 31. Ta) 98.8. Appetite good; bowels have moved. No cough noticed. Behavior is good & quiet. Still talks rationally. Says that he was confined in the Hospital at Oshkosh. Asked if ever committed here? says "No". Is subject to "Spasms". No complaints or injuries to report. Feb 7/95. Apparently rested well, again, last night. HM. P70.

" 8 Ta) 98.8. Behavior well; talks rationally, although he is somewhat confused. Feb 8/95. Sleeps well;

" 9 HM. Pulse 72. Ta) 99.2. Is about the same, from day to day. Ch. Pulse 66. Feb 9/95. Slept 9 hours.

" 10 HM. " 72. Behaves well; works in dining-room. Feb 10/95. HM. Pulse 66. Behaves, sleeps

" 11/ and eats well. Feby 11/95. HM. Pulse 66. Feb 12/95. Ann. Pulse 64. Appetite good; bowels regular.

" 19 Feb 19/95. During the past week there has been no change noted. Appetite, keeps good; bowels regular. He behaves well; always willing to help at work; talks rationally. Says he is subject to "Spasms" but he has not had any while here. Habits are clean & neat. Feb 20/95. Appetite good; bowels regular; behavior good: Talk is rational, but mental activity is sluggish. Says he is subject to "convulsions", but has not had any since here. Habits clean: is a good worker; always willing to do anything asked of him.

Mar 1/31 Mar 1/95. Wt 154 pds. P75. March 31/95. No noticeable change. Seems quite contented here.

Apl 1/6 Apl 1/95. Wt 161 " " 90. (he is steadily gaining in flesh). Apl 6/95. Had one convulsion this morning, while eating breakfast & wound a suspender round his neck until he almost

" 7 choked; also had another, later in the day. Complained of headache, all day. Apl 7/95. Has convul-

" 18 -sion, today Apl 18/95. Has not been feeling very well, for the last 2 or 3 days; appetite poor; face flushed, quite a good deal; nose bleeding quite frequently. Apl 21/95. Has improved some again, and,

" 30 at present, appears to be as usual. Apl 30/95. No change noticeable, from last month's report.

May 1/4 May 1/95. Wt 160 pds. Pulse 96. May 4/95. Has been complaining of not feeling well, of late. Says "bowels have not moved for a few days". Was given cathartic; but no effects from it.

Personal and Medical History of Charles Bagley

1895

April 30 / May 1/31 afterward, an enema given him, with the looked-for result. May 31/95. Appetite good; bowels regular now: behavior good. Patient is still subject to convulsions, at which time he will try to strangle himself; talks rationally; works in ward: also some outside. Habits are clean.

June 1/30 June 1/95. Wt 162 pds. Pulse 78. June 30/95. No change noticeable, in any way. —

July 1/31 July 1/95. Wt 162 " " 82. July 31/95. No change. He lives along quietly & contentedly here.

Aug 1/31 Aug 1/95. Wt 161 " " 80. Aug 31/95. About as usual: still tries to choke himself, after a convulsion: talks rationally: is quiet & well-behaved. Works in ward & outside. Habits are clean.

Sept 1/30 Sept 1/95. Wt 165 pds. Pulse 78. Sept 30/95. No change noticeable in patients' condition.

Oct 1/31 Oct 1/95. Wt 165 " " 72. Oct 7/95. Had a convulsion. Oct 12/95. Had another convulsion.

" 25 Oct 25/95. Had a "spell" this morning, in which he tried to use a knife on himself in dining-room and, after taking him out in the hall, he tried to choke himself with a suspender. (Will note, that patient has some dementia, even when at his best). Oct 31/95. No change is noticeable.

" 31 Nov 1 Nov 1/95. Wt 162 pds. Pulse 88. Dec 2/95. Wt 162 pds. Pulse 98. Jany 1/96. Wt 163 pds. Pulse 80. Jany 4/96. Was

Dec 2 1896 transferred to B3! (on account of a general change of the wards). Jan 31/96. Appetite good: bowels regular:

Jan 1/31 behavior good: still subject to "spells" (or spasms) in which he tries to commit suicide either by strangling or by getting hold of a knife. In his "spasms" he does not act like any other epileptic: does not fall, nor does he have contractions of the muscles, so common in epilepsy. Talks quite rationally. Is a good worker

Feb 1 in ward: habits clean. Works, occasionally, outside. Feb 1/96. Wt 160 pds. P80. Had a "spell" this morning

" 7 in which he tried to choke himself with a suspender. Feb 7/96. Had 2 "spells" today, in which he

" 29 tried to choke himself. Feb 29/96. Behaves well: works in ward. Talks quite rationally. Is still subject to "spells", when he tries to injure himself. Habits clean. Otherwise, no change noticeable.

Mar 1/31 March 1/96. Wt 161 pds. Pulse. March 31/96. Had a "spell" this evening. Complained of headache and pains in stomach. 6^{30} Pm. Gave Rochelle salts. During night, had 2 spells of vomiting. —

Apl 1 Apl 1/96. Wt 161 pds. Pulse 76. Had a spell, this morning, of crying: said "some one had been

" 5 bothering him". April 5/96. No special change noticeable & above notes, for months back, still hold good. Behaves well: works: makes no complaints. Physical health seems good.

" 6 Apl 6/96. Was, today, taken by Superintendent of the County Insane Asylum to that institution, at Chippewa Falls, Wisconsin.

(1). Order of President, Board of Control, to County Judge of Chippewa County, Wis.

(2) Order of County Judge to Superintendent of Chippewa County Asylum to receive patient so transferred from Rochester State Hospital.

Filed with Warrant &c

Apl 20/96 Pm

Discharged

Personal and Medical History of Joseph Illa

Whole No. 3993.
Residence, Town of Douglas, Dakota County, Minn
Date Admission, 7th February 1895.
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, Thos P. Moran, Jo P, Dakota County
Sex, Male
Age, 26 Years
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Farmer
Degree Education, not stated
Profession Religion, Church - member
Habits, Good
Nativity, Dickeyville, Wisconsin
Physicians Committing, A. VanBeeck and C. Fitch
Correspondents, Adam Illa (his father)
Mineville, Dakota County Minn

No. for Year, 192.
Insane Relatives, None
Cause Exciting, Chronic Epilepsy
Cause Predisposing, Chronic
Form, Dementia & Epileptic
Accompanying Bodily Disorder, Epilepsy
Suicidal or Not, not
Date of this Attack, 3 or 4 years ago
Duration, 3 or 4 Years
No. of Attack, 1st (?) Continuous
No. of Admissions, 1st
Age First Attack, 22 — 23 -
Time of Leaving, Mar. 6. 1898
Time in Hospital, 3 yr. 27 d.
Result, Died Status Epilepticus

EXAMINATION ON ADMISSION

Dr. Herzog, Feb 14/95

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Considerably confused
Quick or Sluggish, sluggish

MEMORY:
Past Events, Poor.
Recent Events, Poor.
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct, in the main

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

GENERAL DESCRIPTIVE REMARKS:
Is very slow & dull of comprehension; obstinate & stubborn - No convulsions noted to date -

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

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None noted
ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Generally coherent
Voluble or Reticent, reticent

Personal and Medical History of Joseph Illa

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 169 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES, see "S. K." insert page. Webs sound Convergent squint.
TONGUE, Tremors, None Coatings, Dirty white in dorsum edges red. Promptness Movement, Fairly
PUPILS, Equality, Yes Size, Normal
Response Light, Somewhat excessive Accommodation, Somewhat excessive
SIGHT, Good
HEARING, Fair
COORDINATION, Arms, Some impairment; finger to nose, eyes shut, some uncertainty.
Legs, Some impairment; standing no foot, Some difficulty. Standing eyes shut, sways slightly. standing quickly, uncertain.
TREMORS, Hands, None Tongue, None;
Facial Muscles, None General, None
REFLEXES, Patellar, Equal EXAM. URINE,
Other about 6 - 9
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION,
Dull & stupid
SENSIBILITY,
HEART,
Somewhat weak; no murmurs.
LUNGS,
Murmur good

TAKEN,

Treatment

Bromide mixture; occasional cathartics. —

OPHTHALMOSCOPIC EXAM.,

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

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

Nothing Ascertained

Personal and Medical History of Joseph Illa.

1895

This patient was brought here by Deputy Sheriff Johann Bihner, with the following history. Habits and morals good; there is no hereditary history; Cause of this attack is Chronic Epilepsy; form is paroxysmal, preceding Epileptic attacks; first symptoms of disease were manifested some 3 or 4 years since, becoming more excited at time of attack. He has had many of these attacks; they have been continuous, chronic. Insanity is now shown by his being feeble-minded, dull & slow mental inactiveness; does not comprehend his surroundings fully; at times, gets excited, corresponding with approach of "seizures". He is disposed to injure others from sudden passion, but is not suicidal, nor filthy nor destructive to peculiarities &c were previously manifested. Patient has not been restrained or confined; he has had some medical treatment; particulars & effects are not known. There is a constant recurrence of Epileptic "seizures" & they are weakening his mental faculties.

Feb 7 On admission, was put on B3 (S.R. Complexion dark; hair black; eyes brown; Condition of skin good; has 2 moles on left hip; bodily condition clean; behavior good). Feb8/95. Slept 6 hours, last night. HM. Pulse 84. R. 20. T. 98⅘; appetite good; bowels had moved; no cough noticed. He is quietly-behaved, but stubborn & contrary; Attendants had trouble in putting him to bed, last evening; Supervision had to be called in. Patient is subject to Epileptic Convulsions. Feb9/95. Probably slept well, last
" 9 night. HM. Pulse 84. T(o) 99. No change in behavior or conduct. Feb10/95. Slept 8 hours, last night.
" 10 Behavior quiet, yet he is inclined to be very mean & stubborn. Pulse (Am) 88. T. 99.6. Feb11/95. Was
" 11 had to be used in putting him to bed last evening & he fought desperately until he was overpowered. HM. P74. Appetite fairly good; bowels regular; behavior same as usual. Feb12/95. Quiet & slept 8 hours, last night.
" 12 HM. Pulse 100. Feb13/95. Was given Sleeping dose & slept then, 8 hours. HM. Pulse 90. Is very quiet, generally sitting in one place mostly all day; never speaking to any one. Is very stubborn & contrary.
" 13 Feb14/95. HM. Pulse 80. Conduct & behavior do not change any. Feb15/95. During this, the 3rd week,
" 14/21 patient has been sleeping well, 7 to 8 hours, nightly. Pulse has been about normal. He had 2 convulsions during night of 19th & one convulsion at night of 20th. Appetite has been good; bowels regular. Is stupid & very slow in Movements & in answering questions. Still subject to fits. Generally sits in the one place, most of the time; hardly ever speaks to any one. Habits are clean. He does not work any.
" 21/28 Feb 25/95. One convulsion, during the day. Feb 28/95. Appetite good; bowels regular. Behavior quiet; sitting in one place, most of the time; very slow in responding to calls & moving about. Convulsions are very severe. Habits clean. Does not work. March1/95. Pt 162 pds. P76. Mar19/95. Had some trouble with a Fait (patient): both got their faces slightly scratched. March 31/95. No special
Mar 1/19 change. Convulsions still occur (1 one each of following nights 1st 19th & 29th: one on 21st when he fell down
- 31 & slightly bruised his eye & another on 23rd). Sometimes is very quiet. Slow in movements & actions.
Apl 1/30 Apl1/95. Wt 162 pds. Pulse 102. Apl 30/95. About the same. 8 convulsions noted during month.
May 1/31 (7 by day & only 1 by night). May1/95. Wt 168½ pds. Pulse 86. May31/95. Fits still continue (4 of them reported, occurring by night, and 8, by day). He had a fit on 26th inst, when he fell out of bed & cut his forehead slightly. He is quietly-behaved; sitting in the same place, most all day; at times, stubborn & contrary. Slow to comprehend; when spoken to: acts somewhat silly. Habits are clean.
June 1/30 June1/95. Wt 168 pds. Pulse 96. June 30/95. Only 3 (by day) and one (by night) Convulsions noted this month. On the 15th, fell in a fit, striking head on floor & blackening eye. On the whole, no change to note. —

Personal and Medical History of Joseph Illa

1895

July 1/31 July1/95. Wt 170 pds. Pulse 82. July 31/95. 6 daily convulsions reported for the month. Patient's condition does not seem to change in any respect. Physical health seems good.
Aug 1/31 Aug1/95. Wt 166 pds. Pulse 96. Aug 31/95. Had 1 convulsion on each of following days, 6th 24th "25th "Rest: and one, during night of 30th inst. Most generally, sitting down all day: very slow in actions & movements & also in comprehending anything said to him: "spasms" are occasionally quite severe: pugnacious, at times. Habits are clean. Sept 1/95. Wt 166 pds. Pulse 82. Sept 30/95. No change apparent, from month to month.
Sept 2/30
Oct 1/31 Oct1/95. Wt 169 pds. Pulse 88. Oct 8/95. Had convulsion, during day, on 2nd 6th & 7th Oct 14/95. No change
" 8/14 Oct 27/95. Had a quarrel, today, with A Fait, was going to strike him with the fire-shovel: Fait struck him
" 27 Oct 29/95. Patient has been pugnacious & contrary, the last couple of days, & has been fighting the nurses,
" 29 whenever they requested him to move. He tore down the Gas-fixture today & was taken to C3, for a short time: went out walking with that ward, when he quarreled with patient John Brooks, who
" 31 struck him in the face, cutting his nose & discoloring his eye. Oct 31/95. No change to note.
Nov 1/6 Nov 1/95. Wt 170 pds. Pulse 70. Nov 6/95. Had a convulsion, when out walking: fell, his forehead striking
" 8/30 the ground, causing a slight abrasion of forehead. Nov 8/95. 2 Convulsions noted, today. Nov 30/95. Behavior generally quiet, but very contrary & stubborn, at times; very slow to respond or comprehend when spoken to. Sits in one place, mostly all day: gets angry when requested to move. Refuses to be put to: pugnacious: to work:
Dec 2 (one convulsion during night & 2, by day, reported since 20th inst). Dec2/95. Wt 165 pds. Pulse 90.
" 18/31 Dec 8/95. One convulsion today. Dec 31/95. No change specially noticeable, in any way. —
1896 Jan 1/31 Jan1/96. Wt 161 pds. Pulse 96. Had 1 convulsion during night & 2 during the day. Jan 21/96. Was
" 26 transferred to B1 (on account of general change of ward). Jan 26/96. 1 convulsion during night
" 31 Jan 31/96. Patient's condition seems about the same, in every way, from month to month.
Feb 1/23 Feb1/96. Wt 166 pds. Pulse 72. Feb 25/96. Was struck by A. Lent, cutting his lip. Mar1/96. Wt 163 pds. P86
Mar 2 Apl1/96. Wt 161 " 80. On medicine, 3 times a day. Apl 30/96. Fits still occur: the following are
Apl 1/30 reported: 1 by day & 1 by night in Feby: 2 by day & 1 by night, in March: & 1 by night, during April. Appetite is good: bowels regular: behavior very stubborn & contrary: is troublesome: Habits clean: Is very slow to respond, when spoken to: Does not work.
May 1/31 Summary Nurses Notes by Dr. Phelps. Patient an epileptic: quite dull, usually sits quietly in the
to hall in a sullen way: Wt. 161 to 164 lbs. Has convulsions occasionally.
Aug 1/97 Continued by Dr Herzog. Aug 1/97. Wt. 166. Appetite good. Bowels regular. Demented. Has acne. Becomes very angry on slightest occasion & is occasionally violent. Has severe epileptic convulsions & is confused on coming out of them. Takes mixture bromide. Aug 30 9 Convulsions during month.
Oct 1 Wt 173. Oct 3 Fought J. Casey & Fought A. Fait - & Had two Convulsions, very irritable after them. Nov 3 Fell in
convulsion striking face on floor, cutting lip. 26 Visited by mother & friends. Noisy today; something unusual for him:
Dec. 4 noisy & much demented. In bay. Troublesome all night. Jan 3 Wt. 166 Has had 8 convulsions a month. Some at night some in day. all hard. Jan 30/97 Troublesome, noisy, profane & destructive. Kept in bay. 28 Attempted to strike Dr Keyser with crutch: noisy & pugnacious. attacked Nurse Grady. Very violent. 3 Fought A Fait Feb 7 Still irritable & pugnacious. Generally goes walking: Eats in dining room. Sleeps in dormitory. Mch 1 Wt. 159 Complained of feeling bad. Went to bed. Cathartic given slept one hour, had convulsion, fell out of bed. Had 5 convulsions during night. Mch 2 Took no nourishment except light breakfast. 4 convulsions during night. Mch 3 Very thoroughly demented & noisy, kept in bay. Had convulsion at 8 P.M. Mch 4 Refused breakfast & dinner. Fit very hard convulsions during day. 15 during night. In status epilepticus.

See Folio 348 Transfer Book A.

Personal and Medical History of A. B. Nilson

LAMBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3994.
Residence, St Paul, Minn.
Date Admission, 7th February 1895. —
Admitted by, D. Phelps Hour, 7 PM
How Sent, G. Wilbrich, Jof P, Ramsey County
Sex, Male
Age, 36 Years
Civil Condition, married
Children, Three
Age Youngest Child, —
Occupation, Tailor
Degree Education, not stated
Profession Religion, not a church member
Habits, Good
Nativity, Sweden
Physicians Committing, Olof Dahlberg & Eugene Riggs
Correspondents, Mrs A. B. Nilson
604 Whitehall St St Paul

No. for Year, 193.
Insane Relatives, None; No history of heredity.
Cause Exciting, preceded by gastric trouble, five days ago.
Cause Predisposing, Chronic
Form, Melancholia chronic
Accompanying Bodily Disorder, General Mal-nutrition
Suicidal or Not, Not
Date of this Attack, about 5 years ago
Duration, about 5 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 31 — about
Time of Leaving, Apr 24 '95
Time in Hospital, 2 mo 17 ds.
Result, Imp.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Edly D. Herzog — Feby 11/95.

MENTAL ACTIVITY:
Clear or Confused, Seems clear
Quick or Sluggish, Fairly quick

MEMORY:
Past Events, } Seems good
Recent Events, }
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Fairly alert
Correct or Illusive, Seems Correct

REASONING POWER:
Ordinary Subjects, } Fairly Good
Own Mental State, }
Special Subjects,

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

DELUSIONS:
Systematized or Not, } See note —
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS:
ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, Fairly voluble

GENERAL DESCRIPTIVE REMARKS:

Patient complains of pains in the abdominal region, which are aggravated by eating, but has never vomited. Shows no distinct local tenderness. He claims that he had several attacks of pain in the right iliac region, which his physician diagnosed as appendicitis & counseled operation. He is somewhat depressed by reason of his disregard of his jealousy of his wife, he states that there had been, at one time, a blacksmith boarding with him, whom he asked to leave the house. Later he found that, while he was at the hospital, the blacksmith returned to his house & again took lodgings there. His wife had also said "that she was not dependent upon him but had plenty of gentlemen friends". He states that his brothers are against him, but that 4 of his brothers are of bad moral character, while the 5th who favors him is a reputable citizen. All his ideas are similarly well systematized except as they tend to a hypochondriacal exaggeration of his physical symptoms. Regard to his own mental state, he admits nervousness & says that he can see how a man, not believing his charges of his wife's infidelity, could think him insane.

Personal and Medical History of A. B. Nilson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 1/4 WEIGHT, 139 pds. NUTRITION, Considerable emaciation & anaemic
WOUNDS OR ABNORMALITIES, See "S. Q." on next page —
TONGUE, Tremors, not marked Coatings, Anaemic & Tooth Marked Promptness Movement, Fairly Prompt
PUPILS, Equality, Yes Size, Slightly dilated
Response Light, Good Accommodation, Somewhat excessive —
SIGHT, Good
HEARING, Slightly deaf, since Youth
COORDINATION, Arms, Slight incoordination; finger to nose, eyes shut. Some uncertainty —
Legs, Good; Standing on foot good; Standing, eyes shut, Good.
TREMORS, Hands, None Tongue, Not Marked
Facial Muscles, None General, None
REFLEXES, Patellar, L. equal.
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, Haggard; Dark rings under eyes.
SENSIBILITY, ✓
HEART, Sounds good but slightly muffled —
LUNGS, Murmur good; very slight dullness & moist rales over right apex.
OPHTHALMOSCOPIC EXAM.,

~~EXAM. URINE~~,

Treatment

A mixture of Ferratin and Lactopeptine with daily Shower bath. —

TAKEN,

HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Read & left 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,

Nothing Mentioned

Personal and Medical History of A. B. Nilson.

1895

This patient was brought here by Deputy Sheriff W. B. Miller, with following history. His habits and morals have been good; there is no hereditary history; this attack seems to have been preceded by gastric trouble, for several years. Form of attack is Chronic; at times, however, he is apparently free from the delusion he harbors concerning his wife. He shows a general mal-nutrition. First symptoms of disease were manifested about 5 years ago; the delusion then began to form. This is the first attack. Insanity now shown by this being jealous of his wife. He has threatened his wife. He is not suicidal, nor filthy, nor destructive. No peculiarities were previously shown. He has not been restrained or confined. Patient has been treated for gastric disorders; effects not stated. Has hallucinations of hearing; also complains of ringing in his ears".

Feb 7 On admission, was put on B.D. (S.A.). Complexion light; hair brown; eyes gray; condition of skin, good. No marks, scars or bruises noticed. Bodily Condition clean. Behavior good. Pulse 70. R 18. T@ 99.4.

" 8 Feb 8/95. Restless for 7 hours & slept only 1 hour, last night. AM. Pulse 68. T@ 98.8. Appetite good; bowels generally free. No cough noticed. Behavior is good; he is quiet. Talks freely; no (serious) delusions are noted. PM. Pulse 76. T@ 99.2. Complains of indigestion & pain in stomach. Feb 9/95. Slept 6 hours, restless 2 hours, last night. AM. Pulse 64. T@ 99.2. Appetite poor; Complains that stomach bothers him; laid on bed for an hour or so. Behavior well. Talks freely. Feb 10/95. Slept 8 hours, restless 3 hours, last night.

" 9

" 10

" 11 AM. Pulse 64. T@ 99.2. Appetite medium; bowels moved. He is on medicine. Feby 11/95. Patient was transferred to Infirmary Ward, today, at 11. Am. He appears quite weak & slightly emaciated.

" 12 Pulse 70. T@ 99.6. Feb 12/95. Restless & slept 4 hours, last night. AM. P 72. R 24. T@ 99.8 PM. P 84. R 24. T@ 99.4. Is very quiet; says he is not so nervous as he was upstairs (on 13th).

" 13 Feb 13/95. Restless 3 hours, sleeping only 5 hours. AM. P 68. R 24. T@ 99.6; PM. P 68 R 24 T@ 99. —

" 14 Appetite good; bowels regular; was quite restless today & asked for some work to do. Feb 14/95. Restless 4 hours, sleeping but 4 hours, last night. AM. Pulse 80. R 20. T@ 99.6. Was given a shower-bath, beginning with temperature of 110° & running down to 85°; bath had a rather exciting effect. PM. Pulse 76. R 22. T@ 99.6. Feb 15/95. Quite restless & slept only 3 hours. AM. Pulse 75. T@ 99.6. R 20. Was given local galvanization (by D.H.). 4 PM. Was more quiet & content, today, than heretofore. Feb 16/95. Complained of being cold, last night. Was very restless; wanted to get up several times. Slept but 4 hours. Patient is given shower-bath (as above) every day, followed by a vigorous rubbing; effect is fine, but slightly exhausting. AM. P 72. R 22. T@ 99.

" 15

" 16

" 17 PM. P 84. R 24. T@ 99.2. Feb 17/95. Slept 5 hours, was restless 3 hours, last night. AM. P 90 R 20. T@ 99.4. Appetite good; bowels regular; patient is gaining strength & flesh quite perceptibly; was given usual shower-bath, today. PM. Pulse 90. Feb 18/95. Slept 5 hours, last night. AM. Pulse 78. R 22. T@ 99; PM. Pulse 72. R 21. T@ 99.6. Talks frequently, & go out walking; wants to do some work, to keep his mind occupied". Feb 19/95. Slept 5 hours, last night; was restless for 3 hours. AM. Pulse 78. PM. Pulse 84. Appetite very good. Bowels are fairly regular. Is given shower-bath (as above) Every day. Feb 20/95. Slept better (7 hours), last night. AM. Pulse 68. PM. Pulse 92. He is quiet & seems quite contented. Wants to go out walking. Given usual bath. Feb 21/95. Restless 2 hours, but slept 6 hours, last night. AM. Pulse 72. PM. Pulse 78. Given shower-bath, again, today. Appetite keeps good; bowels regular.

" 18

" 19

" 20

" 21

Summary: Patient has been very quiet & well-behaved, during the past 2 weeks: and has

Personal and Medical History of A. B. Nilson

1895

Seemingly cont'd seemed well-contented with his surroundings. Says "he is getting much benefit from staying here". He has gained, quite perceptibly, in flesh & strength & nervous condition is apparently much improved. He is rather confidential but otherwise, mental state has, apparently, been quite balanced. Patient has been rational in both speech & action, as far as can be noticed. Feb 22/95. Appetite good; bowels regular.

Febry " 23 Goes out walking Every day. Feb 23/95. Given shower-bath, as described, every other day. Sleeps quite well.

" 24 Feb 24/95. Out walking. Complains of feeling sick at his stomach. Feb 25/95. Complains of pains in his stomach & intestines. Appetite fair; bowels regular. Feb 28/95. Appetite good; bowels regular; has given usual shower-bath, every other day. Sleeps quite well, at night. Is improving.

" 25

" 28

March 5/95. Att 135 pds. Mar 10/95. Is very quiet. Appetite good, but he complains of bowels not being regular. Get a shower-bath, every other day, beginning with T 110° & running down to 90° or 85° followed by a vigorous rubbing. Goes out walking Every day. Mar 11/95. 7 PM. Transferred to A.I.E. Still complains of bowels being costive. Given Cedlitz powders. Mar 21/95. Has continued quiet & well behaved. Still gives to complaining some. Appetite fair. Habits clean.

March 5/95

" 10

" 11

" 21

April 1/95. He works in mining-room. April 1/95. Att 139½ pds. Pulse 75. April 3/95. Visited by wife.

April 1/95

" 3

" 24 April 24/95. Behavior well. Talks freely & sensibly. Is not so complaining of late; has "limited parole". Worked with the table 31 days. Appetite very good. Bowels now nearly regular, was.

Visited by a brother, who took him home today.

— Discharged —

From 252. Joseph McC. Knight

1896

Feb 15/96 Feb 15/96. Att 211 pds. Pulse 87. Feb 15/96. Patient quit working in kitchen; complained of rheumatism in right shoulder & arm. Feb 20/96. Was granted a "Parole". Feb 29/96. Is a very quiet & agreeable patient: behaves well: no delusions apparent. Talks freely & rationally. Appears to be quite himself. Physical Condition good. Habits are very neat and clean.

" 20/29

March 1/96 March 2/96. Att 212 pds. Pulse 88. March 9/96. Sent home, alone, today.

Discharged by Action of Board. Improved. May 5/96.

Personal and Medical History of William Weyer

LAMBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3996.
Residence, Afton Washington County, Minn.
Date Admission, 8th February 1895.
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, E. G. Butts, Jail P, Washington County
Sex, Male
Age, 31
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Farming
Degree Education, Probably fair
Profession Religion, Yes; Church - member
Habits, Good
Nativity, State of New York
Physicians Committing, M. H. Pratt and C. B. Marshall
Correspondents, William Weyer Jr. Valley Creek, Washington Co. Minn

No. for Year, 195.
Insane Relatives, no heredity that can be found
Cause Exciting, Cannot tell
Cause Predisposing, previous attacks
Form, Mania sub-acute
Accompanying Bodily Disorder, (Tumor on left shoulder)
Suicidal or Not, not
Date of this Attack, 2 weeks ago
Duration, 2 weeks
No. of Attack, 3rd (probably)
No. of Admissions, 2nd here; has been at St Peter
Age First Attack, — 18 —
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Dr Lyon. Herzog, Feb 1895.

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

MEMORY:
Past Events, } not good
Recent Events, }
Special Subjects,

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

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

GENERAL DESCRIPTIVE REMARKS:
Is slow in his movements and his Comprehension.

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

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, } None noted.
HALLUCINATIONS:
ILLUSIONS:

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

3996

M William Weyer

Copy of Order for Hearing Petition of Mary Weyer - Augusta Bethka for appointment of — & guardian for William Weyer insane; served and service admitted March 13' 1900.

(Papers filed with commitment papers.)

William Weyer

MISSION, CONTINUED.
ACTERISTICS.

NUTRITION, somewhat impaired.
Elbow joint with atrophy of muscles of arm; goitre; ...e - cap - a large asaw baitpe; tremor - not attached - ...ish
Promptness Movement, somewhat slow -
Size, slightly contracted
Response Light, Yes
Accommodation, Yes

SIGHT, probably somewhat myopic -
HEARING,
COORDINATION, Arms, somewhat impaired; finger to nose, eyes shut, some uncertainty -
Legs, somewhat impaired; standing on foot, fair; standing, eyes shut, stays considerably.
TREMORS, Hands, None
Facial Muscles, None
Tongue, None
General, none
REFLEXES, Patellar, & - equal
Other
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION,
somewhat stupid
SENSIBILITY,


3996
TAKEN,

EXAM. URINE,
Treatment
Food & bitter tonics

HEART,
first sound at apex rough.
LUNGS, murmur good; apex resonance above 2nds slightly impaired.
OPHTHALMOSCOPIC EXAM.,

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

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

Personal and Medical History of William Weyer

LEBERT, FISCHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 3996.
Residence, Afton Washington County, Minn.
Date Admission, 8th February 1895.
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, E. G. Butts, Jo P. Washington County
Sex, Male
Age, 31
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Farming
Degree Education, probably fair
Profession Religion, Yes: Church - member
Habits, Good
Nativity, State of New York
Physicians Committing, W. H. Pratt and C. B. Marshall
Correspondents, William Weyer Sr. Valley Creek, Washington Co, Minn

No. for Year, 195.
Insane Relatives, no hereditary, that can be
Cause Exciting, cannot tell
Cause Predisposing, previous attacks
Form, mania subacute
Accompanying Bodily Disorder, (Tumor on left shoulder)
Suicidal or Not, not
Date of this Attack, 2 weeks ago
Duration, 2 weeks
No. of Attack, 3rd (probably)
No. of Admissions, 2nd here; has been at St Peter
Age First Attack, — 18 —
Time of Leaving,
Time in Hospital,
Result,

Examd Dr. Herzog, Feb 8 1895.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, slightly Confused
Quick or Sluggish, sluggish
MEMORY:
Past Events, } Not good
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, seems Correct
REASONING POWER:
Ordinary Subjects, slow
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Is slow in his movements and his Comprehension.

EMOTIONAL STATE:
~~Normal, Calm,~~
Indifferent,
~~Exalted,~~
Depressed, ~~X~~ Indifferent ~~X~~
DELUSIONS:
Systematized or Not, } None noted
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, reticent

Personal and Medical History of William Weyer

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 1/2 WEIGHT, 144 lbs. NUTRITION, somewhat impaired.
WOUNDS OR ABNORMALITIES, Scar's L K; Ankylosis of right Elbow joint with atrophy of muscles of arm; goitre; a tumor over the left shoulder - capsular as large as a large pippin - painless - not attached -
TONGUE, Tremors, some Coarse Coatings, light grayish Promptness Movement, somewhat slow -
PUPILS, Equality, Yes Size, slightly contracted
Response Light, Yes Accommodation, Yes
SIGHT, probably somewhat myopic -
HEARING,
COORDINATION, Arms, somewhat impaired; finger to nose, eyes shut, some uncertainty -
Legs, somewhat impaired; standing on foot, fair; standing, eyes shut, sways considerably.
TREMORS, Hands, none Tongue, some
Facial Muscles, None General, none
REFLEXES, Patellar, O - Equal
Other —
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION,
somewhat stupid
SENSIBILITY,
—
HEART,
first sound at apex rough.
LUNGS, Murmur good; apex resonance with rales slightly impaired.
OPHTHALMOSCOPIC EXAM.,



TAKEN,

EXAM. URINE,
Treatment
Food & bitter tonics

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

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

Personal and Medical History of William Weyer

1895

This patient was brought here by G. W. Smith, Sheriff, with following history of Case: (this is his 2nd admission here). Habits and morals have been good. No hereditary history that can be ascertained. Cannot tell cause of this attack. Form of attack is acute, exalted & paroxysmal. No accompanying bodily disorder. First symptoms were manifested 2 weeks ago; was a little "off" in conversation. This is probably 3rd attack. On July 22/92 he was sent to St Peter Hospital & on January 23/92, he was Committed to this (Rochester) Hospital. Insanity manifested, now, as no one subject. He imagined one of his sisters to be dead & under the hay he was feeding horses. Patient is disposed to injure others from passion, but is not suicidal, nor filthy nor destructive in habits. There is no history of any severe bodily disease &c or injury to head. He has been restrained by tying his hands, & confined as reported in above hospitals; under medical treatment there only. No further particulars.

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NOTE. As above stated, Patient was at this hospital from Jany 25/92 to July 1893. Had, at one time (1892) also been at St Peter Hospital, for 9 months. During early part of his then stay here, he was dull, quiet, talking only when addressed; had a blank expression of face, was occasionally quarrelsome. During May 1892, he complained of pain in left shoulder; (tumor); patient began to make some improvement & was moved to better ward. In May 1893, he had an attack of tonsilitis, and, during latter part of June, an attack of facial erysipelas. At time of his leaving there was still a good deal of dullness & sluggishness in his manner & talk, but he seemed fairly clear, and went home improved. (See letter of father attached, in previous history).

Feb 8 **On admission**, was put on B3 (S.Q. complexion light; hair light; eyes gray, condition of skin good. No marks, scars or bruises noticed; bodily condition clean. Right arm stiff & deformed; large swelling on left shoulder; behavior violent; patient was brought here in restraint, (in stettes). —

" 9 Feb 9/95. Restless 8 hours & slept only 1 hour, last night. Ft Mc. Pulse 100 R 29. T(e) 100.6. Appetite is

" 10 fairly good. No coughs noticed. Behaves well. Is somewhat bewildered; memory poor; Feb 10/95. Restless 6 hours, sleeping but 3 hours, last night - Ft Mc. Pulse 102. T(e) 100.2 - Appetite fair; behavior quiet & rather

" 11 stupid; talks very little. Feb 11/95. Slept only 3 hours, during the night; was restless for 6 hours. Ft Mc. P 102.

" 12 T(e) 99.6. Stupid & dull; shows but little mental power - Feb 12/95. Was given sleeping-dose, slept 7 hours.

" 13 Ft Mc. Pulse 102. T(e) 98.2; Pm. Pulse 88. T(e) 99.2 No change in behavior - Feb 13/95. Again given a

" 14 sleeping dose, last night, & slept 8 hours. Ft Mc. Pulse 78. No change to note in condition. Feb 14/95. Slept 6 hours, after being given a sleeping dose. Ft Mc. " 78 - Appetite Good; bowels seem regular. Otherwise, no change.

" 15/16 Feb 15/95. Slept 6 hours, restless 3 hours, last night. Ft Mc. Pulse 124. T(e) 99.4. Feb 16/95. Slept quite

" 17 well (8 hours), last night. Ft Mc. Pulse 106. No change in behavior. Feb 17/95. Ft Mc. Pulse 108. Talks

" 18 rationally. Appears to be improving some, but says he does not feel well". Feb 18/95. Am. P 100.

" 19 Feb 19/95. Slept only 3 hours, during the night. Bowels apparently regular. Appetite is good. —

" 20 Feb 20/95. Slept 8 hours, last night. Ft Mc. Pulse 110. Does not appear as bright as he was a

" 21 couple of days ago. Feb 21/95. Very restless & slept poorly, last night. Ft Mc. Pulse 104. —

" 22 Feb 22/95. Slept 6 hours, last night. Summary: Appetite is good; bowels regular. Is quite stupid and dull. Walks about on ward, or lies down at times. Does not seem to comprehend anything; very slow in answering; also slow in action; rather slouchy in Dress; habits clean. Does not work.

" 23/28 Feb 23/95. Restless 2 hours, sleeping 5 hours, last night. Feb 24/95. Has been very restless, at night and sleeping only from 2 to 4 hours, on each. Is restless & seems confused, by day. Always looking for something.

Personal and Medical History of William Weyer

1895

Feb 24 Talks some, but always hesitating, a long time, before answering any question. Habits clean. Does not work.

Mar 1/31 March 1/95. Wt 141½ pds. Pulse 88. March 31/95. Seems to have been resting & sleeping better, at night, this month. Is still restless, by day: inclined to be pugnacious of late; Speaks but very little; occasionally destructive; always picking up everything he can find, especially when out walking. Habits are clean. He does no work.

Apl 1 Apl 1/95. Wt 142 pds. Pulse. Attached Attdt Jessup, to day, when out walking - because requested to throw down some sticks - he had been picking up: also had some trouble with patients, A. Swanglen, during the day -

" 2/25 Apl 2/95. Had some trouble with patient R. Relph, who struck him with a broom - Apl 25/95. Transferred to B3.

" 30 Apl 30/95. Patient is of a very mean disposition; rough towards other patients. Says that if he could get back to Stillwater, he would kill all the farmers - Is deluded. Works some on the ward. -

May 1/3 May 1/95. Wt 140 pds. Pulse 90. May 3/95. Had some trouble with him to day; he has the habit of taking head with him out of the dining room & getting it all over the floor.

" 5 May 5/95. Struck attendant Burbank in the mouth, bruising & swelling his lips - was transferred to B3. May 23/95. Has improved considerably of late & at present is

" 23 a very quiet & orderly patient - Works on ward - May 31/95. Behaves well; talks rationally;

" 31 and is much improved, at present. Habits neat & clean. Works on ward. Health seems good.

June 1/28 June 1/95. Wt 158 pds. (Has gained considerably in flesh, the past month). Pulse 76. June 27/95. Opera-

" 30 -tion performed on left shoulder & a large tumor removed. June 30/95. No change to note, in his

July 1 mental or Physical condition, since last month - July 1/95. Wt 149 pds. Pulse 95. —

" 31 July 31/95. Appetite poor, of late. Bowels regular. Is very quiet & seems to be melancholy.

Aug 1 Talks quite rationally. Works on ward - Augt 1/95. Wt 131 pds. Pulse 102. —

" 31 Aug 31/95. Appetite somewhat poor, and he has been losing in flesh the past 2 months. Will, at times, walk along & talk to himself, as tho' he was angry, but when talking to anyone will talk fairly rationally. Complains of not feeling very well. Is on tonic. Habits clean.

Sep 1/30 Sep 1/95. Wt 141 pds. Pulse 104. Sep 30/95. Appetite now very good. Behaves well: seems to have

Oct 1 improved some, both mentally & physically - Oct 1/95. Wt 145 pds. (Has about recovered his

" 14 lost weight); pulse 74. Oct 14/95. A gradual improvement still noticed: he also takes in-

" 31 -terest in the work & in his surroundings. Oct 31/95. Improvement still keeps up.

Nov 1/30 Nov 1/95. Wt 136 pds. Pulse 76. Nov 30/95. Appetite good: bowels regular: behavior good: talks rationally,

Dec works on ward: seems to be all right: habits neat & clean. Dec 2/95. Wt 156½ pds. Pulse 84.

" 17 Dec 17/95. Transferred to C2. Dec 28/95. Patient is restless & talkative: talks to himself and

" 31 laughs very foolishly. Works in dining-room. Dec 31/95: Growing more uneasy & more cranky.

1896 Jan 2 Jan 2/96. Patient had trouble with night-watch: began to sing & talk, during the night, when N.W.

" 8 Burbank told him to keep quiet, when patient tried to strike him with a shoe. Moved to B3 last.

" 21 8.30 Pm. Temp. 99.6. Jan 8/96. Since coming on ward has been pugnacious & quarrelsome; fighting

" 31 both attendants & patients - Restless at night & sleeping poorly - Jany 21/96. Transferred to B1 (on

account of general change of wards). Jan 31/96. Appetite fair: receives 5th a Diet. Behavior restless - Complains, quite often, that he is not feeling well; "don't sleep well". Works some on ward.

Feb 1/6 Feb 1/96. Wt 152½ pds. P 80. Visited by sister. Feb 6/96. Attacked one of the attendants this morning; after he was subdued, made threats that he would be avenged when he got in dining-room. Gets his meals in the hall,

" 8/10 from now on. Feb 8/96. Slept only 4 hours: restless 5 hours, last night. Feb 10/96. Struck C.E. Todd, disfiguring his nose & causing it to bleed. — (Carried to Transfer Book a page 271)

Personal and Medical History of Dennis Daly Jr

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4000.
Residence, Winona County, Minn
Date Admission, 13th February 1895.
Admitted by, Dr. Herzog Hour, 4:30 PM
How Sent, A.L. Buck, Jail, Winona County.
Sex, Male
Age, 21 Years
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farmer
Degree Education, probably fair
Profession Religion, Catholic
Habits, Intemperate
Nativity, Minnesota
Physicians Committing, J.B. McLaughery and D.B. Ritchard
Correspondents, Dennis Daly Sr (father) Stockton, Minnesota -

No. for Year, 199.
Insane Relatives, No hereditary history
Cause Exciting, Intemperance + supposed ill-health
Cause Predisposing, Intemperance possibly
Form, Spontaneous insanity
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, a week ago
Duration, a week.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 21 years
Time of Leaving, June 17' 95 - 4m 4d
Time in Hospital,
Result, Rec.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Daly Dr Herzog, Feby 14/95 -

MENTAL ACTIVITY:
Clear or Confused, Fairly clear -
Quick or Sluggish, Somewhat sluggish
MEMORY:
Past Events, } Fairly Good
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Slightly dull
Correct or Illusive, In the main correct.
REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Not good
Special Subjects,

EMOTIONAL STATE:
~~Normal~~, Calm,
~~Indifferent~~,
Exalted, Somewhat X
~~Depressed~~,
DELUSIONS:
Systematized or ~~Not~~, Slightly
Special Subjects, That he has power from the Lord.
~~Transitory or Not~~, Seem fixed.
HALLUCINATIONS:
ILLUSIONS: ✓
CONVERSATION:
Coherent or Incoherent, Fairly Coherent -
Voluble or Reticent, Somewhat reticent.

GENERAL DESCRIPTIVE REMARKS:
Patient thinks he is Jesus Christ but is not quite positive on that point. Is certain that he has power from the Lord which he supports by claiming that all his family obey him. Says he has "Dark hair" but, on close questioning, does not appear to have been extraordinarily intemperate. Denies is addicted + he confesses to masturbation.

Personal and Medical History of Dennis Daly Jr.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8in WEIGHT, 133 lbs NUTRITION, Fair, but somewhat thin.
WOUNDS OR ABNORMALITIES, See "S.R." on next page.
TONGUE, Tremors, not marked Coatings, White Coating over dorsum moist - Promptness Movement, Slow
PUPILS, Equality, Yes Size, Somewhat dilated
Response Light, Yes Accommodation, Yes
SIGHT, Seems good
HEARING, Seems good -
COORDINATION, Arms, somewhat impaired; finger to nose, eyes shut, Considerable uncertainty.
Legs, somewhat impaired; Standing a foot, with difficulty; Standing, eyes shut, Swaying some -
TREMORS, Hands, None Tongue, None
Facial Muscles, of eyelids General, None
REFLEXES, Patellar, q- equal
Other Right ankle clonus
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
Florid; somewhat stupid.
SENSIBILITY,
HEART, irritable; impulse forcible; no murmurs
LUNGS,
Murmur harsh.

~~EXAM. URINE.~~

Treatment

Keep abed for a few days.
Give Strychnine. —

TAKEN,

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,

Reports kept

Nothing Mentioned

Personal and Medical History of *Dennis Daly Jr.*

1895

This patient was brought here by Deputy-Sheriff Fuhrman + accompanied by Morris Daly, with the following history. His habits have been intemperate; there is no history of heredity - supposed cause of this attack is intemperance + supposed ill-health. Form of attack is acute, depressed. There is no accompanying bodily disorder. First symptoms of disease were manifested a week ago; he became morose, whistled all day, that he was Jesus Christ. This is the 1st attack. Insanity is now shown mainly on religious subjects. He thinks he is Christ and has been crucified. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. There is no history of any bodily disease + a injury to head. He has not been restrained or confined, nor under medical treatment. No further particulars known.

Feb 13 On admission, was put on B2 (S.R. Complexion dark; hair dark; eyes gray; condition of skin good; no marks, scars or bruises noticed. Bodily condition clean. Behavior good.). —
" 14 Was transferred to "Infirmary Ward" at 7.30 PM. Feb 14/95. Restless 5 hours, sleeping but 3 hours, last night. —
AM. Pulse 99. R 24. T. 101. Appetite very good; bowels regular. No cough noticed. Behavior is good; he talks none; PM. Pulse 76. R 22. T. 99.4. No complaints or injuries to report. Feb 15/95. Slept 5 hours,
" 15 restless 2 hours. AM. " 76 " 22 " 99. Sent to ward. Is very quiet; appears rather timid or
" 16 nervous. Feb 16/95. Slept but 4 hours, was restless 4 hours. AM. Pulse 90. R 22. T. 98.6. To ward;
" 17 was given a Hot Bath (100°); patient appears rather weak. Talks very little. Feb 17/95. Slept only 3 hours;
was restless 5 hours, last night. AM. Pulse 90. R 24. T. 100.2. Appetite good; bowels regular.
" 18 Feb 18/95. Slept 6 hours, restless 2 hours. AM. 114 " 22 " 103. Appetite good; patient has a
high fever this PM + was put to bed; complains of feeling sick at his stomach + dizzy.
" 19 Feb 19/95. Though somewhat restless, he slept fairly well. Is feeling much better, today, + is up
in the ward. Pulse 90. R 20. T. 100. Is very quiet. Walks considerably about hall. Habits clean.
" 20 Feb 20/95. Was out of bed during the night. AM. Pulse 84. R 20. T. 98.6. Has been very restless,
" 21 today; talks but little. Feb 21/95. Restless 4 hours, + slept only 4 hours, last night. AM. Pulse 78.
" 22 R 20. T. 99. Is very quiet. Feb 22/95. Restless 5 hours, sleeping only 3 hours, last night. AM. P 76.
" 23 R 20 " 99.2. Appetite Good; bowels regular. Feb 23/95. AM. Pulse 82. R 20. T. 99. Feeling
" 24 much improved. Appetite good. Was out for a walk of a mile or so. Feb 24/95. Restless 3 hours, but
slept 5 hours, last night. AM. Pulse 88. R 20. T. 99.6. A continued improvement noticed
" 25 in patient. Was taken out for half-an-hour's walk. Feb 25/95. AM. Pulse 100. R 18. T. 99. -
Appetite good; bowels regular. Is very quiet. Talks rationally + can now carry on quite a conversation
" 26 Feb 26/95. AM. Pulse 78. R 20. T. 99. Appetite good. He appears to be stronger. Was, again,
" 27 taken out for a short walk, today. Feb 27/95. AM. Pulse 90. R 20. T. 99.6. Appetite keeps good.
He is more active than usual, today. Talks a great deal, but still shows delusive trains of thought.

Summary: During the 1st week, the patient was quiet + very well behaved; later he became more
talkative + was, often, quite demonstrative. Feb 21st, patient was noisy, +, at times, very excited.
Imagines he is Christ's representative on Earth + preaches + talks to everyone in hall. About 4 PM
he became slightly violent, and at 5.30, was transferred to B2. He was rather run down and
Emaciated when receiving in this (Infirmary) Ward, but has picked up + gained, quite perceptibly, in
" 28 flesh + strength. Feb 28/95. Walks hall + throws up his hands. Says he saw the Devil in the room
Mar 1 last night, + that he was an Orangeman". March 1/95. Wt 120 pounds. Pulse 120. —

Personal and Medical History of *Dennis Daly Jr*

1895

Mar 5/ March 5/95. Behavior good, but he talks foolishly. March 11/95. Transferred to B1 today. Is quiet.
" 13/ March 13/95. Complained of sore throat: given medicine. Pulse 89. March 15/95. The past few days, he has
been restless; walking the hall + talking to himself; talks foolishly + appears to be growing worse. Dirty in
Habits: soiled his clothing during day + bed at night. Had a "spell" today; was very violent;
striking at patients + nurses. Transfered to C3 E. After going there was quite restless, for
an hour; then became quiet; complained of pains in stomach; ate well, but had spell of vomiting
" 19 after dinner. P 96. Mar 19/95. Behaved well until about 7 PM, when he had a "violent spell".
" 20 Appetite poor. He has many delusions. Is given medicine. Mar 20/95. Noisy + restless 4 hours + violent
" 23 4 hours, last night. Has met bed, nights. Mar 23/95. "Spell" has continued up to today. Has been
" 24 noisy, violent + incoherent. Dirty in Habits. Mar 24/95. Behavior improved some. Still complains
" 31 of Constipation + is given cathartics. Mar 31/95: Since last note, has been quiet + well-behaved.
Appetite + sleep good. Bowels still constipated, from time to time. Still shows Delusions. Not much
Apl 10 improvement, mentally, to note. April 10/95. Has continued quiet + well behaved. Eats +
sleeps well. Bowels still require cathartics. Patient still shows delusions + is treated by relatives.
" 14/ Apl 14/95. Has improved some, mentally. Is still quiet + well-behaved. Apl 16/95. Complains of
" 16 pain in stomach, frequent movements + vomiting - Apl 18/95. Has continued to improve and
was transferred to B1 today. Habits clean. Does not seem to have as many delusions, as before.
" 30 Apl 30/95. Behaves well - Appetite good; bowels regular. Mental Condition seems much im-
-proved. He talks freely rationally; reads + plays games - works some on ward. Habits are clean.
May 2/ May 2/95. Wt 143½ pds (a gain of 10½ pds, since admission). Pulse 80. May 31/95. Behavior has
31 continued good. Talks freely + rationally; no delusions noted; reads; plays games: works on the ward.
June makes no complaints. Mental Condition much improved. June 1/95. Wt 146 pds. Pulse 80.
" 5/ June 5/95. Talks, now, about wanting to go home. June 17/95. Improvement has kept up,
17 in every way. Was today, visited by relatives, who took Patient home on trial.

Discharged

Personal and Medical History of August Nickel

LEGGET, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4001.
Residence, South St Paul. Minn
Date Admission, 15th February 1895.
Admitted by, D. Phelps Hour, 7 P.M.
How Sent, Thos P. Moran, Jof P. Dakota County
Sex, Male
Age, - 28 -
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, not given
Profession Religion, Church member
Habits, Good.
Nativity, Germany
Physicians Committing, A. M. Stoit and H. VanBeek.
Correspondents, Frank Nickel (his brother)
South St Paul, Dakota County, Minn

No. for Year, 200.
Insane Relatives, not known as to heredity.
Cause Exciting, Don't Know Probably found fever & cerebral congestion.
Cause Predisposing, not stated
Form, Mania acute delirious
Accompanying Bodily Disorder, Probably some fever & cerebral congestion
Suicidal or Not, — Not —
Date of this Attack, Monday, Feby 11/95. —
Duration, — 4 days —
No. of Attack, 1st probably
No. of Admissions, 1st
Age First Attack, — 28 —
Time of Leaving, 28th February 1895.
Time in Hospital, 13 Days
Result, Died; Intestinal Hemorrhage Complicating acute Delirious Mania.

EXAMINATION ON ADMISSION

Edw D. Herzog Febr 16/95.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } apparently very poor.
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Unknown
REASONING POWER:
Ordinary Subjects, } apparently very poor
Own Mental State, }
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient is feverish & in a muttering delirium; at times becoming maniacal. He understands when asked to put out the tongue, sit up, open & close the eyes &c, but is stupid. —

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Yes
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, } Unknown
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
~~Coherent~~ or Incoherent, Incoherent
Voluble or Reticent, for a short period.

Personal and Medical History of August Nickel

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10½ WEIGHT, 168 lbs. NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, Several bruises incurred in Ward - records -
TONGUE, Tremors, Uncertain Movements Coatings, (Heavy brown fissures in tongue) Streaks - Typhoid tongue Promptness Movement, (unable to protrude tongue; moves it from side to side -
PUPILS, Equality, Yes Size, Somewhat Contracted
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Unknown
HEARING, Unknown
COORDINATION, Arms, Legs, } Evidently considerable incoordination; usual tests impossible to make.
TREMORS, Hands, Some Tongue, Yes
Facial Muscles, — General, Yes
REFLEXES, Patellar, Impossible to test
Other
ARTICULATION,
Slurred,
Hesitating, Muttering
FACIAL EXPRESSION, Maniacal, glassy eyed, face flushed.
SENSIBILITY,

EXAM. URINE,

Treatment -

Liquid diet, at frequent intervals, in small quantity. Sponge baths for temperature. Ergot, Cathartics if needed - restraint in bed by sheet.

HEART, Weak & rapid; first sound soft —
LUNGS, Murmur not good; fine rales at base; detailed examination impossible -
OPHTHALMOSCOPIC EXAM.,

TAKEN,

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

Records kept

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

Personal and Medical History of August Nickel

1895

This patient was brought here by Sheriff's Deputy Mc. F. Stewarty, with the following history. Habits, as regards temperance & morality, good. Not known also any heredity. Form of attack, acute; there is probably some fever & cerebral congestion. Do not know cause of attack. First symptoms of the disease were manifested Feb 11/95, by loss of sleep & excitement. This is probably the 1st attack. he, now, changes from depression & excitement and vice-versa. Patient is disposed to injure others, from sudden passion, but is not suicidal - no filthy nor destructive in habits. No previous peculiarities &c were shown. There is no history of any fever bodily disease &c or injury to head. He has not been restrained or confined, nor under medical treatment. No further particulars are known. —

Feb 15 On admission, was put on B3 (SR. Complexion sandy; hair sandy; eyes gray; condition of skin good; no marks, scars or bruises noted; bodily condition dirty; 2 warts on 1st finger of left hand and one on 2nd finger
" 16 of right hand; behavior good. Is stupid). Feb 16/95. Was taken in to C3 at 11 Pm, last night, as night-watch could not keep him in bed. Slept none; AM. Pulse 136. R 28. T@ 102.8. Appe-
- tite very poor; has had no movement of bowels: no coughs noticed; no complaints or injuries to report. Was transferred to C3 this morning. Later, was transferred to the Infirmary Ward & was put
" 17 in restraint there. Feb 17/95. Was noisy last night & slept but one hour. AM. Pulse 70 R 20 T@ 100.4 Was taken out of restraint at 1 Pm: sponge-bath given; slept till 3 hrs. Put in restraint again.
" 18 PM. Pulse 90. R 24. T@ 100.6. Feb 18 95. At 9 Pm, last evening, was given a sleeping-dose. Slept only 3 hours; was restless & noisy 5 hours. Has been in restraint all day; takes milk, every 2
hours; in medicine, every 2 hours; bowels moved copiously at 5 Pm. 7 Pm. gave him a sponge-bath -
" 19 Pulse has ranged from 100 to 80. Feb 19/95. Was awake all night; was very noisy restless. —
AM. Pulse 100. R 24. T@ 98. Was given a sponge-bath at 4 Pm. Has been very restless, all day. appears gradually failing. Was given milk & medicine, as before. PM. Pulse 78 R 24 T@ 100.2
" 20 Feb 20/95. Noisy & restless 7 hours, & slept but 1 hour, last - Had been given a sleeping dose at 10 Pm.
AM. Pulse 78. R 22 T@ 101.2. 8 Am was given a sponge-bath. Mouth is washed before feeding. Given milk as before; also medicine. Is very restless. PM. Pulse 80. R 20. T@ 102.
" 21 Feb 21/95. Was again given sleeping dose at 9 Pm was very noisy all night. AM. Pulse 80. R 22. T@ 99.2 Given sponge-bath at 8 Am. Takes milk as usual; medicine dis-
" 22 - continued. PM. Pulse 78 R 20. T@ 100.8. Has been very restless, all day. Feb 22/95. Was noisy, all night. AM " 98 " 22 " 99.6. Given Enema this morning; bowels did not move; given 1 egg in milk, every 4 hours: milk given, as usual, every 2 hours. Back and other
" 23 bone parts bathed with alcohol. PM. Pulse 80. Feb 23/95. Was extremely noisy, all night. AM. Pulse 100. R 22. T@ 100. Diet, as before; back washed with alcohol & dusted with boracic acid. PM. Pulse 80. R 22. T@ 100.6. Has been very restless, all day.
" 24 Is rapidly failing. Feb 24/95. Was given sleeping dose at 9 Pm. Slept 3 hours; restless and noisy 5 hours. AM. Pulse 100. T@ 101.6. Was given milk & egg, as usual, also whisky, 2 teaspoonsful every 4 hours. Was out of restraint from 8 Am till 7 Pm. bay less.
" 25 PM. Pulse 110. T@ 101.2. Feb 25/95. Was noisy all night. AM. Pulse 100. T@ 99.6. At 8 Am, was taken out of restraint & given sponge-bath & back & other parts bathed with alcohol, and vaseline applied. 11 Am was given seidlitz-powder, but bowels did not move. PM. Poo. T@ 99
" 26 Feb 26/95. At 10 pm, given sleeping-dose - was noisy 8 hours, last night. AM. Pulse 96.

Personal and Medical History of August Nickel

1895 cont'd

Feb 26 PM. Pulse 100. R 20. T@ 101.2. Was out of restraint 11 hours, today - Is very restless & in a kind of weak stupor; sore parts bathed with alcohol; milk given as usual; also beef-tea & milk-toast for dinner & supper.
" 27 PM. Pulse 100. R 24. T@ 102. Feby 27/95. Was given hypnotic, but no effect from it. Was extremely noisy, all night. AM. Pulse 90. R 24. T@ 100.6. Patient was given powders, every 2 hours, but bowels did not move - PM " 80 " 20 " 100.2. Diet as yesterday. At 5:30 Pm, was given glycerine suppository: at 7:45 bowels moved; passage thin and dark. Friends & relatives advised
" 28 as to his condition - Feb 28 95. Passed a very poor night. 7 Am, bowels moved; passage contained some blood - Patient appears very weak - Pulse 80. R 20. T@ 99.4. At 9 Am, bowels moved; passage containing a great deal of blood - he was given Enema of starch-water, plumbi acetatis & 2 drops opii - 9:30. Patient's feet & hands are cold; hot-sand-bags applied to feet and ice-bag to abdomen; he was also given Morphine ¼ gr - Pulse very weak. Relatives again advised - 10:30. Pulse some stronger - 11:30; blood still continues to flow from bowels. Was given 2 drops opii 15 minims - 2 Pm. Patient is rapidly failing - 5:30 Pm. Patient Died. —

Summary; Patient has been very restless, and was, at first, very violent; - He has been extremely noisy, nearly every night. Was very strong when received on board, but he failed rapidly in strength and flesh. Very much of mental state could not be learned. Patient could not converse in the English Language; could however, understand fairly well, what was said to him & was, at times, quite rational in his actions. During the last day or two was in a stupor until his death -

— Died —

Personal and Medical History of Frank D. Cooley

LIBBEY, FISCUS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4005.
Residence, St. Paul, Minn.
Date Admission, 18th February 1895.
Admitted by, D. Linton - Phelps Hour, 7 PM.
How Sent, G. Wilbrick, Jof P. Ramsey County
Sex, Male —
Age, 36 years
Civil Condition, Single
Children, — None —
Age Youngest Child, —
Occupation, Has none.
Degree Education, Probably good
Profession Religion, Not a church member
Habits, "Dipsomania"
Nativity, St. Paul, Minnesota
Physicians Committing, C. Eugene Riggs & Arthur Sweeny
Correspondents, Maj. John Espy
(Guardian) 133 East 5th Street

No. for Year, 2014
Insane Relatives, Yes; Mother
Cause Exciting,
Cause Predisposing,
Form, Melancholia
Accompanying Bodily Disorder,
Suicidal or Not, No
Date of this Attack, Few
Duration, Several
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, (?)
Time of Leaving, May
Time in Hospital, 4 yrs
Result, Discharged
Unimproved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Dr. Norzog 7/9/95

MENTAL ACTIVITY:
Clear or ~~Confused~~, Seems clear
Quick or ~~Sluggish~~, fairly
MEMORY:
Past Events, } Not first-rate
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Fairly alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, good, not sustained
Own Mental State, not good
Special Subjects, acts delusions noted, not good

EMOTIONAL STATE:
~~Normal~~, ~~Calm~~,
~~Indifferent~~,
~~Exalted~~,
Depressed, Yes
DELUSIONS:
Systematized or Not, Many
Special Subjects, of a
Transitory or Not,
HALLUCINATIONS: of hea
ILLUSIONS:
CONVERSATION:
~~Coherent~~ or ~~Incoherent~~, fa
~~Voluble~~ or ~~Reticent~~, fa

GENERAL DESCRIPTIVE REMARKS:
States that he has been a "hard-drinker," but close questioning fails to bring out any history of [illegible] He was in Sanitorium at Huston, Mo, 4 months, during Summer of '93 + again 4 months, in Spring of 94 - Was, after that, in Florida, with an attendant - Has been under Guardianship for some time past. He has, now, various hypochondrical delusions, as "that his Corpus has become, in some manner, dislocated", "that one of his vertebrae is missing &c" - Differs from numerous previous statements indefinite pains & aches -

MONEY, BUT NO SENSE.

Frank D. Cooley Is Returned to Insane Hospital.

Frank D. Cooley yesterday was taken to the insane hospital at Wauwatosa, Wis., by order of Judge Bazille.

Cooley was adjudged insane in 1893, shortly after having inherited a large estate. He was kept at a private hospital until 1895, when he was sent to Rochester. In May, 1899, Stephen J. Picha was appointed his guardian, and he has since been taken care of by private attendants.

F. D. COOLEY'S APPEAL.—The appeal of Frank D. Cooley from the decree of the probate court refusing to restore him to capacity was before Judge Jaggard yesterday in the district court. Cooley has been treated at the Rochester hospital and at private institutions for the cure of a nervous disorder, but for some time he has enjoyed his personal liberty. Mr. Cooley has an income of over $3,000 on an investment of $38,000 under the will of Ella E. Rutter. The hearing was not finished.

F. D. COOLEY'S CASE—Judge Jaggard in the district court yesterday took under advisement the appeal of Frank D. Cooley from the decree of the probate court refusing to restore him to capacity.

COOLEY GUARDIANSHIP.

Guardian's Account and Application for Restoration of Capacity.

Andrew D. Haslitt, who was appointed guardian of Frank D. Cooley, his nephew, about two years ago, yesterday submitted his account to Judge Bazille of the probate court, and at the same time Mr. Cooley made application to be restored to capacity.

The appointment of the guardian was made on the finding by the court that Mr. Cooley was unable to take care of his property, which he inherited from his grandmother and which yields an income of $4,000 per year. The application for restoration of capacity is opposed by the guardian. Judge Bazille will give a hearing Wednesday, both upon the application and on the guardian's report.

COOLEY MAY APPEAL.

Judge Bazille Denies His Application to Be Restored to Capacity.

Probate Judge Bazille yesterday denied the application of Frank D. Cooley to be restored to capacity.

Cooley was found to be incompetent two years ago to care for his property, from which he derives an income of $4,000 per annum, and the probate court appointed Andrew D. Haslitt as his guardian. Application for the discharge of the guardian has been made several times, and each time it was denied.

It was said yesterday that Judge Bazille's decision would be carried to the district court on appeal.

MR. COOLEY APPEALS—Frank D. Cooley, who has made several attempts to be restored to his capacity, has appealed to the district court from the recent decision of the probate court denying his petition. The petitioner was declared incompetent in the probate court June 20, 1900. Andrew D. Haslett was appointed guardian.

WANTS TO BE HIS OWN BOSS—Frank D. Cooley is again attempting to have the district court restore him to capacity. His case occupied the attention of Judge Bunn yesterday and will be taken up again Friday. Cooley has an income of nearly $5,000 a year, and asks to have his guardian, Andrew D. Haslett, removed and to have charge of his own affairs. Haslett was appointed guardian by the probate court in 1899.

GETS RID OF GUARDIAN.

Frank D. Cooley Is Restored to Competency by Court.

Frank D. Cooley, who has been striving for two years to get rid of the guardian who was appointed by the probate court to care for his property, was yesterday restored to competency by Judge Bunn of the district court. The officers of the probate court were instructed to order a final accounting of Cooley's guardian, A. D. Haslett, and discharge him as soon as possible.

Personal and [illegible] of Frank D. Cooley

BE EXAMINED TO-DAY.

June 20 1900

Frank Cooley Will Be Taken Before Probate Court.

Frank Cooley, whose estate has been in the courts for many years, is to be sent before the probate court again to determine whether he is sane. He was taken in charge yesterday by Sheriff Wagener, after he had been fined $10 in the municipal court for drunkenness, and is now awaiting a hearing.

Cooley has been in the Rochester hospital, but owing to his good behavior and his apparent recovery from his eccentricities, he was discharged a short time ago. Since then he has made his home in the Arlington hotel at Seven corners.

ADMISSION, CONTINUED.

CHARACTERISTICS.

HEIGHT, 5ft 7" 135 lbs. NUTRITION, fair; well muscled -
WOUNDS OR ABNORMALITIES, See "S. K." on next page -
TONGUE, Tremors, not marked Coatings, heavy yellow - Promptness Movement, fairly prompt
PUPILS, Equality, left a slightly larger Size, Contracted irregular
Response Light, somewhat sluggish Accommodation, somewhat sluggish -
SIGHT, seems impaired
HEARING, seems good
COORDINAT... finger to nose, eyes shut, good. Heel to good
Standing, depot good; Stand, eyes shut, sways very slightly - during
TREMORS, Tongue, none
General, none
REFLEXES, EXAM. URINE,
Other - Treatment -
ARTICULA...
Slurred,
Hesitating, Shower-baths; Central galvanization; Mild hypnotics; Sup. bromides in fair fixed doses. -
FACIAL E...
SENSIBILI...
HEART, Normal
LUNGS, Normal
OPHTHALM...
HABITS, Di... Clean, Careless,
BOWELS, N... Constipated, Irregular,
APPETITE, Medium, Poor,
SLEEP, Goo... 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 delicate + nervous
Father or Pat. Relations, States father a hard drinker
Brothers or Sisters, Sister died at 22 years of age of "brain fever" -

...tees Act While the Probate ...
St Paul Globe
...UARY 25, 1901.

HIS RICHES OF NO AVAIL

FRANK D. COOLEY IS AGAIN COMMITTED TO A SANITARIUM

HEIR OF WEALTHY RELATIVES

Is Sent to Wauwatosa to Await the Cure of Neurotic Maladies—by Medicine or Death.

In compliance with an order issued by Probate Judge Bazille, Sheriff Phil C. Justus yesterday conveyed Frank D. Cooley to a private insane asylum at Wauwatosa, Wis., to remain until fully cured or death eases his sufferings.

There is a touch of the romantic in Cooley's case, he having lately inherited from his father and an aunt in Pennsylvania two large estates. In 1894 his reason becoming defective, he was sent to a private asylum, and, receiving no relief, permission was secured to have him taken to the insane hospital at Rochester. Cooley realized his condition, and, becoming imbued with the idea that he was cured, made a number of attempts to secure his release, which was finally successful in 1896. At that time his guardian, Maj. Espy, resigned, and Stephen J. Picha was appointed.

After his release Cooley was supplied with attendants who carefully guarded him, but of late his condition has become so bad that it was deemed best to place him in a sanitarium.

...longer insane and recommended his discharge.

The first that the court or the opposing parties knew of this move was when the court yesterday received a formal notice from the hospital authorities that the discharge was entered May 17.

Mr. Picha says that he is convinced that within a very short time Mr. Cooley will so far have recovered from his years of imprisonment that he will be fully able to take care of his own property.

...onal and Medical History of Frank D. [illegible]

No. for Year, 204

Insane Relatives, Yes; Mother

Cause Exciting,

Cause Predisposing,

Form, melancholia

Accompanying Bodily Disorder,

Suicidal or Not, no

Date of this Attack, Feb

Duration, several

No. of Attack, 1st

Age,

Civil Condition,

Children,

Age Youngest Child,

Occupation, Has none

Degree Education, probably

Profession Religion, Not a Church

Habits, Dipsomania

Nativity, St. Paul, Minn

Physicians Committing, C. Eugene Riggs

Correspondents, Maj. John Espy

(Guardian) 133 East

of Admissions, 1st

First Attack, (?)

of Leaving, March

in Hospital, 4 yrs.

lt, Discharged

Unimproved

Eccly Dr. Nervog 2/19/95

EXA...ADMISSION ...ERISTICS.

...IONAL STATE:

...mal, Calm,

...fferent,

...lted,

...ressed, Yes

...SIONS:

...ematized or Not, Yes

...ial Subjects, of a Re...

...sitory or Not,

...UCINATIONS: of hea...

...IONS:

...ERSATION:

...ent or Incoherent, fa...

...Voluble or Reticent, fa...

MENTAL ACTIVITY:

Clear or ~~Confused~~, Seems c...

Quick or ~~Sluggish~~, fairly

MEMORY:

Past Events, } not first-ra...

Recent Events, }

Special Subjects,

PERCEPTIVITY:

Alert or Dull, fairly alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, good, not distu...

Own Mental State, not good

Special Subjects, acts delusions not ...

GENERAL DESCRIPTIVE REMARKS:

States that he has been a "hard-drinker," but close questioning fails to bring out any history of ... He was in Sanitorium at Huston, Tex, 4 months, during Summer of '93 & again 4 months, in Spring of '94. Was, after that, in Florida, with an attendant. Has been under Guardianship for some time past. He has, now, various hypochondriacal delusions, as "that his tongue has become, in some manner, dislocated", "that one of his vertebrae is missing &c" - Suffers from numerous neuralgic & indefinite pains & aches -

PRODUCE AND FRUIT

THE ST. PAUL

MONEY, BUT NO SENSE.

Frank D. Cooley Is Returned to Insane Hospital.

Frank D. Cooley yesterday was taken to the insane hospital at Wauwatosa, Wis., by order of Judge Bazille. Cooley was adjudged insane in 1893, shortly after having inherited a large estate. He was kept at a private hospital until 1895, when he was sent to Rochester. In May, 1899, Stephen J. Picha was appointed his guardian, and he has since been taken care of by private attendants.

F. D. COOLEY'S APPEAL.

F. D. COOLEY'S APPEAL—The appeal of Frank D. Cooley from the decree of the probate court refusing to restore him to capacity was before Judge Jaggard yesterday in the district court. Cooley has been treated at the Rochester hospital and at private institutions for the cure of a nervous disorder, but for some time he has enjoyed his personal liberty. Mr. Cooley has an income of over $3,000 on an investment of $35,000 under the will of Ella E. Rutter. The hearing was not finished.

F. D. COOLEY'S CASE—Judge Jaggard in the district court yesterday took under advisement the appeal of Frank D. Cooley from the decree of the probate court refusing to restore him to capacity.

COOLEY GUARDIANSHIP.

Guardian's Account and Application for Restoration of Capacity.

Andrew D. Haslitt, who was appointed guardian of Frank D. Cooley, his nephew, about two years ago, yesterday submitted his account to Judge Bazille of the probate court, and at the same time Mr. Cooley made application to be restored to capacity.

The appointment of the guardian was made on the finding by the court that Mr. Cooley was unable to take care of his property, which he inherited from his grandmother and which yields an income of $4,000 per year. The application for restoration of capacity is opposed by the guardian. Judge Bazille will give a hearing Wednesday, both upon the application and on the guardian's report.

COOLEY MAY APPEAL.

Judge Bazille Denies His Application to Be Restored to Capacity.

Probate Judge Bazille yesterday denied the application of Frank D. Cooley to be restored to capacity.

Cooley was found to be incompetent two years ago to care for his property, from which he derives an income of $4,000 per annum, and the probate court appointed Andrew D. Haslitt as his guardian. Application for the discharge of the guardian has been made several times, and each time it was denied.

It was said yesterday that Judge Bazille's decision would be carried to the district court on appeal.

...Probate ...for an ...ication.

...of Cooley is no longer an inmate of the Rochester insane hospital. ...esday the board of trustees of the ...pital, on the recommendation of the ...superintendent, discharged him from the ...stitution. Thus is the sudden end of a hard ...ght.

Mr. Cooley was committed to the insane hospital Feb. 18, 1895, after examination in the Ramsey county probate court. Some months before that he had been committed to the hospital as an inebriate. The movement to secure his release began some months ago, when Stephen J. Picha, now chief deputy United States marshal, and Herchmer Johnston, his attorney, applied to the probate court for Mr. Cooley's restoration to capacity.

Mr. Cooley is the heir to a large amount of property. When his father died seven or eight years ago, he left $15,000 in cash and securities, although he and his son had for years lived in a hovel way out on West Seventh street and were supposed to be very poor. Soon after an aunt in Pennsylvania died and left to Frank D. Cooley about $90,000, which is in the hands of a trustee.

Maj. John Espy was appointed administrator of the elder Cooley's estate and after Frank Cooley was declared unable to look after his own property Maj. Espy was made his guardian. For several years before Mr. Cooley was sent to the insane hospital he was kept in the custody of an attendant, who followed him continually and never allowed him to have a cent of money himself. The expenses of the guardianship were therefore very heavy.

The first step in the move for his release from the insane hospital was to ask the removal of Maj. Espy as guardian. As soon as the petition was made Maj. Espy resigned, and Mr. Picha was appointed. The next step was to go over the accounts rendered by the former guardian.

During this time it was announced that all this was merely preliminary to asking for a rehearing on the insanity proceedings. But the proceedings for the rehearing did not come up. They were put off again and again until Judge Bazille, of the probate court, notified Mr. Johnston that something must be done at once. This was several days ago. Mr. Johnston promised that the matter should come up next week.

So those that were opposing the restoration of Mr. Cooley to capacity rested easy. Nothing could be done in the matter without their being notified of the order of the court. Every one that took an interest in the case thought that the matter had been practically dropped.

Yesterday came the information that the board of trustees of the hospital had discharged Mr. Cooley as cured. While those that opposed his release had been waiting for the proceedings in court, Mr. Cooley's friends had taken the matter before the trustees and had secured the discharge. This was very simple, as Dr. Kilbourne, the superintendent of the hospital, was convinced that Mr. Cooley was no longer insane and recommended his discharge.

The first that the court or the opposing parties knew of this move was when the court yesterday received a formal notice from the hospital authorities that the discharge was entered May 17.

Mr Picha says that he is convinced that within a very short time Mr. Cooley will so far have recovered from his years of imprisonment that he will be fully able to take care of his own property.

MR. COOLEY APPEALS—Frank D. Cooley, who has made several attempts to be restored to his capacity, has appealed to the district court from the recent decision of the probate court denying his petition. The petitioner was declared incompetent in the probate court June 20, 1900. Andrew D. Haslett was appointed guardian.

WANTS TO BE HIS OWN BOSS—Frank D. Cooley is again attempting to have the district court restore him to capacity. His case occupied the attention of Judge Bunn yesterday and will be taken up again Friday. Cooley has an income of nearly $5,000 a year, and asks to have his guardian, Andrew D. Haslett, removed and to have charge of his own affairs. Haslett was appointed guardian by the probate court in 1899.

GETS RID OF GUARDIAN.

Frank D. Cooley Is Restored to Competency by Court.

Frank D. Cooley, who has been striving for two years to get rid of the guardian who was appointed by the probate court to care for his property, was yesterday restored to competency by Judge Bunn of the district court. The officers of the probate court were instructed to order a final accounting of Cooley's guardian, A. D. Haslett, and discharge him as soon as possible.

FRENCH SHOT.

Domestic Trouble Prompts a Woman to Violence.

Gideon Bay, a fireman on the Milwaukee road, a Swede and perhaps a trifle worse for wear, was shot at about 7 o'clock last night by his wife, a woman who claims to be a Frenchwoman. The shooting was done by the latter in the kitchen of their home on Western avenue, between Thirty-fifth and Thirty-sixth streets. The bullet entered the left lung. Domestic trouble is said to be the cause.

Personal and Medical ... of Frank D. Cooley

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7" WEIGHT, 135 lbs. NUTRITION, fair; well muscled -

WOUNDS OR ABNORMALITIES, See "S.K." on next page -

TONGUE, Tremors, not marked Coatings, heavy yellow - Promptness Movement, fairly prompt

PUPILS, Equality, left & slightly larger Size, Contracted & irregular

Response Light, somewhat sluggish Accommodation, somewhat sluggish -

SIGHT, seems impaired

HEARING, seems good

COORDINATION, Arms, not impaired; finger to nose, eyes shut, good. finger to nose good

Legs, fairly good; Standing, feet good; Standing, eyes shut, sways very slightly - turning

TREMORS, Hands, slight Tongue, none

Facial Muscles, none General, none

REFLEXES, Patellar, Equal - 8 - 9 - ~~EXAM. URINE~~,

Other

ARTICULATION,

Slurred,

Hesitating, voice low

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds are good

LUNGS, murmur good

OPHTHALMOSCOPIC EXAM.,

- Treatment -

Shaver - baths; Central galvanization; mild hypnotics; Nux vomica in fair sized doses. -

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, Mother delicate & nervous

Father or Pat. Relations, States father a hard drinker

Brothers or Sisters, Sister died at 22 years of age of "brain fever" -

Personal and Medical History of Frank D. Cooley

LOBERT, FISCH & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4005.

Residence, St Paul, Minn.

Date Admission, 18th February 1895.

Admitted by, D. Linton - Phelps Hour, 7 PM

How Sent, G. Wilbuch, Jof P. Ramsey County

Sex, Male —

Age, 36 years

Civil Condition, single

Children, — none —

Age Youngest Child,

Occupation, Has none.

Degree Education, probably good

Profession Religion, Not a church member

Habits, "Dipsomania" —

Nativity, St. Paul, Minnesota

Physicians Committing, C. Eugene Riggs & Arthur Sweeney

Correspondents, Maj. John Espy
(Guardian) 133 East 5th Street

No. for Year, 2014

Insane Relatives, Yes; Mother & sister Committed Suicide

Cause Exciting, Alcoholism

Cause Predisposing, Heredity

Form, Melancholia Chronic

Accompanying Bodily Disorder, None

Suicidal or Not, Not.

Date of this Attack, Several years ago

Duration, Several years.

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, (illegible)

Time of Leaving, (illegible)

Time in Hospital, 4 yrs.

Result, Discharged Unimproved

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Dr. Herzog 2/9/95

MENTAL ACTIVITY:

Clear or ~~Confused~~, Seems clear

Quick or ~~Sluggish~~, fairly

MEMORY:

Past Events, } Not first-rate

Recent Events, }

Special Subjects,

PERCEPTIVITY:

Alert or Dull, fairly alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, good, not sustained

Own Mental State, not good.

Special Subjects, acts delusions noted, not good

EMOTIONAL STATE:

~~Normal~~, ~~Calm~~,

~~Indifferent~~,

Exalted,

Depressed, Yes

DELUSIONS:

Systematized or Not, unsystematized

Special Subjects, of Physical ailments

Transitory or Not, fixed

HALLUCINATIONS: of hearing & Common Sensation

ILLUSIONS:

CONVERSATION:

Coherent or ~~Incoherent~~, fairly

Voluble or ~~Reticent~~, fairly

GENERAL DESCRIPTIVE REMARKS:

States that he has been a "hard-drinker," but close questioning fails to bring out any history of hard "sprees" of late. Was in Sanitorium at Houston, Tex., 4 months, during summer of '93 & again 4 months, in Spring of '94. Was, after that, in Florida, with an attendant. Has been under Guardianship for some time past. He has, now, various hypochondriacal delusions, as "that his larynx has become, in some manner, dislocated", "that one of his vertebrae is missing &c" - Suffers from numerous neuralgic & indefinite pains & aches -

DEALER IN GRAIN
STOCKS AND PROVISIONS
Our little Book of Information will teach you how to speculate in grain. It will keep you posted on the daily prices of wheat. All Private Wires. Correspondence solicited. Commission 1/8 of one per cent. Both publications Free. Telephone—Main 1586.
Foreign Bank Statements.
The following is the statement of the Bank of France, showing the condition of the Bank in circulation decreased 75,000f, 33,725,000; treasury accounts increased 1,400,000 francs; gold increased 7,400,000 francs; bills discounted decreased

COOLEY GUARDIANSHIP.

Guardian's Account and Application for Restoration of Capacity.

Andrew D. Haslitt, who was appointed guardian of Frank D. Cooley, his nephew, about two years ago, yesterday submitted his account to Judge Bazille of the probate court, and at the same time Mr. Cooley made application to be restored to capacity.

The appointment of the guardian was made on the finding by the court that Mr. Cooley was unable to take care of his property, which he inherited from his grandmother and which yields an income of $4,000 per year. The application for restoration of capacity is opposed by the guardian. Judge Bazille will give a hearing Wednesday, both upon the application and on the guardian's report.

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It was said yesterday that Judge Bazille's decision would be carried to the district court on appeal.

Personal and ... of Frank D. Cooley

... ADMISSION, CONTINUED.

... CHARACTERISTICS.

HEIGHT, 5ft 7" ... 135 lbs. NUTRITION, fair; well muscled -

WOUNDS OR ABNORMALITIES, See "S. K." on next page -

TONGUE, Tremors, not marked Coatings, heavy yellow - Promptness Movement, fairly prompt

PUPILS, Equality, left & slightly larger Size, Contracted & irregular

Response Light, somewhat sluggish Accommodation, somewhat sluggish -

SIGHT, seems impaired

HEARING, seems good

COORDINATION, Arms, not impaired; Finger to nose, eyes shut, good. quickly & good

Legs, fairly good; standing a foot good, standing, eyes shut, sways very slightly - turning

TREMORS, Hands, slight Tongue, none

Facial Muscles, none General, none

REFLEXES, Patellar, Equal - 8 - 9 -

Other

ARTICULATION,

Slurred,

Hesitating, voice low

FACIAL EXPRESSION,

SENSIBILITY,

HEART,
Sounds are good

LUNGS,
Murmur good

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean,

BOWELS, Normal, Constipated,

APPETITE, Good, keen & kept Medium,

SLEEP, Good, Poor,

PULSE, Resp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL, OR SU...

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

Mother or Mat. Relations, Mother delicate & nervous

Father or Pat. Relations, State father a hard drinker

Brothers or Sisters, Sister died at 22 years of age of "brain fever" -

TAKEN,

EXAM. URINE.

STATION
INSURGENTS
MAGON ROAD
SANTA MARIA
OREGON
CAT

F. D. COOLEY'S APPEAL—The appeal of Frank D. Cooley from the decree of the probate court refusing to restore him to capacity was before Judge Jaggard yesterday in the district court. Cooley has been treated at the Rochester hospital and at private institutions for the cure of a nervous disorder, but for some time he has enjoyed his personal liberty. Mr. Cooley has an income of over $5,000 on an investment of $88,000 under the will of Zilla E. Rutter. The hearing was not finished.

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WANTS TO BE HIS OWN BOSS—Frank D. Cooley is again attempting to have the district court restore him to capacity. His case occupied the attention of Judge Bunn yesterday and will be taken up again Friday. Cooley has an income of nearly $5,000 a year, and asks to have his guardian, Andrew D. Haslett, removed and to have charge of his own affairs. Haslett was appointed guardian by the probate court in 1899.

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... but the mind would give no rest. Late in the night, at every cessation of hostilities, a semi-conscious condition would come on, except to those who were ordered on the watch, but the first shot aroused the sleeper to the keenest

BE EXAMINED TO-DAY.

Frank Cooley Will Be Taken Before Probate Court.

Frank Cooley, whose estate has been in the courts for many years, is to be sent before the probate court again to determine whether he is sane. He was taken in charge yesterday by Sheriff Wagener, after he had been fined $10 in the municipal court for drunkenness, and is now awaiting a hearing.

Cooley has been in the Rochester hospital, but owing to his good behavior and his apparent recovery from his eccentricities, he was discharged a short time ago. Since then he has made his home in the Arlington hotel at Seven corners.

Personal and Medical History of Frank D. Cooley

LIBBEY, FISLER & GUMBERG, DAVENPORT, IOWA.

Whole No. 4005.

Residence, St. Paul, Minn.

Date Admission, 18th February 1895.

Admitted by, D. Linton - Phelps Hour, 7 PM

How Sent, G. Wilbuck, Jof P. Ramsey County

Sex, Male —

Age, 36 years

Civil Condition, Single

Children, — none —

Age Youngest Child, —

Occupation, Has none.

Degree Education, probably good

Profession Religion, not a church member

Habits, "Dipsomania"

Nativity, St. Paul, Minnesota

Physicians Committing, C. Eugene Riggs & Arthur Sweeny

Correspondents, Maj. John Espy

(Guardian) 133 East 5th Street

No. for Year, 204

Insane Relatives, Yes; Mother + sister Committed Suicide

Cause Exciting, Alcoholism

Cause Predisposing, Heredity

Form, Melancholia Chronic

Accompanying Bodily Disorder, None

Suicidal or Not, not.

Date of this Attack, Several years

Duration, Several yrs

No. of Attack, 1st

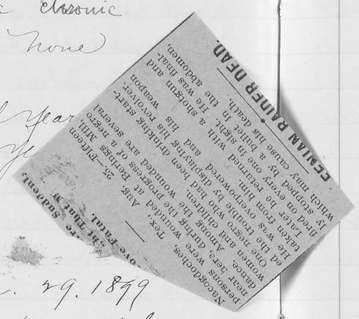
No. of Admissions, 1st

Age First Attack, (?)

Time of Leaving, Mar. 29. 1899

Time in Hospital, 4 yr. 1 m. 11 d.

Result, Discharged May 17/99 Unimproved



EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Dolly Dr. Herzog 7/19/95

MENTAL ACTIVITY:

Clear or ~~Confused~~, Seems clear

Quick or ~~Sluggish~~, fairly

MEMORY:

Past Events, } Not first-rate

Recent Events, }

Special Subjects,

PERCEPTIVITY:

Alert or Dull, fairly alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, good, not sustained

Own Mental State, not good.

Special Subjects, acts delusions noted, not good

EMOTIONAL STATE:

~~Normal~~, ~~Calm~~,

Indifferent,

Exalted,

Depressed, Yes

DELUSIONS:

Systematized or Not, unsystematized

Special Subjects, of Physical ailments

Transitory or Not, Yes

HALLUCINATIONS: of hearing + Common Sensation

ILLUSIONS:

CONVERSATION:

Coherent or ~~Incoherent~~, fairly

Voluble or ~~Reticent~~, fairly

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... ADMISSION, CONTINUED.

... CHARACTERISTICS.

HEIGHT, 5ft 7" 135 lbs. NUTRITION, fair; well muscled -

WOUNDS OR ABNORMALITIES, See "S. K" on next page -

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PUPILS, Equality, left slightly larger Size, Contracted irregular

Response Light, somewhat sluggish Accommodation, somewhat sluggish -

SIGHT, seems impaired

HEARING, seems good

COORDINATION, Arms, not impaired; finger to nose, eyes shut, good. quickly good

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TREMORS, Hands, slight Tongue, none

Facial Muscles, none General, none

REFLEXES, Patellar, Equal - 8 - 9 -

Other

ARTICULATION,

Slurred,

Hesitating, voice low

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

Sounds are good

LUNGS,

Murmur good

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean,

BOWELS, Normal, Constipated,

APPETITE, Good, seems slight Medium,

SLEEP, Good, Poor,

PULSE, Resp.,

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SU...

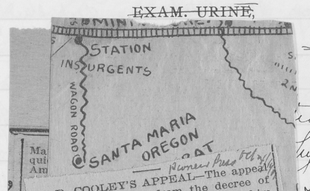
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Personal and Medical History of Frank. D. Cooley

1895

This patient was brought here by Deputy Sheriff M. F. Cates and accompanied by H. S. Miller Court Commissioner, with the following history. He is a Depsomaniac; there is history of heredity; mother & sister Committed Suicide; supposed Cause of attack is Alcoholism; form of the attack is Chronic, with spells of excitement. There is no accompanying bodily disorder. The first symptoms of disease were manifested several years ago. This is the 1st attack. Insanity is now shown Chiefly by insane beliefs. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. If any peculiarities were previously manifested, is not known. There is no history of any severe bodily disease &c or injury to head. No restraint has been used, but he has had an attendant for over a year. He has also been under care of Dr C. E. Riggs for the last year & was, for some time, at Hudson, Wis, prior to coming under Dr. Riggs Care. — .. —

Feb 18 On admission, was put on B (S.R. Complexion dark; hair dark; eyes gray; Condition of skin, good; " 19 no marks, scars or bruises noticed. Bodily condition clean. Behavior good. Restless for 6 hours and slept but 2 hours, last night. AM. Pulse 62. T. 98.8. Appetite medium; bowels Constipated. Restless today; seems to be in a deep study; talks quite freely, when addressed. No complaints or injuries to report. " 20 PM. Pulse 64. T. 99. Feb 20/95. Restless 4 hours, during night & slept only 4 hours. AM. P 60. T. 99. PM " " 98 " 99.6 Has an idea that there is something the matter with his Larynx & the muscles of " 21 Chest and Stomach. Feb 21/95. Again, passed a poor night; restless 4 hours, sleeping only 4 hours. Was transferred to Infirmary Ward today, at 3 PM. Pulse 76. R 20. T. 98.6. Evening, pulse 62. — " 22 Feb 22/95. Slept but 4 hours, last night; was very restless. AM. P 76. R 20. T. 99. 4 P.M. Pulse 80 " 23 R 20. T. 99.6. Appetite varying. He went out walking in PM. Feb 23/95 Slept only 4 hours; was restless 4 hours. AM. Pulse 78. R 22. T. 99. PM. Pulse 78. R 22. T. 99. Appetite is very changeable, he eats very heartily, at one meal & very little at another. Behavior is good. " 24 Feb 24/95. Was restless, all night. AM. Pulse 84. R 20. T. 99; PM Pulse 80. R 22. T. 99.5. " 25 Is very inquisitive; behaves well; out walking, every day. Feby 25/95. Very restless, continually getting out of bed & slept only 2 hours, last night. AM. Pulse 72 R 20. T. 99. PM. P 60 R 20 " 26 T. 99. Patient very restless, during the day; Complains of dullness. Feby 26/95. Was given a sleeping dose at 9 PM. last evening; slept only 3 hours; was restless greater part of night. AM. P 72. R 20. T. 99; PM. P 74. R 20. T. 99; Appetite very good; bowels regular; Complains of " 27 lack of exercise. Feby 27/95. Again, given hypnotic at 10 PM; slept 5 hours; very restless while awake. AM. Pulse 78. R 20 T. 99; PM. Pulse 78. R 20. T. 98.6 very restless & slightly nervous. " 28 Goes out walking, Every day. Feby 28/95. At 9 PM, last Evening, was given Sleeping dose, but slept only 3 hours; was very restless. AM. Pulse 72 R 20 T. 98. 4 PM. P 50. R — T. — Mar 1 Appetite very good; bowels regular. March 1/95 Again, given Sleeping dose at 9 PM. Slept only 4 hours; was restless 4 hours. AM. Pulse 72. PM. Pulse 68. He goes out walking) Every day, walks " 4 inside. Spends Considerable time promenading the hall. Mar 4/95. Is given Sleeping dose, at bed time, each evening, but he does not sleep much; frequently restless; up, in the hall, quite often & sleeping only about 4 hours, nightly; pulse, taken at each of these 3 mornings, has been 72. 78 & 88 & in the Evening 70. 84 & 88, respectively. Appetite has been very good; bowels regular. He goes out for a walk, every day. Summary. Patient has been resting poorly, at night, as detailed above; he has been very well behaved, during past 2 weeks. He, however, rather

Personal and Medical History of Frank. D. Cooley

1895

Summary. curious & inquisitive; prying into matters & things. Talks much of himself & of himself. Appears in very good physical condition; muscles large; well-formed; and developed. Patient has many delusions " 1 generally pertaining to some physical disorder about himself. "Imagines his head is being drawn down over his shoulders" & other similar delusions. — March 8/95. Somewhat restless, at night. Was given a sleeping dose, but slept only 4 hours, last night. Patient is very restless. Receives his usual shower-bath, " 15 Every other day; also goes out walking daily. Mar 15/95. Appetite is very good. Bowels are regular. " 20 Pulse, when taken, has been about normal. Mar 20/95. He appears very restless; continually walking " 31 up & down the hall: always very anxious to go out walking. — March 31/95. Behaves very well, though, at times, very restless. Still has delusions. "Imagines he is physically disproportioned, Apl 8 in almost every way." Health seems good. — Apl 8/95. Wt 142 pds; (Has made gain in flesh). Patient is rather depressed & spiritless; appears to have very little ambition; takes little interest in " 17 his surroundings. Apl 11/95. Baths, as before, Continued every other day. He goes out on grounds, Every day, but complains of lack of exercise. Appetite good; bowels regular. He sleeps fairly well. " 25 Apl 25/95. Visited by Guardian (6 PM). Was very restless all night. — Apl 25/95. Quite depressed, May 3 and melancholy, since visited by Guardian. May 3/95. Wt 145 pds. (Still on the gain, some). " 16 May 8/95. Baths Continued. An attendant, (W.B. Miller), has been provided by Patient's Guardian " 27 to take him out & around daily. May 27/95. Complains of bowels being Costive. Given Seidlitz powder. " 30 May 30/95. Is giving shower baths, every morning. Patient is taken out, every day, by this special attendant & brought back here, in the evening. Seems to be much improved by this exercise. (Special attendant, however, says that patient, at times, gives expression to delusions & hallucinations). June 5 June 5/95. Appetite good; bowels fairly regular; at times, Complains of pain in Stomach. He goes out every day with Special attendant; only upward during night. Sleeps most of day. " 10 June 10/95. Arrangements are being made for patient going out to some of the Lakes with " 12 this Special attendant, for the Summer. June 12/95. Went out today in Charge of Mr. Miller.

Nov 4 Nov 4/95. Special attendant, having formed the opinion that patient was not improving of late, but was returning to his previous Condition, brought patient back this Evening. Was put on T.W.T. " 5 Was quiet & in apparently depressed state of mind. Nov 5/95. Restless 1 hour, but slept 7 hours, last night. Am Pulse 78 R 17 T 98.8. PM Pulse 70 R 18. T. 99.2. Patient will converse upon various subjects & appears most cheerful & pleasant, but, when left alone, will stand in the one " 6 place, in a seemingly stupid Condition, for a considerable length of time. Nov 6/95. Appetite good: bowels regular. Patient goes to the City, each morning returns at night, in " 7 Company with this hired private nurse. Nov 7/95. PM. Pulse 84 R 18 T 98.8. " 11 Nov 11/95. Patient's Condition does not seem to change. Sleeps & sleeps well, at night. " 30 Nov 30/95. No change specially noticeable. Is daily in company of this private nurse. Dec 10 Dec 10/95. Appetite continues good: bowels regular: Sleeps well, each night. Has kept up the practice of going each morning to meet his Special attendant, who take, charge of him during the day & brings him back here, in the evening. Condition remains about " 11 the same, from Day to day. Dec 11/95. Arrangements were made; by which this Special attendant (Mr. W.B. Miller) takes patient out: it being the intention to go back, for the winter.

carried to Transfer Book "A" page 276.

Personal and Medical History of Maurice Moriarty. (Morris Moriarty)

LIBBEY, PUSLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 4007.
Residence, Elmira, Olmsted Co. Minn.
Date Admission, 20th February 1895.
Admitted by, D. Phelps — Hour, 4.30 P.M.
How Sent, Thomas Fraser, Jof P, Olmsted County
Sex, Male.
Age, 59 years
Civil Condition, Married
Children, Three
Age Youngest Child, —
Occupation, Laborer
Degree Education, Probably limited
Profession Religion, Church - member
Habits, Intemperate to some extent.
Nativity, Ireland
Physicians Committing, F. R. Masse and Chas T. Granger
Correspondents, Mrs Mary Moriarty
Troy, Olmsted Co. Minn

No. for Year, 206.
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, probably "La grippe"
Form, Dementia Senilis
Accompanying Bodily Disorder, Bronchitis. (Hernia left side)
Suicidal or Not, not
Date of this Attack, 2 weeks ago
Duration, 2 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 59 Years
Time of Leaving, 7th June 1895.
Time in Hospital, 3 mos — 18 Days
Result, Discharged Recovered: Unimproved

EXAMINATION ON ADMISSION

Exby D. Herzog, March 4th 95. **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:
Clear or Confused, Considerably Confused
Quick or Sluggish, Somewhat Sluggish
MEMORY:
Past Events, } Poor
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct, apparently
REASONING POWER:
Ordinary Subjects, } Incapable of sustained effort.
Own Mental State, }
Special Subjects, }

GENERAL DESCRIPTIVE REMARKS:
Patient is Considerably Demented — Apparently a Senile Case.

EMOTIONAL STATE:
~~Normal, Calm,~~
~~Indifferent,~~
Exalted,
Depressed, Yes
DELUSIONS:
Systematized or Not, unsystematized
Special Subjects, of persecution
Transitory ~~or Not,~~ apparently
HALLUCINATIONS: } None noted
ILLUSIONS: }
CONVERSATION:
~~Coherent~~ or Incoherent, Somewhat
Voluble or ~~Reticent~~, fairly.

Personal and Medical History of Maurice Moriarty

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8in WEIGHT, 147½ lbs. NUTRITION, Considerably impaired
WOUNDS OR ABNORMALITIES, See "S. K." memo page; Varicose veins - Hernia left side,
TONGUE, Tremors, Some Coatings, red, with pasty white Coat Promptness Movement, somewhat slow.
PUPILS, Equality, left smaller Size, Irregular Shape
Response Light, none Accommodation, none
SIGHT, Impaired; has been operated for cataract of both eyes, about 2 years ago
HEARING, Somewhat impaired.
COORDINATION, Arms, Impaired; finger to nose, eyes shut, uncertain.
Legs, Impaired; standing at rest, unable; standing, eyes shut, sways some.
TREMORS, Hands, Some Tongue, Some
Facial Muscles, None General, Considerable
REFLEXES, Patellar, Equal.
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, somewhat rapid; Sounds booming.
LUNGS, Murmur fairly good.

EXAM. URINE,
Treatment
Give bitter Stomachics

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Recent Past

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,

Give to State

Personal and Medical History of *Maurice Moriarty*.

1895

This patient was brought here by policeman, John Parr, with following history. Habits have been intemperate to some extent. There is no history of heredity. Cause of attack is unknown; in form, acute. He is troubled with bronchitis. First symptoms of the disease were manifested 2 weeks ago, by his wandering away from home. This is the 1st attack. Insanity is now shown by incoherency; he wanders about; is unreasonable. Patient is not disposed to injure others, nor suicidal, nor filthy, nor destructive in habits. He had a sore on his leg, 10 years ago; has had cataract removed from both eyes. He has not been restrained or confined. Had treatment for "Grippe" since Christmas 1894.

Feb 20 On admission, was put on B^{2} (S.R. Complexion light; hair gray; eyebrows; Condition of skin good; no marks scars or bruises noted; bodily condition clean; behavior is good). Hernia on left side
" 21 Feb 21/95. Restless 5 hours, sleeping but 2 hours, last night. AM. Pulse 76. R 18. To 99. Appetite is fairly good; bowels constipated. No cough noticed. Walks about hall; does not realize where he is. Talks quite freely; Discontented; "wants to get out + go home, for a Day or so". PM. Pulse 80. R 19. To 98.8. Shows delusions.
" 22 Feby 22/95. Slept poorly, again, last night. AM. Pulse 70. R 18. To 99.2 PM. P 68. R 18. To 99.2 Walks about hall. "Wants to get out"; Cannot see very well. Is weak-minded, and bewildered, at times.
" 23 Feb 23/95. Restless 3 hours, sleeping 5 hours. AM. Pulse 70. Bowels constipated. Given medicine.
" 24 "Thinks he sees his folks, out-doors". Feb 24/95. Sleeping 6 hours, restless 2 hours, last night. AM. P 68. Appetite good; bowels still constipated. Is weak-minded + childish. Feb 25/95. Restless 4 hours,
" 25 sleeping only 4 hours. AM. Pulse 68. Behaves well + is quiet. Walks about hall. Does not realize
" 26 his position; "thinks this is a hotel". Feb 26/95. Slept 5 hours, restless 3 hours last night.
" 27 AM. Pulse 70. Talks freely, but is childish. Otherwise, about same. Feb 27/95. Restless 3 hours, but
" 28 slept 6 hours, last night. AM. Pulse 72. Appetite good; Complains of Constipation. Memory very poor.
Mar 1 Feb 28/95. Passed a fairly Good night. AM. Pulse 76. Still Constipated. Otherwise, no Special Change.
" 6 Mar 1/95. Slept 7 hours, last night. AM. Pulse 68. Wt 138 pds. (Has lost some in flesh, since Coming)
Mar 6/95. Since last noted, patient has been somewhat restless, yet Sleeping 6 to 7 hours, each night.
Appetite good; bowels Constipated, at times. Is quiet + usually well-behaved. Pulse about 72.
Eats about as eats + walks about hall. Is ill-at-ease. Says "he wants to go home for a day or so, and come back here + stay the rest of his days". Talks freely, but weak-minded + childish. Does not yet realize his position; "thinks he is near home" — Given medicine. No improvement to note.
" 13 March 13/95. Visited by neighbors. (acquaintances). March 19/95. Visited by his wife, today.
" 31 March 31/95. Complains, at times, of bowels being constipated: given Epsom Salts. Appetite is good. Eye sight poor. Memory very poor, in some things + fairly good in others. Seems weak-minded.
Apl 1 Apl 1/95. Wt 139 pds. Pulse 70. Apl 30/95. Has frequently Complained of bowels being constipated. Has
" 30 been treated for this by Cascara, Glycerine Suppositories, Castor oil + enemata. Patient very weak-minded — "Does not know where he is, but likes the place". Transferred to 4th East. —
May 1 May 1/95. Wt 136 pds. Pulse 70. May 18/95. His sister + husband, visited him today. —
" 19 May 19/95. Patients' wife visited him, late last night and today. — May 31/95. Wife visited him today.
" 31 Behavior is quiet + cheerful: walks about ward, considerably; constantly Complaining of his bowels; "they don't move". (Att^{t} remarks that his Complaint is imaginary). He talks freely + easily + for most part, rationally. Is cleanly in his habits. Appears to be in good bodily health.
June 1 June 1/95. Wt 134 pds. P 76. June 7/95. No change of specially noticeable. Went home with Dad this forenoon

Discharged.

Personal and Medical History of *Cornelius Coleman*

From 84

1895

Oct 1 Oct 1/95. Wt 179 pds. Pulse 78. Oct 31/95. Always quiet + well-behaved. Talks freely + rationally: no
" 31 Delusions noticed: Makes no complaints: is a good + willing worker on hall. Very neat about his bed + room. In good physical Condition. Of late, has been talking about wanting to go home.
Nov 1 Nov 1/95. Wt 160½ pds. Pulse 72. Dec 1/95. Wt 178 pds. P 76. Dec 31/95. No special change + above
Dec 1 1896 general note, still hold a good Complaint of nervousness, at times. Is on medicine. Health seems good.
Jany 31 Jan 1/96. Wt 178½ pds. Pulse 80. Jan 1/96. Transferred to B^{2} (on account of general change of Wards).
Jan 31/96. Patient has been very obstinate, cranky + mean of late. "Wants to go home". Says "Lucille Cooke, if D^{r} will not let him go": has quit working around: will not even make up his bed. He talks freely + rationally: no delusions noticed. Appetite good: bowels regular. Is on tonic. Habits are neat. —
Feb 1 Feb 1/96 Wt 178 pds. Pulse 70. Mar 2/96 Wt 179 pds: pulse 74. Apl 1/96. Wt 179 pds. P 72.
Mar 2 April 30/96. Patient appears to be all right, mentally, though somewhat scanty. Physical
Apl 1/ health is good. He talks freely + rationally: no delusions noticed. Hair some: Hays gauze +
" 30 Habits neat + clean. Works some on ward. Talks a great deal about wanting to go home. —
May 1/ May 1/96. Wt 176 pds. Pulse 80. May 5/96. Is about as last reported: no delusions apparent.
" 5 Was allowed to go home, this morning.

Discharged

F. W. Krekow

1900 From 272.

Feby 1 Wt 165th P 76. July 17. Vaccinated. July 31. Until about June 22, patient was apparently well
July 31 physically: well-behaved: talked quite rationally + worked in dining-hall. Then became Confused, talking irrationally, pulling out beard + hair. On June 24 was transferred to C. Has since been troublesome and destructive: sleeps poorly. Is a continual maniacal condition. —
Aug 3/ Wt 146th — Aug 3. Visited by friend — Aug 8. Transferred to B^{1}. Aug 23. Transferred to T.W. —
23 Large Carbuncle on thigh: same lanced + dressed: is Constipated + given Salts. Sept. Very
Sept 1/ restless + destructive: noisy + filthy in his habits. Sept 16. Up on ward: boil is healed. Sept 17
28 Transferred to B^{1}. Sept 28. To T.W: very restless, destructive + sleeps but little: physical
Oct 31 Condition much emaciated: Carbuncle on left leg: Oct 31. Transferred to B^{1}. physical
" Condition somewhat improved: is still very restless + maniacal. Oct 31. Struck a forehead
Nov 1 with shoe, by another patient, cutting scalp: Transferred to T.W. — Nov 1. Wt 118^{lbs}. —
5 Continues extremely restless, destructive + filthy: is on Sta diet. Nov 5. In restraint sheet
6/ — Do — Nov 21 — Dec 7. In protection sheet, a portion of each day: is very destructive.
20 Is on extra diet + whisky — Dec 5/96 01. Up on ward: Continues very noisy: restless
Dec 7 + destructive: Constipated: given Cathartics frequently. Dec 31/01. No improvement to note.
Jan 5 31 Physical Condition poor: is constantly moving about: noisy + destructive: habits filthy.
Feby 1 Wt 131st Mar 1. Has been in poor physical health during the month: is extremely restless: incurable
Mar 1 diarrhoea present: on medicine: gastric lavage for a time. Apl 1. Condition about same: given Salts
Apl 1 daily: is filthy. May 31. 125th. June 14. Still little change: very noisy + restless: sleeps little:
June 1 habits are filthy. Appetite good. To B^{1}. July 1. Wt 126th. July 7. To T.W. Carbuncle on left leg —
Aug 22 To B^{1}. Little change mentally. Still very noisy + restless: kept in straight-suit. Is filthy: has
Sept 16 frequent trouble with patients. Sept. 131th. Sep 16. Has hematoma, right ear. Oct 26. Transferred to T.W.

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Personal and Medical History of Edward M. Boelter.

LEIGHT, FISLAR & McANDREW, DAVENPORT, IOWA.

Whole No. 4011.
Residence, Rochester, Olmsted County, Minn
Date Admission, 28th February 1895.
Admitted by, Dr. Kilbourne Hour, 4 P.M.
How Sent, Henry C. Britter, Cl. Commr. Olmsted County
Sex, Male.
Age, 29 years
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Cigar-manufacturer
Degree Education, Probably 4 years
Profession Religion, Yes: German Lutheran
Habits, Good
Nativity, Milwaukee, Wisconsin
Physicians Committing, A.W. Stinchfield & Chas. T. Gaylord
Correspondents, A. Boelter, Rochester, Minn

No. for Year, 210.
Insane Relatives, Mother; no hereditary history —
Cause Exciting, Epilepsy
Cause Predisposing, " chronic
Form, Dementia epileptic
Accompanying Bodily Disorder, Epilepsy
Suicidal or Not, not.
Date of this Attack, 15 Years ago
Duration, 15 years (at intervals).
No. of Attack, not 1st.
No. of Admissions, 1st.
Age First Attack, about 14.
Time of Leaving, June 27 - 1896
Time in Hospital, 3 mo 27 da.
Result, Improved. Discharged Nov. 10 '96.

Ex'd by Dr. Herzog, Feb 27/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Fairly Clear
Quick or Sluggish, somewhat Sluggish
MEMORY:
Past Events, } Fairly Good
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct, in the Main
REASONING POWER:
Ordinary Subjects, } Fairly accurate;
Own Mental State, } but slow.
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm~~,
~~Indifferent~~,
~~Exalted~~, Exalted Slightly
Depressed,
DELUSIONS:
Systematized or Not, } None noted
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS: } non noted
ILLUSIONS: }
CONVERSATION:
Coherent or Incoherent, Incoherent slightly
Voluble or Reticent, Voluble

GENERAL DESCRIPTIVE REMARKS:
Has had epileptic attacks since 21. States that formerly had hard attacks, but now, slight attacks resembling "petit-mal" about one or twice, daily. Is "cranky" and obstinate & confesses to bad behavior at home. Has made threats of violence & refused to obey.

Personal and Medical History of Edward M. Boelter.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 7 1/2 WEIGHT, 128 pounds. NUTRITION, Poor; narrow-Chested.
WOUNDS OR ABNORMALITIES, See "S. R." on next page
TONGUE, Tremors, Some Coatings, slight white, over Dorsum Promptness Movement, Fairly
PUPILS, Equality, Yes Size, Dilated
Response Light, somewhat sluggish Accommodation, somewhat sluggish.
SIGHT, Impaired; myopic.
HEARING, Good.
COORDINATION, Arms, fairly good; finger to nose, eyes shut, slight uncertainty:
Legs, Some impairment; standing on foot, unable; standing, eyes shut, sways some.
TREMORS, Hands, Some Tongue, None
Facial Muscles, none General, none
REFLEXES, Patellar, (Not taken)
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, somewhat stupid; sloping forehead
SENSIBILITY,
HEART, Sounds are good
LUNGS, nothing definite; & pneumonia not good.
OPHTHALMOSCOPIC EXAM.,

TAKEN,

~~EXAM.~~ URINE,

Treatment

Give nothing until after further observation

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

Kept Record

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

Personal and Medical History of Edward M. Boelter.

1895

This patient was brought here by Marshal Kalb, with the following history. Habits & morals have been good. There is no Hereditary history. Supposed cause of this attack is Epilepsy; form of attack is chronic & paroxysmal. First symptoms of disease were manifested 15 years ago, by Epileptic attacks. and these have occurred, at intervals, for 15 years. Insanity now shown by general mental failure; he is also abusive to family. He disposed to injure others, but is not suicidal, nor filthy, nor destructive, in his habits. He has not been restrained or confined: has been under medical treatment and was free from trouble for 7 years, at one time. — — — — — — — — — —

Feb 26 On admission, was put on B² (S.R. Complexion light; hair dark; eyes gray; Condition of skin good. Two scars on left leg, (probably pimple - worms); no eruptions noticed. Bodily condition clean. no peculiarities noticed. Is very cranky) 6³⁵ PM. Had trouble with patient in dining room. He wanted more butter & said he was going to stay in there & also would keep knife, until he got it. knife had to be taken from him by force. He is cranky & obstinate - Says "he was given to understand he could do just as he pleased out here & that he would not be classified as an insane person". " 27 Feb 27/95. Restless 7 hours. Sleeping but 1 hour, last night. HM. Pulse 98. Tongue refused. Appetite good; bowels constipated; (was given medicine): Is quietly behaved, but cranky; Talks freely. BM P 95. " 28 Feb 28/95. Restless 2 hours, but slept 6 hours. HM. Pulse 92. Appetite good. Behavior good; talks freely. Had one convulsion, today. March 1/95. Had a convulsion, during the night. Slept 6 hours, restless 2 hours. HM. Pulse 90. Had a convulsion, today. Is cranky; says "he is not crazy" and thinks he can do as he pleases. Very fastidious "in his position". Mar 2/95. More restful, slept 7 hours, last night. HM. Pulse 90. Appetite good. 2 convulsions, today. Behavior about as usual. " 3 Visited by mother, today. Mar 3/95. Restless 3 hours, sleeping 5 hours, last night. HM. Pulse 92. — Had 2 convulsions, today. Reads some. very particular; "don't want to be classed as an insane man". " 4 Mar 4/95. Slept 7 hours; HM. Pulse 94: one convulsion, today; appetite good. Makes no special " 5 complaints. Goes out walking. Mar 5/95. Rested well & slept 7 hours. HM. Pulse 90. Had 1 convulsion, " 12 today. Behavior fairly good; talks freely. Mar 12/95. During the early part of this last week, Patient retired poorly, at night; but during past 3 nights he had been more restful, sleeping about 6 hours, on each. Pulse taken each morning, has been about 90. Behavior has been quite good, though still inclined to be cranky & fastidious. Sits about, most of the time; reads some; talks but little, unless addressed. Appetite good; bowels regular; 5 convulsions (by day) reported. Makes no complaints. Goes out walking) quite regularly, but does no work. Summary; has been obstinate, wilful & cranky; thinks he ought not to be classed with insane persons; like most epileptics, he is overbearing and domineering. Convulsions (as reported above) have been quite frequent; 1 or 2 have been very severe. Is quiet, as a rule, talks quite freely when addressed. Physical condition about same as on admission. " 19/21 March 19/95. Visited by mother. March 31/95. 10 convulsions by day, and 2 by night, reported for month. Apl 1/30 Appetite good; bowels regular. Behavior good. Reads some. Clean in habits. Goes walking. Is work; has gained in flesh. Is now receiving medicine. Apl 1/95. Wt 138 lbs. Pulse 90. Apl 30/95. 5 convulsions, by day, reported for the month. Patient is of rather a cranky disposition. Talks some, reads. Does no work. May 1 appetite ravenous. Clean & tidy. Goes out walking daily. Takes bromides. May 1/95. Wt 142½ lbs. P 66 " 31 May 31/95. Fits still occur: 8 taking place by day and 4, by night, during this month. Some of them, very severe. He sits about: behavior fairly good: is rather stupid & dull,

Personal and Medical History of Edward M. Boelter

1895

June 1 an account of these convulsions. Works in dining-room. June 1/95. Wt 146 lbs. Pulse 88. — " 7/30 June 7/95. Visited by mother. June 30/95. 7 Nocturnal convulsions, and 15, by day, reported for the month. Bowels constipated, at times & he sometimes wets bed. He behaves well. Clean & tidy: works on ward. Takes bromide mixture. Mentally, no change to note. Health seems good.

July 1/31 July 1/95. Wt 152 lbs: (gaining in flesh, the past few months). Pulse 84. July 31/95. 8 fits, by day & 1, by night, noted for month — Behavior fairly good, tho' he is cranky sometimes. Works on ward. Was visited by mother & sister on 17th & by mother, again, on 30th inst. Is clean and tidy. —

Aug 1/31 Aug 1/95. Wt 145 lbs. P 96. Aug 4/95. A fit last night. Aug 11/95. 2 fits, today. Aug 17/95. 1 fit, today. " 31 Aug 31/95. Generally contented & cheerful, tho' at times, somewhat cranky. Complained, lately, of constipation & was given medicine. Otherwise, no change noted. Sept 1/30 Sept 1/95. Wt 138 lbs. P 96. Sept 30/95. 8 fits are reported for the month, by day. Patient's condition does not change any. He behaves well: works in dining-room & on ward. Goes walking. Habits not very neat. Oct 1/95. Wt 148 lbs. Pulse 88. Oct 1 " 31 (has made a marked increase in flesh, in the past month). Oct 31/95. No special change is noted. 3 fits, by day, reported, during month. Quiet: makes no complaints. Work: is at medicine.

Nov 2 Nov 2/95. Wt 136 lbs: (has lost considerably in flesh, during past month: no cause officially known). Pulse & " 30 Nov 30/95. No special change noted. Fifteen fits by day and one, by night, have been reported for the month —

Dec 1/23 Dec 2/95. Wt 137 lbs. Pulse 86. Dec 23/95. Visited by mother. Dec 31/95. Patient is, at times, cranky and stubborn, but is generally well-behaved. Frequently Complains: 2 fits by day all reported, this month;

1896 Jan 2/29 Jan 2/96. Wt 133 lbs. Pulse 88. Jan 21/96. Transferred to B³: (no account of general change of wards) " 29 Jan 29/96. Visited by mother: Was cranky & troublesome: had a "spell" & was carried to the ward: " 30 Was troublesome & stubborn all night. Jan 30/96. Sullen & stubborn all day. Today. — " 31 Jan 31/96. Patient sleeps well. Appetite good: bowels in good condition. Still subject to fits (had 13 by day and 3 by night, during the month); Continues cranky & stubborn, at times. Works in dining-room.

Feb 1/29 Feb 1/96. Wt 133 lbs. Pulse 76. Complained of dizziness: was given salts, 11 Z at bed-time. Feb 9/96. Patient quite cranky generally: is, at times, violent. When he is very troublesome or cranky, he will apologize to nurses and say, "he could not help it", after he has cooled off. Is much worse of late, than he has been previously; " 29 apparently, growing stupid. Feb 29/96. No change specially noticeable: 18 fits by day and 2 fits, by night, March 1/31 reported for the month. March 1/96. Gave him 2 pills (7²⁰ PM). Mar 25/96. Complained of severe headache this am " 31 (Given 2 powders 10²⁰ & 11²⁰ am) - March 31/96. 21 Convulsions by day and 3 by night reported for month. Otherwise, Condition remains about as usual. Apl 1/96. Wt 138 lbs. P 90. Apl 30/96. No change apparent in Apl 1/30 patient, during month. He has had 31 fits by day, during the month. May 1/96. Wt 140 lbs. P 88. May 1 " 27 May 27/96. Has had a good many convulsions, of late. Complains of dizziness in head & sickness at stomach: bowels in fairly good condition. 9 PM. Given Seidlitz powder: bowels moved several " 28/31 times during night. May 28/96. Am. that complains of head aching. May 31/96. No change generally noticeable. Has had 18 fits by day & 1 by night, during month. Is cranky & stubborn

June 1/4 June 1/96. Wt 138 lbs. P 84 - Appetite very good: (Patient eats too much): still cranky and stubborn: having frequent quarrels with other patients. Bowels in good condition. Habits neat & clean " 5 June 5/96. Struck James Rice on head, with a hair brush, causing an abrasion of the skin, Several inches in length. Complains of headache & dullness. Is slightly stupid. Appetite very " 14 hearty: he eats too much. Bowels regular. June 14/96. 17 fits by night & 40, by day, reported this month: (has " 21 had as many as 7, in one day). June 21/96. no convulsions noted for a week, which is an exceptionally " 22 long time for him & so on. June 22/96. Went home with mother. Discharged

Personal and Medical History of Halbert C. Aspaas.

LEGGET, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4012.
Residence, Town of Minneota Minn.
Date Admission, 26th February 1895.
Admitted by, D. Phelps Hour, 7 P.M.
How Sent, Axel Haller, Jo. P. Goodhue County
Sex, Male.
Age, 19 Years
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Farmer
Degree Education, Post Graded
Profession Religion, Lutheran
Habits, Drinks very moderately
Nativity, Goodhue County Minn
Physicians Committing, O. Jahnig & N. Juell
Correspondents, T. K. Swanson Zumbrota, Minn

No. for Year, 211.
Insane Relatives, a cousin of Mothers
Cause Exciting, Can find no cause
Cause Predisposing, Possibly some heredity.
Form, Melancholia acute.
Accompanying Bodily Disorder, Boils
Suicidal or Not, Not.
Date of this Attack, about a week ago
Duration, about a week
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 19 Years
Time of Leaving, June 29' 95
Time in Hospital, 4 m 2
Result, Rec

Exd by Dr. Herzog, March 1895.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Seems clear
Quick or Sluggish, somewhat sluggish

MEMORY:
Past Events, } Seems good
Recent Events, }
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, } Seems good but slow
Own Mental State, }
Special Subjects,

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

DELUSIONS:
Systematized or Not, } None noted
Special Subjects, }
Transitory or Not, }

HALLUCINATIONS: of sight, which he recognizes as such.
ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent.
Voluble or Reticent, reticent.

GENERAL DESCRIPTIVE REMARKS:
Patient is an over grown boy, somewhat poorly nourished, who confesses to masturbation; He is constipated at times; has slight headaches & has seen the Devils' angels, at night. He knew they were hallucinations. There is considerable melancholia.

Personal and Medical History of Halbert C. Aspaas.

Vol. 29. Folio. 377. - No. 4047.

CASE RECORD.

Patient's Name John A. Bayer Name Disease Name Physician H. H. H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
May 1					On regular diet.	Patient up on ward - out on grounds most of the time Appetite fairly good bowels quite regular Weight 133½
" 2				Bath.		
3						
" 9				Bath		
" 15 Sun.						patient complains of severe pain in head - seems to have taken cold.
" 2 PM				Gave turkish bath.		
" 25						nights patient slept 6 & 7 hours every night.
" 26					On regular diet	Goes out on grounds about when he so desires.
May 30				Sent back		Appetite good. bowels regular.

Recorded by _____ Nurse.

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,

ical History of Halbert C. Aspaas.

How
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Date

He is constipated at times; has slight headaches & has seen the devils images, at night; He knew they were hallucinations. There is considerable melancholia.

CASE RECORD.

of 29
Folio 377 4047

Patient's Name J. A Bayer Name Disease Name Physician HHN.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Apr 14	98.3	64	16			Night slept 6 hrs with 2 hrs. Complained of severe headache today.
	98.4	88	20			
" 15	99.2	68	22			Night 8 7 hrs R, hrs.
	98.4	70	20			
" 16	98.4	80	14		On regular diet and extra	Appetite very good
	98.4	76	20			
" 17		80				
		82				
" 18		80		Gave bath.		Night 8 6 hrs R 2 hrs
	98.6	76				
"	99.6	80	20			Goes out on grounds short occupy day Appears quite rational. talks reads and plays games Appetite very good, Out on grounds most fair day When weather is permissable
" 24						
" 25				Gave bath		
" 30						Bowels in good condition

Recorded by T. R. Upchurch Nurse.

Personal and Medical History of Halbert C. Aspaas.

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Ft 11 In. WEIGHT, 154 lbs. NUTRITION, Somewhat impaired; circulation poor; is large-framed but poorly muscled; hands cold & blue.

WOUNDS OR ABNORMALITIES, see "S. K." memo page.

TONGUE, Tremors, some Coatings, grayish in dorsum; clean; flabby Promptness Movement, slow

PUPILS, Equality, Yes Size, somewhat dilated

Response Light, Yes Accommodation, Excessive

SIGHT, Good -

HEARING, good -

COORDINATION, Arms, unimpaired; finger nose, eyes shut, good.

Legs, Unimpaired; standing at rest, good; standing, eyes shut, sways slightly.

TREMORS, Hands, some Tongue, some

Facial Muscles, of eyelids General, none

REFLEXES, Patellar, 8 & 9 - equal EXAM. URINE,

Other Right ankle-Clonus

ARTICULATION,

Slurred,

Hesitating, Yes

FACIAL EXPRESSION,

somewhat dull

SENSIBILITY,

HEART, irritable; rapid; impulse feeble; all 1st Sounds rough & loud

LUNGS,

TAKEN.

Treatment

Regulate bowels; full diet; general faradism; full doses, nux vomica; digitalis - Cold douche.

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Halbert C. Haas.

1895

This patient was brought here by his Uncle, S. K. Swanson, with following history. He drinks very moderately. There is possibly some heredity, as a cousin of mothers was insane. Can find no cause for this attack; in form, it is depressed. Patient suffers with boils; since last fall, he has had a crop of them breaking out. First symptoms of disease were manifested about a week ago, by hallucinations. This is the 1st attack. Insanity now shown by religious hallucinations. Patient is not dispos'd to injure others, nor suicidal; he has not been restrained or confined; has been under medical treatment with Dr. C. M. Beebe of Zumbrota, (whose ass't letter); Patient's father was an habitual drunkard and died from the effects of drink.

Feb 26 On admission, was put on B.2 (S.R. Complexion light, hair dark; eyes blue; Condition of skin good; he has no scar under side of chin, covered with the dressing); bodily condition clean; behavior very good).

" 27 Feb 27/95. Restless 4 hours, sleeping but 2 hours, last night. AM. P 86. R 18 T@ 99.2° Appetite good; bowels free; behavior is quiet. Talks when questioned or addressed. PM. P 80. R — T@ 99. —

" 28 No complaints or injuries to report. Feb 28/95. Restless 2 hours, but slept 6 hours. AM. P 82 R 18. T@ 99.6 PM. P 88. R 18. T@ 99.2. Behavior good; is quiet; no delusions observed.

Mar 1 He is somewhat depressed. Mar 1/95. Transferred to "Infirmary Ward", at 10. Am. Had slept

" 2 poorly, last night. PM. Pulse 96 R 24 T@ 100. Mar 2/95. Given sleeping dose last evening (at 9 PM); slept rested well, afterwards. AM. P 110. R 20. T@ 99.5; PM. P 76. R 20. T@ 100. —

" 3 Is very quiet; speaks rationally, when questioned; eats very well; bowels regular. Mar 3/95. Slept 8 hours last night; rested well. AM. Pulse 74. R 20. T@ 99.4; PM. Pulse 76. R 18. T@ 99.8. —

" 4 Appetite very good. Is quiet & rather dejected; very timid & easily Embarrassed. Mar 4/95. Restless 3 hours, but slept 8 hours, last night. AM. P 80. R 20. T@ 101 4/5. PM. P 70 R 22. T@ 99.6.

" 5 Behaves well; no delusions noticeable; goes out walking frequently. Mar 5/95. Slept 6 hours, restless 2 hours, last night. AM. P 84 R 20 T@ 99.6; PM. P 76. R 20. T@ 100. Appetite good; bowels regular; he seems a little brighter & livelier, of late; takes more interest in things, than before.

" 6 Mar 6/95. Fairly restful, sleeping 5 hours. AM. Pulse 90. PM. Pulse 70. Asked to do some work

" 7 on ward, to interest himself. Is on medicine, 3 times, g.d.ay. Mar 7/95. Restless 2 hours, but slept 6 hours. AM. P 90. PM P 70. Appetite good; bowels regular. Behaves very well; no

" 8 delusions noted. Mar 8/95. slept 6 hours, restless 2 hours, last night. AM. P 88. PM. Pulse 80.

" 12 Is much brighter, of late; goes out walking occasionally. Mar 12/95. During past few nights, patient has been resting & sleeping quite well. Pulse, taken each morning & evening has become more nearly normal. Appetite has been good; bowels regular. Behaves well; is quite bright & cheerful. Works some on ward. Goes out walking frequently. Summary; patient has been very quiet & undemonstrative, since arrival, & always very well-behaved. Muscles and physical condition now quite well developed, generally: flesh fairly firm & skin moist. No delusions have been noticeable, and also has no actions or demonstrations, about which there is anything irrational or demented discernible, except that perhaps, of being a little too quiet & melancholy.

" 15 Mar 15/95. Appetite very good; bowels regular. Is on medicine, 3 times daily. Mar 22/95. Is very

" 31 well-behaved. No delusions or hallucinations apparent. March 31/95. Always cheerful & willing;

Apl 9 works on ward. Appetite very good. Bowels regular. Apl 9/95. Wt 151 pds. He is very quiet; affable, has been perfectly rational. Works on ward considerable. Goes out walking, every day. Appetite good.

Personal and Medical History of Halbert C. Haas.

1895

Apl 30 Apl 30/95. Patient talks freely, now. Reads & plays games, during the day; takes considerable interest in work & appearance on ward. Is tidy neat & clean. Behavior very good. Is rational in all things, as far as observed.

May 3/31 May 3/95. Wt 155 pds. Is still given frequent baths. May 31/95. Is much improved, in every way. Works well & intelligently; takes interest in everything going on about him. Quiet & well-behaved.

June 5 June 5/95. Patient apparently in good condition, both mentally & physically. Converses & acts

" 16 quite rationally. June 16/95. Behavior very good. Goes out on grounds, every day. Works on the

" 25/29 ward, much. June 25/95. Continues to improve. June 29/95. Went home, with relative.

Discharged

Joseph Sloc (or Slots)

June 28

1895

Nov 2/13 Nov 2/95. Wt 165 pds. Pulse 60. Nov 13/95. Became troublesome, this morning; struck Sturbuck (attd) in the face. Nov 30/95. Apparently sleeps well. Appetite good; bowels in good condition. Works on ward & in the

Dec 2 dining-room. Goes walking. General quiet, but, at times, cranky. Dec 2/95. Wt 148 pds. (has lost some in flesh, without known cause. has not been reported as complaining of any ill-feeling.) Dec 31/95. No change.

1896

Jan 2/31 Jan 2/96. Wt 165 pds. (has recovered his lost flesh). P 70. Jan 2/96. Transferred to 13 3 (on account of a

" 31 general change of wards). Jan 31/95. No change noticeable. Still cranky & troublesome, at times.

Feb 24 Feb 4/96. Wt 162 pds. Pulse 84. Mar 4/96. Wt 163 pds. P 84. April 2/96. Wt 163 pds. Pulse 84. —

Mar 4 Apl 30/96. Appetite good. bowels in good condition. No complaints. Physical condition good. Works on ward &

Apl 2/30 in dining-room. Goes out walking daily. Talks little. Cannot carry on an intended Conversation. No delusions or hallucinations noticed.

May/96 Summary Nurses Notes by Dr. Phelps. Patient quiet altho at times slightly cranky & troublesome. Seems

to rather dull and has a half imbecile expression; can answer questions fairly well, however.

Aug/97 Health is good. Weight about 160 to 185 lbs. Continued by Dr. Herzog. Aug 5/97 Wt. 189½. —

Quiet, fairly well behaved. does a little work on ward. Talks a little in answer to questions but incoherently. Is mildly demented. Habits clean. Dress fairly neat. May/98 Is a trifle less

1898 pleasant. more stubborn & resistive & rather quarrelsome if disturbed. July 6 Wt. 183 lbs.

Aug Wt. 177 lbs. Oct. 1 170½ lbs. Nov 1 167 lbs. Quiet. demented; deluded, rather quarrelsome. Health seems good

Dec 1 Wt. 163 lbs. Jan. 1/99 Wt. 161 lbs. 7261 - July 31/99. (Dr Watsons.) Is quiet & well behaved. Physical condition

good. bowels regular. When out of doors likes to be by himself. Works in dining room

1900 No change mentally. Aug 1 - July 31/1900 (Dr Watsons) Wt. 153. Quiet & well behaved. Still works in

center dining room. Seldom talks. No change in condition from day to day.

July 1. Wt. 150 lbs. Vaccinated no result. Aug 31. Physical condition good. Is clean in habits.

Aug 31 well-behaved & works regularly in dining-room. Will answer questions. No change mentally.

Nov 30 1901 Condition remains about the same, from month to month. Still works in dining room.

Jan 1/31 Wt 136 lbs. P 74 (seems to have lost some in flesh). Feby 31. No change noted in either

Feby 1 mental or physical condition. Is quiet & well-behaved. Neat & clean. Works faithfully in C.D.R.

May 31 Wt 136 lbs. P 68. May 31. Is quiet; well-behaved. Seldom talks. Works regularly in C.D.R.

July 31 Habits neat & clean. Will answer questions. July 31. No change to report in

Condition. Still works, as usual.

To 184

Personal and Medical History of Nels Johnson #4

LEIGHT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4020.
Residence, St Paul. Minn.
Date Admission, 1st March 1895.
Admitted by, D. Phelps Hour, 7 PM
How Sent, G. Wilbrich, Jop'l, Ramsey County
Sex, Male
Age, 41
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Laborer and "Shorter"
Degree Education, probably fair
Profession Religion, Yes "Salvation Army" - Lutheran
Habits, Good
Nativity, Sweden
Physicians Committing, C. Eugene Riggs and A. Macdonald
Correspondents, Mrs Johnson, 1060 Arcade St St Paul Minn

No. for Year, 219.
Insane Relatives, None mentioned
Cause Exciting, "Religious Monomania"
Cause Predisposing, previous attacks
Form, Mania chronic
Accompanying Bodily Disorder, None
Suicidal or Not, Not Stated
Date of this Attack, probably some months ago
Duration, probably some months
No. of Attack, 5th (or more)
No. of Admissions, 4th (here)
Age First Attack, about
Time of Leaving, Apr. 12
Time in Hospital, 1m
Result, Im

but let him would give h

OBJECTS TO EARLY PRAYERS.

MRS. M'KENZIE'S SLEEP BROKEN

By Nels Nelson Praying and Preaching at 4 a. m.—Will Be Sent to Rochester.

Nels Johnson was arrested on complaint of Mrs. Julia McKenzie. The woman stated in court that Johnson was a missionary preacher of some denomination, that he was of unsound mind and had been annoying her children. He entered the McKenzie's yard in the morning about 4 o'clock, prayed and preached loudly, and wanted all the neighbors to "come to Jesus."

Johnson's wife was also in court. She did not think that her husband was doing any harm, for it was better to be "wakened from your sleep in the morning by somebody loudly praying than by a cyclone in death." Johnson, on the stand, laid aside two Swedish Bibles that he carried, knelt down and raised both hands up. He opened up the Bibles and pointed out some verses to the court.

The man had been confined at Rochester. He was taken before the probate court, and will doubtless be recommitted.

Upon examination by the probate judge, Johnson was found insane and sent to the asylum.

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 Nels Johnson #4

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 130 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 Nels Johnson

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4020.

Residence, St Paul Minn.

Date Admission, 1st March 1895.

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

How Sent, G. Wilbrich, Jail, Ramsey County

Sex, Male

Age, 41

Civil Condition, Married

Children, none

Age Youngest Child,

Occupation, Laborer and "Shorter"

Degree Education, probably fair

Profession Religion, Yes "Salvation Army" — Lutheran

Habits, Good

Nativity, Sweden

Physicians Committing, C. Eugene Riggs & A. Macdonald

Correspondents, Mrs Johnson, 1060 Arcade St. St Paul Minn

No. for Year, 219.

Insane Relatives, None

Cause Exciting, Religion

Cause Predisposing,

Form, Mania c

Accompanying Bodily Disorder,

Suicidal or Not, Not

Date of this Attack, Probabl

Duration, probably

No. of Attack, 5th (Com

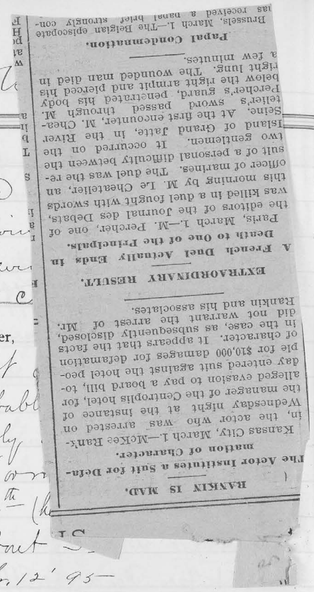
No. of Admissions, 4th (Re

Age First Attack, about

Time of Leaving, Apr. 12' 95

Time in Hospital, 1 mo 12 ds.

Result, Imp.



RAVKIN IS MAD.

The Actor Institutes a Suit for Defamation of Character.

Kansas City, March 1.—McKee Rankin, the actor who was arrested on Wednesday night at the instance of the manager of the Centropolis hotel, for alleged evasion to pay a board bill, today entered suit against the hotel people for $10,000 damages for defamation of character. It appears that the facts in the case, as subsequently disclosed, did not warrant the arrest of Mr. Rankin and his associates.

EXTRAORDINARY DUEL.

A French Duel Actually Ends in Death to One of the Principals.

Paris, March 1.—M. Perchet, one of the editors of the Journal des Debats, was killed in a duel fought with swords this morning by M. Le Chatelier, an officer of marines. The duel was the result of a personal difficulty between the two gentlemen. It occurred on the Island of Grand Jatte, in the River Seine. At the first encounter, M. Chatelier's sword passed through M. Perchet's sword, penetrated his body below the right armpit and pierced his right lung. The wounded man died in a few minutes.

Papal Condemnation.

Brussels, March 1.—The Belgian episcopate has received a papal brief strongly con-

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 Nels Johnson #4

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½' WEIGHT, 130 lbs. NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT,

HEARING,

COORDINATION, Arms,

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

LUNGS,

TAKEN,

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 Nels Johnson #41

1895

This patient was brought here by Sheriff Kinney, with following history. This is a "chronic case". There is no accompanying bodily disorder. He has had attacks, similar to the present one, since 1885 - off & on; insanity now manifested, unusual, on religious subjects. If disposed to injure others, or suicidal, or filthy & destructive in his habits, is not stated. He has been here before (see note below ✠); Unable to obtain any information from patient on the point of medical treatment. —

✠ Note - This is patient's 4th admission to this Hospital; his conduct & behavior has been about the same, during each stay. And delusions shown have been similar in their character. The last time, he has been here, were in Winters of '93 and '94 - For history of last stay here, see Vol 25 p 343 No. 3611.

Mar 1 Mar 1/95. On admission, was put on B2 (S.R. Complexion light; hair light; eyes brown; condition of skin good; some scars on left cheek; no eruptions &c noticed. Bodily condition duty; no bodily peculiarities noticed. Behavior good. Is very reticent & would not speak at all). Mar 2/95. Rested 3 hours, but sleeping) 5 hours, last night. AM. Pulse 68. T(o) 99.2. Talks freely, inward. Becomes very much excited at times & shows religious exaltation. Appetite good; bowels free; no cough observed.
" 3 makes no complaints. PM. Pulse 72. T(o) 99. Mar 3/95. Slept 6 hours, restless 2 hours, last night; AM. Pulse 68. T(o) 99. PM " 70 " 98.8. Works sound, inward. Says he is not going to talk to
" 4 much & they will let him out sooner". Mar 4/95. Restless 2 hours, but slept 6 hours. AM. Pulse 70.
" 5 Behaves well. Talks now; very religious; reads Bible; writing letters, nearly all day. Mar 5/95. Slept 5 hours restless 3 hours, last night. Pulse (Am). 70. Behaves well; reticent but talks a little; prays & writes
" 6 letters; works none. Mar 6/95. Restless 2 hours, but slept 6 hours. AM. Pulse 72. Appetite good; he talks
" 7 but little; excites the other patients; is busy trying to convert C. Bloom. Mar 7/95. Slept 6 hours, restless 2 hours, last night. Am. Pulse 65. Behaves well; shows religious delusions (?) writes letters - Talks but little.
" 8 Mar 8/95. Rests & sleeps fairly well. Am. Pulse 68 - Makes no complaints - Conduct & behavior about as usual.
" 15 Mar 15/95. During this, the 2nd week, patient has been somewhat restless at night, but has been sleeping 6 to 7 hours, each. Has been up & around by day; clean & tidy & fairly well-behaved. Makes no Complaints. Pulse has been taken each morning & is about normal. Reads the Bible; prays & preaches; becomes quite excited, at times; (tore his clothes on 13th) - Writes most of the time, of late. Inclined to be reticent, when spoken to, but talks a little: at other times, runs at all. Walks about well.
" 22 appetite good; bowels free - Seems depressed - Mar 22/95. Very noisy at times - Preaching - and
" 31 wanting every body to come to Jesus. Mar 31/95. Quite often noisy at night, sleeping only 4 or 5 hours, on each. Very noisy by day, preaching &c. Appetite good. Is clean & tidy & of good personal habits. Works some on ward. Has been visited by his wife, the past 3 days.
Apl 1/ April 1/95. Wt 131½ lbs. Pulse 84. April 7/95. Has been visited by his wife on 3d 5th & 6th - Just
" 12 becomes very much excited & noisy, at times. Apl 12/95. Talks some, but has not been as noisy, for a few days past. Works some on ward. Taken home by wife, this Am.

— Discharged —

Personal and Medical History of Frank Petralbie (or Bihaly)

From 26th -

1895
May 19 May 19/95. On medicine, 3 times a day. He coughs quite hard, at times. May 19/95. Is given a glass of milk,
" 20 every 2 hours. Coughed hard during the night, & raised considerable phlegm. May 20/95. Ate but little, today.
" 21/23 May 21/95. Is given Sponge baths, quite often - May 23/95. Quite restless, all night; coughed a
" 24 great deal. May 24/95. Sat up in bed, nearly all night. Bowels constipated; Given Enema: bowels then moved. He takes but little solid food. Sponge-baths continued - Is steadily growing weak.
" 25 May 25/95. Receives 1 glass of milk, every 2 hours. Patient retains strength well, for what nourishment is taken - Pulse seems full & strong - Is given medicine, regularly; also frequent
" 26 Sponge-baths - May 26/95. Slept nine; sat up in bed, all night - Coughed quite hard & raised phlegm.
" 27 Given eggnogs & whiskey, today, but refuses some - May 27/95. Slept about 6 hours, last night.
" 28/29 May 28/95. Of late, rests some better, during night - May 29/95. Bowels move fairly regular -
" 30/31 Still given milk & eats some solid food, at times - Still on medicine - & receives Sponge baths often -
June 1 May 30/95. about the same - May 31/95. Patient slept some, during PM. Is now taking but little
" 2/3 nourishment & refuses milk - June 1/95. No special change, this, he is growing weaker -
" 4/5 June 2/95. Took a reasonable amount of nourishment today - June 3/95. Coughed, nearly all night - Is very weak. June 4/95. Coughs almost continually - June 5/95. Slept fairly well, during the night - Appears very weak, this morning) - June 7/95. Steadily failing & growing weaker -
" " Has taken but little nourishment, for some days past. June 8/95. Extremities (at 12 M) are Cold - respiration labored & rapid - Is rapidly sinking. 12 40 PM. Died -
(see attached nurse's record) -

= Died =

1899 John. J. Dwelly From Folio 340
Feb 1 - July 31 99 (Dr. Watson) General condition good. Remains in bed. Coughs hard. Changes little from day to day. Is quite weak & helpless. June 29 Had convulsion in morning. Aug. 99 - Apr 1st 1900 (Dr. Watson). Sept 1 Wt. 113# Is bed. Subject to convulsions. Oct 1. very weak & helpless. Nov 1. Has to be fed by nurses. Dec 1st Wt. 108# Fed by nurses. Coughs. Mch 23 Had severe convulsion. Is very weak & helpless Apr 1. Wt. 101#. Receives regular baths. Apr 4. Had a hard convulsion. Apr 11 Appears to be failing. Respiration labored. Put on liquid diet. Apr 12 Visited by son at 2:30 & died at 3:30 PM.

Died.

Personal and Medical History of Richard Kolbras

LEBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4021.
Residence, Janesville, Minnesota
Date Admission, 2nd March 1895.
Admitted by, Dr. Herzog Hour, 12 10 PM.
How Sent, George. R. Wilson, Jo P. Itasca Co.
Sex, Male
Age, 31 -
Civil Condition, single
Children, none
Age Youngest Child,
Occupation, Wagon maker
Degree Education, not given
Profession Religion, Catholic
Habits, Intemperate -
Nativity, Germany -
Physicians Committing, D. L. Cummings & N. J. Taylor
Correspondents, Carl Peter (Peters?) Janesville. Minn

No. for Year, 220.
Insane Relatives, Unknown
Cause Exciting, Alcoholism
Cause Predisposing, not stated
Form, Dementia alcoholic acute
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, about one week ago
Duration, about a week
No. of Attack, 1st
No. of Admissions, 1st.
Age First Attack, 31 -
Time of Leaving, Jan. 20'96.
Time in Hospital, 10 mo. 18 da.
Result, Recovered 7/8/96

EXAMINATION ON ADMISSION

Ed. by Dr. Herzog March 14/95 = **MENTAL CHARACTERISTICS.**

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Fairly Quick
MEMORY:
Past Events, Good
Recent Events, "
Special Subjects, No recollection of just before he came
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, Good for a man in
Own Mental State, his station
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, Yes
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, None noted.
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, normal

GENERAL DESCRIPTIVE REMARKS:
Shows no signs of insanity, at this examination. He is not exceptionally bright. He states that he has been a hard-drinking man for some years past, but had quit entirely about 1 month before he was brought here. He was at work up to within a week of coming here, when he went to bed & stayed 3 Days. He remembers having been a day in jail, but has no recollection of what he did, in that time. Remembers everything since coming here & was well-behaved. He states that he feels better since coming here. He has slight oedema of the feet & has been subject to palpitation of the heart, since an attack of Grippe, 7 years ago -

Personal and Medical History of Richard Kolbras.

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 in WEIGHT, 131½ lbs NUTRITION, Fairly Good
WOUNDS OR ABNORMALITIES, See "S R" on next page; fingers ends blunt; nails short.
TONGUE, Tremors, not marked Coatings, clear; slightly pale. Promptness Movement, fairly
PUPILS, Equality, Yes Size, normal
Response Light, about normal Accommodation, about normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good; finger & nose, eyes shut, Good
Legs, Good; standing on foot, fair; standing eyes shut, sways slightly.
TREMORS, Hands, None Tongue, slight
Facial Muscles, None General, slight
REFLEXES, Patellar, Equal; 7-8.
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, face florid; lower eyelids slightly puffy
SENSIBILITY, ✓
HEART, Considerable mitral regurgitation with hypertrophy.
LUNGS, murmur good, but slightly rough, over the whole chest.

EXAM. URINE,
Treatment
Mild heart-stimulants. as compound nitroglycerine tablets. —

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

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

Nothing stated.

Personal and Medical History of Richard Kolbras.

1895

This patient was brought here by a Sheriff's Deputy, Charles Gottschalk, with the following history. Habits have been intemperate: if any history of heredity, unknown; supposed cause of this attack is Alcoholism: form of attack, acute. No accompanying bodily disorder. First symptoms of disease were manifested about one week ago, by strange + unnatural actions + by hallucinations & vision. This is the 1st attack. Insanity shows, now, in the direction of destruction of property and violent actions. Patient is not suicidal. He has not been subject to any bodily disease or head injury, so far as known. Has been confined in jail, at Janesville, for 2 days. Patient has not been under medical treatment. No further particulars given. ——

Mar 2 On Admission, was put on B.T. (S.R. Complexion light; hair dark brown; eyebrows; condition of skin good. Some scars noticed on inside of left knee; bodily condition dirty: behaves well; talks freely). —
" 3 Mar 3/95. Restless 2 hours, slept 6 hours, last night. AM. Pulse 68. R. 18. T. 99.6. Appetite good. He
" 4 behaves well; talks freely; no delusions noticed. Is on medicine (Mar 4/95 A) Slept 6 hours; restless 2 hours or so.
PM. Pulse 70. R 19. T. 99°. PM. Pulse 66. R 20. T. 99.4. Appetite good: He sits about;
" 5 reads some; talks freely; no delusions manifested. Mar 5/95. Has rested, sleeping 7 hours, last night.
" 6 AM. Pulse 72. Is very quiet; talks freely: no special change to note. Mar 6/95. AM. Pulse 70. —
" 7/8 March 7/95. AM. Pulse 70. March 8/95. Has been somewhat restless, 2 to 3 hours, the past few nights,
but sleeping 5 to 7 hours, on each. Pulse, today, 66. Appetite good; makes no complaints. Behavior
has been very good. He is quiet; sits about; reads; talks sensibly; no delusions noted. Clean & tidy in habits;
" 9/10 goes out walking. Mar 9/95. Slept well. AM. Pulse 68. Mar 10/95. During this, the 2nd week, he claims
he has been troubled somewhat with insomnia, though reports show him as restless, at night, for about
a couple of hours, but sleeping about 6 hours, on each. Pulse, taken each morning, slightly below normal. —
Behavior has been very good; causes no trouble; reads most of the time; goes out walking, for exercise;
sits about a hall; is reserved & quiet. Talks quite freely & sensibly; no delusions noted. On medicine.
" 31 Physical condition seems good. March 31/95. Behavior good. He talks freely & sensibly; no delusions
Apr 1 noted. Reads some. Works in dining-room. April 1/95. Wt 146 lbs (has gained 14½ pounds since admission)
" 20 Pulse 84. Apl 20/95. Has been complaining, occasionally, of constipation: given Hunyadi water. Has also
had a sore on back of neck, which has been very painful: same treated, poultices &c. Was in bed part
of the day (19th) as neck was very painful. Also in bed, today. Transferred to day, to T.W.S. —
" 23 Patient then put to bed. P 88. R 18. T. 100°. — Apl 23/95. Boil dressed regularly & is doing well.
" 25/30 Apl 25/95. Boil nearly healed. Patient up, on ward. Transferred to N.E. Apl 30/95. Behaves well;
talks freely & sensibly; no delusions noted. Makes no complaints, appears happy & contented. Works in dining-room.
May 2/31 May 2/95. Wt 146 lbs. Pulse 80. May 31/95. Behaves well: talks freely & sensibly; no delusions or hallucinations noticed: seems perfectly sane. Makes no complaints. Has been working in Store-room since 24th. Good appetite. Takes medicine for bowels, about once or twice a week. Has good physical health. Habits clean.
June 1/30 June 1/95. Wt 143½ lbs. Pulse 68. June 30/95. Still works at store, appears to be all right. Was recently allowed to go to church, in town. Strained his back recently at store. Plaster applied & he soon got round.
July 1/7 July 1/95. Wt 143 lbs. Pulse 70. July 7/95. Has been complaining of severe headaches, for several days past,
" 18 but still works in the store. July 18/95. Strained his back while working in Store, on the 10th inst & has been
kept in bed by the pain &c: liniment has been applied: there has been no fever & pulse has been normal.
" 31 Has been sitting up, part of the time to day; tho' he still suffers much pain. July 31/95. Has not quite fully

Personal and Medical History of Richard Kolbras

1895

July 31
Aug 13
" 14
" 15
" 31
Sept
" 5/6
" 16
" 17
" 30
Oct 1
" 16/22
" 28/31
Nov 1/30
Dec 1/1895 31
Jan 1/96 17
" 11/15
" 20

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CASE RECORD.

Patient's Name Richard Kolbras Name Disease Aphid Name Physician A.A.O.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
April 20				Received patient on ward from B 7 E. Has boil on neck, applied poultice & flaxseed		
				patient put to bed P 68 R 18 T 100°		
" 21	99°	70	20	Boil doing very well. applied poultice		
	99.8	64	18	8 A.M. P.M. and 7 P.M.		
				Night slept very well		
" 22	98.4	70	20	Boil poulticed 8 A.M. and 7 P.M. doing very well		
	98.4	62	21	Night slept 6 hours rest less 2 hours.		
" 23	98	68	20	Appetite very good. Boil doing very well		
	99	60	20	Night very quiet slept 5 hours.		
" 24	98.6	60	18	Boil nearly healed. Night 2 P.M. quite restless resulted to sitting. Appetite very good.		
" 25		76		Patient up on ward. transferred to A 7 E.		
" 30.				Appetite good Bowels regular Good behavior Talks freely and sensible No delusion noted Work in Dining Room. Complaints none Appears Happy and contented		

Recorded by _____ Nurse.

Personal and Medical History of Richard Kolbras.

Personal and Medical History of Richard Kolbras

1895	
July 31	received and pains in back &leg still continue, yet he is able to walk about & does a little work in dining-room. Patient always pleasant & cheerful & mental condition seems good. Talks some about his going home —
Aug 1/13	Aug 1/95 Wt 135 lbs. P 76. Works in store-room. Aug 13/95: appears not to be feeling well. Says he will worry
" 14	himself crazy, "if not let go home". Aug 14/95. Worked in store-room: did not come to dinner: said "he
" 15	was not feeling well": 3.30 PM went to bed: complained of headache. P 94. Aug 15/95. Remains in bed: vomited
" 31	several times, during the day. Troubled, also, with diarrhoea: no appetite — Aug 31/95: very quiet patient:
Sep 1	helps willingly: works in store-room, daily: "want to go home" — Sep 2/95: Wt 136½ lbs. Pulse 84. —
" 5/6	Sep 5/95: absent at dinner-time: brought on ward by J. Howe) drunk. P 102. Went to bed: slept all PM. Sep 6/95: Ap-
" 16	pears & be quite sick: has a flushed face & swollen eyes: complains of pain in head & heart. Poor appetite: took only
" 17	a glass of milk for breakfast. P 106. Ate some dinner & supper. P 106. Sep 16/95: Had a "fainting spell": fell
" 30	on the floor, unconscious. Sep 17/95. Up & about again, today: feeling better: very quiet & well-behaved.
Oct 1	Transferred to K3. Sep 30/95: Eats & sleeps well: bowels regular: no complaints: very well-behaved: talks
" 16/22	rationally: helps with work: physical condition very good. Oct 1/95: Wt 135½ lbs. Pulse & temp. normal.
" 28/31	Oct 16/95: Complains of headache. Oct 27/95: Has a sore-throat: is quite hoarse: is treated for same.
	Oct 28/95: passed a restless night. Oct 31/95: Is still troubled with sore-throat, but it is improving
	under treatment. Patient is quiet & well-behaved. Reads a great deal. Talks rationally. Habits neat.
	Works somewhat, each day. Has a "limited parole" — Seems more contented, of late. —
Nov 1/30	Nov 1/95. Wt 138 lbs. Pulse 70. Nov 30/95. No special Change: Quiet & well-behaved: talks rationally:
	helps willingly with the work: clean tidy & of good personal habits. In good physical condition.
Dec 1/31	Has a parole. Dec 1/95. Wt 140¼ lbs. Pulse 78. Dec 31/95: No change & note, in any way —
1895 Jan 1/15	Jan 1/96. Wt 140 lbs. Pulse 74. Jan 7/96. Has complained, occasionally, of headache. Today, he
" 16/25	complains of having a bad cold, with pains in head & chest &c. &c. Is on medicine: but not in bed.
	Jany 11/96. Has been up & about & is improving. Jany 15/95. Seems over his attack of cold &c.
" 26	Has worked steadily in the "Centre" & is quite industrious & neat. Physical condition quite good.
	Jany 26/96. Was allowed D.C. and to-day. He going to a sisters, at St. Cloud, Minnesota.

Discharged

June 1/30	allowed to go to church, in town. Strained his back recently at stair. Plaster applied & he soon got round.
July 1/5	July 1/95. Wt 143 lbs. Pulse 70. July 5/95: Has been complaining of severe headaches, for several days past,
" 18	but still works in the store. July 18/95: Strained his back while working in store, on the 10th inst & has been
" 31	kept in bed by the pain &c: liniment has been applied: there has been no fever & pulse has been normal.
	Has been sitting up, part of the time to-day; but he still suffers much pain. July 31/95: Has not quite fully

Personal and Medical History of Frederick Wittig

LEGLEY, FOLEY & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4022.
Residence, Stillwater, Minn.
Date Admission, 2nd March 1895.
Admitted by, D. A. J. Kilbourne Hour, 7 P.M.
How Sent, E. G. Butts, Sof P. Washington County
Sex, Male.
Age, — 59 —
Civil Condition, — Divorced —
Children, — Ten —
Age Youngest Child, ——
Occupation, Farmer & Laborer.
Degree Education, Not stated
Profession Religion, Is a Church Member
Habits, Goods, as far as appears
Nativity, Germany
Physicians Committing, W. H. Pratt and J. C. Rhodes
Correspondents, John Seaman, Stillwater, Minn

No. for Year, 221
Insane Relatives, No history of Heredity —
Cause Exciting, business troubles & family matters.
Cause Predisposing, = Chronic " —
Form, Melancholia chronic
Accompanying Bodily Disorder, None —
Suicidal or Not, Not
Date of this Attack, 6 or 8 years ago
Duration, 6 or 8 years (about) —
No. of Attack, not 1st
No. of Admissions, 1st
Age First Attack, about 51 —
Time of Leaving, July 30 '95
Time in Hospital, 4 Mo. 28 da.
Result, Improved. 7/8/96

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 Frederick Wittig

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 in WEIGHT, 115 lbs NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 Frederick Witting

1895

This patient was brought here by Sheriff Smith, with the following history. Habits are good, as far as appears. There is no hereditary history. Supposed cause of this attack is constant brooding upon business and family matters. Form of attack is paroxysmal. There is no accompanying bodily disorder. First symptoms of the disease were manifested some 6 or 8 years ago, and these attacks have taken place all through the last 8 years. Insanity is now shown by his threats to kill persons, some of them in writing; is disposed to injure others from premeditation, but is not suicidal, nor filthy nor destructive in his habits. As to his having been subject to any disease of, or injury to head, cannot be ascertained. He has not been restrained or confined, nor under medical treatment. His threats are testified to in our (Examining Physicians) presence & by his own acknowledgment of same.

Mar 2 On admission, was put on B.2 (S.P. Complexion light; hair dark; eyes gray; condition of skin good; some scars on right knee, above patella; bodily condition clean; no bodily peculiarities noticed. Behavior is good (he talks quite freely). Mar 3/95. Slept 6 hours, restless a couple of hours, last night. AM. Pulse 72 R 19. T(a) 99. Appetite good; bowels seem free; behavior very good; talks freely, though he speaks but little English; no delusions noticed. PM. Pulse 76. R 18. T(a) 98 4/5. No complaints or injuries to report.
" 4 Mar 4/95. Restless 2 hours, but slept 6 hours. AM. P 70. R 18. T(a) 99 2/5. PM. P 72. R 18 T(a) 99 2/5.
" 5 Behaves well; makes no complaints. Appetite good; plays cards; talks freely. Mar 5/95. Somewhat restless, but slept 6 hours. AM. P 72. R 18. T(a) 99 2/5. PM. P 70. R 18. T(a) 99. Bowels free.
" 6 Talks freely; no delusions noticed. Mar 6/95. Slept 7 hours, last night. AM. P 72. Behaves well.
" 7 Mar 7/95. Slept about 6 hours; was restless a couple of hours. AM. P 70. Appetite good; bowels free;
" 8 Goes out walking. March 8/95. Slept 7 hours; AM. Pulse 72. No delusions noted; Reads some;
" 9 plays games &c. Mar 9/95. Slept & rested quite well, last night. AM. P 72. Is about as usual.
" 16 March 16/95. During this, the 2nd week of his stay, patient has been occasionally restless at night, but has been sleeping 6 to 7 hours, on each. Has been up & about, daily, clean & tidy & well-behaved. Quiet, causing no trouble. Pulse, taken each morning, about normal. He reads some; plays cards &c; goes out walking regularly. He talks quite freely: no delusions was noticed until a couple of days ago, when he remarked "thinks some one gave his wife something to do as to make her think more of him (someone), therefore she put him in here, to get rid of him"; thus alienating his wife's affections.
" 31 Patient is thin in flesh; probably about same, as on admission. March 31/95. No special change. Behaves well. Reads some. Talks freely; no complaints. Works some. Goes out walking. Clean & tidy.
Apr 1/20 Apl 1/95. Wt 123½ pds (has gained considerably in flesh). P 72. No special change to note.
May 2 May 2/95. Wt 135 pds. (Is gaining quite markedly in weight.) P 72. Is much improved.
" 31 May 31/95. Quiet & well-behaved. Reads; plays cards; makes no complaints. Does some work.
June 1 June 1/95. Wt 144 pds. Pulse 92. Behaves well. Is quiet. Talks freely. Reads some.
" 30 June 30/95. No special change noticeable. Sleeps & about daily. Makes no complaints.
July 1 July 1/95. Wt 148 pds (has gained 33 pounds in weight, since admission). Pulse 84
" 16 July 16/95. Patient had some little trouble with another patient (F. Dickenson); the latter
" 27 slapped him & he kicked Dickenson. No marks, especially. July 27/95. Patient remarks "I'm not sick, don't know why I'm here; think it a funny thing." Laughs about it; "County Lawyer" sent him here for nothing. Age 59." July 29/95. Visited by daughter, today.
" 30 July 30/95. Taken home by his daughter, this morning.

Discharged

Personal and Medical History of John Hughlen

From 32.

1895
Nov 5 Nov 5/95. Patient sleeps well: appetite good: bowels regular: is very quiet: desires to be alone: habit rather
" 9 quiet. Nov 9/95. Wt 104 pds. (Dressed). Nov 15/95. Appears some stronger: otherwise condition is the same.
" 30 Nov 30/95. Condition has not changed any. Is very quiet: seldom speaks to anyone. Works some.
Dec 15 Dec 15/95. No change noticeable: physical condition is weak: Appetite good: bowels regular: looks run down.
" 26/31 Dec 26/95. Transferred to B2. Dec 31/95. Still about the same, from month to month. Retires: rises: works:
1895 Jan 1 Jan 1/96. Wt 107 pds. Pulse 70. Jan 5/96. No change noticeable. Very quiet: obstinate, at times.
" 25/31 Jan 21/96. Transferred to B2 (on account of general change of wards). Jan 31/96. Patient has been suffering from an inflamed right eye: (probably he took cold in it): is improving under treatment. Patient is very indolent & untidy: obstinate. No improvement noticed, mentally or physically.
Feb 1/15 Feb 1/96. Wt 108 pds. P 84. Feb 15/96. Appears to be failing in health. Coughs some during night. Appetite poor.
" 29 bowels regular. Sits around a ward: will not go out walking, unless compelled. Very ill & stripped. Feb 29/96. No
Mar 2/31 change noted in patient, for the better. March 2/96. Wt 107 pds. P 92. March 31/96. Patient appears to be losing strength every day: Coughs some: Sits around: talks & moves when addressed: appears to have lost all ambition.
Apl 1/30 Very untidy. Appetite poor: does not sleep well. Apl 1/96. Wt 106 pds. P 98. Apl 15/96. Remained in bed part of day.
" 30 Appetite very poor. Apl 30/96. Still seems to be losing, every day. Appetite very poor: Coughs a great deal during the night: lies about on settee, during day. Will not go out walking, unless compelled. Very untidy: not a washer.
May 1/4 May 1/96. Wt 101 pds. P 98. May 3/96. In bed, part of day: refused supper. May 4/96. Coughed considerable, during night: upon ward, today. Appetite very poor: Coughs: very untidy in his habits and dress.
" 5 May 5/96. Transferred to Infirmary Ward, at 7 00 PM. Is weak & emaciated. Given bath & put to bed
" 11 7 30 PM. Temp. 101. May 11/96. (Wt on 8th 88½ pds). Lies in bed: Complains of head aching. Is not
" 16 very strong. May 16/96. Very quiet: does not appear to have much of any ambition & is quite weak.
" 31 May 31/96. No change noticed: sleeps 5 to 6 a 7 hours, nights. Temperature still ranges high.
June 3 June 3/96. Wt 84 lbs: patient in bed: very quiet & weak: condition appears about same, from day to day.
" 10 June 10/96. Seems about the same, all the time: appears to sleep & rest well, nights: Still very quiet,
" 25 and quite weak: Coughs a great deal. June 25/96. Appears some brighter & talks some, when spoken to.
" 30 Is quite restless and continually tossing about in bed: June 30/96. No change noticeable.
May/96 to Oct 4/96 Summary of Nurses Notes by Dr Phelps. During the whole of period covered by these records patient in bed. Has consumption, failed very slowly: No note of special peculiarity in the disease: Failed quietly during September dying Oct 4th 96. from the disease: Was always quiet & dull & said nothing.

Died October 4th 1897.

Personal and Medical History of Carl A. Blom.

LEIGHT, FISHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4024
Residence, 617 Whitall, St. Paul Minn
Date Admission, 4th March 1895.
Admitted by, D. Phelps. Hour, 7 P.M.
How Sent, G. Willrick, Jof P, Ramsey County
Sex, Male
Age, 48 Years
Civil Condition, single
Children,
Age Youngest Child,
Occupation, Laborer
Degree Education, probably poor
Profession Religion, Church member
Habits, not stated
Nativity, Sweden
Physicians Committing, Olof Sohlberg and J.B. Emmihall
Correspondents, (See Register in Office).

No. for Year, 223.
Insane Relatives, No history of heredity.
Cause Exciting, Injury received 7 years ago.
Cause Predisposing, Chronic
Form, imbecility
Accompanying Bodily Disorder, none
Suicidal or Not, Not
Date of this Attack, 35 Years ago.
Duration, some 35 years
No. of Attack, 1st (Continuous)
No. of Admissions, 1st
Age First Attack, 13 Years
Time of Leaving, Oct. 3' 96.
Time in Hospital, 6 mos. 29 da.
Result, Disc. Unimproved May 6. '96.

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 Carl A. Blom

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2in WEIGHT, 130 lbs NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 Carl A. Blom

1895

This patient was brought here by Sheriff's Deputy John Blom, with following history. What his habits have been, is not stated. There is no history of heredity. Supposed cause of this attack is injury to head, when he was 13 years old. In form, attack is chronic, depressed. There is no accompanying bodily disorder. When 13 years of age, he became somewhat simple-minded. This is 1st attack of seemingly continuous. Insanity now manifested by delusions of persecution; "Expects to be hanged". Patient is not disposed to injure others, nor suicidal, nor of filthy or destructive habits: no peculiarities of disposition or habit have been previously shown. He has not been Constant or confined. Patient has been under treatment with Dr. Lindholm, for mental trouble. Results not stated.

Mar 4 On admission, was put on D² (S.R. Complexion light; hair light; eyes gray; Condition of skin Good: no marks, scars or bruises noted; bodily Condition clean; has a bunion on inside of either foot; Behavior is good). Mar 5/95. Restless all night; slept none. T M. Pulse 86. R 20. T 99⅘. Appetite good. - " 5 Is restless today, walking the hall & talking Swedish; speaks no English; probably has some delusions. - " 6 P M. Pulse 92. R 21. T 99.2. No complaints or injuries to report. Mar 6/95. Restless 3 hours, but slept 5 hours, last night. T M. Pulse 86. T 99.2. Is again very restless today; walking the floor, talking Swedish. - " 7 "Thinks he is going to be hung". Mar 7/95. Restless 4 hours, sleeping but 4 hours, last night. T M. P 92. Appetite good. "Still thinks he is going to be hung". Wants to get out. Uses a great amount of tuff. " 8 Mar 8/95. Sleeping 5 hours, restless 3 hours. T M. P 92. Appetite good; bowels free. Is very restless, reads his Bible. Mar 9/95. Restless 3 hours, sleeping about 5 hours. T M. P 88. Excited & afraid - " 9 " 10 Wants to get out. Does not walking; is demented. Mar 10/95. Slept only 5 hours; restless 3 hours; " 11 Ate. Pulse 86. Conduct & behavior do not change any. appetite good. Mar 11/95. Restless 3 hours & slept only 5 hours. T M. P 78. "Bid us all good bye & wanted to go for a walk". Walks some on ward. " 18 Mar 18/95. During this the 2nd week, patient has continued restless at night, but has slept 5 to 8 hours, each. Pulse, taken each Morning, has been somewhat accelerated. At first, was restless & dis contented; wanted to run away; but has, of late, become somewhat more consoled & quiet. Walks some on ward; makes no complaints; still held to the delusion that he was going to be hung"; during past few days "has wanted Attendants to kill him; wants to die". Reads Bible a good deal; talks no English, but converses with his countrymen. Appetite generally good; bowels free; Physical Condition fairly good. " 26/31 March 26/95. Read bible; gesticulates. Mar 31/95. No change to note. Still holds the delusion that he is going to be killed

Apl 1/30 April 1/95. Wt 124 lbs. P 88. Apl 15/95. Still gesticulates & talks to himself. Apl 23/95. Tried to run away in P M. Says that he wanted to go & kill himself." Apl 25/95. Wanting some one to kill him - " 25 - " 30 Apl 30/95. No particular change. Still wants some one to kill him: wants to die. Does not walk any.

May 1/31 May 1/95. Wt 131½ lbs. Pulse 88. May 31/95. No special changes. Wants to be killed or to kill himself. Walks some on ward. Does not walking. Habits clean.

June 1/30 June 1/95. Wt 135 lbs. Pulse 86. June 30/95. About the same, in every way. Talks to himself: Still has those ideas "about being killed".

July 1/31 July 1/95. Wt 130 lbs. Pulse 92. July 31/95. Wants to run away & has to be watched very closely. Otherwise, about same, in every way.

Aug 1/31 Aug 1/95. Wt 126 lbs. P 94. Aug 31/95. Patient Continues quiet & melancholy: says "he wants to have the trains run over him & kill him". Works on ward Considerable: reads, much of the time, from Book of Psalms

Sept 1/30 Sept 1/95. Wt 131 lbs. P 84. Sept 30/95 Continually talking of suicide &c. "Wants to go down to the R R track & get run over": Otherwise, no Special Change noted.

Oct 1/30 Oct 1/95. Wt 130 lbs. P 88. Oct 31/95 about 8:30 P M, Patient was missed from ward. Probably Eloped while at walking: Could not be found

— Discharged —

Personal and Medical History of John Duelly

From 188

Nov 1/95. Nov 5/95. Patient lies steadily in bed: appetite good: bowels regular: habits clean. Nov 8/95. Restless, sometimes noisy & sleeps rather poorly, at night. Patient has been Coughing a good deal, of late. Nov 9/95 - Wt 124½ lbs. (undressed). Nov 15/95. Still restless at night & sleeps poorly. Appetite remains good: bowels regular. " 15 " 22 Nov 22/95. Condition does not seem to change any. Complains today of having pain in left lung - Still " 30 rests and sleeps poorly - Nov 29/95. Patient had convulsions as follows: one at 7¼ P M: one at 10⁴⁵ P M: one at 11³⁰ P M and one at 4²⁰ a m. Condition, generally, does not seem to change in any respect.

Dec 8 Dec 8/95. Restless & sleeps poorly, at night. Condition does not seem to change, any. Coughs some, during night - Dec 10/95. Wt (undressed) 127 lbs. Dec 15/95. Pulse varies: has ranged, during month) 48-72 (taken twice daily) " 10/14 " 31 Dec 31/95. Patient continues restless nights: is occasionally noisy & as a rule sleeps poorly. Pulse is still

1896 taken twice, daily. Has been as a few days, as low as 48. Appetite good: bowels regular. Otherwise Condition about Same.

Jan 5 Jan 5/96. Patient still in bed: sleeps fairly well. Is somewhat helpless: Coughs quite hard, at times. Habits " 6 clean: behavior good: Continually Complaining of his poor physical condition - Jan 6/96. 5⁴⁵ P M. He had a " 7 Convulsion. Jan 7/96. Refused breakfast. 9 a m. a convulsion. 10⁴⁵ a m. Another Convulsion - Refused Dinner - " 23/31 Jan 23/96. Sleeps some better of late. Otherwise, condition unchanged. Jan 31/96. No special change noted.

Feb 1/29 Feb 10/96. Wt 132½ lbs. Feb 15/96. Patient lies steadily in bed: sleeps only from 3 to 5 hours, nightly. " 29 Very feeble & continually Complaining of general poor physical condition: habits clean: Condition Seems about the same, from day to day. Feb 29/96. Still Sleeps very poorly. Otherwise no change noticed.

Mar 1 Mar 6/96. Wt 133 lbs. Patient Still in bed. very quiet. Sleeps some little of late, at times: otherwise, " 15 Condition about the same - Mar 15/96. Convulsions occurred at 11⁵⁵ a m: 2³⁰ P M & 4³⁰ P M, to day - " 21 March 21/96. Has been sleeping poorly of late. Coughs some, at night. No change noticed in his Condition " 31 March 31/96. Lies steadily in bed: no change noticable. (See nurses' record, in file Drawer, 18).

Apl 2/7 Apl 2/96. Wt 134 lbs. Apl 7/96. Patient in bed: apparently, no worse physically. Mental Condition seems " 11 the same. Complains, at times, of pain in head. Sleeps very poorly. Apl 11/96. Complained of chills (4 P M). Apl 15/96. no change noticable. Sleeps poorly at night, but sleeps about 3 or 4 hours, daily. Apl 30/96. Rest & " 15/30 sleep, at night, are still poor. He is occasionally restless, by day, & getting out of bed. Condition apparently the same, both physically & mentally (see Nurse's record on file 18).

May 7 May 7/96. remains in bed, in apparently, the same Condition: Habits clean: sleeps some daily: subject to Convulsions, but has had none, for several months. May 15/96. Is sometimes noisy at night: remains in bed: no improvement noticed. " 15 " 17/31 May 17/96. Had 4 Convulsions, today: very stupid after them: vomited some. May 31/96. Patient remains

June 3 in bed: no change apparent. (See Nurse's record on file 18). June 3/96. Wt 133¾ pounds.

" 7 June 7/96. remains in bed: apparently no change: no improvement physically or mentally. " 20 Still coughs & expectorates - June 20/96. Still in bed: Condition apparently the same: he sleeps con- " 30 siderably, during the day, (from 2 to 4 hours, daily): appetite good: bowels seem regular. June 30/96. Still remains in bed: no change noticed. Still coughs & expectorates

July 1/96 Summary Nurses Notes by Dr. Phelps Patient was kept upon sick ward most of time during period: Kept in bed to largely because more easily taken care of there: Is feeble shows marked senile changes & marked Aug 1/97 incoordination: Has had one or two convulsions & is very fractic in every way. Aug 31/97 Wt. 129# Lies quietly in bed on Infirmary: Has been quite dull, demented & helpless ever since coming. Is very fractic - Pulse very slow, has been down to 44. Has appearance of gross organic brain disease. Sept 1/97 Wt. 124.7# No Change in any way. May 1/98 Still lying quietly in bed: Has occasional convulsions. No essential change in condition. Nov 1/98 Wt. 124.2# Jan 31/99 Patient about same in every way as for past. Temp. up on Jan 25 to 103. Fell out of bed & bruised himself.

See Folio 328

Personal and Medical History of Michael Moran

LABERT, FIDLAR & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 4029
Residence, St. Paul, Minnesota
Date Admission, 7th March 1895.
Admitted by, D. Phelps Hour, 1 P.M.
How Sent, J. Willrich, Jof C., Ramsey County
Sex, Male
Age, 60+
Civil Condition, married
Children, one (?)
Age Youngest Child, —
Occupation, Laborer
Degree Education, probably poor
Profession Religion, Catholic (?)
Habits, Good
Nativity, Iceland
Physicians Committing, J. J. MacNamara and A. J. O'Brien
Correspondents, E. P. Moran
Address of Same, 327 St Anthony Ave. St Paul Minn

No. for Year, 228.
Insane Relatives, no hereditary history.
Cause Exciting, Fall, 10 years ago + a Sun, few months since
Cause Predisposing, previous Injury (?)
Form, Dementia Senilis Organic
Accompanying Bodily Disorder, slight left hemiplegia
Suicidal or Not, Not
Date of this Attack, 10 years ago
Duration, 10 years —
No. of Attack, 1st (Continuous)
No. of Admissions, 1st
Age First Attack, 50 (about)
Time of Leaving, 30th December 1894
Time in Hospital, 9 mos — 23 Days.
Result, Died: Cause, lobar Pneumonia

Exd by Dr. Herzog, March 9/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, much confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events,
Recent Events,
Special Subjects, } apparently gone
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Seems illusive
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects, } Cannot reason connectedly

GENERAL DESCRIPTIVE REMARKS:
Very emotional; Cries at no provocation. Does not talk of the subject at hand nor seem to understand what is required of him. Frequently prays + makes sign of the Cross

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Yes
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, } None noted
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, quite voluble

Personal and Medical History of Michael Moran

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ in WEIGHT, Not taken (too feeble) NUTRITION, Fair
WOUNDS OR ABNORMALITIES, see "S. R"; left arm + leg partially paralyzed. —
TONGUE, Tremors, Considerable Coatings, Clean Promptness Movement, Slow
PUPILS, Equality, left large Size, right normal
Response Light, Yes Accommodation, Yes
SIGHT, Defective; Presbyopic.
HEARING, Evidently Poor.
COORDINATION, Arms, Legs, } usual tests cannot be made; but evidently some incoordination
TREMORS, Hands, Yes Tongue, Considerable
Facial Muscles, none General, Some
REFLEXES, Patellar, Impossible to test accurately but left seems greater
Other than right. —
EXAM. URINE,
Treatment
No treatment available in present physical condition.
ARTICULATION,
Slurred, Yes + mumbling
Hesitating,
FACIAL EXPRESSION, Blank and as if he were blind
SENSIBILITY, Considerable atheroma of arteries
HEART, Somewhat irritable; Impulse forcible
LUNGS, nothing definite

TAKEN,

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 Michael Moran.

1895

This patient was brought here by Deputy Sheriff Kinney, with following history. Habit and morals have been good. There is no history of heredity. Supposed cause of this attack is a fall, 10 years ago, and a second fall, a few months since. Form of attack is Chronic dementia; there is slight left hemiplegia. First symptoms of disease were manifested following first fall; partial paralysis and defective mentality. This is 1st attack. Progressive loss of mental faculties now observed. He resists care & dictation. Is not suicidal, nor of filthy or destructive habits. No peculiarities of ward previously shown. He fell on his head 10 years ago & again, a few months since. He has been confined by Little Sisters of the Poor, for months & has been at St. Joseph's Hospital, 2 Days. Has had no medical treatment to speak of. This fall seems to be the cause of his condition. —

Mar 7 On admission, was put on D.H. (S.K. Complexion light; hair dark grayish; eyes gray; condition of skin good. No marks & cars or bruises noticed; bodily condition clean; paralytic; affected in left hand & arm. Behavior good, though somewhat stubborn; is quite feeble). Mar 8/95. Was slightly restless 4 hours & slept only about 4 hours. Am. Is kept in bed. Pulse 81. R 27. T. 97 4/10. Appetite poor; has to be fed spoon-meat; takes no solids. Bowels have not moved since his admission. No cough noticed. Is quietly behaved, but restless; talk incoherently, mostly about religion and shows delusions. He makes no complaints (Left forefinger distorted). Mar 9/95. Awake 3 hours, but slept 6 hours, last night. Appetite poor; he still has to be fed liquids. H.M. Pulse 69. R 21. T. 97 5/10. Bowels moved last night. Shows delusions. Thinks he is talking to his family. —

" 10 Mar 10/95. Slept most of yesterday & 5 hours, last night. Bowels constipated. Still has to be fed.

" 11 H.M. Pulse 72. R 25. T. 97 7/10. Makes no complaints. Mar 11/95. Sleeps, now, the greater part of day & night. H.M. Pulse 79. R 23. T. 98 4/10. Appetite much improved, though he still has to be fed; receives Extra Diet. Bowels have moved. Behavior has been quiet. Talks incoherently.

" 12 Mar 12/95. Slept 8 hours, last night. H.M. Pulse 75. R 25. He has a slight cold. Has had no

" 13 passage of bowels, today. Makes no complaints. Mar 13/95. Restless 2 hours, but slept 7 hours, last night. H.M. Pulse 69. R 25. Bowels moved; appetite has improved & now quite fair. Gets Extra Diet. Is quietly behaved, though restless & often out of bed. Talk is incoherent, rambling and quite

" 14 unintelligible. Makes no complaints. Mar 14/95. Slept all night. Am. Pat. R 21. Patient had a copious evacuation, of a dark color. In all other respects no change noticeable. —

" 21 Mar 21/95. During early part of this, the 2nd week, patient did not sleep very well; was restless & at times, noisy, at night; now, however, he sleeps well, all night. Pulse, taken daily, has ranged from 78 to 68; (69 today). Behavior has been quiet. Talks incoherently & in rambling manner. Appetite is now good, though he still requires to be fed & receives extra Diet. Bowels have become regular. He makes no complaints. Summary: Patient has, since admission, shown no signs of physical sickness. His body is well nourished; his pulse, R & T, have been about normal; he eats & sleeps well; bowels are now regular & he has no complaints to make. His mind seems to be almost an entire blank; he mutters words with no intelligible meaning &, at times, is under the delusion that his son is at the ward with him. He is a very devout Catholic.

" 30 He is apparently, in a condition of senile imbecility. — March 30/95. Patient's son visited him

" 31 today. March 31/95. Appetite good: has to be fed. He gets extra Diet. Bowels free. no cough noted. Appears to be in good health. Walk is uncertain. Behaves well, but, at times, inclined to be noisy & wont stay in bed.

Personal and Medical History of Michael Moran

1895 cont'd

" 7 ... incoherent manner.

" 8 ... was twice dirty in bed.

" 9 ... left open, this

" 10 ... He was got up & put.

" 11 ... plaintiff: talks

" 12 ... unbalanced,

" 13 ... fall has to be fed—

" 14 ... duty during month)

... he was clean, this month

... times: dirty in

... but did not

... wd, but was brought

... habit filthy—

... habit very dirty.

... cannot use it at

... ily well: gets thro

... walking. —

Dec 22/95. Left eye-

... uld not see.

... walk: is getting

... fed this morning,

... slight bruise

... condition.

... of soap suds and

... nts at frequent

... during the night.

... t. eggnogs etc.

... last night.

... sponge-bath.

... by Rev. Riordan.

... this hour.

29/341/4029.

CASE RECORD.

Patient's Name Michael Moran Name Disease ..... Name Physician .....

1895 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Dec 28 7 pm					Patient received upon ward from R.H. in a feeble and helpless condition. Has put to bed
" " 7 45 pm		104	120	30	
" " 9 00 pm					Gave enema soap suds 2oz Glycerine
					Bowels moved 9 30 pm.
" " 9 45 pm				Whiskey 3/4 oz	
" " 12 00				Malted milk	
" " 2 30				Whiskey 3/4 oz	
" " 3 00				" "	Slept 3. R 3
" 29 am	101+	114	32	An liquid diet	Patient is failing this morning.
" " 11 30				1 oz eggnog 3 times a day	Gave enema. Soap suds and glycerine
" " 11 50					Bowels moved slightly
" " 4 00 pm					Bowels moved quite freely
" " 5 00 pm	102	108	30		Slept 3 - R 3 (as above)
" 30 am	102	116	30	1½ pt eggnog-brkfst.	Patient is very weak and fading quite rapidly
" " 12 m				1 pt. eggnog	
" " 1 pm					Gave cold sponge bath
" " 2 pm				½ pt. beef tea	(Rev. Riordan came)
" " 2 "					Patient visited by Rev Riordan.
" " 4 "				½ pt. eggnog	
" " 5 "	105	147	47		Patient very low and still failing.
" " 6 20					Died.
					(Cause of death Lobar pneumonia)

Recorded by ..... Nurse.

Personal

1895

This patie
morals f
ago,
Her
ai
f

" 13 f
night.
So quietly ben
" 14 quite intelligible. "M
a copious evacuation of
" 27 Mar 29/95. During early part of
& at times, noisy, at night; now
has ranged from 98 to 60; (69 today).
manner. Appetite is now good, though he
have become regular. He makes no complaints. Summary: Patient has, since admission,
shown no signs of Physical sickness. His body is well nourished; his pulse, R & Temp have been about
normal; he eats & sleeps well; bowels are now regular & he has no complaints to make. His mind
seems to be almost an entire blank; he mutters words with no intelligible meaning & at times,
is under the delusion that his son is in the ward with him. He is very devout Catholic.
" 30 He is apparently, in a condition of senile imbecility. - March 30/95. Patient's son visited him
" 31 today. March 31/95. Appetite good: has to be fed. Is given extra Diet. Bowels free. no cough noted. Appears to be
in good health. Walk is uncertain. Behaves well, but, at times, inclined to be noisy & wont stay in bed.

Personal and Medical History of *Michael Moran*

1895 cont'd

" 7 No complaints or injuries to report. Talks very much, in a most unintelligible & incoherent manner.
Is cleanly in habits, so far as he can help himself. (Wet the bed, 7 days during month, was twice dirty).-
April 1/95 Wt 145 pds. Pulse 86. Apl 14/95. The outer door of ward was inadvertently left open, this
" 14 morning and patient bounced out, about 6 Am, & found his way down town. He was got &
" 30 brought back by Supervisin Anderson at 7.20 Am. Apl 30/95. No change. Specially to report. —
May 1/95. Wt 143 pds. Pulse 80. May 31/95. Is well-behaved: makes no complaints: talks
May 31 "gibberish" & is entirely unintelligible: mind seems to be become entirely unbalanced,
through religion. (Was 16 days dirty during the month): Gets extra diet: still has to be fed.-
June 1/95. Wt 142 pds. Pulse 88. June 30/95. No change to report: (Was 2 very dirty during month)
July 1/ July 1/95. Wt 143 " " 81. July 31/95. No special change, except that he was clean, this month
Aug 1/31 Aug 1/95. Wt 144 " " 84. Aug 31/95. No change. Extremely noisy at times: dirty in
" habits: soils clothes & bed: has to be fed by nurse. Visited by son & daughter today, but did not
Sep 1/14 recognize them. Sep 1/95. Wt 140 pds. Pulse 90. Sep 14/95. Walked away from the crowd, & was brought
" 30 back. Sep 30/95. Still no change. has to be fed by nurse: also has to be dressed & undressed: habits filthy.-
Oct 1/31 Oct 1/95. Wt 140 pds. Pulse 90. Oct 31/95. About the same all the time. Noisy: talks unintelligibly: habits very dirty.
Nov 1/ Nov 1/95. Wt 147 " " 68. Nov 30/95. Patient's left arm is now so paralyzed that he cannot use it at
30 all. He is very filthy in habits: dirty & slouchy in dress: appetite is good: he sleeps fairly well: gets extra
diet, but has to be fed: very restless & quite noisy, at times, on hall. Does not go out walking. —
Dec 1/ Dec 1/95. Wt today, 141 pounds. Pulse 88. Dec 11/95. Visited, today, by grand-daughter. Dec 22/95. Left eye-
11/22 brow & cheek commenced to swell, this P.M., until his eye was shut, so he could not see.
" 24 Dec 24/95. Swelling has gone again, but left leg is now badly paralyzed: can scarcely walk: is getting
" 27 very feeble. Appetite poor. He sleeps considerably in day time, also. Dec 27/95. Got out of bed, this morning,
but could not stand on his feet; he fell, striking his head against the bed, making a slight bruise.
" 28 Dec 28/95. Transferred to "Infirmary Ward", at 7 P.M. Was in a feeble & helpless condition.
Was put to bed. 7.45 P.M. Pulse 120 R 30. Temp 104. 9.00 P.M. Given enema of soap suds and
glycerine: bowels moved at 9.30 P.M. Was given malted milk & stimulants at frequent
" 29 intervals, during the night. Dec 29/95. Restless 3 hours, but slept 5 hours, during the night.
Am. Temp 101 4/5. Is failing. Bowels kept open by enemata. Is on liquid diet, eggnogs &c &c.
" 30 Relatives advised of his condition. Dec 30/95. Slept 5 hours, restless 2 hours, last night.
Is very weak, this morning, & failing quite rapidly. 1 P.M. Was given cold Sponge-baths,
is fed liquid diet, eggnogs, beef-tea &c. Relatives again notified. 3 P.M. Visited by Rev. Flordan.
5 P.M. Temp 105 1/5. Patient very low & still failing. 6.20 P.M. Died at this hour.

— Died —

Personal and Medical History of W. R. Livingston.

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4031.
Residence, Centre - Chain P.O. Martin County, Minn.
Date Admission, 11th March 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, J. C. Pratt, Jo. Co., Martin County.
Sex, Male
Age, - 60 -
Civil Condition, Married
Children, Yes ; six -
Age Youngest Child, —
Occupation, Farmer
Degree Education, not given
Profession Religion, Church member
Habits, Good
Nativity, Shepherville - Penna.
Physicians Committing, Henry N. Rice and C. C. Donaldson
Correspondents, B. J. Livingston (his wife)

No. for Year, 230.
Insane Relatives, none known of
Cause Exciting, No specific cause that is known
Cause Predisposing, sunstroke while in Army
Form, mania Chronic
Accompanying Bodily Disorder, seems sick & is nervous
Suicidal or Not, Not
Date of this Attack, in 1879 -
Duration, some 16 years -
No. of Attack, not 1st (At St. Peter at various times)
No. of Admissions, 1st here
Age First Attack, about 44.
Time of Leaving, 26th Augt 1895.
Time in Hospital, 5 mos & 15 Dys
Result, Disch'd. Sept 25/95. = Recovered (?)

Ed. G. & Herzog. March 2/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } Seems very good.
Recent Events, }
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, } Is fairly connected
Own Mental State, } but not of the best.
Special Subjects, }

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

DELUSIONS:
~~Systematized or Not~~,
Special Subjects, of persecution, infidelity of wife.
Transitory or Not, fixed.

HALLUCINATIONS: None noted
ILLUSIONS: —
CONVERSATION:
Coherent or ~~Incoherent~~, fairly
Voluble ~~or Reticent~~,

GENERAL DESCRIPTIVE REMARKS:
Is excitable & loud talking; when speaking of his alleged wrongs. Inclined to be hypochondriacal, when talking of his physical ailments. Says he draws a pension of $72.00 on account of gunshot wounds of thigh & sunstroke received in the army. Is very careful in giving dates of all occurrences & is apparently accurate. Inclined to be reticent & talks much of irrelevant subjects. Speaks abusively of his wife & his lawyer. Describes feelings of chilliness & numbness with muscular cramps, occurring at night.

Personal and Medical History of W. R. Livingston

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in. WEIGHT, 140 lbs. NUTRITION, Somewhat impaired.
WOUNDS OR ABNORMALITIES, See S.K. Left Inguinal Hernia; Varicose veins both legs, arteries & pulse alternating, pupils equal. Scars at right knee, one at inner surface of right thigh from gunshot wounds.
TONGUE, Tremors, Some Coatings, Some; somewhat flabby Promptness Movement, fairly
PUPILS, Equality, Yes; right & irregular in shape Size, about normal
Response Light, Yes Accommodation, Yes
SIGHT, somewhat Presbyopic
HEARING, Good
COORDINATION, Arms, fairly good; fingers, nose, eyes shut. Fairly good.
Legs, some impairment; standing & comfort fair; standing, eyes shut, sways considerably.
TREMORS, Hands, Slight Tongue, some
Facial Muscles, none General, none
REFLEXES, Patellar, Equal - 2 - 3.
~~Other~~ Somewhat sluggish
ARTICULATION,
Slurred,
Hesitating, /
FACIAL EXPRESSION,
/
SENSIBILITY,
/
HEART, some roughness of first sound
LUNGS, resonance good, but some moist rales.

~~EXAM.~~ URINE,

Treatment

Food & Maltine with Cod liver oil.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Phthisis - 42 years
Father or Pat. Relations, 9? years. senility
Brothers or Sisters, 2 brothers & 2 sisters living — Good health.

Personal and Medical History of W. R. Livingston

1895

This patient was brought here by Deputy-Sheriff W. P. Hill, with following history. By occupation is a farmer. Habits good. No hereditary history known of. As regards this attack, no specific cause is known. This not the 1st attack. In town, it is stated. He seems sick & is nervous. First symptoms of disease were manifested in 1879: was in an excited condition, in ideas & manner. Insanity now shown not in any particular subject. Patient is not disposed to injure others, nor suicidal nor filthy nor destructive in habits. He had sunstroke while in the army. Has been at St Peter, at various times. Patient has had no particular treatment; no effect observed. No further particulars given. —

Mar 11 March 11/95. On admission, was put on "Infirmary Ward". (S.R. Complexion light; hair dark gray; Grey gray; no marks or scars or bruises noticed. Bodily condition dirty. Behavior very good.) Pulse 80. R 24.

" 12 March 12/95. Slept but 2 hours, last night; was restless & disturbed. AM. Pulse 66 R 19. T 98.4. Appetite very good. Has had a very bad diarrhoea which is now improving. Is obedient, but is noisily talkative; talk incessantly; also is nervous & irritable. No delusions noticed. No cough observed. PM. Pulse 76. R 22. T 99.2. No complaints or injuries to report. Is on medicine, 3 times, as ord. March 13/95. Slept well, all night. AM. Pulse 70 R 22 T 98.4. Does very much writing & talks a great deal, annoying the sick patients. PM. Pulse 74 R 20. T 98.4.

" 14 March 14/95. Slept only 5 hours, last night. AM. P 80. R 20. T 99.4. PM. P 74 R 20. T 98.8. Bowels regular & free. Appetite very good. Behavior as usual. Dislikes medicine.

" 15 Mar 15/95. Slept rather poorly, only 5 hours. AM. P 65. R 20. T 98.6 PM. P 68. R 18 T 99.2. Says "it is too quiet for him, in this ward: wants to go where he can make more noise". —

" 16 Mar 16/95. Was up & out in hall, several times, during the night; slept only 4 hours. AM. Pulse 72 R 24 T 99.2. Is more quiet of late. Has many whims. "Likes certain dishes prepared for him, at meal times". 5.30 P.m. Transferred to St. East. March 17/95. Says "he did not sleep well, last night". AM. Pulse 80. Behaves well; fairly quiet. Does some work in the ward.

" 18 March 18/95. AM. Pulse 76. Talks freely but noisily. Not contented unless working at something.

" 19 March 19/95. Complaints made by patients about his restlessness &c. Gets quite noisy & excited, while talking; had some trouble with patient, John Kappel, today. Pulse, this AM. 76.

" 20 March 20/95. AM. Pulse 80. Is fairly well-behaved. Seems always happy. Habits are clean. Went out Driving with Supt, today. Attended a patients' Card Party, this evening. —

" 21 March 21/95. Complains of restlessness, during night. AM. P 78. Is very noisy during the day,

" 22 March 22/95. Appetite good; bowels free. AM. P 78. Is very wild & noisy, at times. Walks back & forth in ward & curses. Is very unpleasant to the patients. Mar 23/95. Complains that he does not sleep well, at night: get up & walks about the room. AM. Pulse 76.

" 24 He is always complaining about something. March 24/95. AM. Pulse 80. Made some violent expressions, today: says "he will knock somebody down & jump, with both feet, into their face". Mar 25/95. AM. Pulse 76. Behavior noisy. Talks freely, but unreasonably, at times. Thinks himself better than other people. Says "he is committed unjustly".

Summary; still complains of not sleeping well; gets up & walks about room; is very quarrelsome; talks very roughly & insultingly to patients & when spoken to about it, will stop & talking, but only for a short time. No delusions noticed. Does some work on ward. Writes nearly all the time. Has some unreasonable beliefs. Habits are clean.

Personal and Medical History of W. R. Livingston

1895

Mar 31 March 31/95. Behavior very unpleasant & exacting to patients. He does not rest well, at night. Gets up & washes himself in hot water, for 2 hours at a time. Complains of cramps in limbs & is very troublesome. April 1/95. Wt 142 pds. Pulse 80. April 7/95. Complains of restlessness, says he did not sleep, all night. Has no manners, while in dining-room. April 8/95. Sick, in bed: Complains of headache and pain in breast. Ate no breakfast. Pulse 96. Took only cup of tea for dinner. Bowels free. Talk delusive. Ate some supper. 5.30 PM. Pulse 94. R 20. T 102 2/5. 9 PM. Transferred to

" 9 I.W. Patient is very weak condition; has high fever: April 9/95. Was awake most of night & very restless.

" 13 Appetite Good. Out on Grounds, today. April 13/95. Very disagreeable in manner: very loud talking & always finding fault. Coughs considerable, at night: sleeps poorly. April 15/95. Patient causes much trouble

" 19 among the others; is bothersome; always complaining about something. April 19/95. Very restless at

" 20 night & sleeps poorly. Appetite voracious. Bowels regular. April 20/95. Transferred to Ward 16. E

" 27 April 27/95. Complained of pain in limbs — remained in bed, part of day. Pulse 82. April 25/95. Feeling

" 30 much better — Works some on ward. Gets extra diet & is on medicine. April 30/95. Behavior quite well. Complains of nervousness & pains in lower limbs — (uses liniment). Works some on ward. Very talkative & noisy, at times. Hard to please. Inclined still to be fault-finding. Habits are cleanly.

May 2 May 2/95. Wt 142 pds. Pulse 78. May 15/95. Had a "nervous spell": was very annoying, abusing &

" 31 to Drs & attendants. May 31/95. Behaves well. Appetite good. (Semi-Sta Diet): takes medicine. Still subject to "nervous spells" when he is very troublesome & annoying to other patients & attendants. No delusions noticed. Works same in the ward. June 1/95. Wt 145 pds. P.M. June 30/95. Keeps about

June 30 the same. Still has these "nervous spells". Behaves fairly well. Is much given to loud talking & arguing in his peculiar way, but on the whole, talks rationally. No delusions noted. Works on ward.

July 3/4 July 3/95. Wt 145 pds. Pulse 69. July 4/95. Was transferred to Infirmary Ward (to undergo operation)

" 5 at 7 P.M. July 5/95. Slept 7 hours, last night: bowels moved freely, several times, during night.

" 6 8.30 AM. Operation took place. (See particulars in annexed Nurses' record). July 6/95. Slept at intervals, during night, but rest was much broken & patient was very nervous & restless: wanting to move about in bed: slept only about 2 hours, at intervals. 3rd passed about 12 oz urine.

" 7 He has been quite restless, all day. Is given mild frequently. July 7/95. Restless 6 hours & slept only 2 hours, last night; took no nourishment during night. Has taken freely of milk during the day: passes urine. Is very restless, this evening, & complaining of pain in lower limbs; also of headache. July 8/95. Slept poorly, last night; restless & complaining. PM. Drinks milk

" 8 quite freely. Has been very restless, to day; also talkative and profane. July 9/95. Slept only 3 hours; was restless 5 hours, last night: passed 12 oz urine, during the night. Has taken well to day; taking

" 9 also some solid food. July 10/95. Is now on regular diet, with extras: has been noisy, a part of

" 10 day; cursing & swearing frequently: slept about 2 hours, during the day. Has consumed in normal quantities. July 11/95. Restless 4 hours. Sleeping only 4 hours, last night. Restless during day:

" 11 noisy & profane, frequently: is somewhat quieter, than yesterday. July 12/95. Slept 8 hours very quietly, last night. 1 PM. Wound dressed: it is doing nicely. Patient more quiet than

" 12 usual, today. July 13/95. Slept 4 hours, restless 4 hours, last night. Complained of severe pain in wound. Was fairly quiet, today. Says "we are kicking him with kind words".

" 13 July 14/95. Restless 3 hours, but slept 5 hours, last night. Patient fairly quiet, of late.

(Carried to page 192)

Personal and Medical History of Ole Skaraasen

LIBERTY, FIDLAR & GUMBERT, DAVENPORT, IOWA.

Whole No. 4035.
Residence, Winona County Minn
Date Admission, 16th March 1895. -
Admitted by, D. C. B. Eby Hour, 7 45 PM.
How Sent, H. L. Buck & J. P. Winona County
Sex, Male
Age, 23 years
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Student
Degree Education, probably good
Profession Religion, Swedish Presbyterian Church
Habits, Good
Nativity, Norway
Physicians Committing, D. B. Pritchard M.D. A. Lichtenstein
Correspondents, M. Ginse (brother in law) 618 Sioux Street Winona Minn

No. for Year, 2-34.
Insane Relatives, No heredity given
Cause Exciting, Not known.
Cause Predisposing, "Chronic"
Form, melancholia acute stuporous
Accompanying Bodily Disorder, None
Suicidal or Not, Threatens to commit suicide.
Date of this Attack, about 3 years ago
Duration, about 3 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 20.
Time of Leaving, 23d Augt 1895.
Time in Hospital, 5 mos & 7 Dys
Result, Discd Rec'd 6/95 = Improved

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ex'd by Dr. Herzog Mar 1895.

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

EMOTIONAL STATE:
Normal, ~~Calm~~,
~~Indifferent~~,
~~Exalted~~,
Depressed, Yes
DELUSIONS:
Systematized or Not, Special Subjects, Transitory or Not, HALLUCINATIONS: ILLUSIONS: None noted
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, Extremely reticent

GENERAL DESCRIPTIVE REMARKS:
Patient is considerably emaciated; breath foul; skin gives off a disagreeable odor and is harsh to the feel. Has the appearance & semell of a masturbator. Eyes small. Patient is slow to grasp ideas. Does not speak, except in monosyllables & talks the Lapse of Considerable time. Speaks no English. Conversation carried on with interpreter.

Personal and Medical History of Ole Skaraasen

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 125 lbs. NUTRITION, Considerably emaciated
WOUNDS OR ABNORMALITIES, See "L R"; Exophthalmus slight
TONGUE, Tremors, will not protrude tongue Coatings, it is dry; covered with sordes as are the teeth. Promptness Movement,
PUPILS, Equality, Yes Size, Dilated
Response Light, Yes Accommodation, Yes
SIGHT, unknown
HEARING, " "
COORDINATION, Arms, some impairment; usual tests not made.
Legs, some impairment; " "
TREMORS, Hands, some Tongue,
Facial Muscles, General,
REFLEXES, Patellar, q - equal
Other
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION,
stupid; eyes staring.
SENSIBILITY,

HEART, Irregular & irritable; 1st Sound, at apex, rough
LUNGS, Murmur harsh; Supra-clavicular Spaces retracted. No consolidation.
OPHTHALMOSCOPIC EXAM.,

EXAM. URINE,

TAKEN,

Treatment
Keep abed for a time. Give Calomel & Epsom to purge. Full diet - Massage, general, twice weekly - Laxatives -

HABITS, Dirty, Clean, Careless,
BOWELS, Normal, kept Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Record Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,
None mentioned

Personal and Medical History of Ole Skaraasen

1895

This patient was brought here by Deputy Sheriff A.W. Fuhrman, with following history. Habits & morals good. There is no hereditary history. Cause of this attack is not known. In form, this is acute, depressed, paroxysmal. There is no accompanying bodily disorder. First symptoms of disease were manifested about 3 years ago; he became despondent & melancholy. This is 1st attack. Insanity now shows in religious matters. Threatens to commit suicide; thinks he has committed sin, that is unpardonable. Is not disposed to injure others. Is not filthy or destructive in habits. There is no history of any bodily disease &c, or head-injury. No restraint or confinement has been employed except constant watching by family, for 4 weeks. He has not been under medical treatment. Tries to go off, and has wandered off and been brought back by family.

Mar 16 On admission, was put on B2. (S.R. Complexion light, hair dark; eyes brown; Condition of them good. No marks, scars or bruises noticed. Bodily Condition clean. Is stupid; does not talk).

" 17 March 17/95. Was awake & restless, all night; slept none. HM. Pulse 108 T◎ 99.2. Appetite poor; takes no solid food, but drank 6 glasses of milk today. Is in bed; lies there in a stupid condition staring at ceiling. PM. Pulse 102. T◎ 99.4. Does not talk any. Mar 18/95. Again, passed a poor night. Awake 8 hours, sleeping none. Transferred to Infirmary ward, at 10. AM & put to bed. Pulse 80. R 20 T◎ 98.6. Took only liquid diet. Bowels constipated. 7 PM. Given Enema, also tub-bath;

" 19 bowels afterwards moved. Has been in a stupor, all day. Mar 19/95. Was given S.D. at 9 PM, but lay in a stupor, all night. HM. P 96. R 24. T◎ 98.6. PM. Pulse 78. R 20. T◎ 99.4.

" 20 Appetite poor. Is on liquid diet; lies steadily in bed, staring at wall. Mar 20/95. Was, again, given S.D. last night; no effect, he lay staring at wall, all night. HM. P 80 R 20 T◎ 99 - PM. P 84 R 20 T◎ 99.4. Bowels moved freely, after Enema given. Takes nourishment every 2 hours.

" 21 Mar 21/95. Usual sleeping dose given; slept little or none; lies very quietly in bed. HM. P 72. R 20 T◎ 98; PM. P 88. R 19. T◎ 98.6. Took a very little solid food, today; takes milk, every 2 hours, as usual.

" 22 Is becoming quite restless, of late. Mar 22/95. Again given S.D., but slept only 3 hours. HM. P 64 R 24. T◎ 98.4; PM. P 70. R 20. T◎ 99. Was given enema; bowels moved freely.

" 23 Mar 23/95. Slept 8 hours last night, after sleeping dose given him. HM. Pulse 72. R. 20. T◎ 98.6. PM. P 64 R 18 T◎ 99.4. Is restless & will not stay in bed, any length of time. Ate a little

" 24 solid food, today. Takes milk every 2 hours, as usual. Mar 24/95. At 9 PM, was given S.D., and slept well afterwards. HM. Pulse 72. R. 18. T◎ 98.4; PM. Pulse 72 R 18. T◎ 98.4. Is very restless, of late, getting out of bed, frequently. Eats lightly of solid food; drinks liberally of milk.

" 25 Mar 25/95. Slept 6 hours, last night. HM. Pulse 68 R 18 T◎ 98; PM. Pulse 68 R 18 T◎ 98.

" 26 Is out of bed frequently. Is growing more fleshy, of late. Mar 26/95. Restless 3 hours, but slept 5 hours, last night. HM. Pulse 64 R 20 T◎ 98.2; PM. Pulse 68 R 19 T◎ 98.8. Was given Enema & then bowels moved copiously. He is very restless. Mar 27/95. Was restless

" 27 5 hours out of bed several times during the night; slept only 3 hours. HM. P 92 R 18 T◎ 98.2 PM. P 64 R 18 T◎ 98.8. Appetite improving. Is very restless & getting out of bed continually.

" 28 Mar 28/95. Slept but 2 hours; restless 6 hours; out of bed very frequently, during night. HM. P 72 R 17. T◎ 98; PM. P 78 R 18 T◎ 98.4 - 8 AM. Gave him enema; bowels afterward

" 29 moved copiously. Very restless; often out of bed; eats very little solid food. Mar 29/95. Was given S.D. last night; then slept 6 hours. HM. P 64. R 20. T◎ 98. Still very restless - Appetite poor.

Personal and Medical History of Ole Skaraasen

1895 cont'd

Mar 29/ 30 10 AM. Up, onward & dressed. PM. Pulse 70. R 18. T◎ 99. Mar 30/95. Restless 3 hours, but

" 31 slept 5 hours, last night. HM. Pulse 96. PM. Pulse 96. Appetite still poor. Has been up & onward, all day. March 31/95. Somewhat restless, but sleeping 5 hours, last night. Is up, again, today.

Summary; When received on ward, patient was much run down & emaciated; would take no solid food; was given General Massage semi-weekly. After a few days, patient would eat a very little solid food at each meal, & at present, with some urging, eats quite well. Was in a stupor, all the time, but, of late, has brightened up considerable & has gained quite perceptibly in flesh. Talks very little & only in the Scandinavian tongue.

Apl 11 Apl 11/95. Restless, sleeping poorly, at night. Appetite fair; bowels in fair condition. Patient never

" 18 speaks: appears quite stupid. Apl 18/95. Is fed by nurse: will eat, at times, of his own accord.

" 25 Apl 25/95. Appears to be more bright & less stupid of late. Appetite good. He goes out on ground

" 30 every day, nearly. Apl 30/95. No special change noticeable. Does not gain any in flesh.

May 3 May 3/95. Patient up, onward. At times, eats fairly well; other times, is fed by nurse - Wt 120 lbs.

" 4 May 4/95. Has been given baths; also massage treatment & of late seems to be improving. Goes

" 31 out walking & talk, at times. Sleeps very well. Is quiet, when awake. May 31/95. Appetite fair, of late. Is always very dull & stupid & will never speak. He goes outside, daily. -

June 5 June 5/95 - Patient seems to be running-down. Appetite not very good; bowels fairly regular. Coughs

" 15/17 some (is very emaciated & was put to bed, June 16/95). June 17/95. Refused supper. Lies very

" 18/22 quietly in bed. June 18/95. Ate very little, today. June 22/95. Lies quietly in bed. Appetite fair;

" 30 bowels fairly regular. June 30/95. No special change noticeable. Patient still in bed.

July 13 July 3/95. Lies steadily & quietly in bed: sleeps 6 to 7 hours, nightly: never speaks to anyone.

" 20 Is on regular & extra diet: & no medicine, 3 times, a day. July 20/95. Still in bed: very quiet,

" 31 and melancholy. Habits clean. July 31/95. Continues to eat & sleep well. Lies very quietly in bed, never speaks to anyone; but appears to understand anything that is said to him. Habits clean.

Aug 5 Aug 5/95. Steadily in bed: sleeps well. Eats fairly well: bowels in good condition. Is very quiet.

" 15 Aug 15/95. Patient appears about the same, from day to day. Has no cough. Is very quiet; never

" 19 speaks: makes no complaints. Habits clean. Aug 19/95. Lies in bed: very quiet & rather stupid.

" 20 Aug 20/95. Appears much brighter, today; even talking some: says "he would like to get up & dress".

" 21 Sleeps 6 to 7 hours, nightly. Aug 22/95. Patient up, onward & dressed. Says "he thinks he will

" 23 do better up, than in bed". Aug 23/95. Up, onward, & out on the ground, this morning. -

PM. Visited by brother, & patient was allowed to go home with him.

Discharged

Oct 19/95 **OBITUARY.** Union Herald

Ole O. Skaraasen died yesterday at his home, 518 Sioux street, of consumption. The deceased had been an inmate of the Rochester institution, but since brought back to this city two months ago, has been in his right mind. The funeral will occur from the residence on Saturday at 2 p. m. and the interment will be made in Woodlawn cemetery.

Personal and Medical History of Albert Howard McGuire

ALBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4037
Residence, 322 University Ave. St Paul. Minn
Date Admission, 18th March 1895.
Admitted by, D. Phelps Hour, 7 P.M.
How Sent, G. Wilbrich, Jof P. Ramsey County.
Sex, Male.
Age, - 23 -
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Clerk
Degree Education, Probably Good
Profession Religion, Church member
Habits, Bad; masturbates
Nativity, U S A -
Physicians Committing, J. Otrage and H. J. Nipsfert
Correspondents, (Sister) Mrs O. J. Harris
322 University ave. St Paul minn

No. for Year, 236.
Insane Relatives, No hereditary history.
Cause Exciting, Masturbation.
Cause Predisposing, -
Form, paranoia
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, not
Date of this Attack, about 1 month ago.
Duration, about 1 month.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, - 23 -
Time of Leaving, 11th December 1901
Time in Hospital, 6 yrs 8 mos 23 ds
Result, Transferred to Hastings Hospital

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Emily D. Herzog March 18 95.

MENTAL ACTIVITY:
Clear or Confused, Fairly Clear
Quick or Sluggish, Quick
MEMORY:
Past Events, } Seems good
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, fairly alert
Correct ~~or Illusive~~, in ordinary Subjects
REASONING POWER:
Ordinary Subjects, Good
Own Mental State, is able to reason out that other persons may think him insane but denies the conclusion
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm~~,
Indifferent, yes, and
~~Exalted~~,
Depressed, slightly
DELUSIONS:
Systematized ~~or Not~~,
Special Subjects, of supernatural healing powers
Transitory or Not, fixed
HALLUCINATIONS: of vision & hearing"
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, fairly Coherent
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:
Claims to have power to heal the sick by a species of influence which Comes over him. Has seen & Conversed with the Materialized Spirit of his dead Sista". all delusions systematized.

Personal and Medical History of Albert Howard McGuire

EXAMINATION ON ADMISSION, CONTINUED.

Vol 29

4037

926 North Quincy St., #13
Arlington, Va. 22203
30 January 1975

Ms. Phyllis Seitz
Medical Record Librarian
Rochester State Hospital
Rochester, Minnesota

Dear Ms. Seitz:

RE: ALBERT MC GUIRE

I am working on my family history and understand that the brother of my great-grandmother was admitted to the Rochester State Hospital. I do not know anything about Albert McGuire as to age, etc., except that he is the brother of Mary Ellen McGuire, who was also admitted to the hospital on 18 March 1883.

If you have any information regarding Albert McGuire, son of (I believe) Charles McGuire, I would appreciate it. I am not sure of the name of the parents of Albert and Mary Ellen, though one source told of a Charles McGuire.

Sincerely,

Lynda Maguire

Lynda Maguire

Sent copy of letter on back 2-14-75

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

None Stated

Personal and Medical History of Albert Howard McGuire

The only Albert Mc Guire listed at our hospital was admitted on March 18, 1895.

His sister's name was given as Mrs O. J. Harris of St. Paul.

We have very limited information on these patients. He was transferred to Hastings State Hospital on Dec 11, 1901 His age on admission was 23 - He do not have a birth date or birthplace other than U.S.A.

~~I am~~ This is all the information we are able to find which would relate to a family history

GENERAL DESCRIPTIVE REMARKS:

Claims to have power to heal the sick by a species of influence which comes over him. Has seen & conversed with the materialized Spirit of his dead Sister". All delusions systematized.

Personal and Medical History of Albert Howard McGuire

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ WEIGHT, 142½ lbs. NUTRITION, ~~Fairly~~ Good

WOUNDS OR ABNORMALITIES, see "S. A." on next page.

TONGUE, Tremors, None Coatings, anaemic, large, flabby, slight grayish coat Promptness Movement, Fairly prompt

PUPILS, Equality, Yes Size, normal

Response Light, somewhat excessive Accommodation, somewhat excessive

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Slight impairment; finger to nose, eyes shut, some uncertainty. -

Legs, Good; Standing at rest, good; Standing, Eyes shut, good

TREMORS, Hands, Slight Tongue, None

Facial Muscles, None General, None

REFLEXES, Patellar, 9 - equal

Other Slight ankle-clonus

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION, somewhat shifting

SENSIBILITY,

HEART, action tumultuous & irritable - no murmur

LUNGS, No adventitious sounds.



TAKEN,

~~EXAM. URINE,~~

Treatment.

Mild hypnotics; (trional); bitter stimulant tonic, containing nux vomica. Cold pound.

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,	Careless,
BOWELS, Normal,	kept	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,

None Stated

Personal and Medical History of Albert Howard McGuire

1894

This patient was brought here by Deputy Sheriff W. B. Miller, with following history. Habits not good. He is a masturbator. No hereditary history. Supposed cause of this attack is masturbation. In form, attack is acute. There is no accompanying bodily disorder. First symptoms of disease manifested about one month ago; this is 1st attack. Insanity now shown by hallucinations. Patient is not disposed to injure others, nor is he suicidal, but has a filthy habit. Previously, showed melancholia. There is no history of any bodily disease or injury to head. He has not been restrained or confined. Has been under treatment some, by bromides, but its effect is stated.

Mar 18 On admission, was put on B3 (S.R. Complexion sandy; hair sandy; eyes gray; condition of skin good; a birth-mark on left hip: no scars observed. Bodily condition clean. Behavior very good; is quiet).

" 19 Talks freely. Mar 19/95. Restless 6 hours & slept but 2 hours last night. HM. P 96. R 20. T 99 4. Appetite good; bowels seem free; no cough noticed; talks freely; also talks to himself, at times; behaves well & is quiet. PM. Pulse 100. R 19 - No complaints or injuries to report. Mar 20/95. Restless 7 hours & slept only 1 hour, last night. HM. P 92. R 19. T 99 2. PM. Pulse 90. R 19. -

" 21 Mar 21/95. Slept 4 hours; restless 4 hours. Appetite good. Pulse 96. T 99 4. Talks to himself and laughs, at times. Talks quite sensibly, when spoken to. Rather restless. At times appears to be in a "study". PM. Pulse 88. Goes walking. Mar 22/95. Again slept poorly: HM. P 88.

" 23 Appetite good; Talks to himself; imagines he hears "voices"; Is on medicine. Mar 23/95. Was restless 4 hours & slept only 4 hours, last night. HM. P 100. Talks quite freely when addressed.

" 24 Talks to or answers imaginary "voices". Visited by sister, today. Mar 24/95. Restless 2 hours, but slept 6 hours, last night. HM. Pulse 96. Laughs & talks to himself; reads & sews, but it seems hard for him to keep his mind on one subject. Mar 25/95. Slept 6 hours, restless 3 hours.

" 25 HM. Pulse 90. Appetite Good. Still says "that he heard some one talking to him" - Walks the hall laughing & talking to himself &c. Mar 26/95. Was somewhat restless, but slept 6 hours, last night.

" 26 HM. Pulse 92. Talks quite freely when addressed; makes no complaints. Mar 31/95. Since last noted, patient has, as a rule, been sleeping about 6 hours, restless a couple of hours, each night. Has been up & about daily, clean, tidy & well-behaved. Walks about hall: reads & sews, but cannot keep his mind on book or paper. Pulse has been about 92 - 90 (taken each morning). Gesticulates & talks to self, a good deal: talks also, to "imaginary voices" & laughs. Appetite good: bowels seem regular. Talks quite sensibly, when addressed; Goes at walking; is on medicine. Quite restless at times.

" 31

Apl 1 Apl 1/95. Wt 141 lbs. Pulse 92. Physical condition about same, as on admission. He is quite restless & somewhat excited, at times. Seems to be in a "study". Still "hears voices".

" 9 Apl 9/95. Has been restless at night, sleeping only from 3 to 5 hours, each. Restless by day, and walking the hall. Talks to himself. Imagines that his mother & sister are up-stairs & that he hears them talking to him. Apl 10/95. Transferred to I.W.E. Apl 12/95. Appetite good; bowels regular. He is

" 10/12 rather stubborn, at times; Talks to himself frequently. Apl 16/95. Sleeps quite well. Out at grounds, daily.

" 16

" 20 Apl 20/95. Lies quietly, when awake. Patient will stand stupidly staring at wall for some time; and again, will walk rapidly up & down hall, for an hour or so, making gestures & talking to himself.

" 26/29 Apl 28/95. Reads: plays games. Talks. Goes out walking - Apl 29/95. Transferred to W3 E. (1 PM)

" 30 Apl 30/95. Slept 7 hours, last night. Behaves well. Walks hall & talks to himself - reads & sews - does no work.

May 1/10 May 1/95. Wt 143½ lbs. Pulse 70. May 10/95. Has "spells" when he will be restless, walking the

Personal and Medical History of Albert Howard McGuire

1895

May 31 / June 15 Hall & talking to himself - May 31/95. Behavior is good. Still Rapid delusions: laughs & talks to himself, talks foolishly: Makes no complaints. Indolent & does no work. June 1/95. Wt 144 lbs. P 78. June 30/95. He seems improving some: does not talk so much to himself, of late: is very neat & tidy, about his person; talks rationally, when addressed. Makes no complaints. Does not work any - Appetite good; bowels regular.

July 5/15 July 1/95. Wt 146 lbs. Pulse 80. July 1/95. Commenced to work some, outward. July 12/95. Was visited by a brother, who desired to take him on trial; patient was allowed to go with him.

Augs Aug 1/95. Was returned, last evening. & put on B3. (Wt 134 lbs): has lost considerably in flesh, while out.

" 2/20 Aug 2/95. P 106. Augs 30/95. Restless & sleeping poorly, some nights. Appetite fair: bowels in good condition.

" 31 Is generally well-behaved: talks to himself frequently. Aug 31/95. Still sleeps poorly in some nights.

Sep 2/5 Otherwise, no special change noted. Sep 2/95. Wt 131 lbs. P 108. Sep 5/95. Complained of headache

" 17 and pain in chest, this a.m.: apparently has slight cold. Is quite cranky at times. Sep 17/95: Transferred to C3. Sep 30/95. Rather cranky: does no work. was found walking about ward, in the night & now sleeps on B3. Does not walking: health good: no special change in his mental condition.

Oct 1/19 Oct 1/95. Wt 129 lbs. Pulse 78. Oct 19/95. Appetite poor: Is very pale & melancholy: not so well

" 31 as usual. Oct 31/95. no change from last note. Occasionally complains. Is quite cranky, at times.

Nov 1/13 Nov 1/95. Wt 128½ lbs. Nov 11/95. No special change). is very simple & foolish: talks to himself & laughs in an idiotic manner. Is slovenly & dirty in his appearance. Has delusions & hallucinations.

" 13 Nov 13/95. Transferred to B1 East. Nov 30/95. No change noticeable, in any way. Still has delusions

Dec 1/18 Dec 1/95. Wt 133½ lbs. Pulse 84. Dec 16/95. Tried to escape, while out walking, today.

" 31 Dec 31/95. Patient appears to be growing worse: is more slovenly & untidy. Talks & acts very simple

Jan 2 1896 & foolishly. Appetite good: bowels regular. Is in good physical condition. Jan 2/96. Wt 134 lbs. Pulse 80

" 2/31 Jan 4/96. Transferred to B3 (on account of general change of wards). Jan 31/96. No improvement noted.

Feb 1/29 Feb 1/96. Wt 134 lbs. P 80. Feb 29/96. Patient has hallucinations: at times, is somewhat noisy: Talks very

Mar 2 foolishly. Is very indolent & untidy. Appetite good: bowels regular. March 2/96. Wt 136 lbs. Pulse 82.

" 30 March 30/96. No change noticeable, from month to month. Still very lazy, indolent & untidy. -

Apl 1/30 Apl 1/96. Wt 133 lbs. P 78. Apl 30/96. Patient seems growing worse - Talks & acts very foolishly. Very untidy: has hallucinations. Does no work.

May 1/96 to Aug 1/97 Summary Notes by Dr. Phelps. Patient an adolescent case, at least in appearance: Seems to be growing more silly & demented: So at times rather troublesome & uncertain in behavior also occasionally comes at violent: Wt 130 to 133 lbs.

Continued by Dr. Herzog. Aug 1 97 Wt. 133 lbs. Inclined to be pugnacious & quarrelsome: Striking without cause; Kept in bed: Demented, childish, laughs frequently to himself without cause: Habits filthy: Does no work a slight improvement during next two months as to habits & personal appearance. Oct 15 97 Works on hall: Is Loud to day in dining room: Is not as pugnacious as formerly but silly & demented: untidy in dress but not filthy. Nov 1 Very untidy as to clothing: masturbates excessively: Occasionally pugnacious Remained about same during months of November & December. Jan 20 98 Has not been quite so well during month - more restless. Feb 1 Has had habit of late of dropping on knees as if in prayer,

Mch 1 Wt. 136 lbs. Loss in weight probably due to his constant restlessness. Appetite poor: does a little work in dining room. July 1 1898 Wt 134 lbs. Still demented, untidy, restless - May 1 Wt. 136 lbs. Not filthy but very untidy. July 1 Wt. 131 lbs. Still demented. Has habit of laughing to himself & clapping hands. Practically no change. Jan 3 99 Wt. 136. More demented. Inclined to be filthy & more restless.

To Transfer Book A. 227

Personal and Medical History of Joseph Nichols

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Mrs W. H. Northrup (Address) Sister of J. H. Nichols. 1105 E. Franklin Ave Minneapolis.

Whole No. 4038.
Residence, 522 Bradley St St. Paul. Minn
Date Admission, 19th March 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, C. Kilbrick, Jofl. Ramsey County
Sex, Male
Age, 24
Civil Condition, single
Children, none
Age Youngest Child,
Occupation, Printer
Degree Education, probably fair
Profession Religion, not a church member
Habits, temperate, but ill-tempered
Nativity, St. Paul Minnesota
Physicians Committing, E. J. Abbott and J. Otage
Correspondents, (Parent) Mrs Julia C. Nichols (Sister) 522 Bradley St St. Paul. Minn (503 Canada St)

No. for Year, 237
Insane Relatives, no hereditary history.
Cause Exciting, masturbation.
Cause Predisposing, not given
Form, melancholia acute
Accompanying Bodily Disorder, none
Suicidal or Not, has threatened suicide.
Date of this Attack, one year ago
Duration, one year
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, - 23 -
Time of Leaving, Nov. 30 '95.
Time in Hospital, 8 mo. 11 da.
Result, Disc. Improved. May 6 '96.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exd by Dr. Herzog, March 21/95.

MENTAL ACTIVITY:
Clear or Confused, slightly Confused
Quick or Sluggish, sluggish
MEMORY:
Past Events, somewhat impaired
Recent Events, somewhat impaired
Special Subjects, somewhat impaired
PERCEPTIVITY:
Alert or Dull, somewhat dull
Correct or Illusive, seems Correct
REASONING POWER:
Ordinary Subjects, slow but fairly accurate
Own Mental State, slow but fairly accurate
Special Subjects, slow but fairly accurate

EMOTIONAL STATE:
~~Normal, Calm,~~
Indifferent, Yes
~~Exalted,~~
~~Depressed,~~
DELUSIONS:
Systematized or Not, none noted
Special Subjects, none noted
Transitory or Not, none noted
HALLUCINATIONS: none noted
ILLUSIONS: none noted
CONVERSATION:
Coherent or Incoherent, coherent
Voluble or Reticent, slightly reticent

GENERAL DESCRIPTIVE REMARKS:
Patient is evidently slightly defective. He is rude & "tough" in his manners. He has been arrested twice for fighting & drunkenness. Denies masturbation: but has consulted quack specialists. Says that, at home, he was moody & irritable & unfit for work, being somewhat erratic.

Personal and Medical History of Joseph Nichols

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ WEIGHT, 135 lbs. NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, see "S R" next page.
TONGUE, Tremors, some Coatings, Yellowish, at base, in Centre Promptness Movement, fairly prompt
PUPILS, Equality, Yes Size, normals
Response Light, somewhat excessive Accommodation, somewhat excessive.
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Fair; finger to nose, eyes shut, fair
Legs, Fair; standing on foot, good; standing, eyes shut, sways slightly
TREMORS, Hands, Slight Tongue, some
Facial Muscles, none General, none
REFLEXES, Patellar, 9 - equal
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION, somewhat shifty & tough"
SENSIBILITY,
HEART, decided roughness of 1st sound, at apex.
LUNGS, Murmur good

EXAM. URINE,

Treatment

Nux vomica; phosphorus; tinct Cold comp.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

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

Personal and Medical History of Joseph Nichols

1895

This patient was brought here by Deputy Sheriff Eastcam, with following history. Habits have been temperate but he is ill-tempered. There is no history of heredity. Supposed cause of attack, masturbation. Form of attack is chronic, depressed, paranoiacal. There is no accompanying bodily disorder. The first symptoms of disease were manifested one year ago; he became cross, ill-tempered & quarrelsome. This is 1st attack. On what subject insanity is now shown, not stated. Patient is disposed to injure others from passion; has also threatened suicide. Is not filthy or destructive in habits. Previously, had been morose & melancholy. There is no history of any bodily disease &c or head-injury. He has not been restrained or confined, nor under any medical treatment. ——— ———

Mar 19 On admission, was put on B[d] (S.R. Complexion light; hair light; eyes blue; condition of skin good; vaccination marks on left arm; no scars observed; bodily condition clean; behavior is good).

" 20 Mar 20/95. Did not sleep very well, last night. T.M. P 92. R 18. T. 99.2. Appetite good; bowels seem free; no cough noticed. Talks quite freely; says his head is weak & also his whole body". Mar 21/95. Restless 2 hours, but slept 6 hours, last night. T.M. Pulse 96. R 20. T. 97.6.

" 21

" 22 Talks quite freely; reads some; plays billiards; goes walking. Mar 22/95. Slept fairly well, last night. Am. P 92. Is somewhat restless. Says "that he was sent down here for treatment".

" 23 Reads some & goes out walking. Mar 23/95. Slept 6 hours, restless 2 hours, last night. Am. P 88.

" 24 Behaves well. Plays games; goes walking regularly. Is on medicine. Mar 24/95. Restless 1 hour; slept 7 hours; T.M. Pulse 90. Still walks hall & is somewhat restless, at times; habits are clean. Mar 25/95. Slept quite well, last night. Am. Pulse 92. No delusions noticed. Is about

" 25

" 26 as usual. Mar 26/95. Slept 6 hours, restless 2 hours, last night. Am. P 88. Talks quite freely.

" 31 Mar 31/95. Somewhat restless, still, but sleeps 6 to 7 hours, nightly. Pulse, taken each morning since last note, has been 98. 90. 92. 86 & 84, respectively. He has behaved well, tho' restless at times. Talks freely; no delusions noticed; plays games; reads some; goes walking, but does no work.

Apl 1 Apl 1/95. Wt 140 pds. Pulse 84 (has made a slight gain in flesh). Transferred to T.W. East-

" 2 Apl 2/95. Slept well. T.M. Pulse 80. P.M. Pulse 84. Patient has been quite restless, to day. —

Summary: Patient has been in very good health, physically, since arrival; muscles large & well-formed. Is quite active; has been rather restless, most of the time. Is obedient & willing; has behaved very well, but quite forward & presuming. Have not noticed any marked deficiency in his mental condition; he has no apparent delusions & his actions & manner appear quite rational

" 5 Apl 5/95. Rather active & restless, during day. Works some upward. Behavior very good. Goes out walking

" 9/10 Every day. Appetite very good; bowels regular. Apl 9/95. Wt 142 pds. Apl 10/95. Transferred to A. 6

" 30 Apl 30/95. Behaves well; talks freely & sensibly; head & plays games. No mental weakness noted. Always

May 2/3 seems happy & contented. May 2/95. Wt 144½ pds. Pulse 80. May 3/95. Has been active, washing windows &c

" 23/24 the past few day. May 23/95. allowed to go down town, to Church. May 31/95. Behavior somewhat well and "tricky" at times. He talks freely & sensibly; no special mental weakness noted. Works in dining room.

June 1/3 June 1/95. Wt 146 pds. Pulse 92. June 30/95. Quite often goes to Church, down town. Condition about same.

July 1/31 July 1/95. Wt 142 " " 84. July 31/95. Continues well-behaved. Eats & sleeps well. Plays games &c

Aug 1/15 reads some. Works in dining-room. Does not say anything about going home. Seems good health.

" 24 Aug 1/95. Wt 140 pds. Pulse 88. Aug 15/95 Worked in store-room 8 A 12 to Breakfast. Aug 26/95 Struck E.A. Meyer in the mouth, while going to bed: cut his lips & knocked out a front tooth. Aug 27/95. Be-

Personal and Medical History of Joseph Nichols

1895 Cont'd

Aug 27 haviour somewhat tricky & unruly. Works in dining-room. Transferred to B[d] today.

" 30 Aug 30/95. Has caused no trouble, since coming to this ward. Is very quiet. A good & willing worker.

Sep 1/16 reads a great deal. Sep 1/95. Wt 137 pds. P 80. Sep 16/95. Quiet & well-behaved. No delusions

" 20 noticed. Works well. Health good. Sep 20/95. Becomes cranky sometimes; always wants to have his

" 27 own way; very touchy & easily angered. Sep 27/95. Had some trouble with patient J. Coyne, today.

" 30 Sep 30/95. Has spells & walks in hall, for hours, at a time; when addressed, talks rationally and appears to be all right; has also "spells", when he laughs & talks to himself; reads a great deal;

Oct 1/15 works some upward. Oct 1/95. Wt 138 pds. Pulse 96. Oct 15/95. Patient appears getting worse;

" 24 remains in room, most of the time, while upward; very cranky & disagreeable, at times.

" 31 Physical condition good. Oct 24/95. Struck patient over eye, blackening his eye, today. —

Nov 1/15 Oct 31/95. No improvement noted. Very cranky & easily angered. No delusions have been noticed.

" 29 Nov 1/95. Wt 138½ pds. Pulse 92. Nov 15/95. No special change: Still subject to his "peculiar spells" —

Dec 1/15 very cranky & obstinate, at times. Nov 29/95. About the same, for some months past. Very excitable, at

" 30 times. Talks freely & rationally; works in dining-room and upward. Is in good physical health.

Has been visited quite often by his sister. Nov 30/95. Sister took him home on trial, today.

Discharged

Stephen D. Bell

from 156.

1896

Feb 1/17 Feb 1/96. Wt 162 pds. P 96. Feb 7/96. Has several scratches on face, self-inflicted with finger-nails. Feb 7/96. Was

" 29 called upon by a friend. Feb 29/96. Physical condition emaciated. Eats & sleeps fairly well; behavior cross & surly, at times. Has delusions & hallucinations that, by bumping his head against the wall, he will ward off the "electricity" which, he says, he is being continually charged with". Has several scratches on face & forehead, which are self-inflicted.

Mar 1/31 Mar 1/96. Wt 156 pds. P 96. Mar 5/96. Had a "spell" in which he made several scratches on head & face. Still holds delusions.

" 8/31 Mar 8/96. Had an "ugly spell". Mar 14/96. Talks readily by friend. Mar 31/96. No change noted. Still scratches his face &c

Apl 1/30 Eats & sleeps well; behavior quiet. Still holds to his delusions. Apl 1/96. Wt 160 pds. P 80. Apl 10/96. An "ugly spell".

" 13/15 Apl 13/96. Tried to choke himself with towel in washroom, at 12[30] am. Apl 15/96. Patient had an "ugly spell"

" 24/25 at table & struck another patient with knife. Apl 24/96. Behavior now quiet. Apl 25/96. Destroyed

" 30 clothing: has delusions. Apl 30/96. Behavior quiet. Eats & sleeps well: Otherwise, no change noted —

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. Always sullen & melancholy & easily irritated. Rather quiet, however not apparently ready at any time to fight: Has various delusions of persecution. Occasionally talks to himself. Wt. 156 lbs. Continued by Dr. Herzog. Aug 1/97 Wt. 156 Generally fairly quiet & well-behaved at times very abusive. Has delusions of persecution & grandeur. Imagines that he owns has built this building & becomes angry if people do not carry out his wishes. Has habit of striking himself in face & striking head against wall. & often produces contusion on scalp; often draws blood from scalp & causes nose to bleed. - Jan 8/98

At times curses everyone coming near him. Imagines that bumping head against wall counteracts poison which is used against him. May 1 Wt. 159. Rather more melancholy. Delusions of persecution more marked. Rather more untidy in personal appearance. July 1 Wt. 161. Rather more quiet of late. Aug 1 Is striking & bumping head more frequently & with more force than before. Oct 1/97 Quieter than at last note. Nov 30 Face began to swell. Dec 1 Erysipelas developed. 3 Erysipelas growing worse Rise of temperature - Trans. to Infirmary. a severe attack - eyes swollen, nearly shut. Painted with iodine & ichthyol & ichthyol ointment applied. Liquid diet until 7th. Then on regular diet. Dec 9 Trans. to C[l] Went out walking 10 Went to bed - remained in bed - no rise of temp. Complained of feeling weak. In bed until 15th. Up & dressed - Appetite poor. Jan 1/98 Wt. 154. Appetite improving. General health as usual.

Trans. to Brook Jan 8 — 348

Personal and Medical History of John Anderson #6

LIBBEY, PISCAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4039
Residence, Red Wing, Minn.
Date Admission, 19th March 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, Fred. Haller, Jo. P., Goodhue County
Sex, Male.
Age, 60
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Stone-mason
Degree Education, not stated.
Profession Religion, not a Church-member
Habits, Good.
Nativity, Sweden
Physicians Committing, B. Jahnig & J. V. Anderson
Correspondents, Frank Anderson
Red Wing, Minn.

No. for Year, 238.
Insane Relatives, no history of heredity.
Cause Exciting, Sunstroke, about 35 years ago.
Cause Predisposing, Chronic.
Form, dementia terminal
Accompanying Bodily Disorder, None
Suicidal or Not, Not stated
Date of this Attack, in 1860, following Sunstroke
Duration, about 35 years.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 25 years
Time of Leaving, August 19 - 1902.
Time in Hospital, 7 yrs 5 mos - Ds
Result, Died: Exhaustion in Dementia 2 yrs

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 John Anderson #6

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5in. WEIGHT, 127 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,

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

Personal and Medical History of John Anderson #5

1895

This patient was brought here by Sheriff's Deputy C.B. Battan, with following history. Habits have been good; there is no hereditary history; supposed cause of this attack is sunstroke about 35 years ago. There is no accompanying bodily disorder. First symptoms of disease were manifested in 1860, following an attack of sunstroke. Generally, acts silly & has periodical attacks of violent temper. This is 1st attack. Insanity now shown, as above stated. Patient would injure others, generally from sudden passion. Has filthy habits. There is no history of any bodily diseases. He has had to be locked into rooms, until he recovered from his attack of passion. He has not been under medical treatment. It is reported that he frequently falls down, having lost control over his legs. -

Mar 19 On admission, was put on B.3 (S.A. Complexion sandy; hair light; eye brown; condition of skin poor; is blind of right eye; left eye black, with some scars under it; also bruised, cut & discolored. Bodily condition dirty. Behavior good. Mar 20/95. Slept 9 hours last night. A.M. P 66. R 16. T 98.8. Appetite fair; bowels have moved; no cough observed; behavior good; he is very quiet; left eye still bruised & discolored. Patient fell down at settee, while sitting down, today; appeared as if he had a "sinking spell." —

" 21 Mar 21/95. Slept well last night. A.M. P 70. R 16. T 98. Appetite fair; bowels seem regular;

" 22 is quietly-behaved; seldom speaking to any one; seems somewhat confused. Mar 22/95. Sleeps

" 23 well. A.M. P 74. T 98.7. About same as yesterday. Mar 23/95. A.M. P 72. T 98.5. No change

" 24 Mar 24/95. Appetite good; bowels regular; sleep good — Pulse 70. Mar 25/95. No special changes.

" 25/26/27 Mar 26/95. A.M. Pulse 68. Mar 31/95. Since last noted, Patient has continued to rest & sleep well. Appetite has been good; bowels regular; pulse has been nearly normal; has been quiet & well-behaved.

Apl 1/2 April 1/95. Wt 132 pds. Pulse 72. (Has gained slightly, in flesh). Apl 7/95. Gen. Pulse 72.

Summary: Since admission, he has been quiet & well-behaved: never speaking to any one. Appears partly deaf; had some kind of a "spell" the first day here, but no sign of any since. Habits are clean, but he is rather slouchy about his dress. Sits in one place most of the time. Does not work.

" 30 Apl 30/95. No change noticeable. Behavior quiet. Talks but very little. Does not work any.

May 1/2 May 1/95. Wt 131 pds. Pulse 80. May 3/95. Appetite good; bowels regular. Is quiet; never speaking to any

" 1/2 one but will answer if spoken to. Habits clean. Does not work any. June 1/95. Wt 134 pds. Pulse 72. —

" 29 June 29/95. Patient is inclined to be stubborn & contrary, at times. Otherwise, no change noticeable.

July 1/31 July 1/95. Wt 139 pds. (Has gained 12 pds. in flesh, since coming). Pulse 82. July 31/95: Behaves well & is quiet. Talks but very little. At times, talks to himself. Says: "he must get away, for a couple of days, as he has some business in Red Wing that demands his attention." Habits clean; health & looks good.

Aug 1 Aug 5/95. Wt 134 pds. Pulse 78. Sept 2/95. Wt 136 pds. Pulse 100. Oct 1/95. Wt 137 ½ pds. Pulse 66.

Sep 2 Oct 31/95: No change noted during the quarter. Quietly behaved: hardly ever speaking to any one;

Oct 31 but will answer when spoken to: habits clean: he does no work: health apparently good.

Nov 1/30 Nov 1/95. Wt 138 pds. Pulse 60. Nov 30/95: No special change noticeable. Works some in mowing. Habits clean.

Dec 1/31 1896/97 Dec 1/95. Wt 139 " " 68. Dec 31/95. Keeps about the same, from month to month: very reticient.

Jan 1/ Jan 1/96. Wt 140 " " 72. Jan 17/96. Was thrown down by a fast, slightly bruising his forehead.

" 1/2 Jan 1/96. Transferred to 13. (on account of a general change of wards). Jan 31/96. No special change.

Feb 1/ Feb 1/96. Wt 140 pds. P 86. Feb 15/96. Behavior fairly good. Talks to himself, but hardly ever speaks to any one

" 15 Works some in mowing room. Habits clean. Feb 18/96. Transferred to Annex. Mar 1/96. Patient is

Mar 1 quietly quiet, but stubborn: talks very little: does not want to shave, at times, has to be compelled

Personal and Medical History of John Anderson #6

1896 Cont'd

Mar Compelled to go to meals. Speech is irrational; habits clean: health apparently good. Have had to struggle

Apl 30 with him, several times, of late on account of his aversion to being shaved. Apl 30/96. No change in Condition

May 1/6 Summary Nurses Notes by Dr. Phelps Patient quiet. At times is noted as appearing quite exhausted & weak

to as rather melancholy in manner. Of late, however, he appears in rather better health

July/97 The latter part of July went to work in kitchen. Aug 3/97 Wt 138 lbs. Oct 31 Health good.

Aug Works daily in kitchen: Quiet in behavior. Jan 15/98 Trans. to Infirmary: Has spell of

vomiting. Is feverish & quite sick. Temp. Taken at 8 P.M. 105.3. Jan 16 Temp 101.6

Lies quietly in bed: seems weak. 21 Still in bed: Temp. about normal since

last note. 31 Up & about ward today. Feb 6, 14 '98 Trans. to Annex. July 19 Eloped. While

working in kitchen. 17 Returned from Redwing. Jan 31/99 General condition: Fair: talks

but little: is dull & slow. Works in kitchen still. Feb 1 - July 31/99 (Dr. Lawrence) Apr 18. Visited by

friends. June 6. Sick at stomach, vomited during night. Put on treatment. June 9. Trans. to

Infirmary. Seemed to be in great abdominal pain: abdomen distended. Patient has been

subject to stomach trouble for years. June 10. Eats & sleeps well. Apparently in

normal condition. Allowed up on 15th. Trans. to Annex on 17th. Has worked in

1900 kitchen since. Seems in fairly good general condition. Aug - Jan 31/1900 (Dr. Chapple) Wt 113

Jo- Sept 14 Visited by guardian. Physical condition has not been good. Behavior fairly

Jan 31 good: occasionally has roving spells. Habits untidy: Has not worked any for

Feby 1 several months. No change mentally. Feby 1/1900. Wt 135 lbs. Pat. Mar 10. Ten days temperature

July 1900 Shows variations up to 100 4/5. July 10. Vaccinated; result negative. July 31. Scarcely any change.

Sleep, appetite & behavior good. Is quite cleanly. Talks very little. Is quite stupid. Physical condition

rather poor; gets about with difficulty; stumbles easily. Use of lower limbs much impaired.

Aug 1/29 Wt 134 lbs. Aug 29. Visited by friend. Sept 10. Transferred to D. Nov 11. Has little control

Nov 11 of lower limbs: transferred to TW: put on regular & extra diet. Dec 11. Up, mowing: somewhat

Dec 11 improved physically. Use of lower limbs still much impaired: very unsteady. Jany 1/1901. Was

1901 transferred to Att. Jany 28. Patient falls easily; still has very little use of lower limbs.

Jan 1/23 31 Transferred to TW — Jany 31. No special change to note. Feby 1. Patient in bed: unable

Feby to keep warm. Is filthy and much demented. May 31 — Still in bed. Seems failing.

July 31 Still appears to be failing: coughs & expectorates a great deal. Aug 20. No change to note -

Sept 1 Wt 114 lbs. Lies quietly in bed: quite weak: very unsteady in walking. Dull: quiet and stupid -

Oct 1 Same: probably weaker: at times, is very dirty. Nov. Still lies quietly in bed. Dull & stupid.

Dec 1 1902 Wt 117 lbs. Jany 31/02. Kept steadily in bed: seems too weak to be up and around -

Jan 31 but shows little progressive failure. Feby 1/02. Wt 114 lbs. Lies quietly in bed: hardly able

Feb 1 to stand, if he make the attempt: dull: stupid: tendency to contraction of the legs: —

Mar 1 Still in bed: filthy: stupid: Normal P & Temp: May 1. Still in bed — Dull: quiet.

July 1 Patient fell out of bed during night, making abrasion over right eye. Still dull & quiet.

Aug 1/18 Patient appears little different than for months past. Aug 18. Patient seems to have

19 some abdominal pain - Aug 19. Failing steadily, during day. & died at 4.40 P.M. Has

been in bed for a long time: Dull, & helpless: no conversation possible. —

Dec'd

Personal and Medical History of Lars Gustof Johnson

Whole No. 4040.
Residence, Otisco, Minn
Date Admission, 21st March 1895
Admitted by, D.C.B. Eby Hour, 7:30 P.M.
How Sent, Geo. A. Wilson, Jof P, Stearns County
Sex, Male
Age, 57
Civil Condition, married
Children, Five
Age Youngest Child,
Occupation, Farmer
Degree Education, Probably limited
Profession Religion, Yes, Lutheran
Habits, very intemperate
Nativity, Sweden
Physicians Committing, F.A. Swartwood & H.J. Young
Correspondents, Charles Erickson
Son Emil Johnson same address Lemond, Steele County, Minn

No. for Year, 239.
Insane Relatives, none, so far as known.
Cause Exciting, probably Epilepsy, aggravated by hemiplegia
Cause Predisposing, Chronic
Form, Dementia organic
Accompanying Bodily Disorder, hemiplegia
Suicidal or Not, not
Date of this Attack, Several years ago
Duration, several years
No. of Attack, 1st (continuous)
No. of Admissions, 1st
Age First Attack, (?)
Time of Leaving, Feb. 7. 1898
Time in Hospital, 2 yr. 10 mo. 14 da.
Result, Died. Epilepsy.

Eby D. Herzog Mar 22/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, slightly Confused
Quick or Sluggish, sluggish
MEMORY:
Past Events,
Recent Events, somewhat impaired
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct in the Main
REASONING POWER:
Ordinary Subjects, fairly Connected, but
Own Mental State, most of a high order
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Yes
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, None noted
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent at times
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:
Considerably Demented. Quite Emotional.
Cries with no provocation.

Personal and Medical History of Lars Gustof Johnson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 158½ pds. NUTRITION, Fairly good
WOUNDS OR ABNORMALITIES, Almost Complete Paralysis of right side including paresis of facial Muscles.
TONGUE, Tremors, Some Coatings, Clean; bright red. Promptness Movement, Right to left slow; deviates
PUPILS, Equality, Yes Size, Slightly Contracted
Response Light, yes Accommodation, Yes
SIGHT, somewhat impaired; all but lobe of right ear has been cut off.
HEARING, Seems fairly good
COORDINATION, Arms, } Usual tests fail; evidently slight incoordination.
Legs, }
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, left 8 – Right 10
Other Vigorous reflex of right biceps.
ARTICULATION,
Slurred, Yes, with Considerable thickness
Hesitating,
FACIAL EXPRESSION,
Imbecile Evident
SENSIBILITY,
HEART arteries atheromatous; impulse forcible.
LUNGS, Seem good

EXAM. URINE,
Treatment
No treatment available, beyond that for constipation

TAKEN,

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

Personal and Medical History of Lars Gustof Johnson

1895

This patient was brought here by Sheriff Goodspeed, with following history. He has been very intemperate in use of intoxicants; no hereditary history, so far as known; He has had intervals of disturbed mental condition, for years past, aggravated by hemiplegia, occurring about one year ago. Form of attack is Chronic, Paranoimal. No accompanying bodily disorder except hemiplegia. For several years past he has had attacks of violent temper, & showed disposition to injure dumb animals & people. This is 1st attack. Continuous. Insanity manifested, now on no particular subject; has attacks of violent temper & shows a disposition to wander away from home. He is not suicidal, but has filthy habits. It is believed, from the history of case, that he has been subject to mild attacks of Epilepsy, for several years past. Home restraint only has been Employed. He has not been under medical treatment. Patient has used alcoholics excessively, for years; and, since attack of hemiplegia, insanity has been progressive.

Mar 21 On admission, was put on A.[4] (S.R. Complexion light; hair dark; eyes blue; condition of skin good; no marks scars or bruises noticed; bodily condition clean; patient paralyzed on right side; behavior is good). Mar 22/95. Awake 3 hours, restless & how, but slept 6 hours, last night. Ille. P 72. R 32. T 98/97½. Appetite good; no movement of bowels, since admission; behavior good and quiet; he talks sensibly, but with difficulty on account of paralytic stroke. Has a slight cough. Patient cannot walk without assistance. Mar 23/95. Slept 9 hours. Ille. P 72. R 20. T 98°. Appetite
" 23 good but bowels are constipated. Talks very little, but rationally. Mar 24/95. Slept all night. Bowels
" 24 still costive. No cough noticed now. Behaves well; talks rather childishly, makes no complaints.
" 25 Mar 25/95. Restless when awake, but slept 7 hours, last night. Appetite good; bowels have loosened up.
" 26 Am. Pulse 76. R 24. Quiet; talks very little; apparently sensible. Mar 26/95. Slept all night.
Am. " 72 " 21. Talks little; appears weak-minded. Bowels are again constipated.
" 27 Mar 27/95. Slept well, last night. Appetite good; bowels badly constipated; cathartics & saline draughts
" 28 administered. Makes no complaints. Is childish & emotional. P 69. R 26. Mar 28/95. Slept all night.
Am. P 70. R 20. Bowels still costive. He is quiet & harmless. Talks, for the most part, rationally.
" 31 Mar 31/95. Since last noted, patient has been somewhat restless, but sleeping 6 to 7 hours, each night. Behavior has been good & peaceable; appetite good, but bowels very constipated. P about 68. each day. R 27 - 28. Has, still, a great deal of difficulty in moving about. Habits are cleanly.
Apl 1 He talks little, but quite sensibly. April 1/95. Awake & restless, a couple of hours, but slept 6 hours,
" 2/3 last night. Otherwise about same. R 27. P 70. Apl 2/95. Ille. P 78. R 26. Apl 3/95. P 71. R 25.
" 4 Apl 4/95. Sleeps about 7 hours, nightly. Ille. P 76. R 26. Bowels badly constipated. He is quietly behaved; fits much in one place; moves about & exercises paralyzed limb, occasionally. He makes no complaints. Summary: Patient is paralyzed in right side; drags his right limb along the ground; cannot use right arm. Tongue also affected & he speaks with difficulty. Bowels have been found to be, badly Constipated. He sleeps well. Appetite good. Behavior is good. Talks little; is sensible in his remarks, but inclined to be Childish in manner. No delusions noticed. Displays no emotion since his son came here with him, when he had a "Crying
" 30 spell". He is cleanly in his habits. Apl 30/95. No change noticeable. Quiet & well behaved. Cleanly in habits
May 1/95 May 1/95. Wt 170 lbs. Pulse 76. May 1/95. Visited by an acquaintance, today. —
" 31 May 31/95. Is well-behaved; makes no complaints. Appetite good; bowels regular. Talks very

Personal and Medical History of Lars Gustof Johnson.

1895 Conf

May 31 June 1 " 30 July 1 Aug 1 Sep 1 " 13 " 20 " 26 " 27 " 30 Oct 1 " 31 Nov 1 " 30 Dec 1 15th Jan 1 " 30 " 31 Feb 3 " 11 " 17 " 29 Mar 3 " 5 Apl 1 " 6 " 30 May 1 " 2 Aug 1 97

little and very indistinctly. His emotions are easily excited & he appears to be weak-minded. Is cleanly in his habits. Is in fairly good health. June 1/95. Wt 174 lbs. Pulse 84. June 29/95. Patient's condition has visited him, to-day. June 30/95. No change noticeable in condition, since last report. — July 1/95. Wt 176 lbs. Pulse 82. (has gained 17½ lbs, in flesh, since coming). July 31/95. Condition unchanged. Aug 1/95. Wt 176 lbs. Pulse 82. Aug 16/95. Slept poorly, the past week. Aug 31/95. Well-behaved. Clean in habits: makes no Complaints. Mentally, no change to note. Sept 1/95. Wt 175 lbs. Pulse 92. — Sept 13/95. Patient Complains of a severe headache. went to bed after supper-time: seems to have a Chill. Sept 24/95. Was taken with another Chill at supper-time; refused his supper & went to bed. Sept 25/95. Slept none at all, during the night. 9 Am. Pulse 94 R 25 T 100. Refused food, all day, but took a cup of milk at supper-time. Sept 26/95. Better today, but still in bed. P 94. R 30. T 98[2] (at 9 Am). Takes solid food & has a fair appetite: bowels bad. Sept 27/95. Out, in ward: went outside this P.M. Sept 30/95. Still remains up & about, as usual. No change to note. Health is somewhat but poor. Oct 1/95. Wt 173 lbs. P 94. Oct 31/95. Condition remains about the same, from Month to Month. Nov 1/95. Wt 176 " " 76. Nov 30/95. No change noted. He has great difficulty in moving about on account of his paralysis. Dec 1/95. Wt 178½ lbs. Pulse 84. Dec 31/95. No change noticeable, during this month. Jan 1/96. Wt 180 lbs. Pulse 86. Jan 13/96. Complains, to-day, of being blind; attendant says "he cannot see at all". Jan 30/96. Was taken sick, this Am.: pains in chest & bowels: refused breakfast: was given Seidlitz powder. Pulse 82. R 18. T 98[4] (11 Am): took no solid food today: 7 P.M. Given another Seidlitz powder: bowels moved during night. Jan 31/96. Says "he is worse this Am". Refuses solid food. P 74 R 24 T 98[2] (9 Am): Vomited for about 4 hours, during afternoon. Mentally, no change noticeable. Feb 3/96. Wt 179 lbs. Pulse 78. — Feb 11/96 Complains of Pain in Chest: refused dinner. Feb 16/96. Visited by Son & Daughter. Feb 19/96. Again visited by Son & Daughter. Feb 29/96. Seems improving of late: appetite better: bowels in good condition: sleeps well. Does not go out on account of his being paralyzed in right side. Talks freely at times with 2 or 3 patients, whom he has taken a liking to. Has a faltering way in his talk, & at times, can hardly say a word: Clean in habits. March 3/96. Wt 178½ lbs. P 90 (irregular). March 5/96. No change especially noticeable: [illegible] with a severe tooth ache: refuses some meals & was put on ½ to diet. Had tooth extracted by Dr. Selby: ½ to diet discontinued on 12th). Apl 1/96 Wt 180½ lbs. P 74. Apl 6/96. Visited by the Norwegian Minister. Apl 11/96. Was given cathartic (Seidlitz powder). Apl 30/96. Seems improving, of late. Is carried out in chair: Can move around on ward. Clean in habits.

May 1/96 to Aug 1/97 Summary, Nurses Notes by Dr. Phelps. July 4/96 patient noticed as becoming faint & failing. Soon recovered however & was as well as ever. Is noted as becoming occasionally excited over trivial things although usually quiet. Wt. 180 declined to 177. In general is about the same: Right limb paralyzed. Continued by Dr. Herzog. Aug 1/97 Wt. 178. Appetite good: bowels regular: sleeps well: demented laughs & cries in a hysterical manner: Right side paralyzed, is able, however, to go about: Habits clean: dress untidy. Dec 1/97 No change. Jan 1/98 Growing more stupid & dull mentally, particularly in loss of memory of recent events. 15 Paralysis showing deepening almost helpless. Jan 31/98 Had a paralytic stroke. Feb 1 Taken to Infirmary: could only swallow liquid nourishment: extremities cold. Filthy in habits: semi comatose. Feb 4 Began to show a hypostatic pneumonia: Unable to swallow. Feb. 7 9:15 Am. Died — apoplexy

— Died —

Personal and Medical History of Paul Stolp

LORENT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4042
Residence, Four Lakes, Minnesota
Date Admission, 23rd March 1895.
Admitted by, D. Phelps Hour, 7 P.M.
How Sent, E. G. Butts, Jof P. Washington County
Sex, Male
Age, 18 years
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Laborer
Degree Education, Probably very poor.
Profession Religion, Church member
Habits, Temperate; good -
Nativity, Germany
Physicians Committing, W. H. Pratt & E. O. B. Freleigh
Correspondents, Ferdinand Stolp
North St. Paul - Minn

No. for Year, 241.
Insane Relatives, none
Cause Exciting, Effects of an injury
Cause Predisposing, " " "
Form, imbecile
Accompanying Bodily Disorder, none
Suicidal or Not, not
Date of this Attack, since a child, never been right
Duration, since child hood
No. of Attack, 1st (Reverse one)
No. of Admissions, 1st
Age First Attack, - child hood -
Time of Leaving, 14th June 1895
Time in Hospital, 2 mos & 22 Dys
Result, Discharged 6/95.

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 Paul Stolp

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ WEIGHT, 113 lbs NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

EXAM. URINE,

TAKEN,

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 *Paul Stolp*

1895

This patient was brought here by Deputy-Sheriff Peter Hagstrom, with the following history. Habits have been temperate & good. There is no hereditary history. Supposed cause of this attack is effect of an injury; he has never been right, since child: he fell from his mother's shoulder, when a child & supposed to have received a fracture of skull, at the time. There is no accompanying bodily disorder. This is the 1st severe attack; in form, it is acute, ex- alted & paroxysmal. Insanity now shown in that he destroys his clothes & is hilarious. He is not disposed to injure others, nor suicidal. Patient was in County Jail, a few days, no medical treatment.

Mar 23 On admission, was put to Bd (S.R. Complexion light; hair dark; eyes gray; Condition of Skin is good. No marks, scars or bruises noticed. Bodily condition clean. Behaves very well. Talks freely. -

" 24 March 24/95. Restless 3 hours, but slept 6 hours, last night. AM. Pulse 102. R. 18. T. 99. 2. Appetite good; bowels constipated. Behaves well; talks freely: no delusions noticed, no complaints. -

" 25 March 25/95. Restless 2 hours but slept 6 hours. PM. P. 96. R. 17. T. 99.4. Bowels still Constipated.

" 26 Behaves well; talks freely. Goes Walking. PM. Pulse 98 " 18. " 99. Mar 26/95. Slept 7 hours, last night. AM. Pulse 100. R. 21. T. 99.4. Behavior good. Talks quite freely to nurses and patients. Says: he was crazy". March 27/95. Slept 7 hours. AM. Pulse 98. Appetite good. Was

" 27 fighting with Edw Johnson because Johnson was bothering him. Goes out quite regularly for a walk.

" 28 March 28/95. Slept quite well (7 hours). AM. P. 98. Is quick tempered & seems somewhat demented.

" 29 March 29/95. Slept well, last night. AM. Pulse 98. Appetite good. Was guarding with Edw Johnson

" 30 for same reason as above. March 30/95. AM " 94. March 31/95. Sleeps about 7 hours nightly. —

31 Am. P. 98. Appetite keeps good. Talks freely: probably somewhat weak-minded. Somewhat restless, walks about hall, a good deal. Goes walking. Works some at the ward. Has no complaints.

Apl 1 April 1/95. Wt 116 pds. P. 78. April 2/95. Am. Pulse 82. April 3/95. Am. Pulse 76.

" 4/5/6 April 4/95. AM " 74. April 5/95: Am " 76. April 6/95: Am " 78. —

Summary: Generally restless for a couple of hours, but has been sleeping about 6 hours, nightly. Behaves quite well. Is quick tempered & gets very angry when anyone bothers him: he does not trouble anyone & wants to be let alone. Appetite has been good, but bowels Constipated, at times. Is quiet, somewhat weak-minded; no delusions have been noted. Goes out walking; works some at ward. -

" 30 Apl 30/95. Talks freely & quite sensibly, tho' still shows himself to be somewhat demented. Plays games. Goes out walking. Has a violent temper & is easily aroused. Clean & tidy. Works on ward.

May 2 May 2/95. Wt 125 pds. Pulse 80. (Has made quite a gain in flesh, the past month). —

" 5 May 5/95. Had an "excited spell" today. Tore up his coat & was tearing around, most of the

" 28 day, crying & cursing. May 28/95: Struck a fellow patient (Edward Johnson #3) 5 day, in the face.

" 31 May 31/95. For past week or so, has had a number of small sores, on right side of face. Same have been dressed daily & now look much better. Patient keeps about the same. Shows his

June 1/95 violent temper & becomes much excited, at times. Seems demented. Does no work, now. -

" 14 June 1/95. Wt 130 pds (a further gain in weight). Pulse 100. June 14/95: Face still requires to be dressed, daily. Is improved. June 14/95. Was allowed to go home, with friend, 10 day.

Discharged

Personal and Medical History of *Olaf E. Stranberg*

From 148.

1895

Oct 18/25 Oct 18/95. Remained up, in ward, all day. Oct 25/95. Remained in bed, the past 6 days. Pr. T. are normal.

" 27/31 Oct 29/95. Up, yesterday & today. Oct 31/95. Patient seems to hold the delusion that he is sick: appetite is very good. Bowels regular. He complains some of headache. Very quiet: talks but little, unless addressed. Otherwise, condition does not seem to change in any respect. —

Nov 2 Nov 2/95. Wt 160 pds. Pulse 68. Dec 1/95. Wt 164½ pds. Pulse 66. Dec 31/95: Patient appears to be

Dec 1/3 melancholy: will sit around in ward, all day: does not appear to have any ambition whatever: when addressed, will talk rationally: no delusions apparent. Appetite good: but bowels not regular. (requires Cathartics)

1896

Jan 1 neat in habits. Physical condition good. He does no work. Jan 1/96. Wt 170 pds. P 64. No change noted. -

" 31 Jan 31/96. Keeps about the same, from month to month. Habits neat. Of late has been working a little, in ward.

Feb 1 (Was transferred to B3 = 1/21/96 = on account of general change of wards). Feb 1/96. Wt 171 pds. Pulse 96.

" 29 Feb 29/96. Patient is troubled, a great deal, with headaches & constipation. Is on medicine. Physical condition neat. Appetite poor. Has no ambition: very quiet & dull. Talks but little: appears melancholy: no delusions noticed.

Mar 1 Works some in ward. Habits neat & clean. Mar 1/96. Wt 169½ pds. P 60. Mar 15/96. Patient seems to be improving.

" 30 16 Works in ward: appetite improved. Mar 30/96. Staff appears to be improving mentally & physically. Talks freely & rationally: no delusions noticed. Appetite good: bowels more regular. Works in ward: habits neat & clean.

Apl 1/3 Apl 1/96. Keeps about his usual flesh. Pulse 60. Apl 30/96. Still very quiet: no delusions apparent: Talks freely & rationally, when addressed. Complains of severe headaches, from time to time: bowels very irregular. Works some in ward.

May 1/96 Drummond Nurses Notes by Dr. Phelps. During latter part of '96 worked some in barn & upon ward & was fairly agreeable & well behaved. Fr 6-25/97 having been quiet & working out some became excited & seemed to think that he was going to die: Grew more & more excitable, noisy & disturbed, also destructive: Since that time has been noisy, violent & restless needing quite constant care & attention: His health suffered from his extreme activity but not so much as would have been expected. Continued by Dr Herzog. Aug 1/97 Wt 147 lbs. Temp. continually slightly elevated: Bowels constipated. Takes a fair quantity of nourishment: extremely noisy, restless, pugnacious, destructive & filthy. In bed in bay. Sleep very poor: Is very violent - 2 Given ½ gr hyoscine hypodermically. Slept 5 hrs. Assaulted nurse with nail from foot of bed: Extremely violent. 3 Assaulted night-

Aug 6 nurse: 5 Am very noisy. Slept 3 hrs. on same hypodermic 4 Again assaulted night nurse: 5 Put in Hot bath 105° given 20 min. Slept one hour on hypodermic: Extremely noisy during night. Very filthy. 8 Very noisy & filthy, impossible to keep him in bed. Quieted 10 hrs. by Hot bath. 14 More

19 quiet. 15 Again very restless & filthy. Eats large quantities, pugnacious, noisy & destructive. Fairly quiet in manner, Sept 1 Very noisy & violent, destructive & filthy. Appetite fairly good: Sleep very poor during last month. Occasionally became quieter for an hour or two after combination bath. Sept 4 Taken out for a long walk. 5 Was quiet. 6 Long walk. 7 Very bad. 13 Long walk.

14 Very quiet. 15-16-17 slept none. 18 Slept well: is quiet. 19 Restless but not noisy. 20 Noisy & pugnacious

xx Very restless last night, noisy & pugnacious - no attempt made to keep in bed. 27 Appetite good: Bowels regular. Sleep poor. Talks continually & irrationally: is maniacal-pugnacious: Very filthy in habits, destructive of clothing. Trans. to B3. 29 Very troublesome: Kicked L. Behrmann. Oct 1 Wt 161 Struck on ear by R.W. Hague cutting same

Oct 7 Struck on side of face by J. Brannan. 15 Licked C. Johnson #3 16 Struck Jos. Brennan on side of face. Struck on eye by R.W. Hague

xx Extremely noisy, held on floor 10 minutes. 28 Struck R.W. Hague in face cutting same - Requires constant watching

See Folio -1

Personal and Medical History of *August Lundstrom*

LOCKEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4046

Residence, 450 (458) Sims St. St Paul. Minn

Date Admission, 30th March 1895.

Admitted by, D. Phelps Hour, 7 PM.

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

Sex, Male

Age, 35 Years

Civil Condition, married

Children, Yes; four

Age Youngest Child, —

Occupation, Laborer (Shoemaker, before)

Degree Education, Probably Fair

Profession Religion, Not a church Member (Lutheran?)

Habits, Temperate

Nativity, Sweden

Physicians Committing, E. M. Lundholm and John C. Nelson

Correspondents, None given in "papers".

No. for Year, 245.

Insane Relatives, None -

Cause Exciting, Stricken Conscience

Cause Predisposing, Previous attack

Form, melancholia chronic

Accompanying Bodily Disorder, None

Suicidal or Not, Not (was 1st time) -

Date of this Attack, Jany 1st 1893

Duration, 2 Years - 2 month, (off from)

No. of Attack, not 1st

No. of Admissions, 2nd

Age First Attack, about 33.

Time of Leaving, Dec. 17. 1894.

Time in Hospital, 1 yr. 8 mo. 17 da.

Result, Discharged May 5-94. Improved

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of *August Lundstrom*

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft ½ in WEIGHT, 170 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,



TAKEN,

SENSIBILITY,

HEART,

LUNGS,

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 August Lundstrom.

1895

This patient was brought here by Deputy Sheriff M. N. Goss, with following history. Habits have been temperate; there is no hereditary history; supposed cause of this attack is stricken conscience; in form, attack is chronic, depressed. There is no accompanying bodily disease. First Symptoms of disease were manifested January 1st 1892; attack have seemingly been "off & on"; insanity now shown by his belief that he has inspiration to do certain things. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in his habits. Previously, he has shown religious impressions. There is no history of any bodily disease &c or head-injury. He has been in this Hospital before, (see note below)[8]. Has also had some medical treatment for bodily disorders. Patient claims that he set fire to a building in Sweden & obtained the insurance; he now thinks that God is justly punishing him for the crime.

Note[8] As above stated, patient was here before, from June 5/93 to March 16/94. During the whole of that stay, he was depressed; very much so, at times. Quiet & reticent; had "crying spells". Stood idly about; did not seem to take any interest in his surroundings; was quite dull & stupid, at times. His physical health was much improved, at time of leaving. (see Vol 23 page 254 No 3370)

March 30 On admission, was put on B2 (Sk Complexion light; hair dark; eyebrows; condition of Skin good; no marks scars or bruises noticed; bodily condition dirty; behavior good; talks quite freely).

" 31 Mar 31/95. Restless 3 hours, but slept 5 hours, last night. T 98 P 72 R 18. Appetite good; bowels seem free. Behaves well. Talks when addressed, but inclined to be reticent. No cough noticed. Goes out walking; makes no complaints. Habits are clean & tidy.

April 1 Apl 1/95. Restless 2 hours, but slept 8 hours. T 98 P 68 R 18. Is somewhat depressed; makes

" 2 no complaints. Apl 2/95 Pulse 68. Appetite good; stands or sits about; talks but little,

" 3 unless addressed. Goes out walking regularly. Wt 168 pds. Apl 3/95. Ann. Pulse 66.

" 4 Apl 4/95. Ann. Pulse 68. Apl 5/95. Has been sleeping about 6 hours, in each of past few nights;

" 6 feels somewhat restless, in each. Apl 6/95. Slept 8 hours, last night. Ann. P 66. Appetite good. He behaves well; quiet; talks but little, of a melancholy temperament. Makes no complaints. No delusions noted, though he is very religious. Works some; goes out walking with the rest.

" 10 Apl 10/95. During past few nights, he has been restful, sleeping about 7 hours, in each. Pulse, taken each morning, has been about normal. Appetite has kept good; bowels free. He stands idly about. Makes no complaints. Reads his Bible, some. Is quite reticent. Transferred to A. today.

" 13 Pulse 68. April 13/95. Sleeps well, at night. Pulse about normal. Behaves well. Talks freely, if spoken to. Appetite good; bowels regular. Makes no complaints. Works in Dining room. Stands & sits idly about, a good deal of the time. Is somewhat depressed & melancholy. No delusions noticed.

" 30 Apl 30/95. Very quiet & melancholy during past week. Reticent. Otherwise no change noticeable.

May 2 Complains at times, of pain in Stomach. Bowels constipated. May 2/95. Wt 169 pds. Pulse 72.

" 9/95 May 9/95. Has been working, washing windows & cleaning generally, the past few days. May 9/95. Tried

" 23/95 to run away, while at walking. May 23/95. Refused to eat his meals. May 24/95. Had to be forced to come to

" 25 his meals. May 25/95. Took very little breakfast: no dinner: no supper: bowels constipated: have not moved

" 27 for some days: he has refused medicine. May 27/95. Ate no breakfast: no dinner. Stands idly about or walks. Has not done any work for some time. Appearance shows mental depression & melancholia.

" 31 Transferred to B1. May 31/95 - appetite still poor: bowels move regular. Behaves well. Talks but little.

Personal and Medical History of August Lundstrom.

1895 cont'd

May 31 / June 1/30 Is very melancholy & depressed. Has delusions. Does no work. Habits clean. Health seems good. June 1/95 Wt 161 pds. Pulse 80. June 30/95. Patient does not seem to improve. Stands idly about; dull & uninterested: will not talk, sometimes even when addressed. Appetite poor. Behavior is good.

July 1/31 July 1/95. Wt 162½ pds. Pulse 76. July 8/95. Has crying spells": seems very melancholy and depressed.

July 31/95. Appetite somewhat improved: behaves good: stands around: very quiet & down-hearted. Does

Aug 1/31 no work. Does not improve, mentally. Aug 1/95. Wt 164 pds. P 72. Aug 31/95. A very stubborn patient: will not do as he is asked or told. Has to be compelled to do almost everything (go to dining room, to out walking &c). He has not eaten anything for several days: has to be coaxed to go home. Has had to be fed by tube (29th). Still refuses to eat. Is very weak & breath is foul. Sept 1/95: Wt 165½ pds. P 70. Sept 30/95: Does not improve.

Sept 1/30 Has various delusions: talks very foolishly, at times: very lazy: does no work, nor does he care to keep

Oct 1 himself neat & clean. Very obstinate & stubborn. Oct 1/95. Wt 179 pds. P 82 (has gained in flesh).

" 15/31 Oct 15/95. No change to note, specially. Oct 31/95. About the same, in every way. Does both to mouth.

Nov 2/30 Nov 2/95. Wt 172 pds. Pulse 76. Nov 30/95. Patient appears downhearted & melancholy. Does stand or sit, in the one position, for hours and think: seldom talks to any one, unless addressed. Habits untidy:

Dec 1/31 physical condition weak. Appetite not good: bowels regular. Dec 1/95. Wt 174 pds. Resp Dec 15/95: Patient appears to be improving, mentally & physically. Dec 31/95. Appetite good. Bowels regular. His physical and

1896 mental condition seem greatly improved: he talks quite rationally, no delusions apparent. Works some.

Jan 2/14 Jan 2/96. Wt 173½ pds. Pulse 82. Jan 21/96. Transferred to B2. (on account of a general change of wards).

" 31 Jan 31/96. Continues to improve: does not appear so depressed: talks quite rationally: Works some.

Feb 1/29 Feb 1/96. Wt 173 pds. P 64. Feb 29/96. Patient appears quite bright, of late. Works some. Talks freely

Mar 2 and quite rationally. Physical condition improved. Appetite good: bowels regular. Mar 2/96. Wt 170 pds. Pulse 70.

" 20/31 Mar 20/96 Quit working some: appears to have a change for the worse. Mar 31/96. Is very stupid & again, at times, will have a "spell" & talk to himself & be quite noisy: always talks about his folks & about wanting to go home. Appetite poor: bowels regular. April 1/96. Wt 164 pds. P 80. April 1/96 No change noted in his condition.

April 1/30 April 1/96. Refused meat at last: complained of headache. April 9/96. Tried to escape, while out walking.

" 18/30 April 30/96 Does not improve, mentally or physically. Very dull & lazy. Appetite poor: bowels not regular.

" 30 Summary Nurses Notes by Dr. Phelps. Patient is always rather melancholy: has a rather

May 1/96 confused state of mind: December 17 was taken home by his brother unimproved.

Dec 17/95

Discharged

Personal and Medical History of John. N. Bayer

LUBERT, PIDLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4047.
Residence, 168 Sherburne Ave, St. Paul Minn
Date Admission, 30th March 1895.
Admitted by, D. Kilbourne Hour, 7 PM.
How Sent, G. Willrich, Jof P, Ramsey County
Sex, Male
Age, 45 Years
Civil Condition, married
Children, Yes; five
Age Youngest Child,
Occupation, Clerk
Degree Education, Probably good
Profession Religion, Church member
Habits, Steady - daily - Drinker - but never Drunk
Nativity, Germany
Physicians Committing, Arthur Sweeney & D.C. Jones
Correspondents, None given in papers

No. for Year, 246
Insane Relatives, not known
Cause Exciting, alcoholism & Typhoid fever
Cause Predisposing, probably Drink
Form, melancholia acute
Accompanying Bodily Disorder, Typhoid fever (preceding)
Suicidal or Not, not
Date of this Attack, about 6 months ago
Duration, about 5 months
No. of Attack, 1st (so far as known)
No. of Admissions, 1st
Age First Attack, about 44.
Time of Leaving, 4th July 1895
Time in Hospital, 3 mos & 4 Days
Result, Dispd. Nov 6/95. Recovered

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr. Herzog Apl 6/95.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Fairly quick
MEMORY:
Past Events, } Seems good
Recent Events, } Except for 2 days (see note)
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, Fairly alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, } Good
Own Mental State, }
Special Subjects, }

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Slightly
DELUSIONS:
Systematized or Not, } None noted
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS: "of hearing" -
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:
States that he had an attack of Typhoid Fever in November; was abed, until Christmas time; at that time he heard voices speaking to him, but was able to recognize them as "hallucinations". Two weeks ago, resumed his work as Clerk in the City Clerk's office & continued until Thursday, March 28. That morning, while at work, the voices" were so loud & threatening, that he thought men were right behind him, ready to seize him. He became frightened & ran. He has no recollection of where he went & passed Thursday, Thursday night & Friday. Friday afternoon he became exhausted, sat down on a street & realized where he was. He then went home. At present, he hears the "voices" continually, but they seem distant & he is able to recognize them as "hallucinations" -

Personal and Medical History of John. N. Bayer

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ WEIGHT, 131 lbs. NUTRITION, Somewhat impaired; had weighed 155 lbs
WOUNDS OR ABNORMALITIES, See "S. R."; some oedema of lower lids; slight icterus of sclerotics -
TONGUE, Tremors, Slight fine Coatings, Clean Promptness Movement, Fairly prompt
PUPILS, Equality, No Size, right slightly dilated
Response Light, Somewhat sluggish Accommodation, somewhat sluggish.
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Considerable impairment; finger to nose (eyes shut), unable to touch; misses each time
Legs, some impairment; standing on foot, with difficulty, standing, eyes shut, sways some. Turning quickly, good.
TREMORS, Hands, No Tongue, slight
Facial Muscles, No General, no
REFLEXES, Patellar, Equal; 7-8
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
✓
SENSIBILITY,
HEART, Sounds weak, but clear
LUNGS, Seems good, on casual examination. —
OPHTHALMOSCOPIC EXAM.,

TAKEN,

~~EXAM. URINE,~~

Treatment

Full diet; galvanization of cerebral & sympathetic systems.

HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Recent Kept Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, } Parents were healthy; died at an advanced age.
Father or Pat. Relations, }
Brothers or Sisters, Has 4 brothers — healthy — Both Roman Catholic Priests

Personal and Medical History of John. N. Bayer

1895

This patient was brought here by Nicholas Willwerscheid, 320 Cedar St. St Paul, with following history - He is a steady, daily-drinker; never drunk but large daily consumption. As to heredity, not known; supposed cause of this attack is alcoholism & Typhoid fever; form of attack is chronic, depressed. First symptoms of disease were manifested about 6 months ago; he had hallucination of persecution, which induced him to run away from home, for days, at a time, to avoid supposed enemies. This is first attack so far as can be learned. Insanity now shown by the belief that people are trying to injure him. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. No peculiarities &c were previously shown, and there is no history of any bodily disease &c or injury to head. He has not been constrained or confined; has had some medical treatment, but not for mental trouble. ——

Mar 30 On admission, was put on Bz (S.L. Complexion light; hair gray; eyebrows; condition of skin good; no marks scars or bruises noted; bodily condition clean; behavior good; talks quite freely.).
" 31 Mar 31/95. Slept 7 hours last night. Appetite good; bowels seem free. No cough noticed. Behavior good; he talks quite freely; is somewhat depressed. Makes no complaints. Apl 1/95. Restless 2 hours, but slept 6 hours. Was out for a walk today. P. 80. R. 20. T(e) 99. Moved to "Infirmary ward".
Apl 1 Apl 2/95. Restless, sleeping only 4 hours, last night. AM. P 88 R 22 T(e) 98. PM. Pulse 92
" 2 R 28 T(e) 98. Appetite very good; bowels regular; Patient is very quiet & orderly. Apl 3/95. Restless 3 hours, sleeping only 5 hours. AM. P 80 R 22 T(e) 98.8. PM. P 72 R 28 T(e) 99.4. Goes out
" 3 walking every day: also on mercurie, 3 times a day. Apl 4/95. Slept only 5 hours; restless 3 hours. AM. P 66 R 20 T(e) 98.6. PM. P 66 R 21 T(e) 97.2. Appetite keeps good; bowels regular.
" 4 Apl 5/95. Rested well, tho' sleeping only 5 hours, last night. AM. P 90. R 25. T(e) 99. (was out walking during Am. In PM complained of feeling chilled. Went to bed. Pulse 90.
" 5 R 28. T(e) 99.4. 7 PM. Is quite sick. Apl 6/95. Slept 5 hours. am. P 92. R 20. T 100. at 11th gave sedlitz powder; bowels afterwards moved freely. Is feeling much better this Am.
" 6 PM. P 92. R 28. T(e) 101. Apl 7/95. Restless 2 hours, but slept 6 hours, last night. AM. Pulse 78. R 28. T(e) 100.4. Remained in bed, this Am; complained of severe headache & feeling quite feverish.
" 7 Took no nourishment for breakfast or dinner - Took beef-tea at 6 PM. Pulse 68. R 28.
" 8 T(e) 99.6. 12 45 PM. Gave sedlitz powder & cough syrup, every 2 hours. Apl 8/95. Slept 7 hours. AM. P 62. R. 24. T(e) 99.2. 10 Am. Feeling much better today. Is dressed & up on the ward.
" 9 Appetite fair. PM. P 78. R 21. T(e) 98.4. Apl 9/95. Restless 7 hours & slept only 1 hour, last night. Am. Pulse 80. (W T(e) 98. PM. Pulse 82. Says "he feels very well"; is very quiet & well-behaved.
" 10 Was out walking, today. Apl 10/95. Slept well, 7 hours, last night. AM. P 80 R 20 T 99.8.
" 11 PM. Pulse 80. Appetite good; bowels regular. Apl 11/95. Slept 6 hours. AM. P 82. Complains of feeling very badly today. Given mostly liquid diet. PM. P 80. R 20. T(e) 99. given sedlitz powder 5 10 PM.
" 12 Apl 12/95. Slept 6 hours, last night. AM. " 82 " 22 " 98.4 PM. P 72 R 20 T 99. (patient much better, today). Appetite good; liquid diet discontinued. Out walking this Pm.
" 13 Apl 13/95. Restful, sleeping 7 hours. AM. P 80. R 22. T(e) 98.4. PM. P 84. R 20.
" 14 T(e) 99. Appetite fair. Patient allowed to go out on grounds by himself. Apl 14/95. Slept & rested well, last night. Summary: Patient has been very quiet & orderly, during the past 2 weeks, spending most of the day in reading; plays games; also sleeps considerably during

Personal and Medical History of John. N. Bayer

1895

the day. Has been allowed to go out on grounds, alone, during past week. He converses rationally, at all times, & there is nothing indicative of mental disorder, apparent. He appears to have lost some flesh & has been quite sick, at times; but, during past few days, he has apparently improved. Apl 24/95. Appetite very good. Sleeps fairly well. Goes out on Ground, every
" 24 day. Effects quite rational - Talks read & plays games. Apl 30/95. No special change noted.
" 30 May 3/95. Wt 133½ pds. Sent out, daily. May 15/95. Complains of severe pain in head;
May 3/95 seems to have taken cold - Was given a Turkish-bath. May 30/95. Sleeps & rests well. Goes out on the
" 30 Ground, whenever he desires - Appetite good: bowels regular. Has not been complaining, of late.
June June 2/95. Wt 143 pds. (Has gained considerably in flesh, the past months.) Is regular &
" 13 4th diet. June 13/95. Appetite good; bowels regular. Patient is always cheerful & contented;
" 20 quiet & orderly: Goes out on the ground, alone. June 20/95. Converses rationally, & so far as can
" 30 be observed, mental faculties are in good condition. June 30/95. About the same, from day to day.
July 2/95 July 2/95. No change, either mentally or physically, noted. July 4/95. Went home, today.

Discharged

Crowd 388

August Kartigny

Oct 1/94 Oct 1/95. Wt 145 pds. Pulse 80. Oct 14/95. Behavior good. (W. Hughes: Improving in appearance: is
" 31 somewhat tidy in dress, but is, at times, quite careless. Restless & uneasy. Understands what is
Nov 1/30 said to him, but seldom answers, except in monosyllables). Oct 31/95. No special change to note.
Nov 1/95. Wt 149 pds. Pulse 70. Nov 30/95. Appetite good: bowels regular: behavior quiet: does not very often
Dec 1/31 speak to anyone, unless spoken to first - when he will answer. Looks brighter. Indolent: lies about on the
seat: does no work. Inclines to be slouchy. Dec 1/95. Wt 158½ pds. P 104. Dec 12/95: Seems improved,
" 31 very much, of late. Dec 31/95. Apparently, is still improving: talks rationally, tho' he acts rather dull.
1896 Works on ward. Habits neat & clean: Attends patients' entertainments, participating in Dances, card games &c.
Jan 1/31 Jany/96. Wt 160 pds (has been steadily gaining in flesh). Pulse 92. Jan 21/96. Transferred to B3! -
" 31 (on account of a general change of ward.). Jan 31/96. No special change, tho' he keeps on improving.
Feb 1/96. Wt 163 pds. P 78. Feb 29/96. Appetite good: bowels regular: behavior good. Talks rationally: he
Feb 29 works on ward: Habits neat & clean. Mar 2/96 Wt 160 pds. P 82. Mar 14/96. Complaining of not feeling
Mar 2 well: has headache: says "he did not sleep any during night": remained in bed: 8 30 Am. P 90 R 20 T 101 2.
Refused breakfast: vomited some during forenoon: Drank some milk for dinner but could not keep it
" 16 down: At a light supper. Bowels moved - says "he feels somewhat better". Mar 16/96. Slept very little, during
last night. At a light breakfast. Appetite poor: bowels costive: 8 30 Am. P 88 R 20 T 100 4/5 PM. P 88 R 20
" 17 T 100 2/5. Complains of headache & pain in side. Mar 17/96. Off, on ward: 8 30 Am. Temp. 100 2 Pulse 90.
" 18 5 PM. 100 4/5 Pulse - Bowels costive. Given sedlitz powder & other treatment (tablets). Mar 18/96. Appetite
still poor: bowels have moved very little, last evening. 8 30 Am. P 88 R - T 100 4/5. 10 30 Am. Ordered to be
taken to "infirmary" for meals. 3 PM. Transferred to I.W. (11 30 Am.) 3 30 PM. Given bath & put to bed.
" 19 Mar 19/96. Slept well. Very quiet. Says "bowels have not moved since morning of 17 th". 7 45 PM. Given enema.
" 20/23 Bowels then moved. Mar 20/96. Slept quite well. Says "feels better, today". Mar 23/96. Has been improving.

Carried to Transfer Book A page 45

Personal and Medical History of James Callahan #2

LABERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4048.
Residence, Sumner - Minn
Date Admission, 31st March 1895.
Admitted by, Dr. Phelps Hour, 3 P.M.
How Sent, C.V. Farrington, Jof P. Fillmore County.
Sex, Male -
Age, - 57 -
Civil Condition, married
Children, - 3 -
Age Youngest Child, ——
Occupation, Farmer
Degree Education, probably limited
Profession Religion, Not a church member
Habits, Drinks hard, at times; otherwise, good habits
Nativity, - Virginia -
Physicians Committing, J.F. Phillips & G.A. Love
Correspondents, Mrs Mary J. F. Callahan
Mockington - Fillmore Co. Minn
Telegraph address Spring Valley - mail by stage every day at 9 a.m.
Ed by Dr. Herzog, Apl 9/95 -

No. for Year, 247.
Insane Relatives, one brother insane
Cause Exciting, not known
Cause Predisposing, probably some heredity; per attk
Form, Melancholia chronic
Accompanying Bodily Disorder, none
Suicidal or Not, very suicidal (2 attempts).
Date of this Attack, about 2 years ago
Duration, about 2 years
No. of Attack, not 1st (had one 7 or 8 years ago)
No. of Admissions, 1st (was at Independence, Iowa)
Age First Attack, about 50 -
Time of Leaving, May 8' 95
Time in Hospital, 1m 8d
Result, Rec.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear
Quick or Sluggish, slightly sluggish
MEMORY:
Past Events, } slightly impaired, he thinks
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, seems correct
REASONING POWER:
Ordinary Subjects, fair
Own Mental State, realizes condition
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Yes
DELUSIONS:
Systematized or Not, } None noted
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS: "offeeling" (see note)
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, slightly reticent

GENERAL DESCRIPTIVE REMARKS:
Has been a drinking man. Was in Independence, Iowa, 4 years ago, for 11 weeks; recovered. Has had two mild attacks since, but recovered without going to the hospital. Realizes his condition. Knows that he is depressed more than he has reason to be. As he says, if he could only shake off this gloomy feeling he would be all right. Bowels constipated; appetite poor; distress after eating; tenderness over epigastrium. Feels sensation of cold & numbness in lower limbs. Sleepless for past month: is always so, during "spell".

Personal and Medical History of James Callahan

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ WEIGHT, 140½ lbs NUTRITION, Somewhat impaired
WOUNDS OR ABNORMALITIES, see "S.R", on next page.
TONGUE, Tremors, Considerable Coatings, Yellowish at Dorsum large papillae at base Promptness Movement, Fairly prompt
PUPILS, Equality, Yes Size, Contracted; somewhat irregular in shape -
Response Light, Yes Accommodation, Yes, Slight
SIGHT, Somewhat presbyopic
HEARING, Good -
COORDINATION, Arms, Slight impairment
Legs, Some impairment
TREMORS, Hands, None Tongue, Considerable
Facial Muscles, none General, none
REFLEXES, Patellar, 4 - 5 equal
Other
ARTICULATION,
Slurred,
Hesitating, Drawling
FACIAL EXPRESSION,
Worried & Depressed
SENSIBILITY,
HEART, Sounds sharp; somewhat irritable; arteries somewhat atheromatous
LUNGS, Seem good

EXAM. URINE,

Treatment

Full diet; massage twice weekly; Cascara & nux vomica

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother nervous — aged 74
Father or Pat. Relations, father was healthy — Died at 86 -
Brothers or Sisters, one brother epileptic

Personal and Medical History of James Callahan

1895

This patient was brought here by Deputy Sheriff F. L. Robinson + attended by N. H. Leonard, with the following history. He drinks hard, at times; otherwise, good habits. No brother insane; the cause of this attack not known; Some is depressed; there is no accompanying bodily disorder; first symptoms of this attack were manifested about 2 years ago; became much depressed + melancholic. This is not 1st attack; he had one, 7 or 8 years ago; was at Independence, Iowa, in the Hospital for Insane; recovered in about 3 months. Insanity now shown by his being greatly depressed, and is fearful that he may kill himself. He is not disposed to injure others, but is suicidal. Has attempted to stab himself; also attempted to cut his throat. Quiet, filthy + destructive. There is no history of any bodily disease + a ringing in head. Drinking may have something to do with his insanity.

Mar 31 On admission, was put on B2 (S. R. Complexion Dark; hair dark gray, eyes gray; Condition of skin good; no marks, scars or bruises noticed; body dirty; behavior is very good + he talks freely) —

Apl 1 Apl 1/95. Restless 4 hours, sleeping only 4 hours, last night. Appetite fairly good, but he complains of constipation + says that his legs feel numb", also "that he is nervous". He

" 2 behaves well; talks freely. Moved to Infirmary Ward today. Apl 2/95. Slept 6 hours, and apparently rested very well. AM. P 88. R 18. T @ 1972. Gave salts 1/2 z. Bowels afterward moved copiously. Appetite very good. Patient is quiet + well-behaved. PM. P 84. R 20. T @ 98.6

" 3 Apl 3/95. Slept 6 hours, last night. AM. P 82. R 18. T @ 99.4. PM. Pulse 92 R 20. T @ 99.2.

" 4 He reads; talks quite freely; plays games. No medicine 3 times a day; Apl 4/95. Restless 2 hours, but slept 6 hours, last night. AM. Pulse 70 R 20 T @ 98.2°. PM. P 84 R 22 T @ 98.6.

" 5 Apl 5/95. Slept + rested well, all night. AM. " 76 " 24 " 98.4. PM. " 80 " 24 " 98.6

" 6 at 2 PM, complained of feeling weak + tired + was in bed part of afternoon. Apl 6/95. Restless an hour, but slept 7 hours, last night. AM. P 88. R 20. T @ 100. Is feeling much better, today.

" 7 Bowels moved, in PM, by aid of seidlitz powder. PM. " 76 " 24 " 98.4. Apl 7/95. Slept quite well, last night. AM. P 80 R 24 T @ 98.4. PM. " 84 " 22 " 98.8. Patient says "he feels very

" 8 well today". Appetite good, though he appears to be running down, of late. Apl 8/95. Slept 6 hours. — AM. P 80. R 28 T. 99. He complains of feeling weak: bowels fairly regular. Wasn't walking today. PM. P 84 R 20 T @ 98.4. Apl 9/95. Slept 7 hours. AM. P 84. Eats fairly well.

" 9 Out walking, again, today. AM. P 80. R 15. T @ 99. Apl 10/95. Slept 7 hours, last night.

" 10 AM. P 76. R 18. T @ 99.; PM. " 72 " 16 " 98.4. Says "he is feeling much better than previous".

" 11 Apl 11/95. Restless 3 hours, sleeping only 5 hours. AM. P 90. Appetite very good. No medicine, 3 times a day.

" 12 PM. P 88. R 20. T @ 98.2. Apl 12/95. Slept only 4 hours, was restless 4 hours, last night.

" 13 AM. " 98. PM. P 80. Patient receives massage treatment, twice weekly. Apl 13/95. Restless 3 hours, sleeping only 5 hours, last night. AM. P 90. R 22 T @ 98.4°; PM. P 90. R 22. T @ 99. —

" 14 appetite good; bowels regular, today, but have not been so before, for any length of time. Apl 14/95. Was quiet, but slept only 5 hours, last night. AM. P 88. R 20. T @ 98.8. Complains of restlessness, today. Given seidlitz powder; bowels then moved freely. PM. P 80 R 20 T @ 98.8. ——

Summary; Patient has been very quiet + orderly; a little inclined to melancholia — Talks a great deal, of his home; seems to have it on his mind, all the time. Appetite has been very good, but bowels irregular. Talks + converses freely; at times, complained of feeling weak.

" 15 Apl 15/95. Complains of feeling sore "all over body"; appetite fair. Apl 16/95. Restless 3 hours,

Personal and Medical History of James Callahan

1895

Apl 17 but slept 5 hours, last night. Received Massage treatment, today. Apl 17/95. Rested quite well + slept 7

" 18 hours

" 19 -ti

" 20/96 Apl

" 23/ Apl

" 24 Abs

Trea

Mayor/ Ur

" 7/96 Ma

" 8 Ma

1895

Nov 15 No

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Dec 31/ De

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Mar 6/ Tue

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Apl 2/ Ap

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Mayor/ Me

June 3 ther

" 30 Jun

July 1 Ch

Je

" 3 July 3/95. While inside this afternoon, started delope + when stopped, was very fugacious, but required three nurses to get him under control. Was brought inside and then transferred to B1 at 7 00.

See Transfer Book "A" Page. 310

CASE RECORD.

vol 29
Folio 381

Patient's Name Callahan Jas. Name Disease Apil Name Physician H H H

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Apl. 15	99	72	20	Complains of feeling sore all over body. Appetite		
	97.8	80	22	fair. Night slept 5 hours restless 3 hours		
" 16	98.6	88	18	Received massage treatment to day.		
	97.4	72	18	Night slept 7 hours restless 1 hour		
" 17	98.4	80	20			
	98.2	80	22	Night slept 6 hours restless 2 hours		
" 18	99	98	20	Appetite fair bowels regular.		
	97	62	20	Night slept and rested well		
" 19	98.6	90	20	Received massage treatment to day		
	99	80	22			
" 20	99	84	18	Patient works on grounds some.		
	98.6	80	22	goes out on grounds frequently		
" 21	98.4	88	20			
	99	80	20			
" 22		84		Transfered to A. E.		
" 23				Received massage treatment - to day		
" 24				" " " "		
" 26				Behavior good. Talks freely		
				Complains of feeling sore in left arm		
				and shoulder		
				Receives electric treatment three times		
				a week, And massage 2 times a week		
				Appetite fare Bowels regular		
				Does com work outward		

Recorded by J. R. S. Nurse.

Personal and Medical History of James Callahan

1895

Mar 31 / Apl 1 / " 2 / " 3 / " 4 / " 5 / " 6 / " 7 / " 8 / " 9 / " 10 / " 11 / " 12 / " 13 / " 14 / " 15 / 16

Summary; Patient has been very quiet & orderly; a little inclined to melancholia. — Talks a great deal of his home; seems to have it on his mind, all the time. Appetite has been very good, but bowels irregular. Talks & converses freely; at times, complained of feeling weak. Apl 15/95. Complains of feeling sore "all over body"; appetite fair. Apl 16/95. Restless 3 hours,

Personal and Medical History of James Callahan.

1895

Apl 17 but slept 5 hours, last night - Received Massage-treatment, today. Apl 17/95. Rested quite well & slept 7
" 18 hours, last night. About as usual today - Apl 18/95. Slept 6 hours, last night; restless 2 hours, or so. Appe-
" 19 -tite is fair; bowels regular. Apl 19/95. Slept & rested well, last night. Received Massage-treatment, today.
" 20/96 Apl 20/95. Patient goes out frequently; also works on grounds some. Apl 22/95. Transferred to A. East.
" 23 / 27 Apl 23/95. Given Massage-treatment, today. Apl 27/95. Again given Massage treatment. —
" 24 April 29/95. Behaves well; talks freely; Complains of feeling sore in left arm & shoulder. Receives electric
treatment, 3 times a week, & massage 2 times a week. Appetite fair. He does some work on ward. —
May 2 / 3 May 2/95. Wt 141 lbs. Pulse 80. May 3/95. Received Massage treatment, today. May 6/95. Massage treatment.
" 7 May 7/95. Still behaves well. Talks freely & sensibly - At times, complains of cold & numb feeling
in limbs - Shows some depression & slight melancholia - Worked some on ward, from time to time.
" 8 May 8/95. Given Massage treatment, today. (See attached nurses-record) ——
Visited by brother today, who desired to take him home on trial & he was allowed to go.

Dr Largpt

1896 From 196. **Peter A. Nelson**

Nov 15 Nov 15/95. Appetite fair: bowels regular: behavior good, with exception of times, when he becomes quite
stubborn & refuses to go to meals &c. Sleeps well: habits clean. Works on ward. Is melancholy & says he wishes
" 30 to die". Nov 30/95. Condition seems about the same. Still inclined to be stubborn. Is seemingly depressed.
Dec 17 / 1896 Jan 11 / 31 Dec 17/95. Wt 166½ lbs. Dec 31/95. No noticeable change. Is very quiet & has delusive ideas. Works on ward.
Jan 11/96. Wt 165 lbs. Jan 31/96. Seems quite strong, physically. Appetite fair: bowels regular. Habits
clean: behavior good, except when he, at times, refuses to go to meals. Works on ward. (Sleeps on B3 ward).
Feb 17 / 29 Feb 3/96. Wt 165 lbs. Feb 29/96. Behavior about as usual: occasionally stubborn. Requires close at-
-tention, while out walking, as he has, several times, attempted to escape. Still thinks delusions
= believes that his family & all relatives will go to hell, on his account". Sleeps well. Habits clean.
Mar 6 / 31 Mar 6/96. Wt 166 lbs. Mar 31/96. Still stubborn & never wishes to go to meals. Works on ward. (Sleeps on
B3) - Still holds to his specialties & delusions, (above noted). Physical appearance is fairly good -
Apl 2 / 30 Apl 2/96. Wt 164½ lbs. Pulse about normal. Apl 30/96. Is quite strong, physically. Forehead covered
with red blotches, which seem to have no tendency to leave. Appetite fair, but he frequently objects
to going to meals. (Sleeps on B3) - Works on ward: habits clean. "Says he wishes he be killed". —
May 3 / 31 May 3/96. Wt 164½ lbs. May 31/96. No special change. He has to be taken to dining-room: "thinks
June 3 there is no room in the world for him"; tries to elope. Works on ward. June 3/96. Wt 163 pounds.
" 30 June 30/96. Still has to be made go to dining-room: appetite good then. Bowels regular: has all kinds
July 1 of Delusions: sits in one place, on ward, most of time: often tries to elope. July 1/96. Wt 160 lbs. —
Is inclined to be pugnacious, at times. Works on ward. Still holds various delusions. —
" 3 July 3/96. While in town this afternoon, started to elope, & when stopped, was very pugnacious,
& it required three nurses to get him under control. Was brought inside and then
transferred to B1 at 7 pm.

See Transfer Book "F" Page. 310

Personal and Medical History of August Cartigny

Whole No. 4049

Residence, West St. Paul. Minnesota

Date Admission, 1st April 1895.

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

How Sent, Th. P. Morgan, Jot P., Dakota County

Sex, Male —

Age, 28 years

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Machinist

Degree Education, Common School

Profession Religion, Catholic

Habits, not specially known

Nativity, France (Parents also born there)

Physicians Committing, H. C. Johnson and D. J. Hawkins

Correspondents, Mrs. but mother at present.

D. C. Marquis, St Paul (Family Physician) Rochester Hospital —

No. for Year, 248.

Insane Relatives, Mother in this Hospital now.

Cause Exciting, Solitary life & lack of proper food.

Cause Predisposing, Hereditary influence

Form, mania acute

Accompanying Bodily Disorder,

Suicidal or Not, not

Date of this Attack, about a

Duration, about a we

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, — 2

Time of Leaving, May

Time in Hospital, 2 ye

Result, Discharged Recovered

Daily Dr Herzog April 2/95 =

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, much confused

Quick or Sluggish, Quick

MEMORY:

Past Events, } Apparently much impaired

Recent Events, }

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, illusive

REASONING POWER:

Ordinary Subjects, } Confused

Own Mental State, }

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Tongue & breath indicate disordered digestion; bowels evidently co... Behavior boisterous, restless; incoherent in speech. Quite typical acute ... physical impairment. —

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Exalted

Depressed,

DELUSIONS:

Systematized or Not, Trac...

Special Subjects, ...

Transitory or Not, ...

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

GRIEF FOR MOTHER

Unbalances the Mind of August Cartigny, a Young

KARTIGNEY'S FATE.

He Believes People Have Conspired to Poison Him.

August Kartigny of South St. Paul, who was arrested last Saturday night because he was acting in a very strange manner, was taken back to South St. Paul yesterday by Marshal Copeland.

Kartigny is supposed to be a "little off" mentally. He believes that everybody in South St. Paul is in conspiracy to poison him. Last Saturday he came to the city and went to the office of Dr. Marquis, on Franklin street. He carried with him a bag full of bread, a can of milk and all his mother's jewelry.

The doctor asked him what he wanted, and he replied that he had been poisoned and wanted an antidote. Dr. Marquis began to prepare an antidote, and as he did so asked Kartigny how he came to be poisoned.

"Well, doctor," Kartigny replied, "everybody in South St. Paul wants to see me die. They are in league against me, and they have put poison in everything I eat. I am full of poison now, and this milk and bread is full of some kind of venom."

The doctor was surprised and concluded at once that Kartigny did not need an antidote, but some one to take care of him. He called a policeman and had the young man, who is scarcely twenty-four years old, taken to the central police station, where he was cared for all night.

When he was brought down stairs yesterday to be taken back to South St. Paul he insisted that Marshal Copeland was one of the men who are trying to poison him.

"I'll never go back with that fellow," he cried. "He will poison me on the way. I will go with any of you officers, for I see that you are all honest, but I will not trust that man. He is in league with all the rest."

"If you don't go we will lock you up again," said Chief Clark.

"All right; I would much rather be locked up." Saying this he turned and ran back to his cell. Sergeant Horn had to go up and tell Kartigny that the only way would be to go back with Copeland, and when he had found out the names of all who were in the conspiracy to tell the officers of the city police and then there would be a wholesale arrest of the conspirators. On this promise Kartigny was induced to go back to his home. He will be examined today in the Dakota county probate court, and will probably be sent to join his unfortunate mother in an asylum. It is but little more than a month since Mrs. Kartigny was committed to Rochester, and her misfortune is thought to be the cause of her son's derangement.

... weapon was of large caliber and was loaded. Cartigny swore he was being poisoned, and begged Dr. Marquis to analyze the food he had brought. The demented Frenchman, however, ate heartily at the doctor's table. He soon after relapsed into a lachrymose condition, weeping piteously for his mother. In an instant his mood changed and he

DEMANDED HIS REVOLVER,

but the doctor had taken the precaution to obtain the gun and hide it. His patient finally became so troublesome that he requested Chief Clark to remove Cartigny to the police station. The lunatic made no objection, declaring that he only wanted to find some place where he would not be poisoned. Before going, Cartigny gave the doctor a quantity of jewelry, which he had hidden on his person. It included a miscellaneous collection of brooches, rings, pins, etc., belonging to his mother.

While undoubtedly wholly irresponsible mentally, Cartigny's malady is of recent origin. It was induced largely by grief for his mother, Mrs. Louise Cartigny, who is now an inmate of the asylum at Rochester. Three months ago Mrs. Cartigny was very badly bitten by a bulldog. The brute pulled her down and dragged her several feet. Before she could be rescued, her arms and shoulders were terribly lacerated. She never fully recovered, and a month after being bitten was driven insane by terror. Since then her son has been living with an attendant. His mother's misfortune preyed upon him so that a short time ago he became mentally unbalanced. Recently his condition became alarmingly worse. Dr. Marquis fears the young fellow is a hopeless lunatic. The authorities of West St. Paul will send him to the state insane asylum.

Personal and Medical History of August Cartigny

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8in WEIGHT, 136 lbs NUTRITION, considerably impaired; pale and anaemic —

WOUNDS OR ABNORMALITIES, see "S. R."; about 3 weeks growth of sparse beard —

TONGUE, Tremors, marked Coatings, heavy, yellowish white; light sores - heathy red Promptness Movement, slow

PUPILS, Equality, yes Size, slightly dilated

Response Light, somewhat sluggish Accommodation, somewhat sluggish

SIGHT, apparently good.

HEARING, apparently good.

COORDINATION, Arms, } Usual tests impossible to make, but evidently some incoLegs, } - ordination. —

TREMORS, Hands, some Tongue, considerable

Facial Muscles, no General, slight

REFLEXES, Patellar, difficult to

Other test but apparently exaggerated.

ARTICULATION,

Slurred, ✓

Hesitating,

FACIAL EXPRESSION, roving, restless

SENSIBILITY, ✓

HEART, action rapid and tumultuous; sounds very sharp.

LUNGS, appear good; detailed examination impossible.

TAKEN,

EXAM. URINE,

Treatment

Calomel & ipecac in small ½ gr. doses, followed by saline. Hot baths with cold to head. Liquid diet, milk & raw eggs. Chloralamid & Potass Brom. as hypnotics —

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, — Mother here —

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of August Cart

Whole No. 4049
Residence, West St. Paul, Minnesota
Date Admission, 1st April 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, Thos. O. Morgan, Jof. P., Dakota County
Sex, Male
Age, 32 years
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Machinist
Degree Education, Common School
Profession Religion, Catholic
Habits, not specially known
Nativity, France (Parents also born there)
Physicians Committing, H. C. Johnson and B. J. Hawkins
Correspondents, Brother Mother at present
D. C. Marquis, St Paul, Dakota Hospital
Family Physician

No. for Year, 248.
Insane Relatives, Mother in the
Cause Exciting, solitary life
Cause Predisposing, Hereditary
Form, mania acute
Accompanying Bodily Disorder, —
Suicidal or Not, no
Date of this Attack, about a
Duration, about a we
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 2
Time of Leaving, May
Time in Hospital, 2 wk
Result, Discharged Improved

Ex'd by Dr Herzog April 2nd 95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, Apparently much impaired
Recent Events,
Special Subjects,

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

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

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

DELUSIONS:
Systematized or Not, Fram
Special Subjects, in
Transitory or Not, the
HALLUCINATIONS: fix
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Tongue & breath indicate disordered digestion; bowels evidently
Behavior boisterous, restless; incoherent in speech. Quite typical acute m
physical impairment. —

Cottolene

The new vegetable shortening is the most popular food product of the day. Its use means good food, good health and a goodly saving in the end. Since the introduction of Cottolene, lard has no longer place in food or kitchen.

Well Supplied.

Germany has 26,000 of the 31,000 breweries said to be in the world.

Cheap Homeseekers' Excursion Tickets.

At one fare for round trip will be on sale via "The North-Western Line," on Tuesday, April 2, to all Southern points. For detailed information call on ticket agents, 13 Nicollet House block, Minneapolis, or Union Depots, in both cities.

LADEN WITH ODD ARTICLES

He Appears at the Home of Dr. Marquis and Acts Strangely.

INSANITY OF HIS MOTHER

The Cause of Cartigny's Misfortune--Taken by the Police.

August Cartigny, a Frenchman of twenty-two, was a prisoner at the central police station yesterday, pending the arrival of an officer from Dakota county, where Cartigny will be examined for lunacy. He has recently developed dangerous traits, which render his incarceration necessary as a precautionary measure. Young Cartigny passed Saturday night with his physician, Dr. Canac Marquis, of 351 North Washington street, this city. He made his appearance at the latter's home very suddenly on that evening. When Cartigny was admitted his appearance was grotesque. He was laden with an odd collection of edibles. On a platter which he carried were a half dozen pieces of toast, a bottle of milk, three loaves of bread and a quantity of uncooked meat. A pair of boots hung from his arm, and his feet were encased in thin slippers, although it was raining hard. Despite his numerous burdens, Cartigny managed to carry a revolver. The weapon was of large caliber and was loaded. Cartigny swore he was being poisoned, and begged Dr. Marquis to analyze the food he had brought. The demented Frenchman, however, ate heartily at the doctor's table. He soon after relapsed into a lachrymose condition, weeping piteously for his mother. In an instant his mood changed and he

DEMANDED HIS REVOLVER,

but the doctor had taken the precaution to obtain the gun and hide it. His patient finally became so troublesome that he requested Chief Clark to remove Cartigny to the police station. The lunatic made no objection, declaring that he only wanted to find some place where he would not be poisoned. Before going, Cartigny gave the doctor a quantity of jewelry, which he had hidden on his person. It included a miscellaneous collection of brooches, rings, pins, etc., belonging to his mother.

While undoubtedly wholly irresponsible mentally, Cartigny's malady is of recent origin. It was induced largely by grief for his mother, Mrs. Louise Cartigny, who is now an inmate of the asylum at Rochester. Three months ago Mrs. Cartigny was very badly bitten by a bulldog. The brute pulled her down and dragged her several feet. Before she could be rescued, her arms and shoulders were terribly lacerated. She never fully recovered, and a month after being bitten was driven insane by terror. Since then her son has been living with an attendant. His mother's misfortune preyed upon him so that a short time ago he became mentally unbalanced. Recently his condition became alarmingly worse. Dr. Marquis fears the young fellow is a hopeless lunatic. The authorities of West St. Paul will send him to the state insane asylum.

Personal and Medical History of August Cartigny

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 in WEIGHT, 136½ lbs NUTRITION, considerably impaired; pale and anaemic —
WOUNDS OR ABNORMALITIES, See "S. R."; about 3 weeks growth of sparse beard —
TONGUE, Tremors, Marked Coatings, Heavy, Yellowish at base, light across — heathfree Promptness Movement, slow
PUPILS, Equality, Yes Size, slightly dilated
Response Light, somewhat sluggish Accommodation, somewhat sluggish
SIGHT, apparently good.
HEARING, apparently good.
COORDINATION, Arms, } Usual tests impossible to make, but evidently some incoLegs, } -ordination.
TREMORS, Hands, some Tongue, considerable
Facial Muscles, no General, slight
REFLEXES, Patellar, difficult to
Other test but apparently exaggerated.
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, roving, restless
SENSIBILITY, ✓
HEART, action rapid and tumultuous; sounds very sharp.
LUNGS, appear good; detailed Examination impossible.

TAKEN,

EXAM. URINE,

Treatment

Calomel & ipecac in small ½ gr doses, followed by saline. Hot baths with cold to head. Liquid diet, milk & raw eggs. Chloral & Potass. Brom. as hypnotics —

OPHTHALMOSCOPIC EXAM.,

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

Record kept

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

Personal and Medical History of August Ca

Whole No. 4049
Residence, West St. Paul. Minnesota
Date Admission, 1st April 1895.
Admitted by, Dr. Phelps Hour, 7 PM.
How Sent, Thos P. Moran, Jo P. Dakota County
Sex, Male —
Age, 22 years
Civil Condition, single
Children,
Age Youngest Child, —
Occupation, Machinist
Degree Education, Common School
Profession Religion, Catholic
Habits, not specially known
Nativity, France (Parents also born there).
Physicians Committing, H. C. Johnson and B. J. Hawkins
Correspondents, none but Mother at present
D. C. Marquis, St Paul (Family Physician) Rochester Hospital —

No. for Year, 248.
Insane Relatives, Mother in
Cause Exciting, solitary life
Cause Predisposing, Hereditary
Form, mania acute
Accompanying Bodily Disorder, none
Suicidal or Not, no
Date of this Attack, about a week or 10 days ago
Duration, about a week or 10 days.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 22 years —
Time of Leaving, May 29. 1897
Time in Hospital, 2 yr. 1 mo. 28 da.
Result, Discharged Sept. 28 '97
Recovered

Mr. W. H. Bennett, 159 Kent St. St Paul

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr Herzog April 2/95 -

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

MEMORY:
Past Events,
Recent Events,
Special Subjects, } Apparently much impaired

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

REASONING POWER:
Ordinary Subjects,
Own Mental State, } Confused
Special Subjects,

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

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, } Transitory, unsystematized in the main, although the idea of poisoning is quite fixed

HALLUCINATIONS:
ILLUSIONS:

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

GENERAL DESCRIPTIVE REMARKS:
Tongue & breath indicate disordered digestion; bowels evidently constipated for some time. Behavior boisterous, restless; incoherent in speech. Quite typical acute mania, with considerable physical impairment. —

Personal and Medical History of August Cartigny

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 in WEIGHT, 136½ lbs NUTRITION, considerably impaired; pale and anaemic —
WOUNDS OR ABNORMALITIES, see "S. R."; about 3 weeks growth of spare beard —
TONGUE, Tremors, Marked Coatings, Heavy, Yellowish at base, light at sides — heavy at front Promptness Movement, slow
PUPILS, Equality, Yes Size, slightly dilated
Response Light, somewhat sluggish Accommodation, somewhat sluggish
SIGHT, apparently good.
HEARING, apparently good.
COORDINATION, Arms, } Usual tests impossible to make, but evidently some incoordination.
Legs, }
TREMORS, Hands, some Tongue, Considerable
Facial Muscles, no General, Slight
REFLEXES, Patellar, difficult to test but apparently exaggerated
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, roving, restless
SENSIBILITY, ✓
HEART, action rapid and tumultuous; sounds very sharp.
LUNGS, appear good; detailed examination impossible.

EXAM. URINE,
Treatment

Calomel & ipecac in small ½ gr. doses, followed by saline. Hot baths with cold to head. Liquid diet, milk & raw eggs. Chloral amid & Potass Brom. as hypnotics —

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

Record kept

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

Personal and Medical History of *August Cartigny*

1895

This patient was brought here by Deputy Sheriffs Charles Koplitz and George A. Schmidt, with the following history. This is the 1st attack, first symptoms appearing about one week or ten days ago, by delusions. The disease seems increasing; not variable; he now imagines that he is being slowly poisoned. Patient is disposed to injure others, but is not suicidal, nor filthy nor destructive in his habits. His mother is now insane & confined in this (Rochester) Hospital. — If any peculiarities were previously manifested, is unknown. Not known if he or his parents were addicted to intemperance of any sort. He has not been subject to any bodily disease or injury to head, nor has he been restrained or confined. Hereditary influence, solitary life and lack of proper food, are the supposed causes of this attack. No medical treatment has been given him. On personal examination, patient is found to be pale & Emaciated & facial Expression of mania; insane conversation. He said "that a neighbor had poisoned bread, toast & milk and left it for him to eat; that various articles about the house had been poisoned & that the present condition of his head was the result of such poison". He told the above story & talked generally, in a decidedly insane manner. He has dangerous tendencies towards others.

Apl 1 **On admission**, was put on B^2 (S.R. Complexion dark; Hair black; Eyes brown; Condition of Skin good; No marks Scars or bruises noticed; body is dirty; behaves well; bathes & dresses himself).

" 2 Apl 2/95. Lay awake 8 hours; talking) noisily; slept none. AM. Pulse 78. R 18. T(o) 99.8 Bowels constipated; he took but very little nourishment, today. Takes off coat & shoes, but shows no violence. Talks nearly all the time, of being poisoned"; is incoherent. No cough observed: no complaints or injuries to report. Was given hot bath, with cold application to head. Apl 3/95. Restless & disturbed & slept very poorly, last night. AM. P 92. R 18. T(o) 100 2/5. Was given hot bath with cold application, at 9 Am. Ate but very little solid food: Took quite freely of milk. PM. Pulse 18 R — T(o) 100 4/5.

" 4 Bath repeated at 7 PM. Apl 4/95. Restless & noisy 8 hours & sleeping only 3 hours. Ate no solid food, today. Took 1 pint of milk & 2 eggs, twice, besides 6 or 7 glasses of milk. AM. P 82. T(o) 100 2/5. Is very restless; throwing hands & feet about; talks most of the time. Was given 2 hot baths, today.

" 5 Apl 5/95. Restless & noisy 11 hours, Sleeping only 4 hours. Am. P 98. Bowels moved freely. Given 2 hot baths. Drank about 2 quarts of milk, but took no solid food. Again restless, throwing arms & feet about.

" 6 Apl 6/95. Restless & noisy 8 hours & slept only 2 hours. AM. Pulse 96. Drank milk & eggnog & walked & gesticulating. Was fighting with patient (P. Stolp). Takes constant attendance. Is very noisy.

" 7 Apl 7/95. Slept 5 hours, restless 3 hours. Drank a pint of milk & pint eggnog in morning; none in PM. He is very wild & walks. Struck patient E. R. Johnson, giving him a black eye; also patients Es Johnson & Wm Haenggi. Still requires Constant attendance. Apl 8/95. Restless & noisy 4 hours, sleeping only 4 hours, last night. Would not drink any milk. Throwing hands & feet about. Excited; talks incoherently. Transferred to Infirmary Ward. Was given hot bath, with cold application to head & put to bed, & in restraint. 8 PM. Was given 1 quart hot milk. April 9/95. Was very restless, all night. AM. Pulse 88. R 22. T(o) 99. At 9 Am. Hot bath with cold application; Was taken out of restraint, during the day. PM. P 90 R 20 T(o) 99 4/5. Took a fair amount of liquid nourishment, today.

" 10 Apl 10/95. at 9 PM, last evening, was given Sleeping dose, but slept only 4 hours. AM. P 88. R 24 T(o) 100; PM. P 80 R 24 T(o) 102. On liquid diet; takes a fair amount of nourishment during day; Is given, daily, usual hot baths at 9 Am & 7 PM.

Personal and Medical History of *August Cartigny*

1895

Apl 11 Apl 11/95. Very restless & noisy, slept none, last night. AM. P 92. R 22. T(o) 98 2/5; PM. P 112. R 16. T(o) 102 2/5. Has been very restless all day; requiring Continual attendance. 6 PM. gave him a cold Sponge-bath. Bowels moved slightly during P.M.

" 12 Apl 12/95. Was given S.D & slept well, last night. AM. P 88. R 20. T(o) 98 2/5; PM. P 100 R 18. T(o) —; is on medicine, every 2 hours. Patient has erysipelas on upper part of face & forehead. Takes a fair amount of nourishment.

" 13 Apl 13/95. Was restless, all night. AM. P 80. R 22. T(o) 98 2/5. Took about 3 quarts, eggnog, today. Erysipelas has not receded any. Medicine discontinued. 3 PM gave him dose Squibb's knock-out.

" 14 Apl 14/95. Slept very poorly, last night. AM. P 100. R 26. T(o) 101 4/5. PM. P 112. R 20. T(o) 104 4/5. Has taken about 3 quarts eggnog, during the day: mouth is washed before & after feeding. Medicine discontinued.

" 15 Apl 15/95. Restless & slept only 3 hours, last night. AM. P 92. R 20. T(o) 98.6. Bowels moved very freely, this am. Has a slight diarrhoea. gave him Sponge bath, with tepid water. PM. P 112 R 24 T(o) 103 4/5.

Summary: Patient came on ward, in a very excited condition & apparently Considerably run-down. With much difficulty, he was given liquid diet, and hot baths, with cold applications to head. Baths seemed, at times, to have a quieting effect. These hot-baths discontinued when erysipelas set in, as fever was high, & cold Sponges given: patient for last few days, has been very quiet & taking Nourishment quite freely. Apl 16/95. Very restless, Sleeping only 3 hours, last night.

" 16 (See attached nurse's record for more full particulars of treatment). Apl 17/95. Is given frequent

" 17 Sponge-baths. Diarrhoea has somewhat gone. Apl 21/95. Very noisy at night, and sleeping poorly. Is on liquid diet. Gets frequent hypnotics. Habits very filthy. He requires continual attendance from

" 21 nurse. Apl 22/95. Has boils on hip & shoulder. Apl 23/95. Liquid diet discontinued now, on regular diet.

" 22 1/2 Appetite very good. Apl 27/95. Up in roller-Chair, today. Apl 30/95. Still requires Continual attendance

" 29 1/2 from nurse. Up in roller-chair during PM. Was out of bed most all night. Slept only 2 hours.

May 3 Was also very destructive. (See attached Record). May 3/95. Has been restless & noisy, at night, the past 3 nights: frequently out of bed & has slept very poorly. Wt, today, 107 1/2 pds. Pulse 80.

" 7 May 7/95. Is on regular diet & tea: appetite very good: has been up, in roller chair, all Day, on

" 8 lack of past 2 days. May 8/95. Slept only 2 hours, last night: noisy, troublesome & destructive.

" 22 May 22/95. Sleeps poorly: is very restless, during the night. Quite often troublesome by day and requiring Continual attendance. Sent, for a Day or so at a time, in roller chair; is also

" 28 taken out for a walk with nurse. May 28/95. Appetite very good. Bowels in good condition.

" 31 8:30 PM. Transferred to B^3 East. May 31/95. Still restless & sleeps poorly. Appetite fairly good: bowels apparently regular: behavior quiet: never speaking any, but keeps on wandering aimlessly about ward hall. Habits clean. June 1/95. Wt 125 pds. Pulse 90. (Has been

June 1 - 13/30 gaining in flesh). June 13/95. On same night is restless & sleeps very poorly. June 30/95. No change except in general conduct & behavior. Habits, occasionally, Dirty & he is slovenly in appearance.

July 1/31 July 1/95. Wt 134 pds. Pulse 80. (Is still gaining in weight). July 31/95. Very frequently, restless at night & sleeps very poorly. Appetite good: bowels regular. Patient is dull, stupid & stubborn. Never speaking to anyone; mean towards other patients, kicking & striking them. Habits at times, dirty & he is untidy in dress. No Special Change noted, mentally. Aug 1/95. Wt 138 pds.

Aug 1 - 31 Aug 31/95. No special change: talks but very little & incoherently. Habits clean. Does no work. Slovenly in dress.

Sept 2/30 Sept 2/95. Wt 134 pds. Pulse 100. Sept 30/95. No change noticeable in his condition. —

(carried to 380)

Personal and Medical History of Anton Gruttner

LIBBEY, PERLEE & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4050.
Residence, Wabasha, Minn
Date Admission, 2nd April 1895.
Admitted by, D. Phelps — Hour, 7 PM
How Sent, Malcolm Kennedy, Jct P, Wabasha Co.
Sex, Male
Age, — 35 —
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Has none
Degree Education, not stated
Profession Religion, not a church member
Habits, — Good —
Nativity, Wabasha, Minnesota
Physicians Committing, J. A. Low and W. H. Leuder
Correspondents, none given in papers
Oct 7/95 — L Gruttner, Wabasha Minn P.O. Box 6

No. for Year, 249.
Insane Relatives, None
Cause Exciting, Gonorrhoea probably.
Cause Predisposing, "chronic"
Form, Melancholia Chronic
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, about 14 years ago
Duration, some 14 years.
No. of Attack, not 1st; has had several
No. of Admissions, 1st.
Age First Attack, — about 31 —
Time of Leaving, Nov. 26. 1900
Time in Hospital,
Result, Transferred to Hastings

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 Anton Gruttner

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7 1/4 WEIGHT, 147 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL, EXPRESSION,



TAKEN,

SENSIBILITY,
HEART,
LUNGS,

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 Anton Ginthner

1895

This patient was brought here, per due form, by a Deputy Sheriff and attendant, with the following history. There is no history of heredity; cause of attack not positively known; but presumed to be from Gonorrhoea. Onset, attack is depressed. There is no accompanying bodily disorder. First symptoms of disease manifested about 4 years ago & he has had several attacks during that period. Insanity now manifested in his subject (particularly). Patient is not disposed to injure others, nor suicidal, nor filthy, nor destructive in his habits. No peculiarities have previously manifested. He has not been restrained or confined. Has been under treatment with half a dozen different physicians. Nothing known of except this gonorrhoea which patient contracted some four years ago.

Apl 2 **On admission**, was pulse 72 (R. 18. Complexion light; hair light; eyes brown; condition of skin good; has numerous moles over body; no scars observed; body clean; behavior very good; talks freely). Apl 3/95. Slept fairly well. Appetite good; bowels free; behaves well; talks freely; no delusions noticed; no cough observed. Complains of pain, slightly over penis; (found passed by Dr. H.) Apl 4/95. Restless 2 hours, but slept 6 hours last night. Ann. T 98.8. Appetite good. Behavior good; talks freely. Makes no complaints. Goes out walking

" 5 Apl 5/95. Restless 4 hours. Sleeping only 4 hours. Ann. P 72. Talks freely & sensibly. Plays games &c.

" 6 Apl 6/95. Slept fairly 4 hours; was restless 4 hours. Ann " 80. Reads; walks; behavior about same.

" 7 Apl 7/95. Restless 3 hours, but slept 5 hours, last night. Ann " 82. Bowels free. No special change to note.

" 8/9 Apl 8/95. Slept fairly well, 5 hours, last night - was somewhat restless. Ann. P 76. Apl 9/95. Slept 5 hours, restless 3 hours. Ann. P 80. Appetite good; bowels free. Behaves well. Makes no complaints. Reads,

" 16 plays games &c. Goes out walking, but does no work. Apl 16/95. During past week, patient has been restless, nightly, from 2 to 3 hours, but has been sleeping 5 to 6 hours, each. Has been up & about daily; clean, tidy & of good personal habits. Pulse, taken each morning, has been about normal.

Summary: since coming, behavior has been very good: Appetite good; bowels free. He has talked freely & sensibly; no delusions noted; reads; plays games & goes out walking; has made no complaints, except of slight pain over penis. Physical condition fairly good. He does no work.

" 30 April 30/95. Restless, on the average, 5 hours nightly, the past week; sleeping only from 2 to 4 hours. (On one night sleeping most all - restless all night). Restless, by day; seems to worry over something - Absent-minded & "peculiar" - Talks quite freely; no delusions noted; Clean & tidy. Walks out, but no work.

May 1/24 May 1/95. Wt 152½ lbs. Pulse 80. May 24/95. Visited by friend. Has been restless at night & sleeping poorly, especially on first 10 nights of the month. He talks sensibly; is somewhat depressed & quite peculiar in actions. Goes out walking; plays games some: Cleanly habits. Works some.

" 31 May 31/95. No change to note, either mentally or physically: still indolent & does no work.

June 1/30 June 1/95. Wt 155½ lbs. Pulse 74. June 30/95. Has apparently been sleeping better this month. No change noticeable, in any way. He is somewhat depressed: mental faculties are impaired, somewhat. Physical condition apparently good. Habits clean & tidy. July 1/95. Wt 153 lbs. Pulse 72.

July 1 (Read a letter he wrote to his father: in it he said some one was trying to poison him & that they were going to cut his legs off & something about a machine of some kind; and he

" 31 wanted him to come right down & get him). Evidently still holds delusions. July 31/95. Still acts very peculiarly: walks about hall; around tables & chairs & touching doors & pretending to lock them.

Personal and Medical History of Anton Ginthner

1895 Oct 9

Oct 17/95

Rochester State Hospital

Dear Father & Mother.

I have sad news to tell you I cant stand this life any longer John H. Mallen is tormenting day and night James G. Lawrence is distributing sounds on my head I have to watch my eating nothing but poison nothing but Boots and Buck poison wont let me rest night & day Father I want you come up after me take me home for God sake you dont know what kind of a life I have they have and instrument on my head nearby makes me crazy nothing but and hidden

da degree, about like patient A.L. Poole in his manner good: bowels free. He makes no complaints. Was found friends as 23rd inst. Aug 2/95: Wt 154 lbs. Pulse 76. is some: no complaints. No change, generally, to note. as usual. Transferred to C2 today.

Spends the greater part of his time comparing clocks in time. Does no work: Oct 1/95. Wt 163 lbs. Pulse 74. some of his delusions. Oct 30/95: No improvement noted. le: does no work. Nov 1/95 Wt 161½ lbs. Pulse 66. te rationally: memory seems good: let he hold the s actions. Works in dining room: some slight im- lse 72. Dec 31/95: No change noticeable. Still holds delusions. about the same, all the time. Works some in the ward. neral change of the ward). Jan 31/96. Talk rationally letters, where shows the insane ideas he still holds. 0. Apl 1/96. Wt 161 lbs. P 66. Apl 30/96. During the period, ysical condition good. bowels inclined to be costive. He still has delusions. Makes a round, several times of sounding fire-alarms & a lot more such nonsense.

uge Mentally or physically during period. leasant, usually appears quiet & pleasant however. has been no marked change in this patient from Is neat & tidy in dress & personal appearance: usually begins a conversation: Shows no delusions but g letters shows marked delusions which are fairly well systematized: When walking finds it necessary to step at certain places on pavement to go out of his way to touch certain objects; makes motions & will frequently go out of his way to "touch things" without any apparent reason. At night frequently out of bed talking to himself not loudly but disturbing those about him. Moves about restlessly in bed. General health is quite good.

Feb 1 - July 31/99 (Dr Wanamaker) Has hallucinations: Is simple in actions: Physical condition good: Wt. 157 lbs. Is agreeable, & friendly in manner: Rounds on windows & doors during night. May 6 - Visited by friends. Aug 1-99 - Jan 31 1900 - Feb 1 - Wt. 162 lbs works in dining room: Is restless & talkative at night. Apr 26 Trans to Hastings Asylum

Personal and Medical History of Anton Ginthner

1895

This patient was brought here on admission by a Deputy Sheriff and attendant with the following history. There is no history of Heredi- but presumed to be from Gonorrhoea. Patient - ing bodily disorder. First symptoms of disease sexual attacks during that period. Disease Patient is not disposed to injure others, nor s no peculiarities been previously manifested. been under treatment with half a dozen different p which patient contracted some four

Apl 2 **On admission**, was pulse 13½ (S.R. Complex skin good; has numerous moles over body; no s
- 3 good; talks freely). Apl 3/95. Slept fairly well. Behaves well; talks freely; no delusions noticed:
- 4 over penis; (found passed by Dr H). Apl 4/95. Res Am. T. 98.8. Appetite good. Behavior good: talk
- 5 Apl 5/95. Restless 4 hours. Sleeping only 2 hours.
- 6 Apl 6/95. Slept only 4 hours; was restless 4 hours.
- 7 Apl 7/95. Restless 3 hours, but slept 5 hours, last night
- 8/9 Apl 8/95. Slept fairly well, 5 hours, last night - was restless 3 hours. Am. P 80. Appetite good; bowels
- 16 plays games etc. Is cont walking, but does no work been restless, nightly from 2 to 3 hours, but has been about daily; clean, tidy & of good personal habits.

Summary: since coming, behavior has been very - peely & orderly; no delusions noted; reads; plays - plaints, except of slight pain over penis. Phys

- 30 April 30/95. Restless, on the average, 5 hours nightly, the past week; sleeping only from 2 to 4 hours: (on one night sleeping not at all - restless all night). Restless by day; seems to worry over something - absent-minded & "peculiar" - talks quite freely; no delusions noted: Clean & tidy. Walks out, but no work.

May 2/29 May 2/95. Wt 152½ lbs. Pulse 80. May 24/95. Visited by friend. Has been restless at night & sleeping poorly, especially at first 10 nights of the month. He talks sensibly; is somewhat depressed & quite peculiar in actions. Is cont walking. Plays games some: Cleans habits. Works some.

- 31 May 31/95: No change to note, either mentally or physically: still indolent & does no work.

June 1/30 June 1/95. Wt 155½ lbs. Pulse 74. June 30/95: Has, apparently, been sleeping better, this month. No change noticeable, in any way. He is somewhat depressed: mental faculties are impaired, somewhat. Physical condition apparently good. Habits clean & tidy.

July 1 July 1/95. Wt 153 lbs. Pulse 72. (Read a letter he wrote to his father: in it, he said some one was trying to poison him & that they were going to cut his legs off & something about a machine of some kind; and he wanted him to come right down & get him). Evidently still holds delusions. July 31/95. Still acts very peculiarly: walks about hall; around tables & chairs & touching doors & pretending to lock them.

band you know who they are it is nothing but the public school right along and their school seats are through they are marked No 157 the Vanderer number 1457. 29-261 these men are using the St Jules Catholic Church and Chapel using Sister Veneutia and Mother night along day after day the rest of these boys are not tormented nothing like I am Mullan has got the dirtiest band on my head that is in the United States they keep everything away from the state Capitol no danger the Governor knows any thing what is going on here I want you to come up after me there is no use to stand

Personal and Medical History of Anton Ginthner

1895 Aug 4th

Aug 3 [illegible] da degree, about like patient A.L. Poole in his manner good: bowels free. He makes no complaints. Was - saw friend on 23rd inst Aug 2/95. Wt 154 lbs. Pulse 76.
- s some: no complaints. No change, generally quiet.
- asement. Transferred to C² today.
- Spends the greater part of his time comparing clocks in - time. Does no work: Oct 1/95. Wt 163 lbs. Pulse 74.
- brm of his delusions. Oct 30/95: No improvement noted.
- le: does no work. Nov 1/95. Wt 161½ lbs. Pulse 66.
- te rationally: memory seems good: yet he holds the - actions. Works in dining room: some slight mi - ulse 72. Dec 31/95: No change noticeable: still holds delusions.
- about the same, all the time. Works some in the ward.
- general change of the wards). Jan 31/96. Talk rationally letters, these show the insane ideas he still holds.
- 70. Apl 1/96. Wt 161 lbs. Pulse 96. Apl 30/96. During the period, - ysical condition good: bowels inclined to be costive. - he still has delusions. Walks around, several times - of wanding fire-alarms & a lot more such nonsense.

- uge mentally or physically during period - deas he usually appears quiet & pleasant however. - has been no marked change in this patient from - Is neat & tidy in dress & personal appearance: usually - y begins a conversation: Shows no delusions but - g letters shows marked delusions which are fairly well systematized: When walking finds it necessary to step on certain places on pavement to go out of his way to touch certain objects; makes motions & will frequently go out of his way to touch things without any apparent reason: At night frequently act of bed talking to himself loudly, but disturbing those about him. Moves about restlessly in bed. General health is quite good.

Feb 1 - July 31/99 (Dr Wanamaker) Has hallucinations: is simple in actions: Physical condition good: Wt. 157 lbs. Is agreeable, & friendly in manner: Pounds on windows & doors during night. May 16 - Visited by friends. Aug 1-99 - Jan 31 1900 - Feb 1 - Wt. 162 lbs - Works in dining room: Is restless & talkative at night. Apr 26 Trans to Hastings Asylum

Personal and Medical His[t]

1895

This patient was brou[ght] ... the following histo[ry] ... but presumed ... -ing bodily di[sease] ... general attack ... Patient is not de[mented] ... no peculiarities beca[me] ... has been under treatment wit[h] ... which patient contra[cted] ...

Apl 2 **On admission**, was pa[le] ... [co]mplexion; Condition of skin good; has numerous m[arks] ... body clean; behavior very

" 3 good; talks freely). Apl 3/95. T. 98.2. Appetite good; bowels free; behaves well; talks freely; no delu[sions] ... observed. Complains of pain, slightly

" 4 over penis; (Sound passed by Dr. H.) ... 2 hours, but slept 6 hours, last night. Am. T. 98.8. Appetite Good. Behaves well. Talks freely. Makes no Complaints. Goes out walking

" 5 Apl 5/95. Restless 4 hours. Sleeping only 2 hours. Am. P 72. Talks freely & sensibly. Plays Games &c.

" 6 Apl 6/95. Slept fairly 4 hours; was restless 4 hours. Am. " 80. Reads; Walks; Behavior about Same.

" 7 Apl 7/95. Restless 3 hours, but slept 5 hours, last night. Am. " 82. Bowels free. No special Changes to note.

" 8/9 Apl 8/95. Slept fairly well, 5 hours, last night - was somewhat restless. Am. P 76. Apl 9/95. Slept 5 hours, restless 3 hours. Am. P 80. Appetite good; bowels free. Behaves well. Makes no complaints. Reads.

" 16 plays games &c. Goes out walking, but does no work. Apl 16/95. During past week, patient has been restless, nightly, from 2 to 3 hours, but has been sleeping 5 to 6 hours, mean. Has been up & about daily; clean, tidy & of good personal habits. Pulse, taken each morning, has been about normal.

Summary: Since Coming, behavior has been very good. Appetite good; bowels free. He has talked freely & sensibly; no delusions noted; reads; plays games & goes out walking; has made no Complaints, except of slight pain over penis. Physical condition fairly good. He does no work.

" 30 April 30/95: Restless, with the average, 5 hours nightly, the past week; sleeping only from 2 to 4 hours; (On one night sleeping not at all - restless all night). Restless by day; seems to worry over something - Absent-minded & "peculiar" - Talks quite freely; no delusions noted; Clean & tidy. Walk out, but no work.

May 2/[1] May 1/95. Wt 152½ lbs. Pulse 80. May 2/95. Visited by friend. Has been restless at night & sleeping poorly, especially at first 10 night of the month. He talks sensibly; is somewhat depressed & quite peculiar in actions. Goes out walking; plays games some; Cleans habits. Works none.

" 31 May 31/95: No change to note, either mentally or physically: still indolent & does no work.

June 1/30 June 1/95. Wt 155½ lbs. Pulse 74. June 30/95: Has, apparently, been sleeping better, this month. No change noticeable, in any way. He is somewhat depressed: mental faculties are impaired, somewhat. Physical condition apparently good. Habits clean & tidy. July 1/95. Wt 153 lbs. Pulse 72. (Read a letter he wrote to his father: in it, he said some one was trying to poison him & that they were going to cut his legs off & something about a machine of some kind; and he wanted him to come right down & get him). Evidently, still holds delusions. July 31/95. Still acts very peculiarly: walks about hall; around tables & chairs & touching doors & pretending to lock them.

Personal and Medical History of Anton Gunthner

1895

Has large sheet of flakes & figures on them. (Is to a degree, about like patient A.L. Poole in his manner of walking about hall, Attendant remarks). Appetite good: bowels free. He makes no complaints. Was visited by brother on 22nd inst & by his brother & same friend on 23rd inst. Aug 2/95: Wt 154 lbs. Pulse 76.

Aug 3/ Aug 31/95. Generally quiet & well-behaved: works some. no complaints. No change, generally, to note.

Sep 2/ Sep 2/95. Wt 157 lbs. Pulse 86. Sep 17/95: About as usual. Transferred to C[2] today.

" 30 Sep 30/95. Quiet & orderly. Still shows delusions: Spends the greater part of his time comparing clocks on B[2] and C[2]. Stands idly about most of the time. Does no work: Oct 1/95. Wt 163 lbs. Pulse 74.

Oct 1/ " 17/30 Oct 17/95. See attached letter, which shows some of his delusions. Oct 30/95: No improvement noted. Still shows many and various delusions. Idle: does no work. Nov 1/95. Wt 161½ lbs. Pulse 66.

" 30 Nov 30/95. A very peculiar patient. Talks quite rationally; memory seems good: yet he holds the worst kind of delusions: also has very peculiar actions. Works in dining-room: some slight improvement noticed. Dec 1/95. Wt 162 lbs. Pulse 72. Dec 31/95: No change noticeable: still holds delusions.

Dec 1/ 1895 31/ Jan 2/96 Jan 2/96. Wt 161 lbs. Pulse 70. Jan 5/96. Keeps about the same, all the time. Works some in the ward.

" 7/ " 31/ Jan 21/96. Transferred to C[3] (account of general change of the wards). Jan 31/96. Talks rationally & appears to be all-right; but, when he writes letters, these show the insane ideas he still holds.

Feb 1/ Feb 1/96 Wt 160 lbs. Pulse 70. Mar 1/96. Wt 160 lbs. Pulse 70. Apl 1/96. Wt 161 lbs. Pulse 64. Apl 30/96. During the period,

Mar 1/ " 30/ Apl 1/ patient's condition has been about as usual. Physical condition good: bowels inclined to be costive. Appetite good: mentally, there is no improvement. He still has delusions. Makes a round, several times a day, touching doors, going through motions of winding fire-alarms & a lot more such nonsense. Goes out walking: works in ward.

May 1/96 Summary Nurses Notes by Dr. Phelps. No change mentally or physically during period. Has hallucinations also vague delusions ideas, is usually appears quiet & pleasant however.

Aug 1/97 Wt about 153 lbs. Continued by Dr. Herzog. There has been no marked change in this patient from Aug 1st 97 to Jan. 30 99. Wt. has ranged from 152-160 lbs. Is neat & tidy in dress & personal appearance: usually when spoken to responds promptly & occasionally begins a conversation: Shows no delusions but a simple mild childish manner: When writing letters shows marked delusions which are fairly well systematized: When walking finds it necessary to step on certain places on pavement to go out of his way to touch certain objects; makes motions & will frequently go out of his way to touch things without any apparent reason: At night frequently out of bed talking to himself loudly but disturbing those about him. Moves about restlessly in bed. Gnneal health is quite good.

Feb 1 - July 31 99 (Dr Iwanowski) Has hallucinations: Is simple in actions: Physical condition good: Wt. 157 lbs. Is agreeable, & friendly in manner: Pounds on windows & doors during night. May 6 - Visited by friends. Aug 1-99 - Jany 31 1900 - Feb 1 - Wt. 162 lbs Works in dining room: Is restless & talkative at night. Apr 26 Trans to Hastings Asylum

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Anton Gunthner
P.O. Box 8
Marsha Minn

This letter and longer than the number of words allowed on this card. To the Warden: This work is done by a Mr. Allen who has been employed here about 2 years. He is a very good man & has always been kind to me. I am not in any way related to him. Anton Gunthner. 18 always

Name of F.A. Allen who is employed here. Anton Gunthner. 48 years old. Born in Germany. Can read & write German & English. Has been in this country 14 years. Was employed in a store in Marsha Minn before coming here. Was arrested for the murder of Thomas. Was tried & found guilty of murder in the first degree & sentenced to be hanged. Was in the county jail at Redwood Falls Minn when the murder was committed. Was taken to the state prison at Stillwater Minn on Dec 22nd 1894. Was received at the prison on Dec 22nd 1894. Was examined by the prison physician & found to be insane. Was then sent to the asylum at Hastings Minn. Was received at the asylum on Dec 27th 1894. Was examined by the asylum

Personal and Medical History of Richard N. Sheehy

LARKEY, FOLLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4053.
Residence, 580 Selby Ave. St Paul Minn
Date Admission, 3rd April 1895.
Admitted by, Dr. Herzog — Hour, 7 30 PM
How Sent, G. Wilbuch & P. Ramsey County
Sex, Male
Age, - 27 -
Civil Condition, single
Children, none
Age Youngest Child,
Occupation, Lawyer
Degree Education, Good
Profession Religion, Church - member
Habits, Good
Nativity, St Paul Minnesota
Physicians Committing, T. J. Hunn — John F. Rogers
Correspondents, Thos. W. Sheehy
Address of father, 580 Selby Ave. St Paul Minn

No. for Year, 252.
Insane Relatives, None; no hereditary history.
Cause Exciting, not stated.
Cause Predisposing, none stated -
Form, paranoia chr
Accompanying Bodily Disorder, none
Suicidal or Not, Has threatened suicide
Date of this Attack, probably recent
Duration, probably short -
No. of Attack, Several, Scattered thro' several years.
No. of Admissions, 1st
Age First Attack, probably about 21 -
Time of Leaving,
Time in Hospital,
Result,

Exd by Dr. Herzog. Apl 4/95 -

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Quick
MEMORY:
Past Events, } apparently Good.
Recent Events, } Except in regard to blow.
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, Well Connected
Own Mental State, } believes himself sane & is
Special Subjects, } evidently careful during examination

EMOTIONAL STATE:
Normal, Calm, at time of examination
Indifferent,
~~Exalted~~,
Depressed,
DELUSIONS:
Systematized ~~or Not~~, somewhat
Special Subjects, of persecution, but slight
Transitory or Not, apparently fixed
HALLUCINATIONS: /
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, quite voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is well educated, having spent 6½ years abroad, studying in the priesthood & 2 years here at U of Minn, studying law. He received the blow on the head on Saturday, March 30, after having drank considerable. He does not know how it happened & remembers only waking up at home, also, states that he is not a hard drinker, as a rule. He thinks himself rather better than his parents & also, states, believes that his father has not treated him exactly right. He admits that his father has educated him well but thinks that he (the father) might use his influence for his son's advancement more & also give the son more confidence. He has quarreled at times, with his parents & for the past 2 months, has not lived at home. The father is quite wealthy & the patient seems, as just examination Paranoiac.

Rochester, Minn. 7-24-95

T.W. Sheehy Esq.,
580 Selby Ave., St. Paul.

Dear Sir:- The articles of clothing you sent to me were delivered to me to day. Many thanks for the same; they are satisfactory and very nice.
However I do not admire the tone of your letter "Hope you are improving in body and mind" this is your stereotyped expression. Now, Mr. Sheehy I care very little ~~about~~ what you think about my mental condition, and as to my physical condition there can be no doubt but that it is perfect and normal. I would have you understand that the individual called Richard N. Sheehy is blessed with "a sound mind in a sound body" I say this for your good, as I am sorry to see a man whom I was accustomed to consider my father giving publicly an exhibition of(asininity.?)
Moreover you have reason to know, and if you dont know I will not inform you that there is something of the supernatural in my nature, and that element I can assure you is not diabolical. I can only explain your actions on the theory that you are posessed of an evil spirit viz. the spirit of MAMMON, avarice and greed. You have wronged me sorely and maliciously for spite and I know not what else. Now, the letters that I write you ought to show you that I am not a lunatic, allow me to inform you and your eldest son John, that you can not serve two masters- God and Mammon, that you have no faith in almighty God or in his wisdom, and you neglect the golden rule"Do unto others as you would have others do unto you" "Live and let live".

Richard N. Sheehy.

(COPY)

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, Good.
WOUNDS OR ABNORMALITIES,
TONGUE,
PUPILS,
SIGHT,
HEARING,
COORDINATION,
TREMOR,
REFLEXES, Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, pulse somewhat irregular, action feeble; capacity good; all 1st sounds rough, blowing
LUNGS, seem good.
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean,

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, somewhat nervous
Father or Pat. Relations, Healthy
Brothers or Sisters, 2 brothers & one sister; good health.

Personal and Medical History of Richard N. Sheehy

LEBEST, FOLLER & SCHMIEDE, DAVENPORT, IOWA.

Whole No. 4053.
Residence, 550 Selby Ave, St Paul Minn
Date Admission, 3rd April 1895.
Admitted by, Dr. Herzog — Hour, 7 30 PM
How Sent, G. Hilbrich Dep P. Ramsey County
Sex, Male
Age, - 27 -
Civil Condition, single
Children, none
Age Youngest Child,
Occupation, Lawyer
Degree Education, Good
Profession Religion, Church- member
Habits, Good
Nativity, St Paul Minnesota
Physicians Committing, T. S. Hamm and John F. Rogers
Correspondents, Thos W. Sheehy
address of father, 550 Selby Ave. St Paul Minn

No. for Year, 252.
Insane Relatives, None; no hereditary history.
Cause Exciting, not stated.
Cause Predisposing, none stated -
Form, paranoia chr
Accompanying Bodily Disorder, none
Suicidal or Not, Has threatened suicide
Date of this Attack, probably recent
Duration, probably short -
No. of Attack, Several, scattered thro' several years.
No. of Admissions, 15th
Age First Attack, probably about 21 -
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Seen by Dr. Herzog, April 4/95 -

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

MEMORY:
Past Events, } apparently good.
Recent Events, } apparently good.
Special Subjects, Except in regard to blow.

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

REASONING POWER:
Ordinary Subjects, Well Connected
Own Mental State, } believes himself sane & is
Special Subjects, } evidently careful during examination

EMOTIONAL STATE:
Normal, Calm, at time of examination
Indifferent,
~~Exalted~~,
Depressed,

DELUSIONS:
Systematized ~~or Not~~, somewhat
Special Subjects, of persecution, but slight
Transitory or Not, apparently fixed

HALLUCINATIONS:
ILLUSIONS: /

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, quite voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is well educated, having spent 6½ years abroad, studying in the Universities of Munich, Leipzig & Paris, & two years here at U of Minn, studying law. He received the blow on the night of Saturday, March 30, after having drank considerable. He does not know how it happened, remembers only waking up at home, also, states that he is not a hard drinker, as a rule. He thinks himself, rather better than his parents & also, states, believes that his father has not treated him exactly right. He admits that his father has educated him well, but thinks that he (the father) might use his influence & for his son's advancement more & also give the son more confidence. He has quarreled at times, with his parents & for the past 2 months, has not lived at home. The father is quite wealthy & the patient seems, at first examination, Paranoiac.

Medical History of Richard N. Sheehy

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ WEIGHT, 138 lbs NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, See "St" at next page.
TONGUE, Tremors, quite decided Coatings, heavy grayish breath foul Promptness Movement, Fairly
PUPILS, Equality, Yes Size, Normal
Response Light, Yes Accommodation, Yes
SIGHT, somewhat myopic
HEARING, Good
COORDINATION, Arms, Good; finger to nose, eyes shut: good
Legs, Slight incoordination; Standing on foot, some uncertainty; Standing, eyes shut, keeps steady
TREMORS, Hands, Some Tongue, Considerable
Facial Muscles, No General, No
REFLEXES, Patellar, & equal
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, rapid, somewhat irregular action & nodulations; impulse feeble, all sounds rough & booming
LUNGS, seem good -

EXAM. URINE,
Treatment should be directed mainly, at first, to correcting Digestive Errors.

TAKEN,

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, somewhat nervous
Father or Pat. Relations, Healthy
Brothers or Sisters, 2 brothers & one sister; good health.

Personal and Medical History of Richard N. Sheehy.

1895

This patient was brought here by Deputy-Sheriff M. J. Cates & accompanied by L. N. Cates, with the following history. Habits & morals have been good; No hereditary history; Cause of this present attack, not stated; in form, it is acute. No accompanying bodily disorder. First symptoms shown by suspicions & Conspiracy. This is not 1st attack, he had Several, scattered through several years. Insanity now shown in regard to family relations. He has used threatening language; has not attempted suicide, but has threatened it. Is not filthy or destructive in his habits. No peculiarities has been previously shown. Recently received a blow on bridge of nose; in what manner is not stated. He has not been restrained or confined, nor under treatment.

Apl 3 On admission, was put on B[2] (Sk. Complexion light; hair black; eyes gray; Condition of skin Good; has a sore from blow, on nose: no scars noticed; body clear. Behavior good, (talks freely). —

" 4 Apl 4/95. Restless about 3 hours, but slept 5 hours, last night. AM. Pulse about normal; T. is somewhat high. Appetite good; bowels constipated. Behavior very good; talks freely & sensibly; no

" 5 delusions noted. No cough; makes no complaints. Goes out walking. Apl 5/95. Restless 4 hours, and slept only 4 hours, last night. AM. Pulse 76. T. 99.2. Is very quiet. Talks freely & sensibly.

" 6 Goes out walking. Apl 6/95. Passed a poor night, sleeping 4 hours, restless 4 hours. Is off today. abusing patients, calling them names; shows delusions; says "Carrigan killed his brother". P. 80.

" 7 Apl 7/95. Restless 4 hours, sleeping only 4 hours, last night. AM. Pulse 82. Appetite good. Deluded

" 8 and excited; talks foolishly; goes out walking regularly. April 8/95. Restless 3 hours, but slept 5 hours. AM. Pulse 88. Is very troublesome today; kicking cuspidors & talking abusively. Says

" 9 "he is crazy, but cannot help it". Apl 9/95. Slept 5 hours, restless 3 hours. AM. P. 86. Appetite good.

" 10 Is careless; talk foolishly; walked. Makes no complaints; goes walking. Apl 10/95. Restless 3 hours, but slept 5 hours, last night. Uses a great deal of abusive language towards patients. Still shows

" 11 delusions; talks of "driving out devils &c". Goes out walking. Apl 11/95. Restless 6 hours, very noisy, at times, & slept only 2 hours, last night. A.M. Pulse 96. Quarrelsome today; was bothering patient Ole Larson, who struck him (Sheehy) several times — but no marks — He talk foolishly

" 12 & abusively. Is on medicine. Apl 12/95. Restless 3 hours, but slept 5 hours, last night. AM. P. 92.

" 13 Appetite good; bowels regular. Conduct & behavior do not change any. Apl 13/95. Restless 4 hours, and slept only 3 hours. A.M. Pulse 90. Still very abusive; also troublesome; needs attention most of the

" 14 time. Tried to run away, today. Apl 14/95. Noisy for 3 hours, but slept 5 hours. Quarrelsome

" 15 and pugnacious; bothering & kicking patients (H. Jannsin: E Klein & others). Apl 15/95. Noisy 5 hours & slept only 3 hours, last night. Am. Pulse 88. Very abusive & quarrelling with patients;

" 16 Requires constant attention. Apl 16/95. Slept poorly; was restless & noisy. Kicking & abusing the other patients: struck patient, P. Stolp, ran into a tree, skinning his face & neck some. Also tore his

" 17 shirt off. Apl 17/95. Noisy 4 hours, restless & slept only 4 hours. Noisy by day: conduct & general behavior do not change any: very abusive to other patients. Shows many & various delusions. Pulse 92. Summary. Patient's behavior, for first 2 Days, was very good. At the 3d day, he began to show delusions, but was not bad. Since, has grown noisy & delusions are very prominent. Talks abusively to the other patients; treats them roughly & quarrels often. Spits upon them: says "that they are devils". He is

" 20 careless in dress. Has been excited & exalted, since 4th day — noisy & restless. Physical condition fairly good.

" 21 April 21/95. Noisy & restless, each night, sleeping sleeping only 3 & 5 hours. Has been very noisy,

Personal and Medical History of Richard N. Sheehy.

1895

Apr 22/23 and troublesome part of the day, & day. Apl 23/95. Fairly quiet, but bothers patients & une. Apl 25/95. Put dirt

" 26/27 all over face & clothes, today. Sleeps poorly still. Apl 26/95. Quite noisy for a time, shows delusions still.

" 30 April 29/95. Was very noisy, and quite violent, for a time, in Am. Shows delusions. "Imagines that he is Jesus Christ & thinks some are devils &c". Goes out walking. Appetite is good. Bowels regular.

May 2/3 May 2/95. Wt 141½ pds. Pulse 76. May 3/95. Noisy & abusive & fighting with his fellow-patients, & day.

" 10 May 10/95. Became quite excited, this evening: shows various delusions & talks abusively to the patients.

" 11/12 May 11/95. Slept poorly, the past 2 nights. Noisy, for a time, today. May 12/95. 7 Am. Noisy & abusive. Threatening & had to be watched. While out walking, was talking very loud. "Wanted some one to help him out of this place". When asked to desist, attacked attendant Rinbank & caused considerable trouble, before they got him in. Was very much excited & exalted & was taken to C[3]. Was brought back in the evening (to B[2]), but, upon reaching hall, again began & talk loud, and was cursing everybody. — Transferred to C[3]. May 13/95. Says "he is sorry for his

" 24 actions, on B[2]." Slightly noisy, at times, today. May 24/95. Behavior has been very good in the hall, & has worked some. He still has many delusions. 11 AM. Transferred to B[2]½.

" 31 May 31/95. Behaved for 2 or 3 days, very well, after coming back from C[3], but soon went back to his old way & mode of behaving. Noisy & abusive. Deluded. Works on ward some. —

June 1/2 June 1/95. Wt 144½ pds. Pulse 100. June 2/95. Abusive & fighting patients. Less said & heard

" 11 Kill them. Tried to strike him with a chair. June 11/95. Kicked patients & Stafford: (Shower told Stafford to drive him out of Ward — Stafford deluded.) June 12/95. Visited by Bishop

" 19/20 Cotter & Lawler. June 19/95. Visited by father. June 20/95. Sick. was very troublesome, excited and pugnacious; noisy: would not be quiet; attendants had quite a little scuffle with him.

" 21 Patient has been worse than usual, since visited by his father. June 21/95. very noisy, most of day; irritating & annoying the other patients. 5.30 Am. Very noisy & excited. Shows various delusions.

" 27 Transferred to C[3]. June 27/95. Still has frequent excited & noisy "spells". Sleeps poorly.

" 29/30 June 29/95. Behavior much improved the past 2 days or so. June 30/95. Still well-behaved.

July 1/3 July 1/95. Wt 147½ pds. Pulse 98. July 8/95. Behavior very good, of late. July 9/95. Retired

" 9/10 to be noisy & irritable: is nervous. July 16/95. Noisy & violent spells, the past few days. —

" 25/31 July 25/95. Has been quiet, the past week. July 31/95. Since last note, has been irritable, all day long & noisy, violent spells have been frequent. Shows delusions. Declares he is the Son of God. Does not improve any. Aug 1/95. Wt 144 pds. P. 102. Aug 31/95. Extremely noisy

Aug 1/31 spells almost daily: aggravating & others & occasionally gets into quarrels & fights (had a fight with John Brooks on 19th): abusive in his language: there are some days, when he will be quiet & even apologize for his behavior. Still holds delusions: believes he is the son of God.

Sept 1/2 Sept 1/95. Wt 144½ pds. P. 88. Sept 19/95. Tried to escape, while outside today: had to be brought back

" 20 by force: unruly, troublesome & very noisy, all afternoon. Sept 24/95. Visited by father: was very abusive to him; after visiting, came back on ward & was extremely noisy & abusive. Still quarrelsome

" 30 with other patients. Sept 30/95. No change: no improvement noticeable, in his condition.

Oct 1/4 Oct 1/95. Wt 146½ pds. Pulse 82. Oct 14/95. Noisy & unruly: was secluded 2½ hours. Noisy spells

" 15 alternate with quiet ones. Oct 15/95. Visited by a friend. Oct 30/95. Quiet for some days past.

" 30/31 Oct 31/95. Again ashis bad behavior — noisy. Was unruly in the dining-room —

(To Transfer Book "A" page 238)

Personal and Medical History of Charles Luedtke

LIBBEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4054.
Residence, Forestville, Minn
Date Admission, 3rd April 1895. –
Admitted by, Dr. Phelps Hour, 8 P.M.
How Sent, E.V. Farrington, J.P. Fillmore County
Sex, Male
Age, 37 Years
Civil Condition, Married
Children, Three
Age Youngest Child,
Occupation, Farmer
Degree Education, Probably limited
Profession Religion, Church member
Habits, Good
Nativity, Germany
Physicians Committing, St Law & Dr. Phillips
Correspondents, Anna Luedtke (wife) Mykoff, Minn

No. for Year, 253.
Insane Relatives, None; no heredity.
Cause Exciting, probably La Grippe
Cause Predisposing, Not Stated
Form, Melancholia acuta stuporous
Accompanying Bodily Disorder, Cough
Suicidal or Not, Suicidal & propensity active.
Date of this Attack, 5 weeks ago
Duration, 5 weeks.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, – 37 –
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 Charles Luedtke

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ WEIGHT, 170 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

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 Charles Luedtke

1895

This patient was brought here by Sheriff's Deputy, H. Luedtke, with following history. Habits & morals have been good; there is no history of heredity. Cause of this attack not known, came on after an attack of "La Grippe". Form of attack, acute. He has some cough. First Symptoms of Disease were manifested, 5 weeks ago; began with an attack of "La Grippe". It is 1st attack. Insanity now shown by his being afraid of everyone; imagines they are going to kill him & is afraid someone is going to burn him. Is not disposed to injure others. Suicidal; attempted to take Strychnine 3 weeks ago; propensity now active. Is not filthy & destructive. There is no history of any Epilepsy &c or head injury. He has not been restrained or confined. When the attack began, he was treated for the "Grippe"

Apl 3 On admission, was put on B3 (S.R. Complexion dark; hair dark; eyes gray; Condition of Skin good; no marks scars or bruises noticed; body dirty; 2nd & 3rd toe of right foot cut off at 1st joint. Behavior good. Talks freely) - Apl 4/95. Restless 2 hours, but slept 6 hours, last night. AM. Pulse 80. R 20. T@1 99.8. Appetite only medium; bowels probably constipated. He is quiet and depressed. Talks only when addressed; expectorant. Has sound Cough. Makes no complaints.
" 5 Apl 5/95. Slept 6 hours, restless 2 hours. Am. P 78. R 22 T@1 99 2/5. Lies about. Talks but little.
" 6 Appetite medium. He is still depressed. Apl 6/95. Again restless, but slept 6 hours. Am. Pulse 84.
" 7 T@1 99.8. Is growing more depressed. Talks very little. Apl 7/95. Slept & rested fairly well. Appetite fair. He lies about; complains of headache. Pulse 92. T@1 99.6. Apl 8/95. Slept 7 hours, last night ate but little today. Complains of being sick. Very depressed. Pulse 82. Apl 9/95. Restless 2 hours, but slept 6 hours. Jaundiced. Complains of head & stomach this morning. P 76 R 24 T@1 101. Transferred to Infirmary Ward & put to bed there. 7 PM. Given cold Sponge bath. Soft light diet.
" 10 Apl 10/95. Somewhat restless, but slept 6 hours. 6:40 Am. Was given Sedlitz powder. Bowels, then moved slightly. Appetite fair. Am. P 80 R 20 T@1 98.4. PM. P 75. R 22. T@1 98.
" 11 Apl 11/95. 5:15 Am. Sedlitz powder given: bowels moved. AM. P 60 R 30 T@1 98. 4th PM. P 60 R 25 T@1 98.2
" 12 Apl 12/95. AM. P 62. R 25 T@1 98.4. Slept 8 hours, last night. Lies very quietly in bed. Appetite good, but bowels Costive. PM. P 64 R 20 T@1 98.8. Apl 13/95. AM. Pulse 62 R 25 T@1 98.4. PM. P 52. R 26. T@1 97.8. Appetite very good. Habits clean. Does not talk any.
"14 Apl 14/95. AM. " 60 " 22 " 98.2. PM. P 80. R 20. T@1 98.2, Complains of headache; also of pains in bowels. Ate poorly, today. Apl 15/95. AM. P 60 R 20 T@1 98.2 PM. P 70 R 20 T@1 98.4. Ate very well, today. Lies very quietly & steadily in bed. Won't talk.
" 16 Apl 16/95 AM. P 60 R 18 T@1 98.6; PM. P 84. R 20. T@1 98.4 Appetite poor; bowels not regular. Appears quite restless. Tried to choke himself with a sheet, today. Apl 17/95. Since last noted, patient has been restless, at night, but sleeping 5 to 6 hours, at each. AM. Pulse 52. R 24. T@1 98. PM. P 48 R 18 T@1 97.6. Ate very little today. He is very restless.
" 17 Summary: During the first week, patient was more active & appeared to take a fair interest in his surroundings; later, he became very quiet & despondent; at present, he never speaks louder than a whisper; has run down quite noticeably & at present is quite weak. Very much Concerning his mental State cannot be ascertained, as he does not talk. Lies steadily in bed. Was discovered, on 16th inst. with a sheet drawn tight around his neck, trying to strangle himself.
" 21 Apl 21/95 Some infirm, is restless & sleeps poorly. Appetite very good: Bowels move quite regularly.

Charles Luedtke

1895

Apl 23/95 Apl 23/95. Up in rolling chair 2 hours this PM. - Apl 24/95. Patient despondent. Appetite not very good. Restless & sleeps poorly. Is on regular diet. Bowels fairly regular. Is on medicine, 3 times a day. —
Apl 30/95. Continues to sleep very poorly: is very restless at night. Has been given general massage treatments recently. May 3/95. Lies in bed: scarcely ever speaks: visited by a friend on 2nd inst
May 3 Abt 4 days, 149 pds - (has lost considerably in flesh). May 10/95. Has been given baths & general massage treatment, quite often. He takes no interest in his surroundings — Does not improve any.
" 10 May 19/95. For some days, he has been up & in rolling-Chair every day. May 20/95. Treatments have been
" 19/20 Continued - He was dressed & is up on ward, 4 days. May 31/95. Slept poorly - for some time past. Has been taken out on ground in rolling chair, nearly every day. General massage treatment Continued -
" 31 June 5/95. Patient very quiet: up on hall all Day. June 11/95. Seems about the same from Day to Day.
June 5/11 June 22/95. Pulse, usually about normal, Has been somewhat accelerated the past 2 Days. He is
" 22 very quiet - Goes out on the ground every Day. June 30/95. Has special change noticeable -
" 30 July 1/95. Abt 162 pds. July 6/95. Remains in about the same Condition Day after Day.
July 1/10 Very quiet & rather melancholy. Appetite fair; bowels in good condition. Given frequent Shower baths
" 20 7 PM. Transferred to B3. July 20/95. Appetite medium. Patient is stupid & depressed.
Talks only when addressed & then briefly answers in monosyllables. Condition of bowels, good.
" 20/31 July 22/95. Transferred to IW E. July 31/95. Eats fairly well. Is on regular diet, with
Aug 1/31 eggs, milk &c: also on malted. Is given frequent Shower baths: Does not seem to improve
Aug 5/31 Aug 5/95. Abt 162½ pds. Aug 31/95. Seemingly, no change in any way. Patient is dull & stupid:
melancholy: sits quietly, when on ward, in one place, Continually. Does not go ground, daily,
Sep 5 Is given Shower-baths & massage treatments quite often. Sep 5/95. Weight 156 pounds.
Will sit in one place hour after hour, unless asked to move. Appetite good: bowels regular.
" 14/15 Sep 14/95. Patient will not speak: appears stupid: is melancholic. Sep 15/95. Visited by
" 30 wife & brother, today, but would not speak to them. Sep 30/95. Apparently rests & sleeps well:
is very quiet & melancholy: does not seem to brighten up any. Sits Continually in one place.
Oct 3/31 Never talks. Oct 3/95. Abt 168½ pds (Dressed). Oct 31/95. No change noted. Always melancholy.
Never Talks. Sleeps & rests well at night: Appetite good: bowels, on regular —
Nov 5/16 Nov 5/95 Patient up & about on ward. Nov 16/95. Is in a dull & stupid Condition generally.
" 22 Nov 26/95. Transferred to B3 (on account of a general change of wards) He goes walking
Dec 2/31 Dec 2/95. Abt 182 pds. Pulse 96. Dec 31/96. No change noted. Is sullen & melancholy: Goes
1896 walking every day. Jan 2/96. Abt 190 pds. Pulse 96. Jan 21/96. Transferred to B3
Jan 21/31 (on account of a general change of the wards). Jan 31/96. About the same. Goes outside & walks
Feb 1/29 Feb 29/96. Abt 199 pds. P 96. Mar 2/96. Abt 199 pds. P 100. Apl 1/96. Abt 203 pds. Pulse 90.
Mar 1/31 Apl 30/96. Appetite good: bowels in good condition: Patient is quiet & melancholy: dull and stupid.
Apl 1/30 Is very stubborn. Sits in same place & position Continually, during day. Talks none: will not
even answer questions. Habits fairly neat & clean.
May 1/96 Summary Nurses Notes by Dr. Phelps. Patients condition rather chronic. Is rarely violent, usual-
Aug 1/97 ly quiet & well behaved. Has some delusions: Wt 205 down to 190 lbs.
Aug 31/97 Wt. 196 Oct 30. Plays games, reads a little: Talks quite rationally on most subjects. Is neat & quiet.
At times somewhat silly in actions. Mch 11/98 Visited by friends. Jan 31/99 Visited by Bro.
Patient at times has been somewhat stubborn. Has worked some in Carpenter shop. No
very great change in behavior. Feb-July 31/99 (Dr Mawhinney) Wt 196. Physical condition good.

Dr

bowels regular - Feb 3. Visited by wife. Simple & childish in talk & actions
laughs a great deal. May 4 Visited by friends - General condition
seems good. no change mentally. Aug 1 - July 31 1900 - Feb 1. Wt. 192 lbs.
Behavior very good. Refuses to work. Apr. 5 Had trouble with
another patient. no injury resulted. May 14 Had trouble with
Patient cassidy. When coming from supper. June 4 Visited by
freind. July 20 Vaccinated successfully. July 25. Visited by friend
July 31. Went to work in barn. Aug 1 Wt 187 lbs Oct 30 Transferred to B 3
During August, worked at at barn: since then, has done nothing. Nov 29. Transferred to D.
to D. July 31/901. Since a D., has worked quite willingly onward. Breaths thredy
in habits: silly in conversation: Does not appear to have any delusions. Is lazy; in very
good health: behaves quiet. Febr Wt 185 lbs March 29. Visited by friends. Augs. Wt 186 lbs
Wt 187 lbs. July 31/01. Patient has been in excellent physical health: works some onward.
very quiet: speaks pleasantly, but very demented & silly in manner. Habits are tidy: always
well-behaved. Attends amusements & plays games &c. Dec 29/01. Visited by friends.
Has been quiet & peaceable: working some onward. Talks in a pantheistic silly way -
habits tidy. -

July 31 1900
Aug 1
Oct 30
Nov 29 1901
July 31
Febry
Nov 1
July 31 1902
July 31
Dec 29
July 31 1903