

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

Copyright Notice:

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

Version 3
August 20, 2018

PLEASE TAKE NOTICE.

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

Respectfully,

Egbert Fidler & Chambers.

Anderson.	Julius	209	(from State Prison, Stillwater)

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

Barthels Bartels — Bodle	Henry 3d ad hue.	17 "
Behrmann	Louis	121
Bense (Benze)	Henry	189
Burgess	Thomas	249
Beichel	Michael	281
Burgis	Frank	317
Braraw	Thomas	373

Conlin	John F.	21	herebefore Dec 19/93 - Feb 22/94 released under Law of "1893"
Connors	W. B	33	
Cronon	Timothy	65	
Cole	Oscar 2nd ad.	69	herebefore Oct 6/93 - July 12/94
Clancy	Thomas.	105	
Condon	John	193	
Corzette	Ray	217	
Cole	Clarence	233	
Croffredi	Michael	301	(was at Ward's Island N.Y. 2 yrs ago)
Casey	John #1	377	herebefore Jany 27/93 - Apl 29/93
Cheever	John H.	389	here twice before as an Inebriate

Doe	John #4 real name unkn	41	
Dewey	C. R.	57	
Dyer	John 2d admission	61	herebefore March 22/92 - June 7/92
Dore	John	297	4th Committment
Davis	John T.	365	(from C&C Hospital, St Paul)

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

Erren	Frank 2ad	173	
Erickson	Andrew	177	
Erickson	Halvor	309	
Elstad	Nils	381	2nd ad -

Freeman	John	369	(from St. Hospital, St Paul)

Gadula	William	73	
Gravold	Lorenz	253	
Gay	John	269	
Gobble	John B.	333	2nd ad. here

Holasz	George E	9	
Herdeg	Wm.	141	
Herli Benedict			
"	"	149	
Heares	Louis	229	
Helson	Charles 2nd ad	273	- here before Nov 15/92 — May 6/93
Hinckley	John S.	289	
Hatchel	John	293	from County (Goodhue) Alms House
Harwell	Fred	329	
Hatvr	Charles	353	from Minnesota State-Prison

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

Johnson	Jas W.	149	
Johnson	Nels D. 2nd ad.	113	(here before June 13/93 – July 16/94)
Johnson	Albert	181	
Johnson	Nels D. 1st	337	
Johnson	Daniel	357	
Johnson	O. J.	361	was at Fergus Falls (June/95)
Jans	Frank 2d ad	154	(here before June 14/89 to June 19/93)

King	Frank	265
Kunstlieo	Robert	277

Loken	Ole K.	109
Lantry	Thomas	161
Lasacker	Joseph	241
Lent	Herman	261
Langseth	Olavus C.	319

Mount	Charles	53
Morton	Luther	97
Murnane	James	125
Morton	William P.	285

McManus	Peter	5	
McGill	C.B.	29	
McAuney	Henry G. 2d ad.	213	here before Aug 17/93 – Nov 28/93

Mc
N
O
P
Q
R
S
T
U
V
W
Y
Z

Narveson	Juls	13	
Norman	Lwis	3H5	

Olson	John D.	101	(here before from March 9/92 to Dec 20/92)
Olson	Andrew #4	237	
Olson	A. E.	325	

Peterson	Peter Adolph	1.	an Insane Tramp (Eloped from St. Peter (?))
Peterson.	John G.	341	
Phillips	Peter	45	
Pease	R. M. S. 2d ad hue	201	here before Mar 24/91 – May 30/91. (also was in St. Peter + Oshkosh)

P
Q
R
S
T
U
V
W
Y
Z

Roeder	John 2nd as her	205	Hen before May 20/93 - Aug 10/93	
Roberts	Griffith G.	221		

R
S
T
U
V
W
Y
Z

Swartwaudt Swartwouldt	Wm	25 "		
Swenson	Martin	77		
Schiffe	Stanislaus	85		
Skeldon	Adelbert E.	89		
Sorenson	Christ (Farch)	117		
Schmidt (Correct name Schumdt)	August	145		
Stucky	Conrad	185		
Spencer	Israel B 2nd ad.	197	here before July 7/93 -	Oct 14/93
Schwartz	Frank	225		
St. Onge	Teddion	245		
Sather	Ole Hansen	257	3rd ad. here	
Saethre (Sathre)	Christian	313	- Transp	
Stewart	George W	321		

STUVWYZ

Thoreson	Christopher	81.
Tuscano	Nicco	169
Thoreson	Louis	305
Taylor	Fred J.	385

Von Rüden	Henry	165					
Williams	J. Fletcher Sr	37					
Wagner	George H.	93	(here before, (as Inebriate) Dec 24/93 – Feb 8/94 –				
Wallar (Wallen) (Waaler)	Ingebert	129	(here before June 1/89 – Sep 24/89) –				
Weinschenk	Frank	133					
Wheeler	William B 2nd ad	137	here before April 19/92 – July 2/92				
Wilson	Cyril G.	153					

V
W
Y
Z

Henry Van Riiden

Ft Hom 168.

1901

Feby 1 Wt 180#. P78. May 31. Behavior good: sometimes stubborn: no delusions noted –
July 31 Does not care to work. Interested in amusements. Goes to chapel – July 31 In quite good
Aug 1 mental & physical condition – Aug 1. Wt 178# – Oct 31/01. Patient quiet: usually well-behaved.
Oct 31 Works some on ward. Talks quite rationally, on ordinary subjects: "Wants to go home" – Nov 3 Was
Nov 3 Taken home by his son, today.

Y
Z

Frank Weinschenk

From 136.

1900 Aug 1 — Wt 129#. Sept 10. Transferred to D3: Sep 24. Visited by Sister: Jany 25/1901. Boil on
1901 Jany 25/31 — wrist lanced & dressed. Jany 31. In good health: no change, mentally. Is cleanly: well behaved:
works on ward. Language very abusive & obscene. Expresses numerous delusions.—
Feby 1 — Wt 132½ lbs. Apl 15. Eloped: caught, about an hour afterwards, on College Street & returned. May 1. Wt 132½#
Aug 1 — " 130½#. Nov 1. Wt 135#. Jany 31/02. Has been in good health: worked regularly in ward, dining-room—
1902 Jany 31 — habits fairly tidy. Is very incoherent & obscene in language: making grimaces & talking noisily: Creates no
Oct 15 — disturbance. Oct 15/02. Summary by Dr Chapple: (at time of patient's transfer to
Hastings State Asylum).

Was admitted in state of acute melancholia, due, it is said, to intemperance.
Was delusional, irritable & erratic: somewhat ugly & troublesome & occasionally violent,
for several years, & was kept on ward. During past 3 years, has been much more
tractable, though very abusive & obscene in language; also threatening, but has caused
no trouble for past 2 years: has been a good worker, for some time, on the ward & also
worked some outside in garden, during summer. General health has been very good.
Oct 14/02. Transferred to Hastings State Asylum.

From 160.

Frank Jans

1900 Aug 1 — Wt 223#. Sep 10. To D3. Jany 31/1901. No apparent change, in anyway: has an occasional convulsion,
1901 Jany 31 — after which he is somewhat confused: acts rather demented & silly, but talks quite rationally. Works on ward.
Feby 1 — Wt 219½: May 1. Wt 212½: Aug 1. Wt 214 — Dec 30. Given medicine for cough & cold. Jany 31/02
1902 Jany 31 — Mental condition, during year, stationary: ordinarily, talks quite rationally & agreeable, but is quite
simple & demented: works a little on ward: writes some letters: plays billiards &c: has an occasional
Aug 1 — "epileptic seizure". Aside from this, physical condition quite good. Aug 1/02. 207 lbs—
1903 Jany 31 — Has continued in fair health: does nothing: is very indolent: plays cards & billiards
at times: is childish & somewhat demented.

Personal and Medical History of Thomas Lautry

1898 From Folio 48

12/14 — Summary continued. Returned — having reached home much run down physically — is moody
1899 — & depressed. Jan 3/99. Wt. 128#. Has improved since coming back & is about in same
condition as before he went out. Is quiet, neat & tidy. Does some work on ward.
Appears to have no definite delusions but on every attempt he has made to leave
the institution, he has shown himself to be an unstable, erratic person, unfitted to
live outside. Feb 1 — June 17/99 (Dr Wanous) Wt. 130#. Behavior good: Quite rational: works on ward.
Mental condition unchanged. Left today on trial.

Discharged.

From 124

Louis Behrmann

1901 Jan 31 — Very little change: good health: works on ward: habits quite tidy: stubborn & occasionally pug-
Feby 2 — nacious: talks very irrationally: Feby 2. Wt 153#: May 1. Wt 146#. May 27. Transferred to T.W.
June 1½ — Up on ward: Is improved: June 2. Transferred to D2. Aug 1. Wt 137# — Nov 2. Wt 147# — Jany 31/02. Little
1902 Jan 31 — change, during year. Has "spells", lasting several weeks, when he is noisy, destructive & troublesome:
talking incoherently & fighting with others. Works a little on ward, but is slovenly & cannot
Aug 1 — be depended on. General health very good. Aug 1/02. 144#. Jany 31/03. Has been in good phy-
1903 Jan 31 — sical health: worked a little about ward; but, at times, very noisy & occasionally
engaging in fights with patients: no change of importance, mentally.—

Personal and Medical History of Peter Adolph Peterson

LEBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4056.
Residence, In Jackson County, Minnesota
Date Admission, 5th April 1895. —
Admitted by, D. C. B. Ely — Hour, 4 15 P.M.
How Sent, R. A. Mott, J. of P., Rice County
Sex, Male
Age, 28 Years
Civil Condition, married
Children, Yes; does not seem to remember how many
Age Youngest Child, —
Occupation, Farm laborer
Degree Education, probably poor
Profession Religion, Lutheran
Habits, Unknown
Nativity, — Norway —
Physicians Committing, W. A. Hunt and A. J. Schmidt
Correspondents, none given in "papers" —

No. for Year, 255.
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, chronic
Form, dementia terminal
Accompanying Bodily Disorder, unknown
Suicidal or Not, unknown
Date of this Attack, unknown
Duration, probably long
No. of Attack, seems not 1st
No. of Admissions, 1st (here) (was in St. Peter & Rochester he says)
Age First Attack, (?)
Time of Leaving, June 29. 1897
Time in Hospital, 2 yrs. 2 mo. 24 d.
Result, Transferred to Fergus Falls.

OK JOM

EXAMINATION ON ADMISSION

Ex by Dr. R. M. Phelps. Sept. 26 '96.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, very sluggish
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, } Very poor
Own Mental State, }
Special Subjects, }
GENERAL DESCRIPTIVE REMARKS:
Patient in chronic condition mentally. Dull. Sits with head down. Answers none or incoherently.
Was 8 yrs in St Peter. Ran away and came here.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, Can't learn. wont talk enough.
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Peter Adolph Peterson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ WEIGHT, 165 pds. NUTRITION, Good.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, normal Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Dilated
Response Light, Accommodation,
SIGHT,
HEARING, normal.
COORDINATION, Arms, } normal.
Legs, }
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Normal
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, normal.
LUNGS, normal.

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS, Cir. (h) 55½. Cir. (v.m.) 65½. Naso. oc. a. 36. Bin. a. 33½. Ant. p. diam. 20. Trans. v. diam. 15.5. Bin. d. 14.2. Fac. l. 13.5.
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 Adolph Peterson

1895

This patient was brought here by Deputy Sheriff W. E. Hibbard; the history accompanying him is very meagre. If any insane relatives, or any heredity in family, cause of attack, when first symptoms of disease were manifested + in what way, all is unknown. Habits unknown. Informs, attack is chronic. From his answers, it appears this is not the 1st attack. Says "he has been to St Peter + Rochester several times". He seems to have no interest in this case. Says "he is not disposed to injure others". If suicidal, filthy or destructive in habits, any previous peculiarities, if subject to any disease, Epilepsy &c or head injury, nothing is known. If under medical treatment, unknown. Whole history of case unknown. He appears to be an insane Tramp, wandering over the Country, whose history is unknown to the Examiners. (NB. Court find he has been here before)

Apl 5 On admission, was put on B3 (SR. Complexion light, hair brown, eyes blue, condition of skin good; has a + car on right knee; no other marks; no eruptions noticed. Body dirty. Behavio good; talks quite freely). Pulse 80. R 19. T 99.2. Apl 6/95. Slept well, 9 hours, last night. Appt. P 78. R 18. T 99. Appetite fair. Is quietly-behaves. No cough noticed. Memory seems to be rather poor.

" 7 Apl 7/95. Slept well. Appt. Pulse 74. T 99. Appetite fairly good; bowels seem regular. Is quiet and behaves well; rather stupid; will stand in one place, until requested to sit down; never speaking to

" 8 any one unless questioned, when he will answer. Apl 8/95. Slept well, last night. Appt. Pulse 76

" 9 T 98.8. Appetite good; bowels regular; no change in conduct or behavior. Apl 9/95. Appetite on the

" 10 decline; bowels apparently regular. Appt. P 72. T 98.8. Behavio about as usual. Apl 10/95. P 76.

" 11 Apl 11/95. Continues to sleep well. Appetite poor. Did not eat any supper. Stupid + dull; standing

" 12 around on hall most all of the day, never sitting down unless requested. Apl 12/95. Appt. P 76.

" 19 Apl 19/95. Patient Continues to rest + sleep well. Pulse taken each morning, during past week, has been about normal. Appetite has been rather poor, and sometimes he will not eat any for 2 or 3 meals + then again he will eat very well. Is quiet; stupid; never speaking to any one, but will answer

questions. Memory seems very poor. Keeps standing up along side the wall, never sitting

down unless told to. Slouchy in dress + appearance + habits. He does not work any. -

" 26/ April 26/95. No change from last general description above. April 29/95. Transferred to Annex, 4 day

" 30 April 30/95. About the same. Quiet: speaking only when addressed. Habits filthy; slouchy in dress. Does no work.

May For this quarter, there is no special change to note, either mentally or physically. He is quite. Indolent.

June does no work: behavio rather peculiar: seems melancholy: habits clean. Health seems good. Seemed for

July 31 some time past, determined to escape: required special watching. During past month has been more deter-

- mined, at this point (Escaped from Crowd, at the Grove, July 23d. Was found + returned to B3 July 24th)

Aug 1/13 Aug 1/95. Wt 173 pds. Pulse 84. Aug 13/95. Again made an attempt to escape, while at walking, but

" 31 was caught. He is always sneaking away from place + requires very close watching. Aug 31/95. Appetite

good: bowels regular. Quiet: reticent, but will answer, if spoken to: always watching for an opportunity to escape. Habits rather slouchy + filthy. Sept 2/30 Sept 2/95. Wt 171 pds. P 96. Sept 30/95. No change noted.

Oct 1/31 Oct 1/95. Wt 179 pds. Pulse 80. Oct 31/95. Always about the same: there is very considerable dementia:

Nov 1/30 will stand up, continually, unless asked to sit down. Nov 1/95. Wt 182 pds. P 80. Nov 25/95. Struck by patient

" 30 (A. Rondeau) without any provocation, receiving a black eye, which also swelled much. Nov 30/95. No change noted.

Is continually standing up, unless compelled to take a seat: talks but very little + not unless spoken to. -

Dec 31 Dec 1/95. Wt 170 pds. Pulse 100. Dec 31/95. No change noted. Habits clean, but is slouchy about dress: health seems good.

Personal and Medical History of Peter Adolph Peterson

1896

Jan 1/31 Jan 1/96. Wt 177 pds. Pulse 84. Jan 21/96. Transferred to B3 (account of a general change of wards). Jan 31/96. No change noticeable, in any way, from month to month: health seems good.

Feby 1/29 Feby 1/96. Wt 163½ pds. P 72. Feb 29/96. Behavio quiet: Stupid + dull: Generally standing up in Court Room, unless compelled to sit down: talks but very little: habits slouchy and filthy.

Mar 2/ March 2/96. Wt 164 pds. Pulse 68. March 31/96. No change noticeable, since last report. -

Apl 1/30 April 1/96. Wt 161 " " 72. (Dr. H. notes. Terminal dementia). Apl 30/96. Appetite good, but very slouchy about eating. Behavio restless: Constantly changing from one place to another, if allowed to do so. Habits since cleaner, but very untidy in dress. Works a little on ward: has to be watched very close.

May 1/96 to June 29/97 Summary Nurses Notes by Dr. Phelps. Patient quiet: rather demented + dull, at times somewhat mischevious: Has not been violent during period: Wt. 157 to 164 lbs. June 29/97 Transferred to Fergus Falls.

Transferred to Fergus Falls.

1897 H753 **Frank Burgess** From folio 320

Dec 28 Dr Herzog's Summary Continued - Dec 28 Taken to St. Paul to Testify in Probate Court in the case of disposition of property of

1899 Mrs. Waters. Examined in Court room + pronounced competent to testify: Memory of past events apparently good. Feb 6 Remains about same: Occasionally wets bed at night. Feb 14. More filthy: Stays in bed - Trans. to Infirmary. Feeble, confused, filthy, sleeps poor. Appetite good: Temp. generally normal. Feb 17 Bed sore beginning: Alcohol applied: bowels inclined to be constipated. Appetite good during time in bed. 22 Up on ward. 26 Put to bed again - incoherent, irrational, confused + deluded.

Mch 1 Mr. 9th Without clothing. Mch 1-17 Remained quietly in bed: Appetite good: Bowels constipated. Confused, stupid filthy: Sleep generally poor. 18-20 More restless: bed sore again forming. 21-31 A slight gain physically: Sleep improving: Bowels still constipated. April 1 Wt. 103: Slightly better. Apr. 1-8 Grew more confused + filthy restless on a few occasions: Appetite not so good. Apr. 15-16. Vomited 26th Appetite gradually growing poorer

May 7 Wt. 100th. Appetite improving: Much inclined to be restless + frequently out of bed. Bowels constipated: Appetite good. May 14 Appetite continues fairly good: Sleep generally broken at night. Occasionally restless during day. Up to 27th, up + dressed - June 1-30 Up on ward, talking to himself: Has hallucinations of hearing. Occasionally requires to be undressed. Becomes pugnacious if interfered with - 8th up + dressed. July 9 Had trouble with Dan Dawson - small bruise on right eye - not known how it was received. July 23 Complained of

Aug 1 pain in abdomen - 7.30 PM T. 102°. Remained in bed up to 28 - Temp. went down - after few cathartics. 29 up.

Oct 4 bed again. Pain in abdomen: is tremulous - Habits very filthy. 5 Rather better. Remains quiet. 8 up. Occasionally good-natured but for the most part noisy + inclined to be pugnacious but is so small + slight that he cannot injure anyone. Is obstreperous about going to bed + coming in when out walking. Memory for recent events failing very much. Sept 1 Mr. Kasson

Nov 1 rather more profane. 8-10 In bed. Oct 10th. Not so filthy. Usually requires to be undressed + have other things done for him. Resists + is pugnacious but not strong. Nov 1 Rather more tidy - 28 Very dull + confused: Again put to bed. Remained there until Dec 6.

Most of time appetite poor: Temp. normal: bowels constipated - up until 18th when again put to bed: dull, filthy, confused: bowels

1899 constipated. Has occasional vomiting spells + hiccough - on very light diet. Failed physically during month - Jan 1st 99 Wt. 92 + feeble. Temp. usually 98-99. Appetite not good: Inclined to be constipated. Sleeps much during day + little at night. Occasional vomiting spells + hiccough: Occasionally restless. Wearing bed-clothing about + changing it. 31st During latter part of month slept none at night + much during day - Frequently wets bed.

To Hospital Ward

See Folio 16.

Personal and Medical History of Peter McManus

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4057.
Residence, Faribault, Rice County, Minn.
Date Admission, 6th April 1895.
Admitted by, Dr Herzog Hour, 4.30 P.M.
How Sent, R. F. Mott, J of P. Rice County
Sex, Male
Age, — 24 —
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Laborer
Degree Education, probably limited
Profession Religion, Yes; Catholic
Habits, Good
Nativity, Faribault, Minnesota
Physicians Committing, C. H. Wagner and F. M. Rose
Correspondents, Mrs T. McManus, Faribault, Minn.

No. for Year, 256
Insane Relatives, no hereditary history.
Cause Exciting, Mastuebation & lack of Employment
Cause Predisposing, probably bad habits previously.
Form, melancholia acute
Accompanying Bodily Disorder, local sexual irritation: slight phymosis
Suicidal or Not, Contemplates & has threatened suicide.
Date of this Attack, probably within last 6 months
Duration, about 6 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 23+
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ex. by Dr. R. M. Phelps Sept 26. '98

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish,
MEMORY:
Past Events, Erroneous ideas
Recent Events, interfere.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Incorrect.
REASONING POWER:
Ordinary Subjects, } Poor
Own Mental State, }
Special Subjects, }
GENERAL DESCRIPTIVE REMARKS:
Young man, seemingly a gradually growing trouble in youth - An adolescent case. Not surely so, but probable. Health good. Talk wandering - somewhat to himself. Answers most questions with a show of accuracy - confused occasionally.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Slightly 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 McManus

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ WEIGHT, 159 lbs. NUTRITION, Good.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, normal. Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Dilated.
Response Light, Accommodation,
SIGHT, normal.
HEARING, normal.
COORDINATION, Arms, } normal.
Legs, }
TREMORS, Hands, } normal. Tongue,
Facial Muscles, } General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, normal.
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, normal.
LUNGS, normal.

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, — Clean, Careless,
BOWELS, Normal, — Constipated, Irregular,
APPETITE, Good, — Medium, Poor,
SLEEP, Good, — Poor, Irregular,
PULSE, — Resp., Temp.,
CRANIAL MEASUREMENTS, Cir. (h.) 56. (v.m.) 67½. Naso. oc. a. 36½. Bin. a. 34½. Ant. p. d. 19.5 Transv. d. 15.7 Bin. d. 13.6. Fac. l. 14.5
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 Mc Manus

1895

This patient was brought here by Thomas Mc Manus, father, and John Mc Manus, brother, with following history. There is no history of heredity. Supposed cause of this attack is masturbation and lack of Employment; in town, it is depressed. There is local sexual irritation; also slight phymosis first symptoms manifested probably within the last 6 months; is in depressed condition. This is the 1st attack; insanity now shown, as above stated. Patient is not disposed to injure others. He has not attempted suicide, but contemplates it & has threatened it. Is not filthy or destructive in habits. Previously, he had been naturally quiet & disposed to reticence. There is no history of any bodily disease &c, or injury to head. He has not been constrained or confined, nor under medical treatment. Patient has been absent from home, for about 2 years; family notified of his trouble & went to St Louis and brought him home; there is no knowledge of details, during his absence.

Apl 6 On admission, was put on B2 (S.R. Complexion light; hair sandy; eyes blue; Condition of skin good; vaccination marks on right arm; no other scars. Bodily condition clean. Behavior good) —

" 7 Apl 7/95. Was restless 6 hours, sleeping but 2 hours, last night. Am. P 96. R 20. Te 99. Appetite medium; bowels constipated. Stands idly about. Talks but little. "Want a knife, to kill himself".

" 8 no cough noticed: no complaints or injuries to report. Apl 8/95. Restless out of bed for 6 hours or so, and slept only 2 hours, last night: talked of killing himself: Am. P 100 R 22 Te 99.8. Appetite only medium. Gets excited at times. Was looking for a knife, today. Does not walk act. Apl 9/95. Slept only 2 hours; was restless 6 hours. Am. P 98. Wants to get into bath-room to drown himself. Seems to be in mental agony, because he cannot". Apl 10/95. Restless 6 hours, Sleeping only 2 hours. Am. P 102.

" 11 Stands or sits idly about. Appetite medium. Talks but little. Wants to die". Apl 11/95. Restless 4 hours, and slept only 3 hours, last night. AM. P 100. Eats but little, drinks some milk. Is losing in weight.

" 12 Bowels probably constipated. Apl 12/95. Restless 2 hours, but slept 6 hours. AM. P 100. Ate nothing.

" 13 Sits about. Is very stupid". Apl 13/95. Restless 1 hour, Slept 7 hours, last night. Am Pulse 96.

" 14 Ate 2 fair meals. Sits idly about. Stupid & talks but little. Wet his clothes. Apl 14/95. Restless, thought he slept about 6 hours. Ate but little. Pulse 90. Is stubborn & stupid. Talks some. Again wet his clothes.

" 15/15 Apl 15/95. Am Pulse 92. Ate 2 fair meals: seems a little brighter, today. Apl 16/95. Slept fairly well, the past 2 nights, though still somewhat restless. AM. Pulse 88. Seems some better. Is not so stupid.

" 17 Appetite medium. Apl 17/95. Restless 4 hours, sleeping but 4 hours, last night. AM. P 92. Bowels are

" 18 constipated: he eats fairly well. Apl 18/95. Restless 3 hours, but slept 5 hours, last night. Am. Pulse 90.

" 19 Ate but little, today. Was given seidlitz powder. Does not go to closet, unless taken. Apl 19/95. Am P 88.

" 20 Is very stupid; talks but little. Apl 20/95. Has been sleeping quite well, the past night or so. Appetite now fairly good; bowels free. Goes out walking. Pulse 96. Has no medicine. Summary. Patient has been quiet & stupid. Was Dirty 2 Days. Walked out, for first few days. Stands or sits idly about. Wanted to kill himself. He has been eating very poorly up to past 2 days. Bowels have been constipated, from time to time: and he has probably lost in flesh. Has been very restless, at times, for 1st week; Contemplating suicide. Is generally stupid & reticent. Keeps eyes looking toward floor most of time. Demented.

" 30 Apl 30/95. Appetite has been poor of late; eats but little. Is stupid: talks only when questioned & then only in monosyllables. No improvement noticed. Goes out walking, quite regularly.

May 1 May 1/95. Moved to "Infirmary ward". Refused dinner & Supper. May 2/95. Slept only 2 hours, last night. very restless; up several times, in night. Sleep much broken. Refused all food today. He is very quiet.

Personal and Medical History of Peter Mc Manus.

1895

May 1

Vol. 31 Fol. 5 No. 4057.

CASE RECORD.

Patient's Name P. Mc Manus Name Disease Name Physician N.N.N.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
May 6 11 Am	99.8	80	20		On regular diet & extra	Patient came on ward from B2 -
" 1 PM		80		Medicine		Refused dinner
" 6 "				" "		and supper
				" "		night. slept 3 hrs.
						very restless, up
						several times.
						night. sleep is very
						broken. very profuse
May 7				" "		Refused all food today
" 1				" "		is very quiet.
" 6				" "		Weight 153 lb.
" 3 PM				Medicine.	8 AM dental visit	Refused food / fast
				2 P.M. massage		night. slept quite
				Takes medicine		well up several times
				3 times a day.		night. slept 6 hrs R 2 hrs
						" slept 3 hrs R 5 hrs
						up several times
" 9				Bath		
" 10, 10 A.M.				Shower Bath,		
" 18, 2 P.M.				" "		
				11 A.M. Massage		
" 22 6 P.M.				Massage	Patient was missed	night. patient was
" " 6 A.M.				Shower Bath,	from hall at 5 P.M.	found walking most
" 25					search was immediately	of B & E at 11: 8 P.M.
" 25				Shower Bath.	communicated,	night. slept 6 hrs R 2 hrs
" 27				Massage.		very quiet
" 29				Shower Bath		
" 31				Given shower bath every day.		Appetite very good. Patient is quite

Recorded by Sergeant of Ward Nurse.

Sept 1 Up & dressed: Leaves to C. During September & October ate fairly well with urging but is very untidy in his manner of taking his food. as he frequently spits it out on his plate. Has some delusions as to poison & filth in food. Expectorates in his pockets. Very restless, walking up & down continually unless prevented. Nov 1 Has lost flesh since last note. 128 lbs with clothing. Continually in bath in wash room - Hands sore from it - Health is good.

See Folio 350 Transfer Book A.

Personal and Medical History of Peter McManus

1895

[illegible] ...anus, brother, ...turbation ... phymosis ... is the ... has ... habits. ... ...rily ... ...atment. ... St. Louis

Apl 6 [illegible] ... in good; ...)—

" 7 [illegible] ... tite ... self".

" 8 [illegible] ... so, ... tite

" 9 only ... ht ... seems

" 10 [illegible] ... m. P102.

" 11 [illegible] ... hours, ... ght.

" 12 [illegible] ... ing.

" 13 [illegible] ... 86.

" 14 [illegible] ... s, though ... clothes.

" 15/16 [illegible] ... ell, ... hd.

" 17 [illegible] ... are

" 18 [illegible] ... e 90.

" 19 [illegible] ... P88.

" 20 [illegible] ... ite now ... t has ... about. ... pated, ... con- ... ented.

" 30 Apl 30/95. "appetite has been poor of late; eats but little". Is "stupid": talks only when questioned & then only in monosyllables. No improvement noticed. Goes out walking, quite regularly.

May 1/2 May 1/95. Moved to "Infirmary Ward". Refused dinner & Supper. May 2/95. Slept only 3 hours, last night. very restless; up several times, in night. Sleep very broken. Refused all food today. He is very quiet.

Personal and Medical History of Peter McManus.

1895

May 2/ Wt 155 pds. May 3/95. Slept quite well, 6 hours; restless 2 hours: was up, several times, during the night. Refused Breakfast this am. Is on medicine. Was given also massage treatment. Takes milk, fairly well.

" 18 May 18/95. Has been given Shower-baths & massage, from time to time. Still sleeps poorly, as a rule.

" 22 May 22/95. Patient was missed from hall at 5.40 Pm. Search was immediately commenced.

" 31 Was found walking near C. East ward about 11 Pm, returning of his own accord. May 31/95. Patient has been given shower-baths every day; also massage treatment frequently. He sleeps fairly well, at night, though still somewhat restless. Appetite very good. Patient is quite despondent, of late.

June 10/30 June 10/95. Moved to B.2 today. June 30/95. Appetite, poor for a time, is now fairly good. Bowels free. Patient is stupid & depressed; sits about, with head bowed down, between hands. Talks but very little & only when addressed. Physical condition fairly good. July 1/95. Wt 165 pds. (has gained some, since coming).

July 1 " 31 Pulse 96. July 31/95. Appetite still poor, at times. Otherwise, no change to note in Mental Condition.

Aug 2/10 Aug 2/95. Wt 163 pds. Pulse 80. Aug 10/95. Stirs about more, than for some time past. Manifests delusions. Says "he has lizards in his Stomach"; holds his coat together to keep them down & stands in rather a stooped position. Aug 31/95. Appetite good: bowels normal. Tries to make his escape while out on grounds, on 29th Inst, patient tried to elope but was brought back. He is melancholy.

" 31

Sep 2 Sep 2/95. Again, tried to elope to day: was, with difficulty, brought back. Wt 158 pd. Pulse 108.

" 15/30 Sep 15/95. Noisy 2 hours, during the night. Sep 30/95. No special change. Still holds delusions.

Oct 1/12 Oct 1/95. Wt 154 pds. Pulse 84. Oct 12/95. Eats fairly well: seems more lively of late, than usual; whistling & singing much of the time. Still has delusions. Says "he has electricity in him and lizards in his Stomach". Oct 18/95. Quiet: Goes out walking. Wants to go home, "he says

" 18

" 31 Oct 31/95. More cheerful, of late. Works some on ward. Otherwise, he is about the same.

Nov 2/30 Nov 2/95. Wt 153 pds. Pulse 92. Nov 30/95. No change noted: Generally quiet, tho' sometimes violent.

Dec 2/31 1896 Dec 2/95. Wt 160 " " 80. Dec 31/95. Condition remains about the same, from month to month.

Jan 2/31 Jany 2/96. Wt 154 " " 68. Jan 21/96. Transferred to B.3 (on account of general change of Ward).

" 31 Jany 31/96. Still no change noted. Appetite good: bowels regular: works some. Sleeps well. Health is good.

Feb 4 Feb 4/96. Wt 160 pds. Pulse 84. March 4/96. Wt 157 pds. P88. April 2/96. Wt 162 pds. Pulse 90.

Mar 4 Apl 30/96. Remains in same condition, day after day. Speech incoherent: has delusions, though he don't hold to the same delusion very long. Says "he has lizards in his Stomach", also "that there is an electric current passing through him". Works on ward. Goes walking daily; attempts to elope, frequently & has to be watched closely, while out of doors.

Apl 2/30

May 1/96 Summary Nurses Notes by Dr. Phelps. Patient quiet: was originally an adolescent case in character. Is now rather demented & silly & frequently washes his hands & face more recently is continually spitting: Is afraid of being poisoned: Occasionally gets into trouble with other patients: During latter part of period has become rather emaciated & run down in health. July 14 Transferred to Infirmary. Cont. by Dr Herzog Aug 1/97 Wt. 122#. Temp. normal: Sleep poor: Remained in bed during August. restless, out of bed frequently: requires urging to get him to take food: Expectorates frequently & removes food from mouth has delusions of poisoning. Poor physical health mostly due to restlessness & insufficient food.

Aug 1/97

Sept 2 Up & dressed: Trans. to C. During September & October ate fairly well with urging but is very untidy in his manner of taking his food as he frequently spits it out on his plate. Has some delusions as to poison & filth in food. Expectorates in his pockets: Very restless, walking up & down continually unless prevented. Nov. 1 Has lost flesh since last note. 128# with clothing continually in water in wash room - Hands sore from it - Health is poor

See Folio 350 Transfer Book A.

Personal and Medical History of George Holasz

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4061.
Residence, 23 v. Edmund Street, St. Paul
Date Admission, 10th April 1895.
Admitted by, Dr. Phelps Hour, 7
How Sent, G. Willrich, Jos P. Ramsey Co
Sex, Male
Age, 36
Civil Condition, married
Children, Three
Age Youngest Child, —
Occupation, Blacksmith
Degree Education, not stated
Profession Religion, R. Catholic
Habits, Good
Nativity, Poland
Physicians Committing, A.B. Aucker and A.C. Heath
Correspondents, Mrs George Holasz
23 v. Edmunds Street

Notice served that on Wednesday 19th Feby 1896 at 10 am. at Probate Court Room St Paul will be heard & considered
The verified petition of Mary Holasz for appointment of a guardian for George Holasz of St Paul, by reason of his insanity.
St Paul 3d Feby 1896 Jos G Willrich
Jos P

Age First Attack, 36
Time of Leaving, Oct. 5. '96
Time in Hospital, 1 yr. 5 mo. 25 da.
Result, Discharged Feb. 3 '97. Improved.

Edly Dr. Herzog Apl 11/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } apparently poor.
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive, apparently.
REASONING POWER: } seems very poor
Ordinary Subjects, }
Own Mental State, }
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Today, is sluggish & stolid; apparently has delusions, but will not speak of them. Irritable & morose. Was maniacal, last night. Wounds on forehead 1½ in long; on crown of head 3 in + 2 in; under left eye 1 in. on left knee 1 in; several on both hands & wrists; both eyes blackened. Haemorrhage into sclerotic of left eye. Erysipelas in head wounds: some suppuration: stitches still in.

Personal and Medical History of George Holasz

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 179 pds NUTRITION, fairly good
WOUNDS OR ABNORMALITIES, see note & "S. R."
TONGUE, Tremors, slight Coatings, dirty white coating; breath foul Promptness Movement, refuses to protrude
PUPILS, Equality, Yes Size, normal
Response Light, Yes Accommodation, Yes
SIGHT, seems good
HEARING, " "
COORDINATION, Arms, } evidently some incoordination; impossible to apply usual tests.
Legs, }
TREMORS, Hands, Considerable Tongue, Some
Facial Muscles, none General, slight
REFLEXES, Patellar, 8 equal EXAM. URINE,
Other —
ARTICULATION,
Slurred, —
Hesitating, Yes
FACIAL EXPRESSION, —
SENSIBILITY, —
HEART, somewhat weak & rapid; all sounds rough; no distinct murmurs
LUNGS,

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
Report 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 George Holasz

LEBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4061.
Residence, 23 v. Edmund Street, St. Paul, Minn
Date Admission, 10th April 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, G. Wilbrick, Jof P. Ramsey County.
Sex, Male -
Age, - 36 -
Civil Condition, married
Children, Three
Age Youngest Child, —
Occupation, Blacksmith
Degree Education, not stated
Profession Religion, R. Catholic
Habits, Good
Nativity, Poland -
Physicians Committing, A.B. Ancker and A.C. Heath.
Correspondents, Mrs George Holasz
23 v Edmunds Street

No. for Year, 260.
Insane Relatives, none
Cause Exciting, Unable to say
Cause Predisposing, not given
Form, mania acute
Accompanying Bodily Disorder, none
Suicidal or Not, very suicidal
Date of this Attack, about 10 Days ago
Duration, about 10 days.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 36 —
Time of Leaving, Oct. 5. '96
Time in Hospital, 1 yr. 5 mo. 25 da.
Result, Discharged Feb. 3 '97. Improved.

Edly Dr. Herzog Apl 11/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events,
Recent Events, } apparently poor.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive, apparently.
REASONING POWER:
Ordinary Subjects, } seems very poor
Own Mental State,
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Today, is sluggish & stolid; apparently has delusions, but will not speak of them. Irritable & morose. Was maniacal, last night. Wounds on forehead 1½ in long; on crown of head 3 in + 2 in; under left eye 1 in. on left knee 1 in; several on both hands & wrists; both eyes blackened. Haemorrhage into sclerotic of left eye. Erysipelas in head wounds: some suppuration: Stitches still in.

Personal and Medical History of George Holasz

EXAMINATION ON ADMISSION, CONTINUED.
MENTAL CHARACTERISTICS.

NUTRITION, fairly good
S. R. —
Coating; breath foul Promptness Movement, refuses to protrude
Size, normal
Accommodation, yes

...ation; impossible to apply usual tests.

TREMORS, Hands, Considerable
Facial Muscles, none
Tongue, Sore
General, slight
EXAM. URINE,
REFLEXES, Patellar, 8 equal
Other —
ARTICULATION,
Slurred, —
Hesitating, yes
FACIAL EXPRESSION,
—
SENSIBILITY, —
—
HEART, somewhat weak & rapid; all sounds rough; no distinct murmurs
LUNGS,

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
Report 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 George Holasz

1895

This patient was brought here by Deputy Sheriff Kinney & attended by James Watz, with the following history. Habits & morals have been good. No history of heredity. Unable to say what is cause of the attack; in form it is acute, Exalted. There is no accompanying bodily disorder. First symptoms were manifested about 10 days ago, by hallucinations & delusions. This is 1st attack. Insanity now shown by the belief that some one is going to kill him. He is disposed to injure others. Has also attempted suicide; last Saturday morning, he jumped out of a second story window; just previous to that he attacked one of his neighbors. He is very violent; also filthy & destructive. No peculiarities had been previously shown; there is no history of any bodily disease or a head injury. He has not been constrained or confined. For 2 years, he has had little to do, & for over a year he has done nothing, until about Feby 1st 1895. Under medical treatment, not stated (Definitely).

Apl 10 On admission, was put on C.R. (I.R. Complexion light; hair light; eyes gray; Condition of skin good, Except redness on forehead, similar to Erysipelas; there are some cuts & scratches, on head, neck, face, hands & knees; no eruptions noted; Eyes discolored. Bodily condition clean; behavior quiet. He came here in restraint (hand-cuffs). Apl 11/95. Restless 3 hours, but slept 6½ hours last night. Am. P 96. R 20 T. 99.8. Appetite fair; ate a sufficient quantity of food. Is quiet; seems dazed & stupid; talks only when questioned; hesitates. No movement of bowels; no cough noticed. There is erysipelas in wounds on head. Patient is on medicine. Apl 12/95. Slept 6 hours. Bowels moved. Transferred to Infirmary ward

" 13 Apl 13/95. Restless & disturbed; slept only 2 hours last night. Am. P 90. R 18. T. 100. Appetite good. Is on medicine, every 2 hours: head & hands dressed. Is doing quite well. Patient in bed.

" 14 PM. P 100 R 18 T. 100.5 Apl 14/95. Was restless 5 hours, sleeping only 3 hours, last night. Am. P 84 T. 99. Lies steadily & quietly in bed. Is rather stubborn when anything is wanted.

" 15 of him. Pm P 66 T. 99.8. Apl 15/95. Restless 2 hours, but slept fairly well. Am. Pulse 68 R 20. T. 99. Bowels moved; passage hard & black; he is on medicine every 2 hours, & same

" 16 continued during night. Am. P 92. R 20. T. 102. Apl 15/95. Slept 6 hours, restless 2 hours. Am P 100. R 18 T. 101 Pm " 100 " 18 " 101 Has been quite restless all day, today; also quite stubborn - Head dressed by nurse. Apl 17/95. Slept only 4 hours, restless 4 hours, last night.

" 17 Am. P 80. R 18. T. 99.4. Appetite very good; medicine discontinued. Pm. P 82 R 19 T. 100.5

" 18 Apl 18/95. Restless 5 hours, sleeping but 3 hours, last night. Am. P 82. R 20. T. 98.4. Quite restless & Continually rolling in bed. Complains of wounds being very sore. Pm. Pulse 88. R 22 T. 99. -

" 19 Apl 19/95. Slept only 4 hours, restless 4 hours. 8 Am. Head dressed. Pulse 66. Is doing very nicely.

" 20 Refused to have temperature taken. Pm. Pulse 80. Apl 20/95. Restless 4 hours & slept only 4 hours, last night. Am. P 68 R 20 T. 98.4. Pm. Pulse 70. R 18 T. 99. Patient became quite stubborn

" 21 today; would not allow bed to be made. Apl 21/95. Rested fairly well, sleeping 5 hours, last night. Am. P 90 R 18 T. 98.6; Pm. P 70. R 20 T. 98.8. Appetite very good: bowels regular.

" 22 Apl 22/95. Slept only 4 hours, restless 4 hours. Am. P 80. Pm. P 74. Hands dressed; doing very well.

" 23 Patient is quite restless during the day. Apl 23/95. Restless 3 hours, but slept 5 hours. Am. P 112

" 24 R 20. T. 98.6; Pm. P 68 R 20 T. 99. Bowels regular: appetite fairly good. Apl 24/95. Slept 5 hours, restless 3 hours; last night. Am. P 68 R 20 T. 99.; Pm. P 68 T. - Was given a Shower-bath; wounds dressed; doing very nicely. Appetite good. Summary; patient has lain steadily in bed, twice the 1st day after admission: has generally been very quiet, but often quite

CASE RECORD.

Vol 3 1 / Folio 9 / 4061

Patient's Name Geo Holasz Name Disease Name Physician Np, Np, Np

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
April 12	90			On medicine every	On regular diet	Appetite good
" "	100	100½		2 hours night & day		Night 8 3 hrs R 6 hrs
" 13				Medicine continued		Has quietly in bed.
" "	76			every 2 hours		talks very little
" 14	65	99	20	On medicine		
" "	92	102	20	every 2 hrs.		Night 8 4 R 4 hrs.
" 15	100	101	18	Medicine dis-		very restless all day
" "	100	101	18	continued		Head dressed. doing well
" 16	80	99½	18			Appetite very good
" "	100½	82	19			night 8 5 hrs R 3 hrs.
" 17	78	98½	18			Hands dressed appears well
" "	100	64	20			Night 8 3 hrs R 5 hrs
" 18	82	98½	20			Night 8 3 hrs R 5 hrs.
" "	88	99	22			
" 19	66	refused	23			8 A.M. head dressed
" "	80		20			doing nicely.
" 20	68	99½	20			
" "						
" 21	90	98⅘	20			Night 8 4 hrs R 4 hrs
" "						
" 22	80					Night 8 4 hrs R 4 hrs
" "	74					
" 23	98½	112	20		On regular diet	Bowels regular
" "		84				Night 8 5 hrs R 3 hrs
" 24		68		Cool shower bath		Wounds dressed
" "				8.30 AM.		doing well
" 25		72				
" "		78				
" 26		72				Night slept and
" "		66				rested well.

These pulses do not correspond with those taken and sent down with the Day record Pm

Recorded by J. R. Spillane Nurse.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
April 24	99	91				Had light spell
" "						of nose bleed.
" 25		85				
" "		80				
" 29		75				
" "		78				
" 30		78			Regular diet with extra	Appetite good; bowels regular
" "		80				

(continued to 40)

Pe

1895

- 18 Contin
- 19 Apl 19/95.
- 20 Refused to have
night. AM. P 60
- 21 today; would not allow
AM. P 90 R 18 T@ 98; PM. P 70. R 20 T@ 98.8. Appetite very good: bowels regular.
- 22 Apl 22/95. Slept only 4 hours, restless 4 hours. AM. P 80. PM. P 74. Hands dressed; doing very well.
- 23 Patient is quite restless, during the day. Apl 23/95. Restless 3 hours, but slept 8 hours. AM. P 112
- 24 R 20. T@ 98⅘; PM. P 68 R 20 T@ 99. Bowels regular: appetite fairly good. Apl 24/95. Slept 5 hours, restless 3 hours; last night. AM. P 68 R 20 T@ 99; PM. P 68 T@ — Was given a shower-bath; wounds dressed; doing very nicely. appetite good. Summary: patient has lain steadily in bed, since the 2nd day after admission: has generally been very quiet, but often quite

...ing.
...shes
...finitely).
...n of skin good.
...head, neck, face,
...or quiet. He cannot
...a night. AM. P 96.
...ms dazed & stupid; talks
...e is erysipelas in wound.
Transferred to dispensary ward
...O. 2 18. T@ 100. Appetite good.
...quite well. Patient in bed.
...Sleeping only 3 hours, last night.
...n stubborn when anything is wanted
...but slept fairly well. PM. Pulse 68
...is on medicine every 2 hours, & cannot
...r. Apl 15/95. Slept 8 hours, restless 4 hours.
...101 — Has been quite restless all day, today;
...pl 17/95. Slept only 4 hours, restless 4 hours, last night
...od; medicine discontinued. PM. P 82 R 19 T@ 100⅘
...last night. AM. P 82. R 20 T@ 98⅘. Quite restless &
...wound being very sore. PM. Pulse 88. R 22 T@ 99. —
...rs. 8 AM. Head dressed. Pulse 66. Is doing) very nicely.
...e. Pulse 80. Apl 20/95. Restless 4 hours & slept only 4 hours, last
...98.4. PM. Pulse 70. R 18 T@ 99. Patient became quite stubborn
...made. Apl 21/95. Rested fairly well, sleeping 6 hours, last night.

Personal and Medical History of *George Holasz.*

12

stubborn, when asked about anything. He appears in excellent physical health (excepting wounds); is large, robust & muscles well-formed & developed. Mental state has improved much. He will, at times, talk very rationally, but, when spoken to, concerning himself, is stubborn and reticent.

Apl 26/ Apl 26/95. Wounds dressed; are doing well. Apl 27/95. Slept & rested well. Had a light spell of nose-
-27 -bleed, today. Apl 30/95. Appetite good: is on regular diet, with extra. Bowels regular. Lies still in bed.
-30
May 1 May 2/95. Hands dressed. Patient was up, onward, 3 hours, this Am. Wt 171 pds - P 74. Is on regular
" 6 diet & extra. May 5/95. Pulse, each day, occasionally accelerated, but most part normal. He refused dinner & supper, today. While nurse was making toilet of patient, he became pugnacious - was dressed & put in Green-bag - 9:30 Am. Patient became very frenzied, biting & snapping at nurses & was also extremely violent. With assistance of a half-dozen nurses, he was put in restraint. Bowels have moved-
" 7/8 May 7/95. Ate quite well today, though fed by nurse - May 8/95. Refused his dinner & supper, today.
" 9/ May 9/95. Very noisy, last night. Pulse about normal, daily. May 14/95. Lies very quietly in bed.
" 16 Appetite very good. Still fed by nurse. Bowels regular. May 16/95. Patient appears more quiet, more
" 19 was up, in chair, 1 hour, this P.M. May 19/95. Was up, in chair, for 4 hours, each of past 2 days.
" 20 Appetite good: bowels regular. May 20/95. 1 PM. Taken out of restraint, dressed & transferred
" 22 to C3 East, at 1:30 P.M. - May 22/95. Was taken out for walk in each of past 2 days. - Refused to
" 26 walk today, but was persuaded to take one - May 26/95. Has been behaving well & has taken his daily
" 27 walks. Seems depressed and has "crying spells". May 27/95. Seems quite rational, today. Not for a walk
" 29 May 29/95. Stupid & depressed; refused dinner; ate tea & supper. Is quiet. May 31/95. No special Change.
June 1/ 31 June 1/95. Wt 172 pds. P 80. June 3/95. Continues quiet & well-behaved. No complaints. June 10/95. Patient
" 10 is of a sullen disposition & at times, inclined to be stubborn. June 20/95. Has been quite well-behaved
for some time. Today, however, had a "Frenzied Spell"; seized attendant C Rose's hand & bit his
" 27/ finger. June 27/95. Is in a noisy & ugly "Spell", today. June 29/95. This last "Spell" continued until
" 30 today, when he became quiet. June 30/95. Has continued quiet & fairly well-behaved, since last note.
July 1/ July 1/95. Wt 168 pds. P 80. July 2/95. Visited by his wife. July 10/95. Physical constitution poor. Is on
" 10 medicine, but sometimes refuses it. July 15/95. Was visited by some friends from St Paul. Has an
" 15 extra diet, but appears to be failing physically. July 25/95. Has been quietly behaved for some time past.
" 25 July 31/95. Seems to be in a melancholic condition. Is obstinate at times, refusing his bath. His
" 31 movements are very sluggish, except when in "violent Spell". Mentally, no change Specially to note.
Aug 1/ Aug 1/95. Wt 174 pds. Pulse 84. Aug 15/95. Behavior has been quite good though he has "spells" when
" 15 he is unruly. Aug 18/95. Is in a very "unruly spell", today. Aug 22/95. Quieter: makes no complaints.
Sep 1/ Seems a little brighter. Sep 1/95. Wt 179 pds. Pulse 88. Sept 7/95. Behavior, of late, has been quiet:
" 11 he talks when spoken to, but not unless. Eats & sleeps well: no complaints. Sep 11/95. Was very restless &
" 30 uneasy, all night. Complains of not being able to sleep, but refuses medicine. Sep 30/95. Still complains of
sleeping very poorly: is given hypodermics, but with little effect. Behavior sullen. Otherwise about as usual.
Oct 1/ Oct 1/95. Wt 180 pds. Pulse 80. Oct 31/95. During this month, patient has seemed to be in a confused
31 state of mind, inclined to be obstreperous - very stubborn. Eats & sleeps well: bowels regular. Physical
Nov 1/ condition good. Nov 1/95. Wt 180 pds. P 96. Nov 30/95. No special change. Is very stubborn: health seems good.
30
Dec 1/ 1895 Dec 1/95. Wt 183 pds. P 96. Dec 30/95. Seems to be in a "confused" state of mind, all the time. No complaints.
30
Jany 1/ Jan 1/96. Wt 190 " " Pr. Jany 31/96. Physical condition good: he eats & sleeps well: he complains:
31

(carried to 40)

Personal and Medical History of *Truls Narveson*

LEBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4062.
Residence, Arendahl, Minn
Date Admission, 11th April 1895. —
Admitted by, D. C. B. Eby — Hour, 3 P.M.
How Sent, E. V. Farrington, Jof P, Fillmore County
Sex, Male
Age, 50 years
Civil Condition, married
Children, Yes — 3 —
Age Youngest Child, —
Occupation, Farmer
Degree Education, probably limited
Profession Religion, Lutheran
Habits, Good
Nativity, Norway, Europe
Physicians Committing, J. H. Phillips and P. H. Bakke
Correspondents, W. T. Narveson (Son)
Peterson P.O. Minn

No. for Year, 261.
Insane Relatives, mother & brother
Cause Exciting, not known
Cause Predisposing, heredity
Form, Melancholia acute
Accompanying Bodily Disorder, None
Suicidal or Not, "thinks Devil will compel him to suicide"
Date of this Attack, not given; probably recent
Duration, probably short.
No. of Attack, 3rd probably
No. of Admissions, 1st
Age First Attack, about 43
Time of Leaving, 7th Sept 1895
Time in Hospital, 4 mos = 27 Ds
Result, Dsjd. Nov 6/95 Recovered

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

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

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

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

GENERAL DESCRIPTIVE REMARKS:

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

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

HALLUCINATIONS:

ILLUSIONS:

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

Personal and Medical History of *Truls Narveson*

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 3 1/4 in WEIGHT, 161 1/2 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 *Truls Narveson*

1895

This patient was brought here by C. Hauck, Constable and attended by Ole L. Olson, with following history. There is history of heredity; mother & brother having been insane. Cause of this attack not known. In form, it is acute, depressed. There is no accompanying bodily disorder. Seven years ago, he became melancholic & depressed, imagining that he had committed unpardonable sin. This is not 1st attack, (probably 3d); he had them 7 years & 3 years ago; each "spell" lasted about 3 months. Insanity now manifested on religious subjects. He imagines that the devil is with him & putting ideas in his head. Is not disposed to injure others, but he thinks that the devil will compel him to commit suicide. He is not filthy or destructive in habits. There is no history of any bodily disease &c or head-injury. He has not been restrained or confined. Was under treatment 3 years ago with "nervous tonics", but with only temporary relief. One brother died in Rochester Hospital for Insane.

Apl 11 On admission, was patient B2. (SR. Complexion light; hair dark; eyes blue; Condition of skin: good; indentation in skull, over left eye; no marks or scars thereon noted; bodily Condition dirty; behavior good; talks some). Pulse 90. R 20. T@ 99.4. Apl 12/95. Restless 2 hours, but slept 6 hours, last night. Am. Pulse 82. " 22. " 99.2. Appetite good; bowels constipated. Behaves well; is rather melancholy; talks some but not freely. No delusions noticed. No cough observed; no complaints or injuries to report. Pm. Pulse 84. R 24. T@ 99.4. Apl 13/95. Restless 4 hours & slept only 3 hours. 13 Gm. Pulse 82. T@ 99.8. Behavior good; talks but little; seems absent minded; is reticent.
Apl 14/95. Slept 6 hours; restless 2 hours. Am. P 76. T@ 98.8. Appetite medium; bowels 14 Constipated; was given Pedlick's powder. Goes out walking. Apl 15/95. Restless 2 hours, but sleeping 5 hours. Am. Pulse 80. Talks some; no delusions noticed. Goes walking regularly. —
Apl 15/95. Restless 4 hours & slept only 4 hours, last night. Am. P 78. Appetite medium. Talks 16 some. Stands about. Seems rather stupid & depressed. Apl 17/95. Slept only 4 hours; restless 4 hours.
17 Am. P 74. Behaves well. Appetite medium. Says "that it fills him up to eat too much".
Apl 18/95. Restless 2 hours, but slept 6 hours. Am. P 86. Was given Pedlick's powder. Appetite still 18 only medium. Talks some, but seldom unless addressed. Apl 19/95. Am. P 80. Still complains
19 of bowels being constipated. Takes 1 pill, (3 times a day). Works some. Apl 20/95. Am. P 78.
20 Is reticent & depressed. Says "he can't eat much, because it fills him up" (probably has delusion).
21 Apl 21/95. Am. P 76. Stands about, while awake; is stupid; does no work but goes out walking.
22/23 Apl 22/95. Am. " 80. No change to note. Apl 23/95. "Wants Cathartic". Says "his bowels move some, but thinks he is filling up because they don't move as much as he eats". Was given ½ glass
24 Hunyadi water at 8.30 Pm. Apl 24/95. Has been sleeping fairly well, though somewhat restless.
25 Talks some, but is not communicative. Appetite medium; does no work. Apl 25/95. Slept 7 hours, last night. Am. Pulse 82. Appetite medium; complains of bowels being constipated, or rather he thinks they don't move enough. Goes out walking quite regularly. Summary: Since coming, patient has been quiet; at times stupid; depressed. Talks some but much inclined to be reticent. Stands idly about, while awake, or sits by himself. Appetite has been only medium. He complains a good deal of Constipation: has the frequent idea "that he is filling up" — and that his bowels do not move enough. He goes walking but does no work. Physical condition
30 about same as on admission. Apl 30/95. Still somewhat stupid & depressed. Appetite medium.

Personal and Medical History of *Truls Narveson*

1895

Apl 30 cont'd / May 1 / 2 / June 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / " 10 / 11 / " 12 / " 29 / July 1 / 30 / Aug 1 / 31 / Sept 1 / 7

Behaves well; talks but little. Habits clean; goes out walking but does no work, at all. May 1/95. Wt 161½ pds. Pulse 86. May 31/95. Quiet & well-behaved. Talks some, but not communicative. Works some onward. Habits clean. June 1/95. Wt 166 pds. P 84. June 6/95. Ran away, while out walking. Said "Dr. told him he could go home & that he did not think they cared if he'd run away". Was brought back by attendant O. L. Olson. June 10/95. Transferred to TW6. June 11/95. Transferred to B13. June 12/95. Transferred to A1. June 29/95. (D. P. S. note. Says was "sorry", not sick. That is the only reason for his being here. Is "sorry sorry" yet. Eats well & sleeps well. Won't tell what is bad about; appearance melancholy now). July 1/95. Wt 168 pds. P 86. July 31/95. Behavior has been good. He talks freely & sensibly. Does some work onward. Says he wanted like to go home". Does not seem to worry about anything, of late. Plays games & takes other recreation. Health seems good. Aug 1/95. Wt 171½ pds. Pulse 86. Aug 31/95. Behavior quiet: makes no complaints: employs himself by reading and playing Games &c. Seems to be quite well, both mentally & physically. Works some on board; also helped in kitchen on 13th & 16th inst. Talks a good deal about going home. Sept 1/95. Wt 175 pds. (a gain of 13½ pounds in flesh, since coming). Pulse 78. Sept 7/95. Has continued quiet & well-behaved: has talked freely & sensibly. Visited today by wife & son. —
Was allowed to go home with them, this evening.

Discharged

Frank Burges — from foot 4½.

Feb 1 to July 31/99 — Appetite fair out of bed & goes to closet frequently. Unsteady in walk. Wt 98½ lbs. Feb 8 Seems weaker. Has bed sores which are treated daily. Habits filthy. June 30 Remains the same from day to day. July 29 Gets up & wanders around back at times but generally lies quietly in bed. Is quite weak. Aug — Wt. 90 lbs. Quiet in bed: On extra diet. Oct 23 Appears dull & stupid: refused nourishment. Nov. 3 Scratches hips until he causes sores. Nov 4 Fell out of bed cut gash one inch long over left eye. Jan 1 Patient very weak & unable to help himself: Habits very filthy. Speech irrational. Bed sores dressed each day. Mch 1 Wt. 70 lbs. Requires feeding by nurse. Mch 7 Appears to be failing & unable to take nourishment. Is very weak.
~~1900~~ Apl 8 Died at 9:35 Pm. of septic infection from bed sores.

Died

Personal and Medical History of Henry Barthels (Bodle) (Bartels)

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4065.
Residence, Mt. Pleasant Tp. Wabasha Co. Minn
Date Admission, 13th April 1895.
Admitted by, Dr. Kilbourne Hour, 1.30 P.M.
How Sent, Malcolm Kennedy, J of P. Wabasha County.
Sex, Male.
Age, 33
Civil Condition, married
Children, six
Age Youngest Child, —
Occupation, Laborer
Degree Education, probably fair
Profession Religion, German Lutheran
Habits, Drink occasionally; nothing particularly immoral
Nativity, Germany
Physicians Committing, W. F. Wilson and E. H. Bayley
Correspondents, last Commitment stated
Mrs Caroline Bartels (wife) ~~Lake City, Minn~~

No. for Year, 264.
Insane Relatives, none, so far as known
Cause Exciting, same as in former attack.
Cause Predisposing, Previous attacks
Form, melancholia chronic
Accompanying Bodily Disorder, none
Suicidal or Not, not.
Date of this Attack, not definitely given
Duration, probably some months
No. of Attack, 3rd probably
No. of Admissions, 3rd here
Age First Attack, about 29.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

Ex. by Dr. R. M. Phelps. Sept. 26. '96.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish,
MEMORY:
Past Events, Runs into delusive
Recent Events, statements.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull.
Correct or Illusive, Incorrect.
REASONING POWER:
Ordinary Subjects, } Poor.
Own Mental State, }
Special Subjects, }

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

GENERAL DESCRIPTIVE REMARKS:
Patient quiet usually. Has "Jumping" spells. Says they "put it on him" - "electricity". Seems rather dull. Answers very unreliable. Probably full of delusions held back. Seems physically quite well. Appears ordinarily as a dull, quiet, patient.

Personal and Medical History of Henry Barthels

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ WEIGHT, 158 pds NUTRITION, normal.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, normal Size, normal.
Response Light, Accommodation,
SIGHT, normal.
HEARING, normal
COORDINATION, Arms,
Legs,
TREMORS, Hands, Some tremors Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal - normal. EXAM. URINE,
Other
ARTICULATION, normal.
Slurred,
Hesitating,
FACIAL EXPRESSION,



SENSIBILITY,
HEART, no abnormality noted.
130 now standing quietly.
LUNGS, normal.

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS, Cir. (h.) 57. (v.m.) 67.5 - Naso. oc. a. 34.5 - Bin. a. 37. Ant. post. diam. 19.1 - Transv. diam. 15.8 - Bin. d. 15. Fac. l. 11.5
HISTORICAL, Statements unreliable.
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Dead.
Father or Pat. Relations, Dead.
Brothers or Sisters,

Personal and Medical History of *Henry Barthels.*

1895

This patient was brought here by W. H. McMillan, Constable, with following history. He drinks occasionally, but not to excess; nothing particularly unusual. No history of heredity so far as known; cause of this attack is same as has caused his former attacks. His chronic, depressed, taciturn mental. There is no accompanying bodily disorder. First symptoms of disease manifested Two (2) Years ago, by delusions of persecution & faithlessness of wife. This is probably 3rd attack; 1st in 1890, lasted 2 months; 2nd in 1894, lasting 5 months. Insanity now shown by delusions & the effect that his neighbors are persecuting him & that his wife is unfaithful to him. He has threatened to injure others, from premeditation, but is not suicidal, unfilthy nor destructive in habits. No peculiarities previously shown; no history of any bodily disease or head injury. Only under treatment while at Hospital.

Note — Patient was committed here, the 1st time, as "Henry Bodle": on 2nd occasion was committed as "Henry Bartels". During last stay, which was from April 28/94 to Sept 24/94, he was uniformly quiet & well-behaved; talked sensibly & rationally, though much inclined to be reticent & to keep by himself; also, appeared melancholic, at times. No special "spells" & no delusions were noted. Always seemed to "feel well"; even at first "thought there was nothing the matter with him". Was much improved, on his leaving. Slept & took with work, tho' inclined to be indolent. (See Vol 27. page 197. No 3703)

Apl 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 dirty; behaves well; talks quite freely.) P88. R 20 99°. Apl 14/95. Restless 2 hours, but slept 6 hours, last night - P.M. Pulse 88. R 20. T 99 - Appetite good; bowels free. No cough noticed. Sits about; talks but little, unless addressed; is reticent. P.M. P 78. R 18. T 99°. Goes out walking. No complaints or injuries to date.

" 15 — Apl 15/95. Slept 6 hours; restless 2 hours. P.M. P 88. R 20. T 98.8. A.M. P 78. Is quiet;

" 16 — talks sensibly, but is reticent & depressed. Goes walking. Apl 16/95. Restless 4 hours; slept only 4 hours.

" 17 — A.M. P 82. Appetite good; bowels free. Behavior good. Talks but little. Apl 17/95. Restless 3 hours, but slept 7 hours. A.M. P 86. Appetite fairly good; behaves well - Talks but little unless addressed -

" 18 — Apl 18/95. Slept 7 hours, last night. A.M. Pulse 80. Reticent - Makes no complaints. Works some.

" 19 — Apl 19/95. Slept 6 hours, restless 2 hours. A.M. P 76. Sits about; reads some: talks sensibly when addressed.

" 20 — Apl 20/95. Passed a fairly good night. A.M. P 80. Quiet & reticent. Behaves well. Goes walking.

" 27 — Apl 27/95. During this, the 2nd week, Patient has been quiet restful at night, sleeping 7 & 8 hours, at each. Has been up & about daily; clean & tidy in habits. Pulse has been about normal. Has been quiet & well-behaved: sits or stands about, when at all; reads some. Is reticent, but answers questions & talks quite sensibly, when addressed. Makes no complaints. Goes walking, but does no work. Is somewhat depressed. No delusions have been noticed. Bowels free -

" 30 — April 30/95. No change noticeable. Still quiet. Talks but little. Works some. Goes out walking.

May 1/31 — May 1/95. Wt 164 pds. Pulse 96. May 31/95. Sits about. Talks but little. Works some. Is very indifferent.

June 1/30 — Goes out walking. June 1/95. Wt 175 pds. P 110. June 30/95. Seems to have improved some, of late. Plays games etc. Talks freely & sensibly; reads: makes no complaints: Still indolent and does no work.

July 1/31 — July 1/95. Wt 178 pds. Pulse 108 (has gained 20 pounds, in flesh, since admission) July 31/95. Sits or walks about. Talks but little. Makes no complaints, but is somewhat cranky - Transferred to A1.

" 31 — July 31/95. Appetite very good. Is very quiet. Cranky, at times. Does not do any work; Refuses, if asked. Reticent, not talking, unless spoken to. Health is good.

Personal and Medical History of *Henry Barthels*

1895

Aug 2/31 — Aug 2/95. Wt 176½ pds. P 78. Aug 31/95. Patient is very quiet: sits idly about: does not do any work: very slow in movement & lazy-acting. Laughs to himself. Takes no part in amusements &c. Appetite and sleep are good.

Sept 1/30 — Sept 2/95. Wt 179 pds. Pulse 104. Sept 30/95. No change noticeable, either mentally or physically, at this date.

Oct 1/31 — Oct 1/95. Wt 176½ " " 88. Oct 17/95. Patient has been acting worse during last few days. Talks to self, all the time. Has delusions. Says also "he can hear people talk from the outside, at night". Oct 25/95. Kept talking & swearing nearly all night. Walks the floor, nearly all day & talks to himself. Oct 26/95. Fought patient D. Sibbin: struck him on right arm with shovel. Oct 27/95. Transferred to B1. Was quiet there: Talks but little: Shows delusions. Oct 30/95. Appetite very good: bowels regular: Behavior good: Remarks no complaints: still holds delusions. Is very slow & lazy & does no work. Foolish: talks and laughs to himself.

Nov 1/30 — Nov 1/95. Wt 179 pds. Pulse 112. Nov 30/95. No change noted: does not sleep well, at night: is slightly noisy.

Dec 1 " 31 — Is lazy & indolent: does not venture to keep himself neat or clean. Physical condition good. Dec 1/95. Wt 179½ pds. P 108

1896 — Dec 31/95. No change noticeable, either mentally or physically. Still lazy, indolent & does no work at all.

Jan 1/31 — Jan 1/96. Wt 180 pds. P 100. Jan 31/96. Seems to improve some: does not now talk so much to himself: but talks quite rationally, at times, yet he still shows delusions - Makes no complaints. Does no work.

Feb 1/29 — Feb 1/96. Wt 180½ pds. P 100. Feb 29/96. A very quiet, but obstinate patient: talks to no one, unless addressed. Still has delusions: also some "nervous trouble". Does no work whatever, nor will. Untidy in habits & dress. Mentally, remains about the same. Mar 1/96. Wt 180 pds. P 94. March 31/96. No change noted during the month.

Mar 1/31 — Apl 1/96. Wt 179 pds. P 88. Apl 30/96. Of late, patient appears to be growing worse: has "nervous spells": and limbs will jerk & twitch. Does not sleep well, at night - Very quiet: talks but little: appetite good.

May 1/31 — Summary Nurses Notes by Dr. Phelps. Patient quite uniformly dull & quiet: a case of chronic mania with a good deal of dementia: Quite lazy & will not talk. Wt. 180 to 185 lbs.

Aug 31/97 — Wt. 179.# Oct 31/97 Health good: Refuses to work. Talks to himself. Walks floor restlessly: Is rather irritable. Jan 31/99 No change of special importance during period.

Feb 1/July 31/99 (DeVarona) Wt. 168.# Quiet & well-behaved. Does no work. General condition good. Is neat & clean in habits. (pm) Jany 31/1900. No change noticeable during the period.

1900 — Jany 31 — No special ideas. Health seems good. Has lived along quietly & seemingly contentedly here.

Feby 1/7 — Wt 163½ # p 97. Feby 7. Visited by friend. July 20 Vaccinated: result good: July 31/1900. Very little

July 30/31 — change: Has been in good physical health: works well on ward: is agreeable & obliging: Talks to himself

Aug 31 — some, but conversation is quite sensible. Is tidy in habits & a very quiet patient. Aug 31. Is neat &

Oct 26 — clean: works on ward, & occasionally outside. Oct 26. Thinks there is a new head growing upon him -

Nov 1/30 — Wt 156 # (seems losing somewhat in flesh). Nov 30. Takes interest in work on the ward: habits clean.

1901 — Jan 31 — no further change noted. Is quiet and well-behaved. Seems quite contented here. —

Feby 1 — Wt 155 # P 96. May 31 Well behaved: rational & is in good physical condition. May 1. Works

July 1/31 — on "Centre" - July 19 Went out Camping. July 31 Still out at Camp, at Monoco -

Aug 31 — No special notes. Sept 7. Returned from Camp. Wt 159 # Jany 31/02. Usually quiet.

1903 — Jany 31 — Can answer most questions accurately. Usually rather cheerful. Is quite a worker & quite intelligent. (Was out at Camp at Monoco, at different times, during the past Summer and fall). — Jany 31/03. No change, during the whole year: Intelligent: well-behaved: works at carpenter work, most of time: habits clean: Health good. —

Personal and Medical History of John F. Conlin

LOBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4066.
Residence, St Paul, Minn.
Date Admission, 13th April 1895.
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, G. Willrich, Jof P. Ramsey County
Sex, Male.
Age, 28 years
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, Car-repairer; machinist
Degree Education, Good
Profession Religion, Yes, Catholic
Habits, Temperate
Nativity, St Louis, Missouri
Physicians Committing, J. C. Nelson and D. C. Jones
Correspondents, none given in "papers" - supra History

No. for Year, 265.
Insane Relatives, None
Cause Exciting, Injury to head, in Youth
Cause Predisposing, previous attack
Form, Dementia Epileptic
Accompanying Bodily Disorder, Epilepsy (previously stated)
Suicidal or Not, Not.
Date of this Attack, Some months ago
Duration, Some months
No. of Attack, 2nd
No. of Admissions, 2nd
Age First Attack, about 20
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Ex. by Dr R. M. Phelps Sept 26. 1896

MENTAL ACTIVITY:
Clear or Confused, Confused some.
Quick or Sluggish,
MEMORY:
Past Events, } Fair
Recent Events, }
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, Rather dull.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Fair.
Own Mental State, Poor.
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Patient been here for some time. Rather irritable mentally at times, though usually ration in questions and answers. Has been several times quite maniacal in behavior for some days. Very uncertain

Personal and Medical History of John F. Conlin

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 in WEIGHT, 163½ pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, none.
TONGUE, Tremors, normal Coatings, Promptness Movement,
PUPILS, Equality, normal Size,
Response Light, Accommodation,
SIGHT, normal
HEARING, normal
COORDINATION, Arms, } normal.
Legs, }
TREMORS, Hands, Considerable tremor Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 9-10 - very excessive EXAM. URINE,
Other
ARTICULATION, normal
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, normal.
LUNGS, normal.

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS, Cir. (h) 56.5. (v.m) 67.5 Naso oc. a. 35.5 - Bin. a. 37. Ant. post. d. 19.2 Transv. d. 15.7. Bin. d. 13.2. Fac. l. 13.0
HISTORICAL, Fits first about ten years ago. Rheumatism recently
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Denies any insanity or epilepsy.
Mother or Mat. Relations, Died 18 yrs ago. Chills.
Father or Pat. Relations, Living - healthy - 74.
Brothers or Sisters, Two brothers died young - 5 Sisters. One dead of Bright's disease.

Personal and Medical History of John F. Conlin

1895

This patient was brought here by Deputy Sheriff M. F. Coates, with following history. Habits have been temperate. There is no hereditary history. Supposed cause of this attack is injury to head, in Sept. Form of attack is chronic. He is poorly nourished. Suffers from Epilepsy, as stated in previous history. First symptoms were manifested a year ago, last Summer; had delusions at night and he became violent. This is 2nd attack. In December 1893 was sent to Hospital for Insane and was released under ruling of Supreme Court, re Act 1891. Insanity now shown by delusions in regard to parentage & sees his dead mother at night. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. No peculiarities of temper & vice previously shown. He has had Convulsions, since injury to head, at different intervals. ———

Note — As stated above, patient was here before, from Dec 19/93 to Feb 22/94. While there here, he was uniformly quiet & well-behaved (see Examination made on his Coming, as to delusions he then showed, which seem similar to the present ones). Only 5 nocturnal convulsions were reported during last stay. He worked willingly on the ward. Talked quite freely. His mental condition, at time of leaving, was fair, tho somewhat impaired. (See Vol 25. p 353 to 359.)

Apl 13 — **On admission**, was put on 15' S.R. Complexion dark; hair dark; eyes gray; condition of skin good; no marks, scars or bruises noticed; body condition clean; behavior very good; talks freely. P 70 — R 24. T 99. Apl 14/95. Restless 3 hours, but slept 5 hours. Am. P 72. R 20. T 98 4/10. Appetite good; bowels seem regular; no cough noticed. Behaves well. Shows delusions. Makes no complaints.

" 15 — Apl 15/95. More restful, sleeping 6 hours, last night. Am. P 70. R 21. T 98 6/10. Appetite fair; bowels regular; behaves well; Complains of feeling nervous. Still shows delusions.

" 16 — Apl 16/95. Restless 2 hours, but slept 6 hours, last night. Am. P 78. R 20. T 98 6/10. Appetite good; bowels regular. Is on medicine.

" 17 — Apl 17/95. Slept 7 hours. No change to note. Works round in ward.

18 — Apl 18/95. Restless 2 hours, slept 6 hours. Am. Pulse 80. T 99. Complained of being constipated; given dose of salts. Appetite good. Bowels moved.

" 19 — Apl 19/95. Slept 7 hours, last night: slightly restless an hour or so. Appetite good. Behaves well. Is on medicine

" 20 — Apl 20/95. Slept quite well. Am. Pulse 82. Keeps about the same from day to day. Still takes medicine.

" 21 — Apl 21/95. Says he is troubled with nightly Emissions, has had them for 6 or 8 months past.

" 22 — Apl 22/95. Am. P 78. Appetite good; bowels regular. Behaves good. Still has delusions. Sleeps well.

" 23 — Apl 23/95. No change to note. Pulse 72.

24 — Apl 24/95. Am. Pulse 78.

" 25 — Apl 25/95. Had one nocturnal convulsion. Behaves well. Talks freely. reads some. Plays billiards.

" 26 — Apl 26/95. Am. Pulse 80.

" 27 — Apl 27/95. Has been sleeping well, the past week. Had a Convulsion during the night. Has been very restless during the day, walking the hall all day; talked but little.

Summary: Has been quiet and well-behaved: obedient: talks freely & rationally, at times. Shows delusions. "Thinks Grover Cleveland is his father". Complains quite often of nightly Emissions. Is on medicine. Night nurses reports 2 nocturnal Convulsions since patient's Coming. Habits are cleanly.

" 30 — Apl 30/95. No noticeable change. Talks freely. Reads & plays games. Still has delusions. Is on medicine.

May 2/95 — May 2/95. Wt 178 pds. (has gained considerably, in flesh, since admission). Pgz. May 3/95. Had a

" 11 — Convulsion at 7 P.M. May 11/95. A convulsion at 9 Am. May 31/95. Behavior is not very good.

31 — He is very obstinate, at times. Has various delusions. "Thinks Grover Cleveland is his father". Works some.

June 1/95 — June 1/95. Wt 176 pds. P 64. June 30/95. Fits still occur. 5 reported for the month. (one on 28th lasting about 15 minutes). Is better behaved, of late. Otherwise he keeps about the same.

Personal and Medical History of John F. Conlin

1895

July 31 — July 1/95. Wt 175 pds. Pulse 84. July 31/95. a convulsion reported on 2nd & another on the 19th last. Behaves well; talks freely & rationally, at times. Reads, plays games & works some on the ward. Still holds delusions. Habits clean. Aug 1/95. Wt 179 pds. Pulse 70. —

Aug 31 — Aug 31/95. 12 nocturnal Convulsions reported since 10th inst. Appetite good: bowels regular. Has a very well-conducted patient: clean & neat in dress & habits. Works on ward. No delusions noticeable.

Sep 1/30 — Sep 1/95. Wt 174 pds. P 92. Sep 30/95. 13 nocturnal Convulsions noted this month. He has complained some of headaches. He appears to be getting worse: talks quite foolishly, at times: and has shown delusions. Has restless "spells" & walks up & down hall, for hours, at a time. Asks for the Catholic Priest, every day". Says that he wants to see him & that he can save him". Appetite not very good. Bowels constipated. Is on medicine. Does no work. Oct 1/95. Wt 172 pds. Pulse 96. Oct 31/95. Since 9th inst, 6 nocturnal fits reported. Still has delusions & talks foolishly. No change specially noticeable in his condition. Takes some

Nov 2/30 — Nov 2/95. Wt 177½ pds. Pulse 92. Nov 30/95. 7 Convulsions reported for the month. Patient takes

Dec 1/ 15th Jan 2 — bromides. Physical condition apparently good: Bowels regular: complains some of headaches. Has delusions & is cranky, at times. Habits neat: works some on ward. Dec/95. Wt 179½ pds. P 68. Dec 31/95. Of late, patient has a convulsion, mostly every night. Otherwise, condition about the same. Jan 2/96. Wt 179 pds. P 70

" 31 — Jan 31/96. Patient has had numerous Convulsions during month. No change noted, mentally & physically.

Feb 1/29 — Feb/96. Wt 179 pds. P 68. Feb 29/96. 7 fits reported so far, this month. Feb 7/96. Has complained the past few days, of pain across small of back & in joints of both limbs: pain is severe at times: left foot slightly swollen. Refused breakfast today: Got up on ward, but was ordered to bed by Dr: foot swollen considerably:

" 18 — Appetite poor: Complains of headache. P 78 (Rect.) R 24. Temp 102. Feb 18/96. Refused breakfast: P 80 & intermittent. R 24. Temp 103. Transferred to I.W. (from 15) at 1.30 P.M.: unable to walk: seemed to be

" 20 — caused by Rheumatism. Put to bed. Given cold Sponge. Feb 20/96. Still very weak & complains of

" 21 — severe pains, over entire body & of sharp pains in bowels immediately after movement. —

" 24 — Feb/96. Restless during night & slept only 3 hours. Rested fairly well, during day: pains not so severe.

" 26/27 — Feb 24/96. Has continued restless at night & sleeps poorly. Quiet during day: Perspires, at times. Still complains of pains. Feb 26/96. Pains continue. 7.00 P.M. Vomited: body covered with cold perspiration. Feb 27/96. Rested

" 29 — Easier, today; still suffers pain. Feb 29/96. Has seemed much easier today. Complains of ward

Mar 5 — being noisy: bowels seem quite regular. Mar 5/96. Has continued to complain of pains, yet seems to

" 6/8 — be gaining & getting stronger. Mar 6/96. Wt 151 pds. Pulse quite regular. Mar 7/96. Coughed frequently during night. He feels some better, today. Mar 8/96. Very weak today. Arms & limbs drawn but swollen.

" 10/14 — Mar 10/96. Still suffers pain: has vomited twice, today. Mar 14/96. Limbs still somewhat swollen: also has pains in other parts of body. Sleeps 4 to 5 hours, nightly. Appetite improving: bowels regular.

" 18 — Mar 18/96. Is doing very nicely. Says that he feels much better, though he still has some pains".

" 20 — Mar 20/96. Is improving. 1.30 P.M. Up in roller-chair, till 5.00 P.M. Bowels are constipated —

" 21 — Mar 21/96. Up in roller chair, 3 hours, during afternoon. He does not complain so much.

" 22 — Mar 22/96. 5.45 Am. A convulsion. Is not feeling well, this morning. Up for a while in

" 25 — P.M. Felt better, now. Mar 25/96. Has been sleeping well, the past few nights. Sits in a

" 28 — roller-chair, in afternoons. Mar 28/96. Has kept on improving. Up in roller chair, each day,

" 29 — for a while. Mar 29/96. Up & dressed. Says he feels real well. returned to bed at 4.30 P.M.

" 31 — Mar 31/96. Up & dressed, a part of each day. Is still in the gain. (see Nurses records on file 9)

(Carried to 32)

Personal and Medical History of Mrs. Swartwaudt

Swartwoudt.

LABERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4068.

Residence, Dundas, Minnesota.

Date Admission, 15th April 1895.

Admitted by, D. Phelps. Hour, 3.40 PM

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

Sex, Male

Age, Twenty Three (23).

Civil Condition, Single

Children, None

Age Youngest Child,

Occupation, Day laborer

Degree Education, Probably limited

Profession Religion, Not a church member

Habits, Secret sexual habits.

Nativity, Cannon City, Minnesota

Physicians Committing, C.W. McDade and Mary K. McDade

Correspondents, Mrs Swartwaudt, Dundas. Minn.

No. for Year, 267.

Insane Relatives, Parents 1st Cousins & Peculiar".

Cause Exciting, Loss of sleep & melancholia

Cause Predisposing, Probably some heredity

Form, Melancholia acute

Accompanying Bodily Disorder, None

Suicidal or Not, Suicidally inclined

Date of this Attack, 6 weeks ago

Duration, Some 6 weeks

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, — 23 —

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Ex by Dr RM Phelps Sept 23. 1896.

MENTAL ACTIVITY: —

Clear or Confused,

Quick or Sluggish,

MEMORY: —

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: —

Alert or Dull,

Correct or Illusive,

REASONING POWER: —

Ordinary Subjects,

Own Mental State,

Special Subjects,

EMOTIONAL STATE: —

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS: —

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: —

ILLUSIONS: —

CONVERSATION: —

Coherent or Incoherent,

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Patient in answers tries continually to be sarcastic. Thinks Dr. gave him something to make him "buggy." Seems not to think himself quite right - better than used to be. There is a strong suggestion that the trouble began early - an adolescent or defective case. Answers are very moody and unreliable.

Personal and Medical History of Mrs. Swartwaudt

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 in WEIGHT, 174½ lbs. NUTRITION, Good.

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, normal Coatings, Promptness Movement,

PUPILS, Equality, normal Size, normal.

Response Light, Accommodation,

SIGHT, normal

HEARING, normal

COORDINATION, Arms, Legs, } normal

TREMORS, Hands, Facial Muscles, } normal Tongue, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, normal.

Slurred,

Hesitating,

FACIAL EXPRESSION,



SENSIBILITY,

HEART, Normal

LUNGS, Normal

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, Used to have headaches. No typhoid fever, head injuries, sunstroke -

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Slow.

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

Mother or Mat. Relations, Living

Father or Pat. Relations, Living.

Brothers or Sisters, Two.

Personal and Medical History of Wm Swartwaudt

1895

This patient was brought here by Deputy-Sheriff James Anderson & accompanied by Thomas Henderson, with following history. He indulges in secret sexual habits. Parents were 1st Cousins & "peculiar". Supposed cause of this attack is loss of sleep & melancholia. Informal attack is acute, depressed. There is no accompanying bodily disorder. First symptoms of disease were manifested 6 weeks ago, but he was melancholy before; considered himself the lowest thing that crawled" — This is 1st attack. Insanity now shown by his worrying over self-abuse & wants to shoot himself; has many hallucinations. He has no desire to do harm to others; "wants some one to kill him, or to get a revolver for him". Is not particularly filthy when in presence of anyone. There is no history of any bodily disease &c or injury to head. He has not been constrained or confined, but has needed watching for several weeks. Has been under medical treatment for whole time of this attack; seemed the more rational at times, when he would take his medicine & get rested by sleep; Cannot give any special particulars, except that he was given Sulphonal and tonics for 5 weeks & then bromidia and Fluid extract of Cow ergot. ———

Apl 15 On admission was put on B² (S.R. Complexion dark; hair black; eyes gray; Condition of skin good; no marks, scars or bruises noticed; is clean; behavior good; talks freely). P 88 T 99 4/5
" 16 Apl 16/95. Restless 3 hours, but slept 5 hours, last night. Am. P 80. R 17. T 99. appetite good, but bowels constipated; was given seidlitz powder; no cough noticed. Is quiet; sits about in settee; talks but little; melancholy; demented. PM. P 76. R 18 T 98⅘ Makes no complaints. Goes
" 17 out walking). Apl 17/95. Slept 5 hours; restless 3 hours. AM. P 82. T 99⅖ Talks but little;
" 18 says "that he dont know much". Is stupid; on medicine PM - 78 - 99. Apl 18/95. Restless 2 hours but slept 6 hours. AM. Pulse 80. T 99⅘ Appetite fairly good; looks worn. Goes walking.
" 19 Is stupid & demented. Apl 19/95. AM. P 74. sits idly about; talks none, unless addressed.
" 20 Apl 20/95. Am. P 72. Stupid & reticent. Apl 21/95. Am. Pulse 80. More stupid than usual
21
" 22 today. Did not go out walking. Is still on medicine. Apl 22/95. Since last noted, he has been sleeping 6 hours, each night, being restless about 2 hours nightly. Condition does not change any: he is reticent & depressed. Pulse 78. Apl 29/95. During this 2nd week, patient has (with one exception) been sleeping 7 to 8 hours, each night. Pulse, taken each morning, has ranged from
" 29 74 - 80 (today). He has been quietly behaved; talks but little; sits idly about; stupid, reticent & depressed; he reads some; makes no complaints; goes walking quite regularly but does no work. Seems gaining in flesh. **Summary**: Behavior has been quiet. He has been stupid dull & reticent; sitting or standing idly about ward. Talking only when addressed; no
" 30 delusions have been noticed. Frequently says "he dont know much". Apl 30/95. No change.
May 1/9 May 1/95. Wt 176 pds. P 72. May 9/95. Has been restless & sleeping poorly the past week. appetite has been fairly good, but bowels constipated: requires enemata; is stupid & melancholy; sits about. Quiet and
" 10 talks but little. May 10/95. Transferred to I.W.E. Appetite quite good: bowels fairly regular. Restless,
" 17/ walking up & down hall, continually. May 17/95. Eloped, while out walking this a.m. May 13/95. Was
" 31 13 returned & transferred to B². May 31/95. No special change. Is stupid & melancholy. Talks but little.
June 1 Quite often refuses medicine prescribed. Is violent. Does no work. June 1/95. Wt 171 pds. Pulse 92
" 21 June 21/95. Has been noisy, the last 2 days; talking very loud & inventing stories & hanging him". Has
" 30 been very much excited. June 30/95. Lies about; dull, stupid & melancholy. Talks but little.

Personal and Medical History of Wm Swartwaudt

1895 Cont'd

June 30 Is very restless; walks a great deal of the time, outside; also in the ward. Bowels free: No complaints.
July 1/ July 1/95. Wt 170 pds. P 92. - July 2/95. Is now given milk & extra diet - July 28/95. Again noisy &
" 31 talking loud, and "wanting to be killed". July 31/95. No change noticeable in any way, the past month.
Aug 1/3 Aug 1/95. Wt 169 pds. Pulse 76. Aug 21/95. Patient is melancholy; scarcely ever talks to any one; threatens
D 23 to run away. Remains quiet while in ward. Aug 23/95. Complains of tooth-ache; Refused dinner & supper
" 31 1 day, on that account. Aug 31/95. (No change) Especially noticeable in his condition. Seems very much depressed.
Sept 1 Sep 2/95. Wt 169 pds. Pulse 96. While out walking 1 day, Patient Eloped. Search was made for him, but
" 16 he could not be found. Sept 16/95. Word was received that they could not get along with patient at home & asking that he be sent for. Was sent for & brought back by Attendant Sage, this evening. Return B²
" 18 Sep 18/95. Made a desperate attempt at escape, this P.M. - was caught after a sharp run & brought back.
" 30 Sep 30/95. No special change to note. Always trying to escape. Is melancholy & depressed. No medicine, 3 times a day.
Oct 1/ Oct 1/95. Wt 172 pds. Pulse 86. Oct 18/95. Patient is melancholy and very quiet. Quite stoop-shouldered, at
18 times, too. Dull & stupid. Lies idly about, on the benches, most of the day. Physical condition seems good.
" 31 Oct 31/95. No change noticeable, in any way. Is discontented & ill-at-ease. Would like to get away.
Nov 2/ Nov 2/95. Wt 178 pds. Pulse 80. Nov 30/95. Fleshy well, & bright & appears to sleep, most of the day,
30 on the benches in the hall. Appetite poor: receives extra diet: refuses medicine: No change noted, mentally
Dec 1/ Dec 1/95. Wt 175 pds. P 80. Dec 31/95. No change since last note, either mentally or physically.
1896 3
Jan 2/ Jan 2/96. Wt 173 " " 85. Jan 21/96. Transferred to B²: (on account of general change in ward).
" 31 Jany 31/96. Patient is quite melancholy: also quite cranky, at times. Eats poorly: bowels seem to be
in good condition. Lies about on benches, much of the time. Goes out walking every day. —
Feb 4/ Feb 4/96. Wt 176 pds. Pulse 84. March 2/96. Wt 180 pds. Pulse 80. April 2/96. Wt 183 pds. Pulse 72
Mar 2 April 30/96. Makes no complaints, as to physical condition. Patient is melancholy: remains in the
Apr 2/ same place, on hall, almost continually, during day. At times stubborn & inclined to be violent. Goes out
30 walking daily: habits neat: rather slouchy.
May 1/3 Summary Nurses Notes by Dr. Phelps. Patient foolish & silly in manner for apparently intelligent
to enough to appreciate his surroundings: Seems to be somewhat adolescent in character
Aug 1/97 changes very slow: There has seemed to be somewhat of progressiveness to it since
stay here but it has been very gradual. Patient is always irritable and at times
abusive: Health is good. Continued by Dr Herzog Aug 1/97. Generally fairly quiet, but extremely
abusive to anyone who displeases him. Has delusions of persecution, more particularly
as he subject of being poisoned by physicians, poison being introduced in food etc.
Is not outspoken about delusions Continued by Dr Herzog. Generally fairly quiet, but extremely abusive to
anyone who happens to disturb him. Has delusions of persecution, more particularly in line of being poisoned by
physicians & poison being introduced into food. Is generally surly but is often affable to such nurses as he likes
When roused is very profane: General health good. Fairly tidy: Does no work: plays games. Nov 1 Wt 168. Nov 4
Dec 1 Struck R. Hanson: threw down Johnson against tree slightly cutting ear. Nov 8 Struck W. Zmyslonski in stomach & kicked And. Frederickson
1898 Wt 171 - Fairly quiet during month of Dec. Jan 10 Struck & kicked R. Hanson. Feb 1/98 In addition to delusions previously noted, has idea that
certain patients injure him by coming in contact with him: taking his brains away; giving him aches & pains etc. Seldom speaks of
them. Frequently quarrels with other patients & strikes them without cause. Fairly quiet during month - Apr 20 fought S. Johnson:
Struck nurse Arp when he interfered: Necessary to hold patient. Fairly quiet during May & June. A few minor fights with patients.

Trans. Book A Folio 340

Personal and Medical History of C. B. McGill

LOBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4069
Residence, Minneapolis, Minn
Date Admission, 15th April 1895.
Admitted by, Dr Kilbourne Hour, 7 P.M.
How Sent, John H. Steele, J of P. Hennepin County
Sex, Male.
Age, — 35 —
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Book Keeper
Degree Education, probably good
Profession Religion, not a church member
Habits, Intemperate
Nativity, Upper Sandusk. Ohio.
Physicians Committing, K. P. O'Brien and Haldor Sneve
Correspondents, Mrs C. W. White
451 — 41st Street, Chicago Ills

No. for Year, 268.
Insane Relatives, not known
Cause Exciting, excessive use of morphine & alcoholics
Cause Predisposing, " " "
Form, morphinism (insane warrant)
Accompanying Bodily Disorder, Epilepsy (!)
Suicidal or Not, not
Date of this Attack, some time ago;
Duration, — chronic —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, (?)
Time of Leaving, May 27 '95
Time in Hospital, 1 m 12 d
Result, Imp.

Exdy Dr Herzog Apl 15/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, clear
Quick or Sluggish, Quick
MEMORY:
Past Events,
Recent Events, } Seems very 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, Yes
~~Indifferent~~,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, } None noted
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is somewhat tremulous & anaemic — says has been in prison. Is a morphine-eater, of long standing; got drunk in St. Paul. Does not seem insane, on first Examination. As he is not a resident of the State & says his sister will care for him, will not start "treatment", but give sufficient morphine to keep quiet.

Personal and Medical History of C. B. McGill

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ WEIGHT, 147 pds. NUTRITION, fair; somewhat anaemic.
WOUNDS OR ABNORMALITIES, see "S. R." on next page
TONGUE, Tremors, Yes, Considerable Coatings, grayish at base Promptness Movement, fairly
PUPILS, Equality, Yes Size, Slightly Dilated
Response Light, Yes Accommodation, Yes
SIGHT, Seems good
HEARING, Seems good
COORDINATION, Arms, Good; finger to nose, eyes shut, Good.
Legs, Good; Standing on foot Good — Standing, eyes shut, Good.
TREMORS, Hands, Some Tongue, Some
Facial Muscles, none General, none
REFLEXES, Patellar, 8, equal EXAM. URINE,
Other —
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, ✓
SENSIBILITY, ✓
HEART, Somewhat rapid; no murmurs
LUNGS, Good

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
Resp. 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 C. B. McGill

1895

This patient was brought here by Deputy Sheriff Algate Anderson, with the following history. Age & coherority, not known. Cause of attack is excessive use of morphine & alcoholics: in form, attack is Chronic. He has had some so-called "fits", from breaking off suddenly in use of morphine. Has been troubled with insomnia, for about 10 days, & nervousness. Has used opiates for about 15 years, (since 1879). This is 1st attack. Insanity now shown in excessive use of opiates & stimulants, morphine, cocaine & whiskey. Patient is not disposed to injure others, nor suicidal. Has been subject only to so-called Epilepsy. He has been confined, but not for his morphine habit; was in prison 5 years & 9 months, accused of robbery; for 2 years there, did not use opiates and acquired these "fits"; was then given morphine by prison Doctor. Has had no medical treatment. No further particulars.

Apl 15 On admission, was put on B³ (S.R. Complexion dark; hair brown; eyes brown; Condition of skin good; marks from hypodermic injections on arms & legs. Bodily Condition Clean. Behavior good. Talks freely. Says "he has only been 9 days in this State".

" 16 Pulse 90. T. 99 2/5. Aplb 15/95. Restless 3 hours, but slept 5 hours. Tongue. Pulse 86. T. 98 5/5. Appetite good; bowels free. Behavior good: talks freely; no delusions noticed; no cough observed; was given 3 doses of morphine, by hypodermic, at 9 a.m. 2 & 8 30 p.m. No complaints or injuries since report. Habits clean

" 17 Apl 17/95. Slept 6 hours, last night. Tongue. P 88. T. 99. Appetite good; behaves well. Talks freely.

" 18 3 hypodermics today (9 a.m. 2 & 8 30 p.m.). Apl 18/95. Restless 2 hours, slept 6 hours, last night.

" 19 a.m. P 92. No special change. Walks on ward. Given 3 hypodermics, today. Apl 19/95. Slept 6 hours. restless 2 hours. a.m. P 90. Behaves well. Talks freely. Reads some; plays games; works in

" 20 dining-room. (3 hypodermics today). Apl 20/95. Slept 7 hours. Tongue. P 86. No delusions

" 21 noted. Mental condition seems good. (3 hypodermics today). Apl 21/95. Slept restfully, 7 hours

" 22 last night. a.m. P 80. No special remarks to make. (Given 3 hypodermics, today). Apl 22/95. Slept quite well. a.m. " 88. Keeps about the same, from day to day. (Given 3 hypodermics, today).

" 23 Apl 23/95. Somewhat restless, at night, during the early part of this week, he has, of late, been sleeping well (7 to 8 hours) each night. Pulse, taken each morning, has been about normal. At times, he has become quite restless, on account of thinking he was going away, ere this. On the whole, he has been quiet & well-behaved: has talked quite freely & sensibly; no delusions noted; he reads some, walks in dining-room. Makes no complaints. Goes out walking. (Is given 3 hypodermics, at regular intervals, during the day). He has been particularly restless, the past 2 days, does, he states, to his folks not sending him money to get away. Says "I is feeling well".

May 1 May 1/95. Ut 156 pds. Pulse 76. (Has gained 4 pds. since coming). Works some on the ward.

" 15 May 15/95. Has written to relatives in regard to his leaving here & going West. Is becoming very anxious to get away. May 18/95. Received Transportation Money & Instructions

" 18 as to patient's going away &c. May 25/95. Behaves well. Talks freely & sensibly. Works some

" 25 in dining room. (Is given 3 hypodermics of morphine, daily). Is very anxious to leave here.

" 29 May 29/95. Was allowed to leave, going to Kansas City, this Evening.

Discharged

Personal and Medical History of John D. Olson

From 104 =

1895

Aug 7 Aug 7/95. Slept all night: upon ward, most all day: very noisy: singing & clapping his hands. Aug 11/95. No special change: noisy restless, each night & sleeps poorly. Noisy, singing, clapping hands & mumbling to himself, by day. Pulse & T. taken regularly, & quite frequently, twice daily, have been about normal. Takes freely of eggnog, but refuses all kinds of solid food. Aug 20/95. One night, sleeps fairly well: mother, is restless & noisy; is also somewhat destructive. Patient talks some occasionally; is quite dejected; talking & mumbling to himself.

" 31 Still takes only liquid food: eggnog &c. Aug 31/95. Still nightly restless & somewhat noisy, singing and clapping his hands: sleeps only 4 & 6 hours. Otherwise Condition about the same, from month to month.

Sep 5/10 Sep 5/95. Ut 102 2/5 pds: Has lost considerably in flesh, since coming. Sep 9/95. Patient has

" 10 been very noisy, all day & quite destructive. Transferred to B³. Sep 10/95. Appetite very poor:

" 11 patient is quite weak: Transferred to "Infirmary Ward". Sep 11/95. Restless & how, noisy & have, slept only 3 hours, last night: fell out of bed, striking his face upon floor & causing slight bruise over

" 17 left eye. Has been noisy & restless, all day; getting out of bed, often. Sep 17/95. Noisy & hours, restless, how & slept but 3 hours, last night: was out of bed frequently, during night. Sept 22/95. Occasionally

" 22 noisy: nightly restless & sleeping only 4 & 6 hours; since last note. Lies steadily in bed. At times,

" 24 quite noisy, during day. Sept 24/95. Has been sleeping well, the past 2 nights. Patient now makes very little noise, during day: Lies quietly in bed: is becoming quite weak. Appetite

" 30 failing: Bowels fairly regular: Habits filthy. Sep 30/95. Has been sleeping 6 to 7 hours, nightly, since last noted. Is on regular & extra diet: at times, has refused breakfast: appetite is poor: Patient lies quietly in bed, in same condition, from day to day. Habits are filthy —

Oct 2/10 Oct 2/95. Appetite fair: bowels not regular. Oct 10/95. Restless & noisy, almost every night: does nights, sleeping none at all: mothers only from 1 to 3 or 4 hours. Is quiet during the day & seems to be sleeping,

" 11 most of the time. Requires enema, & move bowels. Oct 11/95. Lies steadily in bed: has a bed-sore

" 14 in back: patient is rapidly failing: is also losing appetite. Oct 14/95. Restless & noisy, at night & sleeps very poorly: bed-sores have now appeared on patient's hips. Oct 15/95. Passed a poor night:

" 18 patient is growing weaker, each day: appetite very poor: bowels irregular. Oct 18/95. Passes his nights, in usual way: appetite still very poor: he is given a glass of milk with table-

" 19 -spoonful of sherry, between meals: bed-sores are becoming very bad. Oct 19/95. Patients Condition is becoming worse: appetite very poor: bowels still require enema & move them.

" 20 Oct 20/95. Has been sleeping very poor: restless & noisy, every night: slept none, last night.

" 21 Oct 21/95. Restless, all night: back & hips are dressed: bowels moved. Ord. Refused dinner.

" 23 Oct 23/95. Restless 7 hours; slept but 1 hour. Is now on liquid diet. Is given hyp. of Strychnia.

" 24 Oct 24/95. Restless 6 hours & slept only 2 hours, last night. Am. Was given a Sponge-bath (Wife was advised, last night, by telegram, of patient's Condition): back & hips dressed: bed-sores are very bad: and he is very low-but is quite rational. Hypodermics of strychnia Cautine doc given. Patient was visited by wife & minister, today. Relatives also advised of his condition.

" 25 Oct 25/95. Again visited by wife & Minister, this morning. Hypodermics Continued. 1 P.M. Patient is very weak, but is still conscious: takes his medicine. 3 P.m. Appears about to expire. Several members of his family arrived today. 6 P.m. Patient is unconscious & sinking rapidly. Respiration quite rapid. 9 P.m. Continues to fail rapidly & died at this hour.

= Died =

Personal and Medical History of W. B. Connors

LIBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4071.
Residence, St Paul. Minnesota
Date Admission, 19th April 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, G. Willrich, J.O.P. Ramsey County
Sex, Male
Age, 34 Years
Civil Condition, Single
Children, none
Age Youngest Child,
Occupation, Line-Repairer
Degree Education, probably good
Profession Religion, Catholic Church
Habits, Temperate and moral
Nativity, Dodge County, Wisconsin
Physicians Committing, Talbot Jones and C. J. Woolway
Correspondents, M. M. Connors Box 86 Gladstone, Mich.

No. for Year, 270.
Insane Relatives, one brother is insane
Cause Exciting, unknown
Cause Predisposing, possibly some heredity.
Form, melancholia acute
Accompanying Bodily Disorder, none
Suicidal or Not, Not.
Date of this Attack, about 2 weeks ago
Duration, about 2 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 34 —
Time of Leaving, June 2. 1900
Time in Hospital, 5 yr 1 m. 14 d.
Result, Died Tuberculosis Pulmonalis

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd'y Dr. Herzog, Apl 20/95.

MENTAL ACTIVITY:
Clear or Confused, slightly Confused
Quick or Sluggish, somewhat sluggish
MEMORY:
Past Events, } fairly good, but difficult
Recent Events, } and slow
Special Subjects,
PERCEPTIVITY:
Alert or Dull, slightly Dull
Correct ~~or Illusive~~, seems on ordinary subjects.
REASONING POWER:
Ordinary Subjects, } accurate, but slow.
Own Mental State, }
Special Subjects,

EMOTIONAL STATE:
~~Normal~~, Calm,
~~Indifferent~~,
~~Exalted~~,
Depressed, Yes
DELUSIONS:
Systematized ~~or Not~~, somewhat
Special Subjects, of persecution
~~Transitory or Not~~, fixed
HALLUCINATIONS:
ILLUSIONS: ✓
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is considerably depressed. Left work about 6 weeks ago, as he said that every one in Grand Forks was down on him". Says he is, today, much better, mentally, than he has been. In regard to his lecture he states that he intended to speak on the meanness of the people who were persecuting him. Realizes now, that he is unable to deliver a lecture. There are some symptoms suspicious of paresis, but nothing conclusive.

Personal and Medical History of W. B. Connors

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 172 ½ pds. NUTRITION, somewhat impaired; has lost about 10 pounds
WOUNDS OR ABNORMALITIES, see "S. R." — he's left side of face is slightly paretic.
TONGUE, Tremors, fine & small Coatings, grayish yellow over base Promptness Movement, somewhat sluggish
PUPILS, Equality, right slightly larger; left irregular in shape. Size, slightly contracted
Response Light, somewhat excessive Accommodation, Yes.
SIGHT, seems good.
HEARING, has been impaired, since past 2 years, from nasal catarrh.
COORDINATION, Arms, seems good; finger to nose, eyes shut, good.
Legs, slight impairment; standing on foot, some difficulty; standing, eyes shut, fairly good, turning quickly, quite good.
TREMORS, Hands, slight Tongue, some
Facial Muscles, no General, no
REFLEXES, Patellar, 7 – 8; equal
Other
ARTICULATION,
Slurred, ✓
Hesitating, somewhat
FACIAL EXPRESSION,
Downcast
SENSIBILITY,
✓
HEART, somewhat irregular; weak; all sounds clear.
LUNGS,
seem good



TAKEN,

~~EXAM. URINE,~~
Treatment
Full diet & bitter tonics, with cascara.

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, one brother insane; one brother phthisis

Personal and Medical History of W. B. Connors

1895

This patient was brought here by Deputy [illegible] has been temperate & moral. Occupation is [illegible] it is acute & depressed. There is no accession manifested about 2 weeks ago; this [illegible] garding the hard-times & his remedy for the [illegible] cidal, nor filthy nor destructive. Many peculiarities is no bodily disease nor that can be discovered under treatment for nasal catarrh. [illegible]

Apl 19 On admission, vaccination I.W. (S.S.) marks on left thumb, caused by a plow: home book mark on head - Behavior very good,

" 20 Apl 20/95. Restless 3 hours, but slept 5 hours very good; bowels are in good condition; [illegible]

" 21 quite freely & rationally; no delusions noticed 8 hours, restless 2 hours, last night. A.M. [illegible] - plains of pain near heart; is very quiet

" 22 Apl 22/95. Restless 2 hours, but slept 5 hours willingness to help with work on ward. [illegible]

" 23 surroundings. P.M. Pulse 72. Apl 23/95.

" 24 behavior very good. Apl 24/95. Slept

" 25 and rationally; plays games & reads.

" 26 Appetite very good; bowels regular; [illegible] at home", every day; habits neat & c

" 30 been up & around daily; clean, tidy & of [illegible] condition. Has been well-behaved, quiet about normal; behavior made no [illegible] rationally. No delusions or hallucinations have been noticed.

May 1 May 1/95. Physical condition improved. Am. P 60. P.M. P 72. Goes out on the grounds, every day.

" 2 May 2/95. Appetite very good; bowels in good condition. He sleeps & rest well. Quiet & well-behaved.

" 3 May 3/95. A.M. Pulse 80. P.M. Pulse 72. Summary; Patient has always been quiet & orderly; always obedient, cheerful & contented. Works on ward & in dining room. Reads, plays games, and goes out on grounds, every day. Is, physically, in very good condition; muscles large, well developed & well formed. Patient converses & acts rationally; no delusions or hallucinations noticeable & with the exception of a slight timidity, patient's mental condition is apparently unimpaired.

" 9 (Wt. today, 169½ pds.). May 9/95. Is given quite frequent baths. Eats regular & extra diet. He works on ward considerable. Goes out on grounds, every day. Is very quiet & well-behaved. Complains of bowels being costive. May 23/95. Patient sleeps soundly at night; scarcely ever wakes up. Baths

" 23 continued. Complained of headache this Am: is on medicine. May 25/95. Is in bed today. Complains

" 25 of severe headache & constipation. Also appears much depressed. Eats very poorly, of late.

" 28 Gave powders for bowels. May 28/95. Sleeps well at night. Lies quietly in bed. Bowels have been moving

INTERNATIONAL HOTEL,
R. MOREY, PROPRIETOR.
422 Jackson Street.
RATES; $1.25 TO $2.00 PER DAY.

Exhibit A.

St. Paul, Minn. April 16th 1895

M M Connors
Dear Brother
I am going to
deliver a lecture at
St Paul on the 16th
and I want you to
be present. you can
get away sunday or
monday night I sure.
and stay over until
wednesday night. now
death would be the
only thing that could
detain you. I will
have George here also.
Ans by wire at Mpls.
I will call to see
Mr Thomas tomorrow.
Your Bro Wm

Personal and Medical History of W. B. Connors.

1895

Reply - Looks only milk for nourishment today. Is very despondent. May 29/95. Up in roller-chair,

" 30 8 hours, today. May 30/95. Up, in roller-chair, 8 hours, today. Still eats poorly. On regular & extra diet.

" 31 May 31/95. Is up, in roller chair, most of time, from day to day. Bowels still constipated. On medicine.

June 3/9 June 3/95. Wt 163 pds. Ate a light breakfast. Lies very quietly in bed. June 9/95. Rests & sleeps well.

" 12 Eat very poorly; bowels costive - Is on medicine, 3 times a day. June 12/95. Get up, in roller chair,

" 15 room, every day & goes out on the grounds. June 15/95: Appetite is improving some, of late -

" 16/30 June 16/95. Dressed & up, on ward, today. June 30/95. Has been given shower baths & massage treatment.

July 1/4 Patient has improved much, of late. Eats very well; bowels fairly regular. Goes out on grounds, every day -

" 31 July 1/95. Wt 163 pds. July 4/95. Patient continues to improve much - Works on ward some. Goes out on grounds, every day. Is on regular & extra diet. July 31/95. He sleeps well, at night. Appetite good, and bowels regular. He has been given frequent shower-baths. Is doing well. Very quiet and melancholy.

Aug 3/31 Aug 3/95. Wt 157 pds. Aug 31/95. Sleeps 6 to 7 hours, nightly. Patient is dejected & melancholy, nearly all the time: appears dull. Works some on ward. Goes out on grounds, every day. Is given frequent -

Sep 5 shower-baths - Wants to get away". Sep 5/95. Wt 163½ pds. Does not appear to be doing well.

" 9 Sep 9/95. Patient refused to go out on grounds: says "everybody is doing something & mine": He also

" 30 refused supper. Sep 30/95. Is very quiet: never talks, unless spoken to: Appetite fair: Bowels

Oct 3/17 fairly regular. Works some on ward. Oct 3/95. Wt (dressed) 160 pds. Oct 17/95. Patient is quite melan-

" " -choly: occasionally becomes cranky & will not eat - Appetite fair: bowels regular: Speaks only when spoken to.

" 24 Oct 24/95. Patient became very unruly & was transferred to the "Green-Bay". Oct 31/95: No special change.

Nov 5/30 Nov 5/95. Very quiet & apparently melancholy: Sits in one place almost continually. Sleeps well.

" 9 Nov 9/95. Wt 163½ pds. Nov 30/95. No change noticeable in patient's condition: Quiet & melancholy.

Dec 1/16/17 Dec 1/95. Patient up, on ward. Dec 16/95. Refused dinner & supper: Dec 17/95: Refused breakfast.

" 20 Dec 20/95. Condition shows no change. Quiet & apparently melancholy: Seldom speaks to any one:

Keeps well. Still refuses occasional meals. Bowels fairly regular. Sits constantly in the one place.

" 26 Dec 25/95. Has continued to refuse some meals. Remained in bed, today. Condition seems some worse.

" 30 Pulse very uneven & irregular: says "he intends to get well, by fasting": Dec 30/95: Seems much

" 31 improved this morning & says "he feels better": Pulse intermittent. Dec 31/95: Appetite is

1896 quite good today. He seems much stronger & more willing to talk. Is eating quite fairly, now.

Jan 5 Jan 5/96. Lies quietly in bed: no complaints: appetite good: bowels fairly regular: He seems some stronger.

" 8 Jan 8/96. Is much stronger & brighter today. Sleeps quite well, each night: Appetite quite good.

" 14/15 Jan 14/96. Up, in roller-chair, this P.M. Jan 15/96. Am. Up & dressed. Says "he would rather be in bed".

" 16/31 Jan 16/96. Refused breakfast & Dinner: appetite poor, today. Jan 31/96. Sleeps well: Appetite

again quite good. He is gaining in flesh. Otherwise condition remains about the same.

Feb 15 Feb 15/96. Is very quiet & apparently melancholy: Sleeps well: refuses to work: Habits clean.

" 20/29 Feb 20/96. Transferred to Ward. Feb 29/96. No change noticeable, in patient's condition.

Mar 2/ Mar 2/96. Wt 168 pds. Pulse 72. Mar 30/96. About the same from month to month. Quiet & melancholy.

April 1/30 Talks to none unless addressed. Does no work. April 1/96. Wt 170 pds. P 72. April 30/96. No

change noted. Always dull & melancholy. Appetite good: bowels regular.

May 1/96 Summary Nurses Notes by Dr. Phelps Patient rather obtuse. Is indolent & at times noisy: Physical condition good: of late rather more

Aug 1/97 melancholy in behavior: Plays games occasionally: Whispers to himself. During last month is better natured.

See Transfer Book A. P. 338.

Personal and Medical History of W. B. Connors

1895

This patient was brought here by Deputy Sheriff Kinney, with following history. Habits have been temperate & moral. One brother is insane. Supposed cause & attack is unknown; in form it is acute & depressed. There is no accompanying bodily disorder. First symptoms of disease were manifested about 2 weeks ago; this is 1st attack; insanity now shown by delusions regarding the hard times & his remedy for the same. Patient is neither dispos'd to injure others, suicidal, nor filthy nor destructive. Many peculiarities & views previously shown, is unknown. There is no bodily disease &c that can be discovered. He has not been restrained or confined. He is now under treatment for nasal catarrh. Unknown as to other medical treatment. —

Apl 19 On admission, was put on T.W. (S.K. Complexion dark; hair black; eyes blue; Condition of skin good; marks on left thumb, caused by a blow: some slight eruptions noticed; bodily condition clean. Has also a birth mark on head. Behavior very good; talks freely). See attached letter written by his brother.

" 20 Apl 20/95. Restless 3 hours, but slept 5 hours, last night. AM. P 74 R 20. T 97 2/5. Appetite very good; bowels are in good condition; patient is very quiet & obedient; appears well contented. Converses quite freely & rationally; no delusions noticed, or hallucinations; PM. P 72 R 18 T 98 4/5. Apl 21/95. Slept 6 hours, restless 2 hours, last night. AM. P 60 R 20 T 98. Appetite good; bowels regular; Complains of pain near heart; is very quiet & orderly; was out on the grounds, today. PM. P 70 R 20 T 98 4/5.

" 22 Apl 22/95. Rested 2 hours, but slept 6 hours, last night. AM. P 72 R non. T normal. Patient shows a willingness to help with work on ward. Goes out on grounds & appears quite contented with his surroundings. PM. Pulse 72. April 23/95. Slept fairly well. AM. Pulse 70. PM. P 68; behavior very good. Apl 24/95. Slept & rested well, last night. AM. P 70. PM. P 64. Talks freely

" 25 and rationally; plays games & reads. Works on ward. Apl 25/95. Again, slept & rested well.

" 26 Appetite very good; bowels regular; behavior very good. Apl 26/95. Patient appears more & more

" 30 "at home", every day; habits neat & clean. Apl 30/95. Has continued to rest & sleep well. Has been up & around daily; clean, tidy & of good personal habits; appetite very good; bowels in good condition. Has been well-behaved, quiet & cheerful; seems well-contented. Pulse has been about normal; behavior made no complaints; says "he never felt better in his life". Converses rationally. No delusions or hallucinations have been noticed. He does considerable work about the hall.

May 1 May 1/95. Physical condition improved. AM. P 60. PM. P 72. Goes out on the grounds, every day.

" 2 May 2/95. Appetite very good; bowels in good condition. He sleeps & rests well. Quiet & well-behaved.

" 3 May 3/95. AM. Pulse 60. PM. Pulse 72. Summary; Patient has always been quiet & orderly; always obedient, cheerful & contented. Works on ward & in dining room. Reads, plays games, and goes out on grounds, every day. Is, physically, in very good condition; muscles large, well developed & well formed. Patient converses & acts rationally; no delusions or hallucinations noticeable & with the exception of a slight timidity, patient's mental condition is apparently unimpaired.

" 9 (Wt. today, 159½ pds.). May 9/95. Is given quite frequent baths. Is on regular & extra diet. He works on ward considerable. Goes out on grounds, every day. Is very quiet & well-behaved. Complains

" 23 of bowels being costive. May 23/95. Patient sleeps soundly, at night; scarcely ever wakes up. Baths

" 24 continued. Complained of headache, this AM: is on medicine. May 26/95. He is in bed today. Complains

" 28 of severe headache & constipation. Also appears much depressed. Eats very poorly, of late. Gave powders for bowels. May 28/95. Sleeps well at night. Lies quietly in bed. Bowels have been moving

...roller-chair,
...& extra diet.
...pate). A medicine.
...95. Rest & sleeps well.
...up, in roller chair,
...g some, of late —
...bath, & massage treatment.
...Is eccentric & prone, every day —
...works on ward some. Goes out
...well, at night. Appetite good, and
...ell. Very quiet and melancholy &
...tient is dejected & melancholy, many
...ounds, every day. Is given frequent
...Does not appear to be doing well.

July 5/95. Wt 163 pds. ...
July 31 ... on grounds, every day. Is very ...
bowels regular. He has been given ...
Aug 5/95. Wt 157 lbs. Aug 21/95. Sleeps ...
all the time: appears dull. Works some on ward ...
Sept 5 shower-baths. "Wants to get away". Sept 5/95. Wt ...
" 9 Sept 9/95. Patient refused to go out on grounds: says "everybody is doing something & this": he also
" 30 refused supper. Sept 30/95. Is very quiet: when talks, unless spoken to: appetite fair: bowels
Oct 3 fairly regular. Works some on ward. Oct 3/95. Wt (dressed) 160 pds. Oct 17/95. Patient is quite melan-
17 -choly: occasionally becomes cranky & will not eat. Appetite fair: bowels regular: speaks only when spoken to.
" 24 Oct 24/95. Patient became very unruly & was transferred to the "Green-Bay". Oct 31/95: No special change.
Nov 5 Nov 5/95. Very quiet & apparently melancholy: sits in one place almost continually. Sleeps well.
" 9/30 Nov 9/95. Wt 163½ pds: Nov 30/95. No change noticeable in patient's condition: Quiet & melancholy.
Dec 1/16/17 Dec 1/95. Patient up, on ward. Dec 16/95. Refused dinner & supper: Dec 17/95: Refused his breakfast.
" 20 Dec 20/95. Condition shows no change. Quiet & apparently melancholy; seldom speaks to any one:
keeps well. Still refuses occasional meals. Bowels fairly regular. Sits constantly in the one place.
" 28 Dec 28/95. Has continued to refuse some meals. Remained in bed, today. Condition seems some worse.
" 30 Pulse very uneven & irregular: says "he intends to get well, by fasting". Dec 30/95: Seems much
" 31 improved, this morning & says "he feels better": pulse intermittent. Dec 31/95: Appetite is
1896 quite good, today. He seems much stronger & more willing to talk. Is eating quite fairly, now.
Jan 5 Jan 5/96. Lies quietly in bed: no complaints: appetite good: bowels fairly regular: he seems some stronger
" 8 Jan 8/96. Is much stronger & brighter, today. Sleeps quite well, each night: Appetite quite good.
" 14/15 Jan 14/96. Up, in roller-chair, this PM. Jan 15/96. AM. Up & dressed. Says "he would rather be in bed".
" 16/31 Jan 16/96. Refused breakfast & dinner: appetite poor, today. Jan 31/96. Sleeps well: appetite
again quite good. He is gaining in flesh. Otherwise condition remains about the same.
Feb 5 Feb 5/96. Is very quiet & apparently melancholy: sleeps well: refuses to work: Habits clean.
" 20 Feb 20/96. Transferred to 3rd. Feb 29/96. No change noticeable, in patient's condition.
Mar 2/30 Mar 2/96. Wt 168 pds. Pulse 72. Mar 30/96. About the same from month to month. Quiet & melancholy.
April 1/30 Talks to none unless addressed. Does no work. April 1/96. Wt 171 pds. P 72. April 30/96. No
change noted. Always dull & melancholy. Appetite good: bowels regular.
May 1/96 to Aug 1/97 Summary Nurses Notes by Dr Phelps Patient rather abusive: is indolent & at times noisy: Physical condition good: of late rather more melancholy in behavior. Plays games occasionally: Whispers to himself: During last month is better natured.

See Transfer Book A. P. 338.

Personal and Medical History of J. Fletcher Williams Sr.

LEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4072.
Residence, St Paul, Minn
Date Admission, 20th April 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, G. Willrich, Jo. P. Ramsey County
Sex, Male
Age, 60 (about)
Civil Condition, married
Children, four
Age Youngest Child,
Occupation, Librarian, State Historical assen
Degree Education, - Good -
Profession Religion, Church member
Habits, Good
Nativity, - U.S. -
Physicians Committing, B. F. Paxton and Arthur Sweeney
Correspondents, none given in "papers" -

No. for Year, 271.
Insane Relatives, as to heredity unknown; one son here now
Cause Exciting, Senility
Cause Predisposing, probably age
Form, dementia paretic
Accompanying Bodily Disorder, general atheroma & debility
Suicidal or Not, not suicidal; but homicidally inclined
Date of this Attack, Two years ago
Duration, some two years
No. of Attack, 1st
No. of Admissions, 1st time (has been at Nawatoza)
Age First Attack, about 58 -
Time of Leaving, 28th April 1895
Time in Hospital, - 8 Days -
Result, Died: congestive attack in Gen. Paresis

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 J. Fletcher Williams Sr.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 134½ 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 J. Fletcher Williams Jr.

1895

This patient was brought here by Sheriff L. E. Chapel, with following history. Habits & morals have been good. As to heredity, unknown; one son now at this (Rochester) Hospital. Supposed cause of this attack is senility; form of attack is chronic, exalted. There is general atheroma & debility. He had slight apoplectiform attacks 2 years ago, causing temporary paralyses & softening of the brain. This is 1st attack. Insanity now shown by delusions of grandeur. Patient is disposed to injure others; once he attempted to kill his wife; is rather violent, at times; is not suicidal, however. He is inclined to be careless; cannot well retain urine. No peculiarities as had been previously shown. He has been at Dr. McBride's Sanatorium, at Wawatosa, Wis, for 4 months. Patient has been treated since apoplectiform attack, 2 years ago but has steadily deteriorated.

Apl 20 On admission, was put on I.W. (SL). Complexion light; hair brown; eyes brown; Condition of skin good; no marks scars or bruises noticed; bodily condition clean; behavior good; is quiet; Patient is quite weak & feeble). Pulse 90. R. 24. T(e) 100.6. Apl 21/95. Slept, all night, very well. AM. P 88 R 20. T(e) 100. At 10 Am, was given bath. Appetite very good; bowels free. No cough noticed. —

" 21 PM. P 96 R 24 T(e) 101. Has been very troublesome, all day; requiring Continual attendance. Talks incoherently; is quite Childish & showing many delusions. Apl 22/95. Restless all night. AM P 80 R 22. T(e) 98.6. Appetite good. Is very restless, requiring constant attendance from nurse. —

" 22 PM. P 104 R 23 T(e) 102.4 — Apl 23/95. Out of bed frequently; very restless & slept only 4 hours, last night. AM. P 84 R 20 T(e) 99.4: PM. P 98 R 24 T(e) 100. Patient very restless. Is held in

" 24 bed by nurses, most of the time. Apl 24/95. Was given S. D at 9 PM, last night; slept 5 hours, but was restless 4 hours. AM. P 80 R 19 T(e) 98.8; PM P 96 R 24 T(e) 998. Appetite

" 25 good; bowels regular. Still requires Continual attendance from nurses. Apl 25/95. Slept scarcely any; was very restless, all night. AM. P 84 R 18. T(e) 99. Gave bath this am. Is very

" 26 restless, as usual. Massage given at 2 PM. PM. P 100. R 18 T(e) 100.4. Apl 26/95. Was given a powder at 9 PM, last Evening; was unusually quiet, all night; slept 5 hours, though restless about 2 hours. Vomited some this AM. Pulse 78 R 20. T(e) 99. Was given bath.

" 27 Appetite good. He takes regular diet PM. Pulse 88 R 18 T(e) 100. Apl 27/95. Slept scarcely any; was up, several times, during the night. Appetite very poor today. Patient was quite active during the morning, but gradually fell into a stupor: 3.30 P.M. Rattling in throat and breathing with difficulty. When taken at regular Intervals today, records show as follows; P 120 R 19 T(a) 102.4; P 134. R 28. T(e) 104; P 140 R 28 T(e) 104. 7.30. PM. was

" 28 given strychnine nitrate 1/40 gr. 9.30. 11.30. & 1.30 also, hypodermically. Apl 28/95: no change, during night. Took no nourishment today. Is failing rapidly: Respiration labored, and gradually increasing; Extremities cold: Perspiring profusely about face. Continued to fail rapidly, during the day. Died at 6 PM.

Summary (attendant): Patient was very troublesome during first 6 days, sometimes requiring 2 nurses to hold him in bed. He failed steadily, from day of admission. Mental state was very feeble & Childish. He had many delusions, none of them being permanent in patients mind. (Note by D.H.). April 27th. On examination, during attack, found head & eyes deviated toward right side. Breathing stertorous; right side decidedly more paretic than left —

— Died —

Personal and Medical History of George Holasz

(From 12)

1896 Cont'd

Jan 31 Works on ward: when asked how he feels? he states "Slow". Has delusions. Had an "uneasy spell" about the 2-3d inst: was visited by friend, on 26th inst. Had a nervous spell (27th) for a couple of days:

Feby 1 Is again quiet & fairly well-behaved. Feby 1/96. Wt 186 pds. P 72. Feby 4/96. Fell in floor & inflicted wound

" 25 over eye. Feb 24/96. Behavior quiet: No complaints: physical condition good. Feb 25/96. Transferred to 13.

" 29 Feby 29/96. No change noticed. March 2/96. Wt 186 pds. P 86. April 1/96. Wt 188 pounds. Pulse 82.

Mar 2 April 30/96. Behavior good, when left alone, but when bothered, speaks very gruffly. Is of a stubborn

April 30 disposition. Talks but little: will answer when spoken to. Habits clean: Does not work.

May 1/96 to Summary Nurses Notes by Dr. Phelps. Patient rather dull but quiet & well behaved during early part of

Oct 5/96 period at times would be stubborn and fight. Was excited several times in June '96: In July & August was somewhat troublesome & stubborn: During September became rather more quiet & well behaved & was finally sent home on Oct. 5th '96. His mental state on leaving seemed quite clear, altho there seemed to be an underlying dullness or dementia.

Discharged

From 80. Martin Swenson

1901 Cont'd

Jan 31 and incoherent in speech: frequently slaps himself in face for which he will give no reason

Feby 1 Wt 145th — Feby 11. Is T.W: appears very weak: put on regular & extra diet: given gastric lavage,

Mar 16 daily; for some time: no special benefit observed: Mar 16. Wt, on ward: Seems at improved physically, mentally, about same. Talks a good deal to himself: at times, confused & delusional, when on ward:

May 1 habits tidy. May 1. Wt 141th. July 31st. No special change: works on ward, but appears in rather

July 31 feeble health: Aug 10. Requires frequent cathartics to keep bowels regular. Nov 1. Wt 140th —

1902 no change noted. Oct 23/02. Not feeling well, was put to bed for time. Jany 31/03. Little change

Jan 31 1903 during year: patient work about from day to day. Quite usually complains of not feeling well. Is somewhat emaciated: talks some to himself: found himself in his face, raising large bumps. Is still in bed; does not complain, but seems to be weak & suffers "fainting spells" when he gets up & walks about. Eats & sleeps fairly well.

Personal and Medical History of John Doe #4

(real name unknown)

LIBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4073.
Residence, not known – St Paul, at present.
Date Admission, 20th April 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, G. Wilbrich, J of P. Ramsey County.
Sex, Male
Age, unknown; (about 35 Years).
Civil Condition, unknown
Children, unknown
Age Youngest Child, —
Occupation, unknown
Degree Education, unknown
Profession Religion, unknown
Habits, unknown
Nativity, unknown
Physicians Committing, H. J. O'Brien and J. B. Brimhall
Correspondents, none given in "papers".

No. for Year, 272.
Insane Relatives, unknown
Cause Exciting, unknown
Cause Predisposing, unknown
Form, melancholia acute stuporous
Accompanying Bodily Disorder, none
Suicidal or Not, not known
Date of this Attack, unknown
Duration, unknown
No. of Attack, not known
No. of Admissions, 1st here
Age First Attack, not known
Time of Leaving, 13th – May 1901
Time in Hospital, 6 yrs – mos 23 Ds
Result, Transferred to Hastings Hospital

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 John Doe #4

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 6 feet 1½ in WEIGHT, 150 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 Doe #11

This patient was brought here by Deputy Sheriff H. B. Miller and C. B. Nebinger, with the following history, which is very meagre. Form of attack is depressed; melancholia acute; No accompanying bodily disorder. Nothing seems to be known about his history, cause of attack — He refuses absolutely to speak. If suicidal, not known. Is not filthy or destructive in habits — Has been confined in County Jail, for one week. He walked into Police Station one week ago; asked for lodging; refused to accept bed offered him & from that moment has refused to answer any questions. Has been confined in County Jail one week; has been under medical supervision during that time. Eats & sleeps well; bodily functions are normal. ——

Apl 20 On admission, was put on B.[3] (S.K. Complexion light; hair dark brown; eyes blue; condition
" 21 of skin good; some bruises on right foot. Is dirty. Behavior good) - Apl 21/95. Slept 4 hours, last
night. A.M. Pulse 68. R. 24 T. 99. Appetite good; bowels costive; no cough noticed; is quiet and
" 22 refuses to tell his name or where he comes from. Has abrasion on right foot. Apl 22/95 Was
transferred to "Infirmary Ward" this morning. Pulse 70. T. 98.6. Patient put to bed there.
" 23 Apl 23/95. Slept only 3 hours, was restless 5 hours. A.M. P 84 R 20. T. 98. P.M. Pulse 60
" 24 R 22 T. 99.2. Patient lies quietly in bed. Appetite fairly good; bowels not regular. Apl 24/95. Was
restless 4 hours & slept only 4 hours, last night. Lies very quietly, when not asleep. A.M. P 60 R 20
" 25 T. 98 E; P.M. P 62 R 20 T. 99.4. Received general massage treatment today. Apl 25/95. Lay
quietly in bed, but did not sleep much. A.M. P 60 R 18 T. 98.4 Appetite good; bowels not in
very good condition. 11th: gave him Seidlitz powder: foot dressed; is doing nicely. P.M. Pulse 60
" 26 R. 18 T. 98.8. Apl 26/95. Lies very quietly in bed, but does not sleep. 5[30] P.M. have given a
" 27 seidlitz powder; bowels moved, then. Apl 27/95. Slept 4 hours, restless 4 hours, last night. He
is very quiet. A.M. P 60 R 18 T. 98[6]; P.M. P 65. R 20 T. 99. Very seldom speaks and
" 30 never above a whisper. Apl 30/95: Apparently sleeps very well now, at night. Pulse R & T. all
have been normal (about). Has been very quiet; seldom speaks; has been given occasional shower
- bath & massage treatment. Requires laxatives quite often. Patient lies quietly in bed. —
May 1 May 1/95. A.M. P 52. R 24 T. 98[6]; P.M. P 60. R 30. T. 99. Appetite fair. On regular diet.
" 2 May 2/95. A.M. " 64 " 24 " 99[8]. P.M. " 78 " 24 " 99. Had given bath. (Wt. today, 135 lbs)
" 3 Has been losing some in flesh. May 3/95. A.M. " 52 " 22 " 98[8]. P.M. P 60. R 24. T. 99. -
" 4 May 4/95. Has continued to rest and sleep well. A.M. " 56 " 26 " 98[4] P.M. " 60 " 28 " 99. —
Appetite very good; patient scarcely ever speaks or makes any equivalent sign or demonstration.
Summary; patient is run - down & considerably emaciated; is still perceptibly losing flesh.
He has been very quiet; never speaking or making any effort to do so. Lies quietly in bed, in a rather
stupid manner. Not much can be observed of his mental state, on account of stupid behavior; has
" 8 lain in bed quietly & in a passive manner, during most of last 2 weeks. May 8/95. Scarcely ever speaks.
" 16 Eats fairly well. Was up & in chair, today. May 16/95. Patient is troubled with sore eyes. Same treated.
" 18 May 18/95. Eyes are much better, today. May 21/95. Out on grounds in a Chair. He seems improving.
" 24 May 24/95. Dressed & up, in ward. May 30/95. appetite good: bowels regular. Out, on grounds, every day.
May 30 June 3 (See nurse's record attached, for full details). June 3/95. Wt 147 lbs. June 20/95. Is always very
quiet; never speaks. Does not read, talk or play games, but sits quietly, in chair, almost continually.
Appetite fair: bowels in good condition. Goes out on grounds every day. Has been given shower - baths & massage treatment.

Personal and Medical History of John Doe #11

Does some work on ward. June 30/95. Remains in same condition apparently, day after day -
July 3/95. Wt 147 lbs. July 5/95. Patient very quiet: never speaks to either nurses or patients. Works some.
July 8/95. Appetite good: bowels regular. He goes out on ground, every day - July 15/95. Is given shower bath,
" 31 quite often. No change noted in patient, of late. Is very quiet and inclined to melancholia -
Sleeps well at night - July 31/95. Patient is given a shower - bath, about every other day. He eats
Aug 1/95 well: bowels in good condition. Never speaks - No change noted, in any way, during the month -
" 31 Aug 1/95. Wt 151 2 lbs. Aug 6/95. Quiet: never speaks. Works some on ward. Goes out on grounds every day.
Sept 1/95 11[30] Aw. Transferred to W[3]. Aug 31/95. Always about the same. Quiet & dull: sits on a bench, most
Oct 1/95 of the day & does no work. Oct 2/95. Wt 150 lbs. Pulse 80. Sept 30/95. Still no change: he never speaks.
Nov 1/95. Wt 152 lbs. Pulse 80. Oct 31/95. Always the same, from month to month. Dull, melancholy & reticent.
" 30 Nov 1/95. Wt 158 " " 88. Nov 14/95. Patient conversed, for the first time, since he came here. —
Dec 1/95 Told nurses where he came from, what his business was & said "he wanted to go out": but patient
Dec 30 would not tell his name. Nov 30/95. About the same: talks some. Will not tell his name or much of
Jan 1/96 his past history. Dec 2/95. Wt 156 lbs. Pulse 92. Transferred to C[3]. Dec 30/95. No change noted.
" 31 Jan 1/96. Wt 162 lbs. Pulse 84. Jan 21/96. Transferred to C[3] E. (on account of general change of wards)
Feb 1/96 Jan 31/96. Condition: physically, good. As he does not talk much, we cannot judge as to delusions
Feb 29 or speech: actions are rational. Works on ward. Feb 1/96. Wt 164 lbs. P 78. Feb 29/96. No change
noticed. Is a quiet, orderly patient: scarcely ever talks: works in dining room: Takes Exercise
(Physical condition good: Is now getting so he will answer questions, when pressed for an answer.
March 1/96 March 1/96. Wt 162 lbs. Pulse 84. Mar 31/96. No improvement noticed this month: he makes no complaints.
April 1/96 April 1/96. Wt 164 " " 76. April 30/96. No improvement noted, of late: Talks a trifle more than
May 1/96 before: not so restless as usual. Works on ward. Appetite fair: does not appear to have delusions.
to Aug 1/96 Summary Nurses Notes by Dr. Phelps. Physical condition good. Talks very little: occasionally whispers a
few words: Seems intelligent enough to work however, works in dining room quite steadily.
Continued by Dr. Herzog. Aug 1/96 Wt. 159. Quiet & well behaved. Very seldom speaks: Seems timid: Refuses
to give any information concerning himself. Seems to have delusions of persecution, but seldom
speaks of them. Has a habit of digging down under one or two of his finger-nails & lifting them
off the quick so that they are discolored. Thinks that he is being given something to cause
them to decay in that manner. Aug 5 No change: Habits clean: Does neat. In fairly good
health: Works in dining-room Nov. 4 '96 Wt. 158 lbs. Same as above. Seldom speaks - at
times will answer questions. Still works in dining room. Will on ward marks floor: Does not
associate with others. Makes fantastic motions of hands. Apr. 16/97 Complains of pain in back.
Urine examined. Sp. gr. 1022: Reaction acid: Yellow slight cloud of mucus: no albumen:
Did no work until April 30. June 7/97 Wt. 161. Rather heavier than usual. Remains about
same mentally from day to day. Feb 1 - July 31/96 (Dr. Mavous) Quiet & well-behaved: Rarely speaks
to anyone. Talks to himself: actions peculiar. Works in dining room: July 15. Complains of pain
in chest. July 31. Has recovered from lung trouble. Aug 1 to July 31/1900 (Dr. Mavous) Feb. 27. Struck by R. Eighth Ave car and severely
Wt. 158 lbs. Neat & injured. Feb. 28 Wt. 158 lbs. Neat &
clean: Works in Center dining room: Talks only when spoken to. July 9 Wt. 151 lbs. Continues to work in dining room. Vaccinated successfully.

Carried to 132

Personal and Medical History of Peter Phillips

LEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4078.
Residence, West Superior.
Date Admission, 26th April 1895.
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, G. Willrich, Jos P. Ramsey County
Sex, Male
Age, - 45 -
Civil Condition, married
Children, five (?)
Age Youngest Child, —
Occupation, Boiler - maker
Degree Education, not given
Profession Religion, R. C.
Habits, Unknown
Nativity, Ireland
Physicians Committing, H. Hahn and A. Macdonald
Correspondents, none given in papers

No. for Year, 277.
Insane Relatives, not known
Cause Exciting, unknown
Cause Predisposing, unknown
Form, Mania a potu
Accompanying Bodily Disorder,
Suicidal or Not, not
Date of this Attack, Yester
Duration, - one D
No. of Attack, not known
No. of Admissions, 1st
Age First Attack, not k
Time of Leaving, June
Time in Hospital, 7
Result, [illegible]

IT TOOK FOUR DEPUTIES

To Hold an Insane Man While Being Examined in Court.

Peter Phillips, the boiler maker who became violently insane Thursday and was arrested in the Margaret street police precinct, was examined in the probate court yesterday and ordered committed to the state asylum for the insane at Rochester.

Phillips is forty-five years old and has a wife and five children living in Superior. He came to St. Paul about a week ago looking for work at his trade and suddenly became possessed of a violent homicidal and suicidal mania which was so pronounced that after his arrest it was found necessary to convey him immediately to the county jail, where he was locked in a padded cell. Even then in order to keep him from injuring himself he was put in a straight jacket and strapped to the bunk in his cell room. In court yesterday in was necessary for him to be held by four deputy sheriffs from whom he made desperate attempts to escape during the examination. As soon as possible after his hearing Sheriff Chapel had him conveyed in chains to the insane asylum by a couple of deputies.

EXAMINATION ON ADMISSION

Exdy Dr Herzog. Apl 29/95 =

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, slightly confused.
Quick or Sluggish, somewhat sluggish

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

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

REASONING POWER:
Ordinary Subjects, } seems good
Own Mental State, }
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient only arrived in St. Paul last Wednesday. Says "has had delirium Tremens" 3 times before. There is a slight Dementia & the attack was apparently from drink.

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, fairly voluble

Personal and Medical History of Peter Phillips

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2½ WEIGHT, 126 3/4 pds NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, See "S. R.": left ear bruised; nose broken; deviates to right; marks of leg - irons.
TONGUE, Tremors, quite marked Coatings, yellowish at base; anaemic Promptness Movement, slow.
PUPILS, Equality, yes Size, contracted; left irregular -
Response Light, yes Accommodation, yes
SIGHT, obliged to use concave glasses, at night -
HEARING, somewhat impaired
COORDINATION, Arms, good; finger to nose, eyes shut, good.
Legs, some impairment; standing on foot, considerable impairment; standing, eyes shut, sways some.
TREMORS, Hands, some - Tongue, quite marked.
Facial Muscles, yes; about mouth General, yes
REFLEXES, Patellar, 8 - equal ~~EXAM. URINE,~~
Other slight ankle clonus. Treatment
ARTICULATION,
Slurred, Seidlitz powder - Turkish bath.
Hesitating, hoarse, raucous, voice.
FACIAL EXPRESSION,
SENSIBILITY, ✓
HEART, action weak; 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.,
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 Peter Phillips

LIBBEY, PISCAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4078.
Residence, West Superior.
Date Admission, 26th April 1895.
Admitted by, D. Phelps Hour, 7 PM
How Sent, G. Wilbrick. Jof R. Ramsey County
Sex, Male
Age, 45.
Civil Condition, married
Children, five (?)
Age Youngest Child,
Occupation, Boiler-maker
Degree Education, not given
Profession Religion, R. C.
Habits, Unknown
Nativity, England
Physicians Committing, H. Hahn and A. Macdonald
Correspondents, none given in papers

No. for Year, 277.
Insane Relatives, not known
Cause Exciting, unknown
Cause Predisposing, unknown
Form, mania a potu
Accompanying Bodily Disorder, None
Suicidal or Not, not
Date of this Attack, Yesterday
Duration, one day
No. of Attack, not known
No. of Admissions, 1st
Age First Attack, not known
Time of Leaving, June 12 '95
Time in Hospital, 1 m 16 d
Result, Rec

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exd by Dr Herzog. Apl 29/95.

MENTAL ACTIVITY:
Clear or Confused, slightly confused.
Quick or Sluggish, somewhat sluggish
MEMORY:
Past Events, } fairly good
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, slightly dull
Correct or Illusive, correct in the main
REASONING POWER:
Ordinary Subjects, } seems good
Own Mental State, }
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Patient only arrived in St. Paul last Wednesday. says he had delirium tremens 3 times before. There is a slight dementia & the attack was apparently from drink.

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, fairly voluble

Personal and Medical History of Peter Phillips

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

H[illegible] 5ft 2½ WEIGHT, 126 lbs NUTRITION, Fairly good.
[illegible] OR ABNORMALITIES, See S. R.: left ear bruised; nose broken; deviate to right; marks of leg-irons.
[illegible]ors, quite marked Coatings, yellowish at base, anaemic Promptness Movement, slow.
yes Size, Contracted; left irregular.
[illegible]ht, yes Accommodation, yes
[illegible] concave glasses, at night.
[illegible] that impaired
[illegible]d; fingers to nose, eyes shut, good.
some impairment; standing, feet, considerable, in pavement; standing, eyes shut, sways some.
Some Tongue, quite marked.
[illegible]acial Muscles, yes; about mouth General, Yes
REFLEXES, Patellar, L. equal
Other Right ankle clonus.
ARTICULATION,
Slurred,
Hesitating, hoarse, raucous, voice.
FACIAL EXPRESSION,
SENSIBILITY, ✓
HEART, action weak; no murmurs.
LUNGS, seem good

~~EXAM. URINE,~~

Treatment

Sedlitz powder - Turkish bath.

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,

Kerosene War Ended.

Denver, April 26.—The News announces today that a deal has been made between the Florence Oil and Refining company and the Continental Oil company, by which the two companies will be merged in a trust. It is said that regulating the market for several years, by which the profits will be largely increased. Under the new trust the Florence company is to control the business in the western part of the state, according to the statement of the Florence people the entire product of the Florence

Personal and Medical History of Peter Phillips

Apl 26 This patient was brought here by Deputy Sheriff Kenney, with the following history. Very little seems to be known about the case. As to his habits, any heredity, supposed cause of attack, nothing is known. Form of attack is excited & paroxysmal. There is no accompanying bodily disorder. First symptoms of disease manifested Yesterday (25th). As to number of attack, not known. Exact subject & aim in what way his acuity is now manifested, is unknown. Patient is not disposed to injure others, nor is he suicidal, but he is destructive of clothing. Many peculiarities & how previously shown is not known. He has some scars on head. Has been confined in jail but for only the last 24 hours. No treatment. On admission, was put on B3. (S.R. Complexion light; hair dark; is bald on top); eyes blue; condition of skin good; some blue marks on left hip. Is dirty; 1st finger of left hand is cut off between 1st & 2nd joints; 2nd finger of same hand cut off at 1st joint. He is rather restless; came here in restraint (straight jacket). " 27 (Attendant also finds nose broken & left ear bruised). Apl 27/95. Was restless & slept poorly last night. AM. Pulse 76. R 21. Te 99. Appetite good; bowels have moved. Is also restless today, walking the hall & very nervous; "asking for a drink of whiskey". no cough noticed. Apl 28/95. Slept only 4 hours; was restless 5 hours. PM. Pulse 80. Te 99. Appetite good; bowels regular. Is restless " 28 acted today, as though he was "fighting snakes". Apl 29/95. Restless 4 hours, sleeping only 2 hours. " 29 Is quieter today. Am. Pulse 76. Te 98[8]. Was given a Turkish-bath. Talks rationally. " 30 Transferred to B2. April 30/95. Restless 4 hours, noisy 2 hours, & sleeping only 2 hours last night. Was pounding on door & talking to himself in Am. Pulse 80. Has been wanting to get away all day. Appetite fairly good; bowels regular. Still manifests delusions.

May 1 May 1/95. Very restless & disturbed last night. Right ear is black & somewhat swollen. Has trouble " 2 in the right. Transferred to B3 today. Wt 125 lbs. Pulse 72. May 2/95. Slept poorly. Has some trouble with night-watch this morning. Pulse 80. Appetite fair; bowels regular. Behavior is restless: walking about the hall, asking for Whiskey; also making gestures with hands, at times, " 3 acting as though he was looking for something". May 3/95. Slept well last night. Is more quiet " 8 today; asking quite frequently about getting out. Pulse 78. Apl 8/95. Since last noted, patient has been resting & sleeping well. Pulse, taken each morning, has been about normal. Appetite has been good; bowels regular; he has behaved well; talks quite rationally & appears to be all right. " 9 Has complained some of pain in back. May 9/95. Transferred to A1 East. Pulse 76. Behavior good. " 10 He reads most all the time. May 10/95. Slept well. Am. Pulse 78. Behaves well & is quiet; talks freely & rationally. Makes no complaints. **Summary**: Patient has improved much in behavior & is very quiet at present. Reads most all the time. Does not do any work. No delusions or hallucinations noted at present. Talks freely & sensibly & has made much improvement during past week. Admits that he was insane; says "it was caused by drinking". " 30 Appears to be all right at present. May 30/95. Improvement has kept up. He is planning what he is going to work & support his family. He realizes the condition he was in when he came here & says he is never going to drink anymore. Helps willingly with work in ward.

June 1 June 1/95. Wt 138½ lbs (a gain of 12 lbs since admission). Pulse 86. June 10/95. Patient " 12 seems quite freely recovered from his troubles. Behaves well. Talks freely & sensibly; no complaints. Works in ward. June 12/95. Allowed to return home today.

Discharged.

Personal and Medical History of Thomas Lantry

From 54

Sep 3 Sep 3/95. Transferred to B3. Sep 15/95. Occasionally very restless, at night, & sleeps poorly. Had a fight today with patient Thomas Carroll; both received some slight scalp-wounds. Patient also attacked Att Olsen when coming in: refused to walk & had to be carried up-stairs. " 24 Sep 24/95. Pugnacious & filthy; spitting on floor & behind seats: fought vigorously today, when patient was being relieved of his tobacco: & tore " 30 the attendants clothes. Sep 30/95. Appetite good: bowels regular: behavior restless & troublesome. Continually walking, unless made to take a seat: then he has to be watched as he is pugnacious, mean & noisy. Oct 1 habit filthy: plucky in dress. (4 Days Dirty, during month). Oct 1/95. Wt 124 pounds. Pulse 84 " 14/15 Oct 14/95. Has improved in behavior; now quite good. Dresses neatly & works some in ward. Oct 15/95. Tried " 20 to escape, by running away. Oct 20/95. Has improved some, of late: talks very little. Habits neat & clean. " 31 Oct 31/95. Quite well-behaved the past 2 weeks or more. Keeps himself neat & tidy. Works some in ward. Nov 1/95. Wt 136 lbs. Pulse 80. Nov 30/95. Talks but very little: is rational acting: pathos dull: habits clean. (Was transferred to B3 on 8th inst). Is on medicine, 3 times a day. Behavior very quiet. Appetite good. Dec 2/95. Wt 147 lbs. Pulse 64. Dec 31/95. Is gaining markedly in flesh: Otherwise no special change noted. Jan 31 Jan 2/96. Wt 153 lbs. (has gained 26½ lbs in flesh, since coming here). Jan 31/96. Moved to B3 (on " 31 account of a general change of ward). Jan 31/95. Keeps about as usual: Works in laundry, every day. Feby 1 Feby 1/96. Wt 152 lbs. Pulse 64. Feb 26/96. Sleeps well: talks rationally: no delusions or hallu- " 29 -cinations noted: Habits neat & clean. Works in laundry, every day. Febr 29/96. Transferred to B2. Mar 1 Mar 1/96. Wt 154 lbs. Pulse 70. Mar 31/96. A very quiet patient: Talks but little, unless addressed. Apl 1 No delusions noticed: Works every day in the laundry. April 1/96. Wt 152 lbs. Pulse 68- " 14 April 14/96. Had some trouble with another patient in the laundry & was taken up to the ward. " 15/17 April 16/96. Went to work again in laundry. April 17/96. Transferred to A1 East. " 30 April 30/96. Behavior good: no delusions or hallucinations noticed. Works daily in laundry. May 1 May 1/96. Wt 124½ lbs. Pulse 78. May 9/96. About as above generally described. " 10 May 10/96. Eloped today: efforts to find him were without avail.

Rtd Aug 20/96. Upon sick ward for a while. Most of time has been on violent ward: Was quite violent & active for a while. In September had some upon trip supposably coming from a drunk. On Sept 11th his ear was bitten by Matt Peterson, nearly took a piece off. Had many struggles with other patients but since March 97 has been much more quiet & well be- 1897 hand: Is, however, dull & feebleminded. Summary By Dr Herzog Aug 1897 Wt 145½ lbs Very Aug 1 quiet & reserved: Neat & tidy in dress: Appetite good bowels regular: Sleeps well: Very quiet: never begins a conversation but will answer questions by yes & no. Remained same until latter part of October became more communicative. Talks quite rationally concerning his home & past events. Works on Infirmary in morning. Jan 31/98 Wt. 141 lbs. Slightly better since last note. Neat & tidy: Still works on Infirmary in morning. So quiet & well behaved. Remained about same up to March 1st - fell off in weight to 135 lbs. April 1st still 133 lbs. On extra diet. Remains about same. July 1 Wt. 130½. Has been slightly more restless of late. Says he wants to go home. Aug 1/99 Wt. 128½ Aug 6 Struck Fly Mosley. Mosley having provoked him. Sept 1 Wt. 124. Oct 1 130½ Still quiet & fairly well behaved but a little restless. Nov 1 Wt. 132½ Nov 19 picked lock to dumb waiter in dormitory on B3 and eloped accompanied by N. Nelson #4 & E. Flanagan.

See Folio 51

Personal and Medical History of William Johnson

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4080.
Residence, Vernon Co. Wisc.
Date Admission, 27th April 1895.
Admitted by, Dr Kilbourne Hour, 7 30 P.M.
How Sent, H.L. Buck, Jo P. Winona County
Sex, – Male –
Age, 32 Years
Civil Condition, Single
Children, None
Age Youngest Child, —
Occupation, Laborer
Degree Education, probably not very good
Profession Religion, Lutheran Church
Habits, Fair
Nativity, In Norway
Physicians Committing, D.B. Pritchard and H. Lichtenstein
Correspondents, he gives Randolph Johnson Charles Johnson (Brother) Westby, Vernon Co. Wisconsin

No. for Year, 279.
Insane Relatives, 2 sisters of his mother
Cause Exciting, not known
Cause Predisposing, Heredity
Form, melancholia acute
Accompanying Bodily Disorder, not known
Suicidal or Not, not
Date of this Attack, about 4 Days ago
Duration, about 4 Days.
No. of Attack, 1st (so far as known)
No. of Admissions, 1st –
Age First Attack, – 32 Years –
Time of Leaving, 5th July 1895.
Time in Hospital, 2 mos & 8 Ds
Result, Disgd. Nov 6/95: Uninproved.

Exdly Dr Herzog. Apl 29/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Somewhat confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } Somewhat inaccurate
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct, in the main
REASONING POWER:
Ordinary Subjects, Is slow and
Own Mental State, Confused
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm,~~
Indifferent,
Exalted,
Depressed, Depressed
DELUSIONS:
Systematized or Not, not systematized
Special Subjects, that people wish to kill him
Transitory or Not,
HALLUCINATIONS: ✓
ILLUSIONS: ✓
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, reticent

GENERAL DESCRIPTIVE REMARKS:
Patient states that he has had similar attacks before & that his physician pronounced him insane. These attacks were worse than the present & he recovered at home. He had been drinking in La Crosse a week ago. His home is in Wisconsin & he left to get work. Has only been in the state a few days. At present he seems to have simple melancholia with some feeble-mindedness.–

Personal and Medical History of William Johnson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 134½ pds. NUTRITION, has lost some flesh.
WOUNDS OR ABNORMALITIES, see "S.R."; portion of pinna of left ear gone.
TONGUE, Tremors, slight; deviates slightly to left Coatings, somewhat anaemic Promptness Movement, somewhat slow
PUPILS, Equality, Yes Size, slightly dilated
Response Light, somewhat sluggish Accommodation, somewhat sluggish
SIGHT, Days good;
HEARING, Days good;
COORDINATION, Arms, some impairment; finger to nose, eyes shut, considerable uncertainty.
Legs, some impairment; standing on foot, quite difficult; standing, eyes shut, sways somewhat.
TREMORS, Hands, some Tongue, slight
Facial Muscles, None General, none
REFLEXES, Patellar, equal; about 6.
Other ✓
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION, retreating forehead; small head; somewhat stupid
SENSIBILITY, ✓
HEART, action feeble – no murmurs.
LUNGS, Seem good

TAKEN,

~~EXAM. URINE,~~
Treatment
Laxatives; Aikins tonic pills

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, 2 aunts Insane
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of William Johnson.

CASE RECORD.

21)49 Case No 4080

Patient's Name Wm Johnson Name Disease Name Physician

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
May 31 7 P.M.	103.6	96	24		Refused nourishment	Patient was very quiet all night slept 5 hrs R 3 hrs bowels moved.
June 1	101.3	84	24		on regular diet and 4 tea diet of milk toast	night, slept 4 hrs. bowels moved.
June 3	103.4	92	22	Gave Salts ℥ I		night, slept 6 hrs R 2 hrs.
" 4	101	80	24	applied ointment to face		
	100.3	88	24			night slept 2 hrs R. 5 hrs.
	102.4	88	24			
" 5	111.6	84	22			Appetite fair, Lies quietly in bed
	101	74	24			Complained of headache
" 6	99.8	76	22			night slept 6 hrs
	104.8	80	20			R. 2 hrs noisy 1 hr
" 7	99.4	68	20			
	100	72	16			
" 8	98.6	72	20			night slept 7 hrs R 1 hr. bowels moved.
	100	80	20			
" 9	98.8	72	18		On extra diet.	Appetite very good,
	98.8	74	18			
" 10	98.8	76	18			Face has nearly healed.
	98.4	68	18			
" 11	98.6	76	18			night slept 7 hrs R. hr.
	98.4	72	18			
" 12						upon ward dressed
" 14	Transfered to B2					

Recorded by _____ Nurse.

Discharged

This patient
Stranger
Patient
it is ac
of the
are gon
by his
for injure
disease
Apl 27 On adm
good;
thumb
" 28 Apl 28. 98.6
stipated
" 29 Pm. Pul
Walks a
" 30 Apl 30
May 1 Works
" 2 Wt, to
" 3 Jacks
" 4 night.
" 11 little;
through
back mo
And in a
Summ
movemen
" 15 to be goo
" 30/31 on ward
Now was
June 6 more.
others; i
now an
" 10 by day; c
" 12/14 face ha
" 30 June 30/95. Appetite Good: bowels regular. Behaves well. Works on ward some & occasionally
July 1 works out doors for a few hours. Talk freely. Physical Condition Good. July/95. Wt 157½ pds
" 5 (a gain in weight of Nearly 10 pounds since admission). Pulse 80. July 5/95. Allowed to go home

Personal and Medical History of Peter F. Conlin

From 24.

Apl 2/96 Apl 2/96. Wt 164 pds. Rests well, at night. Is up & dressed, daily. Apl 3/96. Up all day. Is improving much.
" 4/96 Apl 4/96. 2 convulsions today. Apl 7/96. Is bed this morning: restless out of bed a number of times, today. Pulse is intermittent: he is very nervous. Apl 9/96. Very restless & sleepless, the past 2 nights. Is quiet, today. Cries some.
" 9 Still very nervous. Apl 10/96. Much more quiet than he has the past few days. Apl 12/96. Still improving gradually. 100 Pm. Up and
" 12 dressed: returned to bed 7 30 Pm. Sleeps quite well at night. Is on bromides. Apl 13/96. Up & dressed. Remained
" 14 up, all day: no complaints. Was out this Pm. Apl 15/96. Up about ward: very quiet: appears about the same
" 30 as usual. Is on bromides continued. April 30/96. Apparently rests & sleeps well, at night. Appears to be improving very
May 6 slowly. Works some on ward. Still on bromides. (See Nurses record article 9). May 6/96. Patient has been
" 7 up, on ward: not very strong & somewhat nervous; habits clean: is very quiet: does considerable work on ward.
" 8/13 Complains, at times, of slight headache: sleeps well, at night. May 7/96. Appears much more restless
" 14/21 than usual. Walking about ward, most of day. May 8/96. Wt 174 pds. May 13/96. Very nervous this morning
" 27/31 (Went to B3 to sleep). May 14/96. Appears quite well, today. May 20/96. No change & specially noticeable.
June 1 Some days, quite nervous & restless: at others more quiet. May 31/96. About as usual. Still somewhat
" 3/5 nervous. June 1/96. Works on ward. Appears strong, but very nervous. At this afternoon. (Sleeping at 1 30)
7 00 Pm. June 3/96. Wt 172½ pds. June 5/96. Is cross & irritable. Refuses to work. Shows inclination to sleep.
Transferred to W2. (See Nurses record article 9). Summary Notes by Dr Phelps Aug/96 180#
Has had a good many convulsions the last few days. Is somewhat stupid & is in bed. Condition averages. Looses about the same. July 5/98 Had
a convulsion, dislocating his shoulder. Was taken to Infirmary.
June 31/99 Interesting notes show many convulsions. Wt. uniformly over 200#
& altho irritable at times, most of time is comparatively quiet.
Feb 1 - July 31/99 (Dr Wortons). Wt 205 Not much change during period. Has had occasional con-
vulsions & at times becomes quite confused ordinarily, however, conversation is
quite rational. Habits neat. Behavior fairly good. At times becomes ugly.
Feb 15 Right foot. inflamed & swollen. Probably a burn from heater. Mch. 9 Trans
to B1. Aug 1 — Jan 31 1900 (Dr Chapple). Very little change during period. Has delusions.
Jan 31/1900 thinks he is Grover Cleveland. Has occasional convulsions. Is at times
Feby 1 pugnacious. Feby 5/1900 Wt 193# B 96. June 21. Had a quarrel with E. Erickson in dining
June 21 room: struck latter with glass, cutting Erickson's face badly & his own thumb & finger were cut
" 28 considerably. June 28. Transferred to C1. July 5. Transferred to B2. July 31 No special change: has
July 5/31 occasional "Epileptic seizures", & at times becomes much confused & excited: does not appear to know
what he is doing. Is rather irritable & contrary. Does not do much: stays in room, most of time. Is very
Aug 1 devout. Patient is inclined to be constipated. Augs Wt 184# — Sept 21. "Violent Spell" —
Sep 21 Transferred to C1. Continues troublesome & violent for some time. Nov 4. Transferred to B2.
Dec 27 1901 Behavior improved. Dec 27. Had convulsion, during night, during which he dislocated
Jany 31 his right shoulder. Transferred to T.W. Dislocation reduced. Jany 31/1901. No change
specially noticeable. (Was transferred to W2 1/19/1901). Still has severe convulsions often
Feby 1/24 Wt 186# — Feby 25. Dislocated right shoulder, while in convulsion. Transferred to T.W. and
March 1/10 dislocation reduced. Feb 26. Up, on ward. March 2. To B2. March 10. Right shoulder
again dislocated. To T.W. & Dislocation reduced under Anaesthesia — Mar 14. To B2.

Do 296

Personal and Medical History of William Johnson.

1895

This patient was brought here by Sheriff Fuhrman, with following history. He stranger here & very little is known about him. Habits & morals fair. There is hereditary history (patient says); 2 sisters of his mother have been insane; Cause of this attack is not known; in form it is acute, exalted & paroxysmal. If any accompanying bodily disorder, is not known. First symptoms of the disease were manifested about 4 days ago, in a neighboring village; he thought some men are going to shoot him and hang him. This is 1st attack, as far as we know. Insanity now shown by his thinking some one is after him to injure him; has hallucinations. Patient is not disposed to injure others, nor is he suicidal, nor filthy nor destructive. There is no history of any bodily disease &c nor of any head-injury. Has been confined in County Jail for 3 days. If heated, is not stated.

Apl 27 On admission, was put on B2 (S.R. Complexion Dark; hair dark; eyes brown; Condition of skin good; small part of rim of left ear torn away; some scars on left knee: mole on right scapula; thumb on right hand has been broken; bunion on either big toe. Behavior good) – Pulse 80 R22

" 28 T(x) 98.8. Apl 28/95. Slept 7 hours, last night. A.M. Pulse 78; T(x) 98.8. Appetite medium; bowels constipated; (was given medicine); is depressed & stupid; talks some, when addressed, but not communicative.

" 29 P.M. Pulse 72. T(x) 99. No complaints or injuries to report. Apl 29/95. Slept 8 hours. A.M. Pulse 72. T(x) 99.2 Walks about hall; somewhat depressed and melancholy. Talks when questioned, but in monosyllables. –

" 30 Apl 30/95. Slept 7 hours. A.M. Pulse 76. T(x) 98.8. Appetite good. Is still depressed. "Wants to get away".

May 1 Works none. May 1/95. Slept quite well, last night. A.M. Pulse 70. Still stupid, and depressed.

" 2 Wt, today, 137½ pds. Is very reticent. May 2/95. Slept 8 hours; A.M. Pulse 68. Appetite good.

" 3 Talks some: works none: Goes walking. May 3/95. Restless 3 hours, sleeping only 5 hours, last

" 4 night. Am. P 74. No special change to note. May 4/95. Slept well. Am. P 76. Talks but

" 11 little; fairly sensible; somewhat stupid. Works none – May 11/95. During this, the 2nd week, patient, though occasionally somewhat restless, has, as a rule, been sleeping well, each night. Pulse, taken each morning, about normal. He is still inclined to be reticent. Is stupid & depressed. Talks some and in a sensible manner, but not communicative. Works some on ward. Goes out walking.

Summary: Ever since coming, he has been quiet, melancholy & depressed; is slow in his movements & actions; Eyes cast downward: apparently has no delusions; Physical condition seems

" 15 to be good. Appetite generally good, but bowels constipated at times. May 15/95. Behaves well. Works

" 30/31 on ward. Is somewhat depressed. May 30/95. No special change. May 31/95. 12 M. Noticed that nose was swollen some. 2.30 P.M. Face (or rather Glands) on either side swollen, the left side being the

June 6 more. Transferred to T.W.E. – June 6/95. Patient sleeps fairly well; on some nights better than on others; is more or less restless. Upon coming on this ward, refused nourishment, the first day: is now on regular diet & extras. Is on medicine. Ointment applied to face. He lies quietly in bed,

" 10 lyday: complains some of headache. June 10/95. Is now sleeping better. Appetite is very good.

" 12/14 Face has nearly healed. June 12/95. Dressed & up, on ward. June 14/95. Transferred back to B2. –

" 30 June 30/95. Appetite good: bowels regular. Behaves well. Works on ward some & occasionally

July 1 works out doors for a few hours. Talks freely. Physical condition good. July 1/95. Wt 154 pds

" 5 (a gain in weight of nearly 20 pounds, since admission) Pulse 80. July 5/95. Allowed to go home.

Discharged

Personal and Medical History of John F. Conlin

From 24.

Apl 2/3 Apl 2/96. [illegible] proving much.

" 4/7 Apl 4/96. [illegible] Pulse is

" 9 inter[illegible] Cries some.

" 12/14 [illegible] Up and

" 17 [illegible] Remained

" 21 [illegible] but the same

" 30 [illegible] very

May 6 [illegible] has been

[illegible] on ward.

" 7 [illegible] restless

" 8/13 [illegible] this morning

" 14/24 [illegible] ticeable.

" 31 [illegible] Somewhat

June 1 [illegible] ping on B2)

" 3/5 [illegible] tion to Elope.

[illegible] 180#

[illegible] hat stupid

[illegible] 5/98 Had

Jan [illegible] over 200#

[illegible] et.

Feb 1 [illegible] al con-

[illegible] tion is

[illegible] ngly.

[illegible] ch. 9 Wans

– To – [illegible] delusions

Jan 31/1900 [illegible] times

Feby 1 [illegible] in dining

June 21 [illegible] were cut

" 28 [illegible] ange: has

July 5/31 [illegible] an to know

[illegible] o. Is very

Aug 1 [illegible] ell" –

Sep 21 [illegible] d to B2.

Dec 27 [illegible] slocated

1901

Jany 31 [illegible] Transferred to I.W. Dislocation reduced. Jany 31/1901. No change specially noticeable. (Was transferred to B2 1/27/1901). Still has severe convulsions often

Feby 1/25 Wt 186# – Feby 25. Dislocated right shoulder, while in convulsion. Transferred to I.W. and

28 dislocation reduced. Feb 28. Up, on ward. March 1. To B2. March 12. Right shoulder

Mar 12/18 again dislocated. To T.W. & Dislocation reduced under anaesthesia – Mar 14. To B2.

To 296

Personal and Medical History of Charles Mount

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4086.
Residence, St. Paul, Minn.
Date Admission, 7th May 1895.
Admitted by, Dr. Phelps — Hour, 3 PM
How Sent, G. Willrich, J of P, Ramsey County
Sex, Male.
Age, 35 Years.
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Collector.
Degree Education, Common School
Profession Religion, Presbyterian —
Habits, neither patient nor parents addicted to intemperance
Nativity, England; (parents also born there) —
Physicians Committing, A. Macdonald and Jno. C. Nelson
Correspondents, Hannah Howroyd
Mother's address Tomah Wis

Autograph May 8/95
Charles Mount
Hannah Howroyd
Tomah
to Wis
Mother's address

Time in Hospital, 1 yr. 7 mo. 24 da.
Result, Disd. General Paresis.

Exdly Dr. Herzog, May 8/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } rather inaccurate
Recent Events, }
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, } Quite poor
Own Mental State, }
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient has motor signs & appearance of General Paresis. Mental State shows considerable dementia, without the characteristic delusions of grandeur —

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

DELUSIONS:
Systematized or Not, } none brought out
Special Subjects, }
Transitory or Not, }

HALLUCINATIONS:
ILLUSIONS: thinks himself in a boarding house in St. Paul

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

Personal and Medical History of Charles Mount

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ WEIGHT, 133 pds. NUTRITION, Considerably impaired
WOUNDS OR ABNORMALITIES, see "S. R." on next page; throat congested —
TONGUE, Tremors, fine & coarse Coatings, heavy yellowish over entire surface Promptness Movement, slow
PUPILS, Equality, right dilated; left smaller & ~~Size,~~ irregular —
Response Light, right responds more sluggishly ~~Accommodation,~~ do —
SIGHT, Impaired
HEARING, fair; seems impaired —
COORDINATION, Arms, slight impairment; finger to nose, eyes shut, some uncertainty & wavering
Legs, Considerable impairment; standing on foot, almost impossible; standing eyes shut, sways considerably
TREMORS, Hands, Yes Tongue, fine
Facial Muscles, while speaking General, at times
REFLEXES, Patellar, O — equal EXAM. URINE,
Other
ARTICULATION,
Slurred, Yes
Hesitating, Yes
FACIAL EXPRESSION,
blank; somewhat haggard
SENSIBILITY,
HEART, first apex sound rough; impulse feeble
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.,
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 Charles Mount

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4086.
Residence, St. Paul, Minn.
Date Admission, 7th May 1895.
Admitted by, Dr. Phelps — Hour, 3 PM
How Sent, G. Willrich, J of P, Ramsey County
Sex, Male.
Age, 35 Years.
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Collector.
Degree Education, Common School
Profession Religion, Presbyterian —
Habits, neither patient nor parents addicted to intemperance
Nativity, England; (parents also born there) —
Physicians Committing, A. Macdonald and Jno. C. Nelson
Correspondents, mother's address } Hannah Howcoyd Tomah Wis

No. for Year, 285.
Insane Relatives, none
Cause Exciting, thrown out of sleigh; probably had concussion
Cause Predisposing, not given
Form, Dementia paretic
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, attempted suicide by poison (atropia)
Date of this Attack, a week ago
Duration, — a week
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 35 —
Time of Leaving, Dec. 31. 1896.
Time in Hospital, 1 yr. 7 mo. 24 da.
Result, Died. General Paresis.

Exdly Dr. Herzog, May 8/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } rather inaccurate
Recent Events, }
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, } Quite poor
Own Mental State, }
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient has motor signs & appearance of General Paresis. Mental State shows considerable dementia, without the characteristic delusions of grandeur —

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

DELUSIONS:
Systematized or Not, } none brought out
Special Subjects, }
Transitory or Not, }

HALLUCINATIONS:
ILLUSIONS: thinks himself in a boarding house in St. Paul

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

...al History of Charles Mount

...MINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

WEIGHT, 133 pds. NUTRITION, Considerably impaired.
...ES, see "S. R." on next page; throat congested —
TONGUE, Tremors, fine & coarse Coatings, heavy yellowish over entire surface Promptness Movement, slow
PUPILS, Equality, right dilated; left smaller & ~~Size,~~ irregular —
Response Light, right responds more sluggishly ~~Accommodation,~~ do —
SIGHT, Impaired
HEARING, fair; seems impaired —
COORDINATION, Arms, slight impairment; finger to nose, eyes shut, some uncertainty & wavering
Legs, Considerable impairment; standing on foot, almost impossible; standing eyes shut, sways considerably
TREMORS, Hands, Yes Tongue, fine
Facial Muscles, while speaking General, at times
REFLEXES, Patellar, O — equal EXAM. URINE,
Other
ARTICULATION,
Slurred, Yes
Hesitating, Yes
FACIAL EXPRESSION,
blank; somewhat haggard
SENSIBILITY,
HEART, first apex sound rough; impulse feeble
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.,
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,

Record kept

Personal and Medical History of Charles Mount.

1895

This patient was received here at the hand of Nicholas Flynn. The patient is in fair condition, no history of consanguinity. This is the first attempted suicide by poison; believed himself increasing; is variable; usually straight, when he by fear of personal injury. Patient is not disposed Atropia & propensity now active. Is not filthy. No peculiarities or were previously manifested. Is addicted. He was thrown out of a sleigh, last Cause of disease is unknown. We lack no medical

May 7 On admission, was put on D[r] S.R. Coup[l] good; no marks scars or bruise noticed. Is dirty

" 8 Pulse 100. R 24. T(a) 99.5. May 8/95. Was restless R 26. T(a) 100°. Appetite good, but bowels constip Had to hold him, when out walking. Has various he has a job & wants to go to work". He has a sli

" 9 Complaints or injuries to report: May 9/95. Restless R 19 T(a) 99°. Appetite fairly good; patient is

" 10 PM. T(a) 100. T May 10/95. Slept only 4 hours, last Appetite medium. Is quiet; somewhat stupid. Mal

" 11 May 11/95. Slept somewhat better, last night. HM Sensibly, at times, but is generally petulent

" 12 May 12/95. Slept 8 hours. HM. P 98. Sits abou

" 13 many the girl". Talks in rather an incoher night. HM. P 96. Appetite good; bowels regular. Is

" 14 to St Paul"; May 14/95. Restless 7 hours, sleeping but 1 hour, last night. HM. Pulse 100. Goes out walking. Is very discontented & fussy and wants to get away. Regime Watching.

" 21 May 21/95. During this 2nd week of his stay, patient has been restless, about every other night, and sleeping only 3 to 5 hours; the other nights, he has been sleeping 7 to 8 hours, as a rule. Talks sensibly at times, but generally incoherently. Still holds delusions; says "that he will marry the girl". Goes out walking but is very unsteady in legs. Does not play games or read. Behaves well. Walks around ward. (Pulse taken each morning, the past week, has been 90 to 100).

Summary; For 1st 3 days; patient was excited & restless; had to be held when out walking; began to grow more used to the place and became quieter. He works some on ward. Physical condition is very weak. On admission, he walked quite unsteadily; walks somewhat more steadily now & has gained in flesh considerably. At first was restless; has been quieter of late: is deluded; mental state somewhat exalted. Habits were somewhat dirty, but are more cleanly now. May 25/95. Slept poorly last night: was very restless. Nervous excited.

" 26 May 26/95. Excitable, & asking questions continually; "is going to be married to one of the finest girls in St Paul, soon". May 31/95. Sleeps quite poorly. Has "spells" when he is very much excited and

June 1st 1895

Rochester Minn

To his Honor;
the Governor of Minn.
Dear Sir;

I write to inform you, that I am confined in this asylum (Rochester State asylum) when I am perfectly able to go out and earn my own living and not be a burden to the tax payers of Minn. I am engaged to be married to Mrs A.F. Bagnell of St Paul, who lives at Room 19 3rd floor 159 W. 7th St. I came here on purpose, in order to fit myself for this marriage and be an honor to my friends and my mother

Sheet No. 1

COMBINED CLINICAL NOTES and GRAPHIC CHART.

31/53

Case No. 4086. Date of Admission, day ____ Month May. 189 6

Name of Patient Chas Mount Result ____

Diagnosis ____ Physician's Name C. A. B. C.

Day of Month.	Hour	T.	P.	R.	Nourishment.	Medicine.	Urine.	Stools.	Number Hours Sleep, Baths, Mental Condition, Pain, Cough, Expectoration and other Symptoms.
1.	8.	98.2	70	16.	Good brkfst.		7 00	6 15	Patient apparently improving physically. appetite good. Habits apparently cleaner. S. 7 hrs.
					" dinner		11 00		
	5.	98.	74	16.	" Supper.		6 10		
2.	8.	98	78	20	" brkfst.		4 20	4 20	S. 5. hrs.
					" dinner		9 00		
	6.	99	70	20	" Supper.		8 00	12 45	
3.	8.	98.6	74	22	" brkfst.		7 00	8 00	Has been very quiet all day no complaints. Habits filthy to day, was given bath at 5.30 S. 7 hrs.
					" dinner.		10 10		
	5.	99.4	86	20.	" Supper.		4 00	5 30	
							7 40		
4.	8.	98.	94	20	" brkfst.		7 10	10 00	S. 5. hrs.
					" dinner.		10 00		
	5	99.4	74	21.	" Supper.		8 16		
5.	8.	98.2	80	18.	" brkfst.		6 30	3 00	Habits apparently clean. Very quiet. S. 6. hrs.
					" dinner		11 00		
	5	99.	80	16.	" Supper		7 00	2 00	
6.	8.	98.4	80	22	" brkfst.		7 15	7 00	S. 7. hrs.
					" dinner.		9 30		
	5.	99.4	70	18.	" Supper.		6 10		
7.	8.				" brkfst.		6 00		Patient apparently nearly well. Habits still remain clean. S. 8. hrs.
					" dinner		10 00		
	5.				" Supper.			8 00	
8	8	98.8	76	20	Good breakfast		4 10		

Day 1 — 6 30 am, 9 N

Day 1 — 11 30 am. Transferred to 2S

Day ____ Day ____ Day ____ Day ____ Day ____ Day ____

DIRECTIONS

Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.

ABBREVIATIONS

U.--Urinated.
B. M.--Bowels moved.
Med.--Medicine given.
gtts.--Drops.
M.--Minims.
O.--Pint.
oz.--Ounce.
dr.--Drachm.
Qt.--Quart.
Tc.--Teacupful.
Tsp.--Teaspoonful.
S. 5hs.-Slept 5 hours.

PRESCRIPTIONS

Can be marked by capitals A. B. C. etc., and referred to thus:- dr.ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.

Hour	Temp.	Pulse	Resp.	Sleep
	106			
	105			
	104	190		
	103	180		
	102	170		
	101	160		
	100	150		
	98.8	140	100	
	98	130	90	
	97	120	80	
	96	110	72	
			60	
			55	
			50	
			45	
			40	
			35	
			30	
			25	
			20	18
			15	15
			10	10
			5	
			4	
			3	
			2	
			1	
			0	

Personal and Medical History of Charles Mount.

1895

This patient was received here at the hand of Deputy Sheriff Peter J. Quint, attorney Nicholas Flynn. The patient is in fair condition, and comes with following history. There is no history of consanguinity. This is the first attack; first symptoms manifested a week ago, attempted suicide by poison; believed himself to be pursued by a mob; disease appears to be increasing; is variable; usually at night, when he is unable to sleep. Derangement now shown by fear of personal injury. Patient is not disposed to injure others. Attempted suicide by taking Atropia + propensity now active. Is not filthy or destructive in habits. Has insane relatives. No peculiarities + were previously manifested. No family history of intemperance: patient not addicted. He was thrown out of a sleigh, last winter; probably had concussion, though supposed cause of disease is unknown. He has had no medical treatment.

May 7 On admission, was put on B.T. (S.R. Complexion dark: hair light: eyes gray; Condition of skin good; no marks scars or bruises noticed. Is dirty; no bodily peculiarities noted; behavior is good.
" 8 Pulse 100. R. 24. T. 99.5. May 8/95. Was restless, all night out of bed; slept none. Abn. Pulse 98. R 26. T. 100°. Appetite good, but bowels constipated; (given seidlitz powder). was trying to get away; had to hold him, when out walking. Has various delusions; "thinks he is in St. Paul"; says "that he has a job + wants to go to work". He has a slight cough; Phe. Pulse 106. R 24 T. 100.4°. No
" 9 Complaints or injuries to report. May 9/95. Restless 6 hours, sleeping but 2 hours, last night. Abn. Pulse R 19 T. 99°. Appetite fairly good; patient is fairly quiet; talks very little; walks unsteadily.
" 10 Phe. T. 100. T. May 10/95. Slept only 4 hours, last night; was restless 4 hours. Abn. Pat. T. 99°. Appetite medium. Is quiet; somewhat stupid. Walks unsteadily + seems to be run down in flesh.
" 11 May 11/95. Slept somewhat better, last night. Abn. Pat. Is quiet; appetite medium; Talks fairly sensibly, at times, but is generally reticent + appears unable to collect thoughts for a moment.
" 12 May 12/95. Slept 8 hours. Abn. Pat. fits about. Still shows delusions. Says "that he will
" 13 marry the girl". Talks in rather an incoherent manner. May 13/95. Slept 7 hours, last night. Abn. Pat. Appetite good; bowels regular. He is rather restless: walks about; wants to get back to St. Paul". May 14/95. Restless 7 hours, sleeping but 1 hour, last night. Abn. Pulse 100.
" 14 Goes out walking. Is very discontented + fussy and wants to get away. Requires Watching.
" 21 May 21/95. During this 2nd week of his stay, patient has been restless, about every other night, and sleeping only 3 to 5 hours; the other nights, he has been sleeping 7 to 8 hours, on each. Talks sensibly at times, but generally incoherently. Still holds delusions; says "that he will marry the girl". Goes out walking but is very unsteady in legs. Does not play games or read. Behaves well. Works some on ward. (Pulse taken each morning, the past week, has been 90 to 100).

Summary; For 1st 3 days, patient was restless + restless; had to be held when out walking; began to grow more used to the place and became quieter. He works some on ward. Physical condition is very weak. On admission, he walked quite unsteadily; walks some-what more steadily now + has gained in flesh, considerably. At first was restless; has been quieter of late: is deluded; mental state somewhat altered. Habits were somewhat dirty, but are more cleanly now. May 25/95. Slept poorly last night: was very restless. Nervous + excited.
" 26 May 26/95. Excitable + asking questions continually; "is going to be married to one of the finest girls
" 31 in St. Paul, soon". May 31/95. Sleeps quite poorly. Has "spells" when he is very much excited and

...RAPHIC CHART.

...th May 189 6.

2.	6.	99.							...tion, Pain, Cough, Expectoration ...tly improving which ...petite good. ...by Cleaner. S. 7 hrs.
3.	8.	98	74	22	" dinner				S. 5. hrs.
	5.	99+	86	20	" supper				...en very quiet all day ...plaints. Habits filthy ...ye was given bath at S. 8 hrs.
4.	8.	98.	74	20	" brkfst.				
					" dinner.				
	5.	99+	74	21	" supper.				S. 5. hrs.
5.	8.	98	80	18.	" brkfst.	8 10	6 30	3 00	Habits apparently clean. Very quiet.
					" dinner		11 00		
	5.	99.	80	16.	" supper		7 00	2 00	S. 6 hrs.
6.	8.	98+	80	22	" brkfst.		7 15	7 00	
					" dinner.		9 30		
	5.	99+	70	18.	" supper.		5 15		S. 7. hrs.
7.	8.				" brkfst.		6 00		Patient apparently nearly well. Habits still remain clean. S. 8. hrs.
					" dinner		10 00		
	5.				" supper.			8 00	
8	8	98	76	20	Good breakfast		4 10		

DIRECTIONS

Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.

ABBREVIATIONS

U.--Urinated.
B. M.--Bowels moved.
Med.--Medicine given.
gtts.--Drops.
M.--Minims.
O.--Pint.
oz.--Ounce.
dr.--Drachm.
Qt.--Quart.
Tc.--Teacupful.
Tsp.--Teaspoonful.
S. 5hs.--Slept 5 hours.

PRESCRIPTIONS

Can be marked by capitals A. B. C. etc., and referred to thus:--dr.ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.

Hour	Temp.	Pulse	Resp.	Sleep
	106			
	105			
	104	190		
	103	180		
	102	170		
	101	160		
	100	150		
	98.8	140		
	98	130		
	97	120		
	96	110		
		100	100	
		90	60	
		80	55	
		72	50	
		60	45	
		50	40	
		40	35	
		30	30	
		25		
		18		
		15	9	
		10	8	
			7	
			6	
			5	
			4	
			3	
			2	
			1	
			0	

Day 6.30 9 00 — Day — Day — Day 11 30 am Transferred to W.S. — Day — Day — Day

1895

I
this
State
n
out
wn
be a
ax payers
ngaged to
rs A. F. Bag
who lives
floor 159
me here on
order to fit
his marriage
ronor to my
my mother

night. A.M. Pulse 100.
get away. Requires Watching.
stless, about every other night.
7 to 8 hours, on each. Talks
ons; says "that he will marry
not play games or read. Behaves
past week, has been 90 to 100).
had to be held when out walking;
etor. He works some on ward.
walked quite unsteadily; walks some-
sidgably. At first was restless; has
ewhat exalted. Habits were somewhat dirty,
well.

Summary.

began to grow m
Physical condition is very w
-what more steadily now & has gu
been quieter of late: Is deluded; mental
" 25 but are more cleanly now. May 25/95. Slept poorly last night: was very restless. Nervous & excited.
" 26 May 26/95. Excitable, & asking questions continually; "is going to be married to one of the finest girls
" 31 in St Paul, soon". May 31/95. Sleeps quite poorly. Has "spells" when he is very much excited and

31/53

SHEET No 1

COMBINED CLINICAL NOTES and GRAPHIC CHART.

Case No. 4086 Date of Admission, day Month April 1896

Name of Patient Chas. Mount Result

Diagnosis Physician's Name C. B. E.

Day of Month.	Hour	T.	P.	R.	Nourishment.	Medicine.	Urine.	Stools.	Number Hours Sleep, Baths, Mental Condition, Pain, Cough, Expectoration and other Symptoms.
25	2 45 p.m.	1031	106	22	Light supper		5 30		2 30 p.m. Received from B.2. Quite weak. Was carried in chair. Bowels very loose. Moved frequently during afternoon. Was bathed and put to bed. Put on regular & extra diet.
25.									Whistled, and appeared happy. Was unable to understand why he was transferred to Infirmary. Said he was not sick. S. 5 hrs
26.	8.	98.6	84.	20	Good brkfst.		7 15		
					" dinner		1 30	1 30	
	5	98.8	80	18.	" supper		7 15		Appears much better to day. Whistled continuously during evening. S. 6 hrs.
27.	8.	98.4	74	24	" brkfst.		7 00		Very quiet this a.m. P.M. do.
					Light dinner		11 00		
	5.	98.9	70	18.	Good supper		4 00		S. 6 hrs.
28.	8.	98.4	74	17.	" brkfst		6 30	11 00	Habits filthy. Passage in bed, twice, during day.
					" dinner				
	5	98.5	78	16	" supper		9 40	4 15	Seems to be mean & stubborn would not stay in bed. S. 6 hrs.
							5 00	8 15	
29.	8.	98.4	78	16	" brkfst.		7 00		Appears very quiet to day. has not been out of bed.
					" dinner		11 00		
	5.	98.8	70	16	" supper		4 00	2 80	S. 7 hrs.
30.	8.	99	78	16.	" brkfst.		6 30		Gave bath 10 00 a.m. Habits still filthy, appetite remains good. S. 6 hrs.
					" dinner		9 45		
	5.	99.1	70	17.	" supper		5 15		Noisy one hr during night.

DIRECTIONS

Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.

ABBREVIATIONS

U--Urinated.
B. M.--Bowels moved.
Med--Medicine given.
gtts.--Drops.
M.--Minims.
O.--Pint.
oz.--Ounce.
dr.--Drachm.
Qt.--Quart.
Tc.--Teacupful.
Tsp.--Teaspoonful.
S. 5hs.-Slept 5 hours.

PRESCRIPTIONS

Can be marked by capitals A. B. C. etc., and referred to thus:- dr.ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.

Hour	Temp.	Pulse	Resp.	Sleep
	106			
	105			
190	104			
180	103			
170	102			
160	101			
150	100			
140	98.8			
130	98			
120	97			
110	96			
100				
90				
80				
72				
60				
50				
40				
30				
25				
18				
15				
10				

Day Day Day Day Day Day Day

Personal and Medical History of Charles Mount

very restless; talks incoherently; laughs & cries, at times. Has many & various delusions. —
June 1/95. Wt 136 pds. Pulse 100. (Attendant, several times, has noticed him, when he could not speak
for some few minutes). June 30/95. During early part of this month, patient was, almost nightly,
restless for from 4 to 6 hours & slept very poorly; was troubled with a sore toe, (from a corn), which
was dressed daily. He still holds delusions. Talks fairly sensibly; at times starts on "wealth" —
but seldom speaks of anything of that kind. Plays cards & games. Gait, quite unsteady, at times; has
lately become more steady. He has behaved well. Clean & tidy in his habits. Works some on ward.
July 1/31. July 1/95. Wt 131 pds. Pulse 96. July 31/95. No special change. Recently, umpired a game of
ball & did quite well. Gait still quite unsteady. Plays cards & billiards. Mentally, about same.
Aug 1/31. Aug 2/95. Wt 133 pds. Pulse 112. Aug 13/95. Visited by mother (or stepmother). Aug 31/95. Patient has
seemingly improved much mentally, during past month. Is more composed & satisfied. Reads much &
Sep 2/19. play cards, billiards &c. Physical health has also improved. Sep 2/95. Wt 137 pds. Pulse 86. Sep 17/95. Was,
" 30. today, transferred to H. Sep 30/95. Eats & sleeps well. Behavior very good. Works in dining-room. Otherwise,
Oct 1/3. is about as usual. Oct 1/95. Wt 137 pds. pulse 96. Oct 3/95. Appears not to be feeling well: seems sleepy,
" 6. nearly all the time. Oct 6/95. Has been gradually failing, mentally, the past few days. Gait has also
" 31. been very jerky & unsteady. Oct 31/95. Has, seemingly, again been making some improvement,
during the latter part of month. Appears brighter. Cheerful & contented. Fond of games. Helps with work.
Nov 2/30. Nov 2/95. Wt 136½ pds. Pulse 84. Nov 30/95. Behavior good. Seems improved during the month. Is easily agi-
Dec 3. tated & excited — Reads, plays games, helps with work. Makes no complaints. Dec 3/95. Wt 137½ pds. P 84.
" 31. Dec 31/95. Patient has not been out, for some time; complains of feeling weak, while out walking.
1896 Jan 1/31. No particular change, mentally, noticeable. Jany 1/96. Wt 142 pds. P 78. Jan 31/96. Is about the same,
in every way. Does not go out walking: seems to take cold very easily & "this affects his nervous system".
Feb 1/29. Feby 1/96. Wt 145½ pds. P 80. Feb 29/96. Behavior good: Complains of not sleeping well, at night. Has
Mar 2/29. the "Blues" occasionally. Mar 2/96. Wt 146 pds. Mar 29/96. Had a "fainting spell" or a light fit:
Apl 1. It left him in a drowsy or sleepy condition. Vomited several times, during the day. Apl 1/96. Wt 144½ pds. P 82.
" 21. Apl 21/96. Walked away from the crowd: says "he is going to run away from this place." Is gradually
" 22. failing, both mentally & physically: is getting very forgetful. Apl 22/96. Made another attempt
to get away, while out for a walk: refused to come back, when called. Transferred to B2.
" 25. April 25/96. Ate a very light breakfast: Complained of headache: 11 am put to bed: had a "spell"
of vomiting & chills: bowels very loose: appeared to have no control of them. Moved to TW,
at 2.30 P.M. Quite weak: was carried in chair. Bowels very loose, & moved frequently during afternoon.
Was bathed & put to bed: on regular & extra diet. Whistled & appeared happy: was unable to
" 26. understand why he was transferred to "Infirmary": said "he was not sick". Apl 26/96. Slept
" 28. 5 hours, last night. Appears much better, today. Apl 28/96. Slept 6 hours, last night: seems mean, and
" 30. stubborn: would not stay in bed. Forced his bed twice, today. Apl 30/96. Sleeps quite well.
Lies quietly in bed. Habits still filthy. Was noisy last night. Otherwise, condition shows no special change.
May 2/3. May 2/96. Apparently improving physically: appetite good: habits somewhat cleaner. Sleeps fairly well. May 3/96. Very quiet,
" 7. all day: no complaints. Habits filthy, today. May 7/96. Apparently nearly recovered from this attack — He sleeps well.
" 8. habits remain clean. May 8/96. 11.30 am. Transferred to B2.

(Carried to 348)

Personal and Medical History of C. R. Dewey

LUBERT, PICKAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4090.
Residence, St Paul, Minn
Date Admission, 10th May 1895.
Admitted by, Dr. Phelps — Hour, 11:30 AM
How Sent, G. Wilbrick. Jof P. Ramsey County
Sex, Male
Age, 37
Civil Condition, Single.
Children,
Age Youngest Child,
Occupation, Architect
Degree Education, Moderately educated
Profession Religion, Presbyterian
Habits, not intemperate
Nativity, Iowa (Father's Nativity: New York; Mother's, Maryland)
Physicians Committing, Arthur Sweeney & C. E. Riggs
Correspondents, Not mentioned in "Papers"
W H Dewey M.D. and J. T. Dewey Moville Iowa

No. for Year, 289.
Insane Relatives, None; father was intemperate.
Cause Exciting, —?
Cause Predisposing, previous
Form, paranoia
Accompanying Bodily Disorder, No
Suicidal or Not, — not —
Date of this Attack, 3 years
Duration, 3 years
No. of Attack, 2nd probably
No. of Admissions, 1st
Age First Attack, abou
Time of Leaving, Nov. 12'
Time in Hospital, 6 mo
Result, Imp.

Nov 14/95

Ex'by Dr. Herzog May 11/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

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

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

REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Does not realize
Special Subjects,

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

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

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Patient reasons well & talks rationally, except on subject of matrimony. Says Mrs Noyes of St Paul, an slight boring acquaintance - Wrote her letter with her. Attempted to see her at home, with no success - Cannot see her (returned) reciprocated. Has gone on, in this way for 3 years past. Has car & services in Chicago.

Personal and Medical History of C. R. Dewey

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

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

BOARD OF CONTROL OF STATE INSTITUTIONS
O. H. MICHAEL, CHAIRMAN
E. H. FELTON H. C. WHITE

ADDRESS ALL COMMUNICATIONS TO THE SUPERINTENDENT
IF CONCERNING AN INMATE GIVE NAME IN FULL

INDEPENDENCE STATE HOSPITAL

R. A. STEWART, M. D., SUPERINTENDENT

INDEPENDENCE, IOWA

Mar. 2, 1935.

Rochester State Hospital,
Rochester, Minnesota.

Gentlemen:

We have received in our institution as insane, one Charles Reed Dewey who gives a history of having been in your institution about fifty years ago.

If this is correct, we would appreciate a brief abstract of his case including diagnosis and prognosis.

Yours very sincerely,

R A Stewart
Superintendent.

ALB:MRM

C. R. Dewey. 4090 31
May 10, 1895
Dec. 17, 1895 Imp.

WHIZZING WHEELS.

They Were Turning for a Long Time in C. Reed Dewey's Brain.

THE STRAIN WAS TOO MUCH.

Peculiar Love-Lorn Bent of Mind Resulted From the Whirl.

PESTERED A YOUNG LADY

Who Never Spoke to Him, and Now He Is Going to an Asylum.

C. Reed Dewey, an architect who had an office in the Manhattan block, has a set of wheels in his head that double discounts the clock-work in the cranium of the worst type of religious crank or love-sick swain, for Dewey combines both, and to such an extent that he was yesterday adjudged insane, on examination in the probate court, and was ordered committed to the asylum at Rochester. The case is an interesting one on account of the fact that one of the leading families of the city has been compelled to have Dewey arrested. For three years past Dewey has been making love to a young lady in this family against her will, and his attentions finally became so annoying that there was no alternative but to have him arrested.

She was a Sunday school teacher in a certain church attended by Dewey, and, though he had never been introduced to her, never talked with her or been given any reason to think that she knew or cared anything at all about him, he began writing letters to her, and continued to do so ever since, besides annoying her in various other ways. A whole stack of letters written by him was brought into court. He also had written

A BOX FULL OF LETTERS

that he never mailed. Drs. Riggs and Sweeney were the jurors in the case, and after the statements regarding Dewey's conduct were made by the father of the girl and other friends Dewey took the stand and was told to go ahead and make his statement. He went on, and, in an apparently honest manner, gave the whole story, or, at least as much of it as was necessary to enable the doctors to judge as to his mental soundness. He confessed that he had continued to pay his addresses to the young lady, though he never had any reason to think she would be likely to reciprocate. In fact, the difference in their social positions was so great that he could not expect it.

The first time he ever noticed her was when she moved up the aisle in church to her seat. He was in the gallery, and her charming personal appearance, and easy, graceful movements were too much for him. He was impressed on the spot. About a month later he approached her while she was standing talking to some one in the church at Sunday school. "As I came close, she gave me a look that sank into my very soul," said Dewey, "and my will gave way. I completely lost all control of myself, though I did not know who she was. I was religious, sincerely religious. I had never thought of getting married, for my position in life had not yet seemed to warrant it. But when I went home I began to pray for a wife. I thought that young lady was just the woman I wanted. I believed God would send me anything I prayed for."

Here Mr. Dewey put his hand before his eyes and sat for almost a minute without saying a word. "Excuse me," he finally said, and then put his hand up again and sat for another spell, as if to collect his thoughts, or offer up a little prayer.

"Did you ever have any vision?" was asked.

"Yes, to be candid, I did have a vision; but it was not the one that has been testified to here against me."

"What kind of a vision did you have?"

"Well, I had a vision of this young lady one night when I came home from a party and lay down in bed. I saw a picture of her very plainly."

In answer to the question as to whether the young lady had ever talked with him, Dewey said she had not. She

BOWED TO HIM ONCE

and smiled while riding on a passing car. He thought she seemed to give him some encouragement. He knew he could not afford her as good a living as she was accustomed to and ought to have, but he felt that she was enough of a woman to be satisfied with what he could give her.

"I feel that some one has been leading me," he said.

"Who do you think has been leading you?" was asked.

"I do not know. I have an impression that it might be the girl's father."

When questioned further on this point, Dewey did not seem to know what he meant by some one leading him. He said it was simply an impression. Then he was questioned about his family and relatives, all of whom live in Iowa, he said. He stated that none of them were subject to any nervous trouble. His folks were all unkind to him, he said. But questioned further, he did not seem to know why he thought so. It was simply an impression.

"I kissed my sister once, and she said it was a Judas' kiss," he went on. Then he started to say something else, but began to cry.

"What did you have in your head when you wrote this: The mills of the gods grind slowly, but they grind exceedingly fine?" asked the court, reading from one of the letters Dewey had sent to the young lady.

"Wheels," put in Stan Donnelly, under his breath, to those sitting near him.

Dewey went on to explain that he had enemies whom he did not know.

"How do you know you had enemies if you did not know them?" was asked.

"Well, everybody has enemies," he replied. "I had enemies I knew of and enemies I didn't know of."

When questioned further he said it was an impression.

The doctors decided that he was insane, and he will be sent to the asylum immediately. Dewey is thirty-seven years of age and the young lady is twenty-five.

Personal and Medical History of C. R. Dewey

LEBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4090.
Residence, St. Paul, Minn
Date Admission, 10th May 1895.
Admitted by, Dr. Phelps — Hour, 11 30 Am
How Sent, G. Wilbrich, Jof P. Ramsey County
Sex, Male
Age, 37
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Architect
Degree Education, Moderately educated
Profession Religion, Presbyterian
Habits, not intemperate
Nativity, — Iowa — (fathers New York; Mothers; Maryland)
Physicians Committing, Arthur Sweeney & C. E. Riggs
Correspondents, none mentioned in "papers" —
W. H. Dewey M.D. | and J. T. Dewey Moville Iowa Nov 12/95

No. for Year, 289.
Insane Relatives, None; father
Cause Exciting, — ?
Cause Predisposing, previous
Form, paranoia
Accompanying Bodily Disorder, None mentioned —
Suicidal or Not, — not — (homicidal ?)
Date of this Attack, 3 years ago
Duration, 3 years — off & on —
No. of Attack, 2nd probably
No. of Admissions, 1st
Age First Attack, about 33 —
Time of Leaving, Nov. 12 '95
Time in Hospital, 6 mo. 2 da.
Result, Imp.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ex'ly Dr. Herzog May 11/95.

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

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

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

REASONING POWER:
Ordinary Subjects, Good
Own Mental State, does not realize
Special Subjects,

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

DELUSIONS:
Systematized or Not, Systematized
Special Subjects, See note
Transitory or Not, — fixed —

HALLUCINATIONS:
ILLUSIONS: ✓

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

GENERAL DESCRIPTIVE REMARKS:
Patient reasons well & talks rationally, except on subject of matrimony — Fell in love with a Miss Noyes of St. P. and, on slight bowing acquaintance — Wrote her letters declaring himself in love with her. Attempted to see her at home, with no success — Cannot see that his affections are not (returned) reciprocated. Has gone on, in this way for 3 years past. Four years ago, had similar experience in Chicago.

Personal and Medical History of C. R. Dewey

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS

...at impaired.
...ily prompt
...RINE,
...ent
...s: litter tonic.

ADDRESS ALL COMMUNICATIONS TO THE SUPERINTENDENT
IF CONCERNING AN INMATE GIVE NAME IN FULL

THE GREAT SEAL OF THE STATE OF IOWA

BOARD OF CONTROL OF STATE INSTITUTIONS
O. H. MICHAEL, CHAIRMAN
E. H. FELTON H. C. WHITE

INDEPENDENCE STATE HOSPITAL
R. A. STEWART, M. D., SUPERINTENDENT
INDEPENDENCE, IOWA

Mar. 2, 1935.

Rochester State Hospital,
Rochester, Minnesota.

Gentlemen:

We have received in our institution as insane, one Charles Reed Dewey who gives a history of having been in your institution about fifty years ago.

If this is correct, we would appreciate a brief abstract of his case including diagnosis and prognosis.

Yours very sincerely,

R. A. Stewart
Superintendent.

ALB:MRM

C. R. Dewey. 4090 31
May 10, 1895
Dec. 17, 1895 Imp.

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

Personal and Medical History of

Whole

Residence

Date Adm.

Admitted by

How Sent,

Sex,

Age,

Civil Condition,

Children,

Age Youngest Child,

Occupation,

Degree Education,

Profession Religion,

Habits, not

Nativity, —

Physicians Committing, Ar

Correspondents, none

W H Dewey M D. | and

Ex'ly Dr. Herzog May 11/95.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, Slightly Sluggish

MEMORY:

Past Events, Good

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, very slightly Dull

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, Good

Own Mental State, does not realize

Special Subjects,

EMOTIONAL STATE:

Normal, Calm, Yes

~~Indifferent,~~

~~Exalted,~~

~~Depressed,~~

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Patient reasons well & talks rationally, except on subject of matrimony ... Miss Noyes of St. P and, on slight bowing acquaintance - Wrote her lette... with her. Attempted to see her at home, with no success - Cannot see that his affection ... not (returned) reciprocated. Has gone on, in this way for 3 years past. Four years ago, had similar experience in Chicago.

...ED A YOUNG LADY

Who Never Spoke to Him, and Now He Is Going to an Asylum.

C. Reed Dewey, an architect who had an office in the Manhattan block, has a set of wheels in his head that double discounts the clock-work in the cranium of the worst type of religious crank or love-sick swain, for Dewey combines both, and to such an extent that he was yesterday adjudged insane, on examination in the probate court, and was ordered committed to the asylum at Rochester. The case is an interesting one on account of the fact that one of the leading families of the city has been compelled to have Dewey arrested. For three years past Dewey has been making love to a young lady in this family against her will, and his attentions finally became so annoying that there was no alternative but to have him arrested.

She was a Sunday school teacher in a certain church attended by Dewey, and, though he had never been introduced to her, never talked with her or been given any reason to think that she knew or cared anything at all about him, he began writing letters to her, and continued to do so ever since, besides annoying her in various other ways. A whole stack of letters written by him was brought into court. He also had written

A BOX FULL OF LETTERS

that he never mailed. Drs. Riggs and Sweeney were the jurors in the case, and after the statements regarding Dewey's conduct were made by the father of the girl and other friends Dewey took the stand and was told to go ahead and make his statement. He went on, and, in an apparently honest manner, gave the whole story, or, at least as much of it as was necessary to enable the doctors to judge as to his mental soundness. He confessed that he had continued to pay his addresses to the young lady, though he never had any reason to think she would be likely to reciprocate. In fact, the difference in their social positions was so great that he could not expect it.

The first time he ever noticed her was when she moved up the aisle in church to her seat. He was in the gallery, and her charming personal appearance, and easy, graceful move-

...d Medical History of C. R. Dewey

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS

...hat impaired.

...ily prompt

March 6th, 1935.

Dr. R. A. Stewart, Superintendent,
Independence State Hospital,
Independence, Iowa.

Dear Doctor:

We have your letter of March 2nd relative to our former patient Charled Reed Dewey.

In reply would advise you that he was admitted to this hospital on May 10th, 1895, having been committed by the Probate Court of Ramsey County. At that time he was 37 years of age, single and an architect by profession. Patient was born in Iowa, his father in New York and his mother in Maryland. There was no history of insane relatives but it is stated his patient's father was intemperate.

Our diagnosis of his mental condition was that of "Paranoia." Patient was committed here because of his advanced made to a young lady of prominent family, who, he thought, was in love with him and whom he annoyed by constantly writing letters to her. He had never met this young lady, nor had he ever spoken to her, yet he had the idea that she was in love with him and that he would marry her. It was stated that he had been annoying her for a period of three years prior to his commitment to this hospital. It was also stated that he had been arrested in Chicago several years previously for addressing a lady who he thought was in love with him.

Following his admission to this hospital the patient got along very nicely. He was quiet in his manner and behavior and was in good physical health. After a time he ceased to talk about his ideas but it was not known whether he still entertained these same delusions or not. He was allowed to go home on parole with his brother on November 12th, 1895 and was discharged "Improved" on December 17th, 1895. We have heard nothing of this man since that time.

Trusting that this information will be of assistance to you, we remain

Very truly yours,

och/eb

Medical Superintendent.

...RINE,

...ent

...ls: bitter tonic.

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal an

Whole No. 4

Residence,

Date Adm

Admitt

Ho

Qu

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, very slightly dul

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, Good

Own Mental State, does not realize

Special Subjects,

or Not,

ubjects,

itory or Not,

LLUCINATIONS:

LLUSIONS:

CONVERSATION:

Coherent or Incoherent

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Patient reasons well & talks rationally, except on subject of matrimony ... Miss Noyes of St. P. and, on slight bowing acquaintance - Wrote her lette ... with her. Attempted to see her at home, with no success - Cannot see that his affection ... not (returned) reciprocated. Has gone on, in this way for 3 years past. Four years ago, had similar experience in Chicago.

ent o
n the

OUNG LADY

oke to Him, and
isGoing to an
Asylum.

d Dewey, an architect who had
e in the Manhattan block, has
of wheels in his head that double
unts the clock-work in the cra-
m of the worst type of religious
ank or love-sick swain, for Dewey
ombines both, and to such an extent
that he was yesterday adjudged in-
sane, on examination in the probate
court, and was ordered committed to
the asylum at Rochester. The case is
an interesting one on account of the
fact that one of the leading families
of the city has been compelled to
have Dewey arrested. For three years
past Dewey has been making love to
a young lady in this family against
her will, and his attentions finally be-
came so annoying that there was no
alternative but to have him arrested.
She was a Sunday school teacher in
a certain church attended by Dewey,
and, though he had never been in-
troduced to her, never talked with
her or been given any reason to think
that she knew or cared anything at
all about him, he began writing let-
ters to her, and continued to do so
ever since, besides annoying her in
various other ways. A whole stack
of letters written by him was brought
into court. He also had written

A BOX FULL OF LETTERS

that he never mailed. Drs. Riggs and
Sweeney were the jurors in the case,
and after the statements regarding
Dewey's conduct were made by the
father of the girl and other friends
Dewey took the stand and was told to
go ahead and make his statement. He
went on, and, in an apparently honest
manner, gave the whole story, or, at
least as much of it as was necessary
to enable the doctors to judge as to his
mental soundness. He confessed that
he had continued to pay his addresses
to the young lady, though he never
had any reason to think she would be
likely to reciprocate. In fact, the dif-
ference in their social positions was
so great that he could not expect it.
The first time he ever noticed her
was when she moved up the aisle in
church to her seat. He was in the
gallery, and her charming personal
appearance, and easy, graceful move-

Personal and Medical History of C. R. Dewey

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 150 pds. NUTRITION, somewhat impaired.

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

TONGUE, Tremors, no Coatings, dry gray coat; large. Promptness Movement, fairly 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, none General, none

REFLEXES, Patellar, 5 to 6 - equal

Other

ARTICULATION,

Slurred, ✓

Hesitating,

FACIAL EXPRESSION, ✓

SENSIBILITY, ✓

HEART, somewhat rapid; all sounds rough -

LUNGS, seem good

TAKEN,

~~EXAM. URINE,~~

Treatment

Regulate bowels: bitter tonic.

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 C. R. Dewey

1895

This patient was brought here by Deputy-Sheriff W. W. Goss, with following history. Patient is in fair physical condition. There is no history of Consanguinity. This is not the 1st attack. Four years ago, at Chicago, was arrested for addressing a lady with whom he was in love; duration of that attack was brief; he was not sent thru to hospital. First symptoms of this attack was manifested 3 years ago; he imagined a young lady was in love with him & since then has persistently annoyed her by letters, loitering about her house & threatening violence to those who would prevent his marriage with her. Disease seems increasing, but is variable & there are rational intervals. At times he can be reasoned out of his delu-sions, but they always recur with increasing violence. Derangement now shows in that he imagines a young lady is in love with him & annoys her by letters of love, although he has never spoken to her. He has decided & shed blood if the young lady marries, which she is about to do. He is not suicidal. No filthy nor destructive in habits. There is no history of Insane relatives, but father was intemperate. Patient has recently become religious & in part manifests a religious tendency in connection with his "imaginary love affair". He has not been subject to any bodily disease or a head-injury. He has not been restrained or confined. Question as to Cause of Disease. No medical treatment has been given.

On Personal Examination, there is observed slight asymetry of left side of face. During his School-Days (at 18) he overstudied and became a little "flighty" but recovered.

May 10 On admission, was put on B2 (S.R. Complexion light; hair light; eyes brown; condition of skin good; no marks of scars or bruises noticed; is clean; no bodily peculiarities noted; behavior good; talks freely). Pulse 98. R 19.

" 11 Tem 99 4/5. May 11/95. Restless 5 hours, sleeping only 3 hours, last night. Ant. P 78. R 20. Tem 98 2/5. Appetite good; bowels sluggish. No cough noticed. Is quiety-behaved. Talks freely & sensibly. Goes out

" 12 walking. PM. Pulse 88. R 19. Tem 99 1/5. No complaints or injuries to report. May 12/95. Slept only 4 hours, restless 4 hours. AM. Pulse 86. Tem 98 2/5. Talks freely; no delusions prominent. Is somewhat nervous,

" 13 and seems to be "in a study". Goes walking. May 13/95. Restless 2 hours, sleeping 6 hours, last night. AM. P 90. Tem 99. Appetite good. No particular delusions noted. Works some on the ward.—

" 14 May 14/95. Restless 4 hours, sleeping only 4 hours. AM. P 92. Still rather nervous. He seems to be a person

" 15 whose ideas are very deeply rooted & fixed. Works some. May 15/95. Passed a rather poor night; restless 4 hours & sleeping only 4 hours. AM. Pulse 86. Is rather nervous & excitable; seems to "study" a great-er

" 16 part of the time. May 16/95. Slept 6 hours, restless 2 hours. AM. P 80. Is nervous and restless. Stands or walks about & "studies" about something. Is depressed & discontented. Wants to get away. When people are talking he thinks they are talking of him or that they are someone else—

" 17 May 17/95. Slept 8 hours, last night. AM. P 88. Continues quite restless & excited; "in deep study".

" 24 Works some. May 24/95. During this, the 2nd week, patient has been occasionally restless at night, but has been sleeping 6 to 8 hours, nightly. Appetite has been good; bowels free; Pulse somewhat ac-celerated. He talks quite freely, but Conversation is of a delusive nature, at times. He is quite restless & nervous by day; will bear watching while out walking; discontented; wants to get out; wants to go to St. Paul & see his "darling". Stands about a good deal of the time & seems to be constantly "studying" or brooding over something, & at times, seems somewhat depressed. Plays games occasionally; works some on ward.

Summary: Since admission, behavior has been good, though quite restless, nervous & excitable. Is very discontented & ill-at ease, Continually wanting to get away, to see his "Darling" (as he terms her). Appetite regular: bowels free. Habits are cleanly.

Personal and Medical History of C. R. Dewey

1895

May 31 May 31/95. Patient is very restless. Was very much excited, and also depressed when he heard that

June 30 his heart's desire or sweetheart (as he termed her), was married. He has to be watched almost constantly: Works some on ward. Clean & tidy in Habits. June 1/95. Wt 151 pds. Pulse 104. June 30/95. Behavior good. Talks freely & sensibly; there is not as much mental depression noticed: he is generally cheerful

July 1 July 1/95. Wt Ditto. P 84. Was struck, to day, by patient S.D. Bell, cutting & bruising his lips.

" 10 (Attendant notes such action was owing to Bell's delusions). July 10/95. Patient feels rather down hearted.

" 19 July 19/95. Met with an accident to day; cut hand on limb of tree, while jumping up & catching hold of it; 3 stitches put in wound (by Dr. C.B.E). July 30/95. Hand is still dressed, daily.

" 31 July 31/95. Continues quiet & well-behaved. Appetite good; bowels constipated, at times: Is restless. Plays games. Talks freely: works in dining-room. Habits are clean & tidy.

Aug 2/95 Aug 2/95. Wt 151 pds. Pulse 116. Complains some of pain in chest: (probably from vaccination). Aug 10/95. Is

" 20 Hand has been dressed daily: is doing well. Aug 20/95. Hand entirely better. Patient is still inclined to be restless & uneasy: continually walking up & down road, when out-doors. Mentally, no special change.

" 31 Aug 31/95. Keeps about as usual. Still very restless. Is neat & clean & at good general Habits.

Sept 1/95 Sept 2/95. Wt 148 pds. Pulse. Sept 17/95. Transferred to C. Sept 30/95. Patient's Condition has not changed.

Oct 1/95 Appetite very good. Is clean & tidy. Works a little. Is a very bothersome and "fussy" patient.

Oct 1/95. Wt 153 pds. Pulse 90. Oct 31/95. Has been very well-behaved, on ward. A willing worker.

Nov 1 Eats & sleeps well. Does not appear to have any delusions, though he is very egotistical & rather peculiar in

" 10 in his ideas in some subjects. Nov 1/95. Wt 158 pds. Pulse 80. Physical health much improved.

" 12 Nov 10/95. Quiet & well-behaved; talks rationally; no delusions or hallucinations noticed. (Though he may still hold to his old delusions); yet he has sound opinion of men.

Nov 12/95. Visited by a brother, who spent the greater part of the day with him: patient was very pleasant & talked freely. Brother was allowed to take him home with him.

Discharged

Personal and Medical History of John Dyer

LEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4096.
Residence, near Austin, Mower Co. Minn
Date Admission, 13th May 1895. —
Admitted by, Dr Phelps Hour, 6.25 P.M.
How Sent, S.S. Washburn, J of P, Mower County.
Sex, — Male —
Age, — 67 —
Civil Condition, married
Children, — one Dead —
Age Youngest Child, —
Occupation, Farmer
Degree Education, — not known —
Profession Religion, Church member; Cant tell what Church
Habits, have been intemperate
Nativity, England; (parents also born there).
Physicians Committing, A.W. Allen and O.W. Gibson
Correspondents, Horace Chopin, Austin, Minn (friend) Keeper of Poor farm

No. for Year, 295.
Insane Relatives, not known
Cause Exciting, Intemperance probably & slight apoplexy
Cause Predisposing, previous attack
Form, dementia organic
Accompanying Bodily Disorder, partial paralysis.
Suicidal or Not, — not —
Date of this Attack, April 1895.
Duration, about 3 weeks.
No. of Attack, 2nd
No. of Admissions, 2nd (here during 1892).
Age First Attack, about 64.
Time of Leaving, 28th September 1895.
Time in Hospital, 4 months — 15 Days.
Result, Died: valvular heart disease.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Early Dr Herzog May 15/95.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } not at all good, apparently.
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, seems correct
REASONING POWER:
Ordinary Subjects, } Gone
Own Mental State,
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Arteries are somewhat atheromatous; digestive organs seem good. Behavior is somewhat silly, emotional. The principal point is the amnesic aphasia, with, apparently, complete dementia. He can, however, understand most that is said to him although he is slow. Realizes his trouble, becomes exasperated when the words will not come to him, although he knows what he wants to say. The aphasia is almost complete, although he can pronounce his name, count & has command of several disconnected words. Knows the meaning of spoken words but cannot reproduce them or but imperfectly. He improves with practice, on a given word.

Personal and Medical History of John Dyer

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

Pull

Mayo Clinic
Rochester, Minnesota 55901
Telephone 507/284-2511

January 30, 1981

R. W. Cleeremans
Systems and Procedures

Mr. David Warbinton
406 North Fountain
Wichita, KS 67208

Dear Mr. Warbinton:

Your letter requesting information concerning Mr. John Dyer has been referred to Ms. Gloria Best, medical record administrator, Rochester State Hospital.

Rochester State Hospital is a separate institution from Mayo Clinic, but when I phoned there this morning they confirmed that Mr. Dyer had been a patient there on more than one occasion and did die there.

You should be hearing from them shortly with the information you requested.

Sincerely yours,

R.W. Cleeremans

R. W. Cleeremans

RWC:mh

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 Dyer

LEIGHTY, FISLAR & GUMBERG, DAVENPORT, IOWA.

Whole No. 4096.

Residence, near Austin, Mower Co? Minn.

No. for Year, 295.

Income Relatives

slight aphasia

years.

5.

sp.

rsease.

EXAMINATION ON ADMISSION

Art

cipal

for

him although he is slow. Realizes his trouble, becomes exasperated when the words will not come to him, although he knows what he wants to say. The aphasia is almost complete, although he can pronounce his name, count & has command of several disconnected words. Knows the meaning of spoken words but cannot reproduce them or but imperfectly. He improves with practice on a given word.

Personal and Medical History of John Dyer

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HE

WC

TC

PU

SI

H

C

T

F

C

A

S

4096 #31

Dr Lyce what should we send?

Should we charge for this?

1-26-81 1-28-81

Florida

RECEIVED AT MAIL DESK JAN 28 1981

REFERRED TO .....

ANSWERED .....

Mayo Clinic
Rochester, Minn.

DEAR SIRS:

Do you STILL HAVE ACCESS TO RECORDS AS FAR BACK AS 1895? An ancestor died there in Sept., 1895. I have a copy of the letter sent by the ROCHESTER STATE hospital to officials at Mower County (AUSTIN) informing them of his death there. But, MOWER Co. does not have a record of the death. And I believe he may have been survived by a wife.

Would you possibly have that death record or any info. of genealogical value in your old files? The name is: JOHN DYER. He was committed to the hospital May 13, 1895 and died there Sept. 28, 1895. Arthur Kilbourne, Medical Supt. wrote the letter to Mower Co. Probate Judge informing them of his death.

A.W. Allen & O.W. GIBSON were 2 physicians who attended him there.

Your cooperation is greatly appreciated.

Sincerely,

DAVE WARBINTON
406. N. FOUNTAIN
WICHITA, KANSAS 67208

Mayo Clinic records (clinic numbers) were started in July, 1907. Prior to that were ledger books - cannot identify three legislatures

always slightly

Need Records
Have you a copy of the
admission query about
he died? This is it!

Sent Copy
1-30-81
2-4-81
D. Saunders

HEREDITY (Specify Insanity),

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of John Dyer

LABERT, FIDLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 4096. No. for Year, 295.

Resi

ight after[illegible]

is.

p.

lease.

Art

ecipal

for

[illegible]

Shin although he is slow. Realizes his trouble, becomes exasperated when the words will not come to him, although he knows what he wants to say. The aphasia is almost complete, although he can pronounce his name, count & has command of several disconnected words. Knows the meaning of spoken words but cannot reproduce them w but imperfectly. He improves with practice, on a given word.

Personal and Medical History of John Dyer

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 1 3/4 in. WEIGHT, 142 lbs. NUTRITION, fairly good.

WOUNDS OR ABNORMALITIES, Eczema of legs, forearms & hand; leg reveals oedematous.

TONGUE, Tremors, Quite marked Coatings, Clean Promptness Movement, somewhat slow

PUPILS, Equality, Yes Size, slightly contracted.

Response Light, somewhat sluggish. Accommodation, somewhat sluggish.

(Pupils are both slightly irregular in shape)

SIGHT, Seems fair

HEARING, much impaired.

COORDINATION, Arms, fair; finger to nose, eyes shut, fair.

Legs, fair; standing w feet, fairly good; standing eyes shut, sways slightly.

TREMORS, Hands, Yes Tongue, some

Facial Muscles, none General, none

REFLEXES, Patellar, & - equal

Other

ARTICULATION,

Slurred,

Hesitating, Yes

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Compl & Murmur seems Mitral + aortic insufficiency.

LUNGS,

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean,	Careless,
BOWELS, Normal,		Constipated,	Irregular,
APPETITE, Good,		Medium,	Poor,
SLEEP, Good,		Poor,	Irregular,
PULSE, Diacrotic & full	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 Dyer.

1895

This patient was brought there by Deputy Sheriff Jno. C. Johnson Jr. with following history. Patient is in fair physical condition. No history of consanguinity known. This is 2nd attack, first occurring in March 1892, when he was sent to this Hospital: First symptoms of this attack were manifested in April 1895, when he was violent to a fellow-boarder at Dyer farm. He mean seems increasing. Exact variable; no rational intervals; patient is completely insane; he has been violent, attacking fellow-boarders, as above stated, and shows a disposition to injure others, but is not suicidal, nor is he filthy or destructive in habits. As to insane relatives, not known. If any peculiarities previously shown, not known. Patient has been intemperate; is partially paralyzed. Cause of the disease is, perhaps, slight atrophy. On personal examination, he shows no degree of intelligence.

Note. As above stated, patient was here from March 22/92 to June 7/92. History, at time of his then coming was very meagre. It was learned (through a letter from one of the Commissioners of Mower County) that patient had his 1st shock of paralysis in Sept. 1888 & this next and the following May. He was, while here, uniformly quiet & well-behaved; showed a kindly disposition toward helpless patients. He was affected with aphasia. When attempting to speak words would become confused and would finally give up in despair. (See article from Hospital Bulletin, attached to former history). Was improved, when taken home by wife & son. — (See Vol 18. page 400 No 2972).

May 13 On admission, was put on A.M. (S.R. Complexion light; hair gray; eyes brown; condition of skin very bad: eruptions on hand, legs and arm: no ulcers noticed; is dirty; bald headed; behavior good; talks incoherently). May 14/95. Restless an hour, but slept 7 hours, last night. Ann. P 76. R 20 T 98.5.

" 14 appetite good; bowels have regular movement: no cough noticed. Behaves well. May 15/95. Slept 7

" 15 hours; restless for a while, last night. A.M. Pulse 72. R 20. T 98.4. Actions quiet: makes no complaints.

" 16 May 16/95. Slept well: Ann. Pulse 76. R 20. T 98.2. appetite good and bowels are normal.

17/18/19 May 17/95. A.M. Pulse 78. May 18/95. A.M. Pulse 81. May 19/95. Ann. Pulse 78. T. normal.

" 20 May 20/95. Has been sleeping well, each night. A.M. " 81. Appetite has continued good: bowels normal. Behavior has been quiet & inoffensive; he moves about ward & yard; appears satisfied with his surroundings. Talks unintelligibly & incoherently. No complaints or injuries to report.

" 27 May 27/95. During this the 2nd week, patient has been resting & sleeping well, each night. Pulse, each morning, has been about normal. His behavior is gentle & harmless. Still talks incoherently & with an inkwonment in his speech. Seems quite contented. Somewhat active in manner.

Summary: Patient appears to be in good bodily health. Lower limbs, from knee to ankle, are covered with numerous eczematous ulcers & the tissue is in an ecchymosed state. A sticky, watery fluid exudes from the ulcers & the limbs have a raw appearance. The patient suffers from an itching feeling & has a constant desire to scratch the wounds. The skin of his hands is dry & scaly & he has 2 or 3 slight wounds where the cuticle has been rubbed off. Pulse. R & T. have been all normal. His behavior has been quiet & harmless & he has readily done what he was told to do. Is active & firm on his feet & walks expertly. Talks very little & very indistinctly: speech is incoherent & can scarcely be understood. Seems contented. Habits cleanly

June 1 June 1/95. Wt 138 lbs. P 78. June 30/95. appetite good; bowels regular. Is quiet & well-behaved.

" 30 Eczematous ulcers still persist. He talks incoherently; has delusions; is maniacal, at times.

July 1/31 Is cleanly in his habits. July 1/95 Wt 137 lbs. P 76. July 31/95. No change to note, in anyway.

Augst 1 Augst 1/95. Wt 130 lbs. Pulse 84. Aug 8/95. very quiet: no complaints. appetite good.

Personal and Medical History of John Dyer.

1895

Aug 15 Aug 15/95. Patient has been failing of late & has been much troubled with these ulcers. Aug 25/95. Does not improve any; rather changes for the worse. Aug 27/95. Transferred to I.W. (from A. East).

" 27 was quite weak: feet & abdomen swollen: was given shower-bath & put to bed. Aug 28/95. Fell out of

" 29 bed, bruising the right & bruised his head: slept more. Takes but little nourishment. Aug 29/95. Restless 5

" 30 hours & slept only 3 hours, last night. He does not appear so well, today: abdomen more swollen: respiration increasing, & more difficult. Aug 30/95. Slept but 2 hours, was restless 6 hours, last night. Bowels move

" 31 by aid of salts. He has been more quiet today. Aug 31/95. Slept more, during night. Had a very poor day,

Sept 1 today. Bowels constipated: Is frequently given salts. Sep 1/95. Patient lies in bed, steadily: appetite

" 3 fairly good. Sep 3/95. Visited by wife. Sep 6/95. Restless night & sleeps poorly: restless also by day & frequently

" 7 getting out of bed. Sep 7/95. Breathing very labored. Sep 8/95. Have stupid turn usual, today.

" 9 He seemed some better, this morning. P.M. Visited by Son. Sep 9/95. At times, patient will

" 13 appear very weak; then again, he will brighten up & seem fairly strong. Sep 13/95. Takes but little

" 14 nourishment, of late, & sleeps but little, at night. Sep 14/95. Is breathing very hard, this morning:

" 16 bowels move regularly; he also passes urine regularly. Sep 16/95. Appears fairly bright, this am,

" 17 still has some difficulty in swallowing. Sep 17/95. Vomited, at times, today. Sep 18/95. Very restless,

" 18 " 19 still & sleeps poorly. Sep 19/95 Swelling seems reducing in abdomen; also in legs. Sep 20/95. Growing

" 20 " 21 weaker, from day to day. Sep 21/95. Right leg red & much swollen. Sep 22/95. Appears weaker &

" 22 " 23 " 24 had usual, today: can take no solid food. Sep 24/95. Patient rapidly failing; respiration has been very hard & rapid, all day: fell out of bed, causing slight bruise on right eye. 8 P.M. Semi-comatose condition: bowels moved a number of times, during night: respiration has been labored,

" 28 all night. Is failing rapidly. Sep 28/95. 7 35 Am. Died at this hour

— Died —

Personal and Medical History of *Timothy Cronon*

LABERT, FISCHER & SCHNEIDER, DAVENPORT, IOWA.

Whole No. 4097. Residence, Austin, Minn.
Date Admission, 13th May 1895.
Admitted by, Dr. Phelps Hour, 6:35 P.M.
How Sent, S. S. Washburn, Jof P. Mower County
Sex, Male
Age, 65
Civil Condition, single
Children,
Age Youngest Child,
Occupation, Laborer
Degree Education, not educated
Profession Religion, Catholic
Habits, no history of intemperance
Nativity, Ireland, (parents also born there).
Physicians Committing, O. W. Gibson and A. W. Allen
Correspondents, James Cronon, Austin, Minn (brother of patient).

No. for Year, 296.
Insane Relatives, none
Cause Exciting, Congenital Imbecility
Cause Predisposing, "Chronic"
Form, imbecility
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, Not
Date of this Attack, always weak-minded
Duration, very long
No. of Attack, not 1st (has been, a few days at a time)
No. of Admissions, 1st
Age First Attack, probably childhood
Time of Leaving, July 10 - 1896
Time in Hospital, 1 mo 27 da.
Result, Improved. Discharged Nov. 10 '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 *Timothy Cronon*

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2in WEIGHT, 124 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 *Timothy Cronon*

1895

This patient was brought here by Deputy Sheriff Jno C. Johnson Jr., with following history. Patient is in fair physical condition. There is no history of Consanguinity; he has always been subject to same attacks, lasting a few days at a time, but has not been in hospital. Has always been weak minded. Disease appears to be increasing; is variable. Always subject to attacks of sudden anger, without cause, and wandering away from home. Patient is not disposed to injure others nor suicidal, nor filthy nor destructive. Has no near relatives. He has been mentally weak since childhood. Is not Intemperate nor were parents. Has not been restrained or confined, but has had to be looked after, always. Cause of disease is Congenital imbecility. He has had no medical treatment. On Personal Examination, it is found he wanders about, & is exposed to want of food & shelter. No further particulars given.

May 13 On admission, was put on 13z (S.R. Complexion dark; hair gray; eyes gray; condition of skin, good; has a "bunch" under left shoulder; no scars noticed; is clean; behavior very good). P 96. R 24. T 99 4/5

" 14 May 14/95. Slept 7 hours last night. AM. P 96. R 20. T 98 E. Appetite good; bowels free; no coughs noted. Behavior good; talks freely; says that he is not crazy, but that he had his head hurt & it is not just right".

" 15 Walks leisurely about. PM. P 88. R 21. T 99 4/5. No complaints or injuries to report. May 15/95. Slept 8 hours. AM. P 88. R 20. T 99 2/5. Talks sensibly, but in a low voice &, at times, only in a whisper. Goes walking.

16/17/18 May 16/95. AM. Pulse 92. May 17/95. AM. Pulse 100. May 18/95. AM. Pulse 96. May 19/95. AM. Pulse 94.

" 20 May 20/95. Since last noted, he has been sleeping well (7 to 8 hours), each night. Appetite good; bowels seem regular. Is quiet; sits about; talks some; at times, quite freely & generally sensibly, though he is probably somewhat demented. Goes out walking, but does no work. May 20/95. During this the 2nd week, no special change noted.

" 21 Summary; patient has been sleeping & resting well; appetite has been good; bowels free; he has been quiet & well-behaved; sits about; talks quite freely; generally about his being sent here. Makes no complaints. "Wants to go to Poor-House". Does no work; take no part in games &c. Physical condition seems to be good, for one of his age. Mental state, demented & childish. Says "he is not crazy". Goes walking.

June 30 June 1/95. Wt 121 lbs. P 92. June 30/95. "Wants to go to poor-house"; says still "he is not crazy".

July 1 Talks quite freely, but is demented. Physical condition good; habits clean. July 1/95. Wt 123 lbs. P 82.

" 4/31 July 4/95. Worked, 1 or 2 days, outside. July 31/95. Sits about; idle & lazy; does no work. Talks some, but generally about "his not being crazy". Physical condition good. No change, mentally.

Aug 1/14 Aug 1/95. Wt 126 lbs. Pulse 84. Aug 4/95. Has been working in "Centre" for a few days, but chord of leg became stiff & he quit working. Aug 31/95. Has been helping in the kitchen, off & on, for the past 10 days. Seems in quite good physical health. No change noticed, mentally. Is quite feeble-minded.

Sep 1/15 Sep 1/95. Wt 128 lbs. Pulse 84. Sep 15/95. Works quite steadily in the kitchen. Appetite good; no complaints.

" 30 Sep 30/95. Keeps about the same, from month to month. Works quite regularly in the kitchen.

Oct 1/8 Oct 1/95. Wt 129 lbs. Pulse 96. Oct 8/95. Behaves well; works in kitchen. Goes out walking. Makes no complaints. No delusions or hallucinations noted, but patient is feeble-minded.

" 31 Oct 31/95. Above notes hold good, to date. Works steadily in the kitchen. Makes no complaints.

Nov 30 Nov 1/95. Keeps in about his usual flesh. Nov 30/95. No change noticeable; works daily in kitchen.

Dec 1/31 Dec 1/95. Wt 129 lbs. Pulse 80. Dec 31/95. Above notes, for month back, still good. Works in kitchen.

1895/96 Jan 31 Jan 1/96. Transferred to 13z (on account of a general change of wards). Jan 31/96. Always the same.

Feb 1/29 Feb 1/96. Wt 128 lbs. P 80. Feb 29/96. A simple & feeble minded patient. Talks frequently of the "wrong & outrage" his brother perpetrated when he had him committed here. Is generally quiet & cheerful. Works in kitchen.

1896

Mar 2/4 Mar 1/96. Wt 127 lbs. P 68. Mar 2/96. Has delusions. Says that certain patients are conspiring against him.

" 30 Works in kitchen daily. March 30/96. Condition about same, all the time. At present, has a sore hand, caused by scratch of nail. Same dressed. Apl 1/96. Wt 129 lbs. P 84. Apl 6/96 hand entirely healed now.

Apl 2/8 and he has resumed work in Kitchen. Apl 30/96 No change noticable in patient's condition.

" 30 May 1/96. Keeps in about his usual flesh. May 31/96. Remains in same condition, month after month.

May 1/31 Works in kitchen, every day. No complaints. Talks considerably of his "incarceration" here, & his brother, and worries considerably about it. Is feeble-minded. Talks foolishly, at times. June 3/96. No change.

June 3 " 4/30 Since last note. June 1/96. Transferred to B3z. June 30/96. Still no change noticeable. Works

July 1/30 in kitchen every day. Behavior very good; habits neat & clean. July 1/96. Wt 130 lbs. Pulse 70.

" 1 July 1/96. No change in patients' Condition, mentally or physically. Works in Kitchen, every day.

" 9 July 9/96. Went home, with his brother, today. (Dr Clymotes. Since being in B3z, has been in good physical health. Mentally, he has not improved any).

Discharged.

1898 4 v 35 **William P. Morton.** From Folio 297

Dec 16/31 (Summary Continued) From 16 - 19 appetite improved - 20. Walks at times about C. Hall. Does not leave his chair very far. Began to do a little work on ward on 23rd Appetite quite good. Very melancholy. Bowels constipated. Jan 3rd 99 Not eating so well: is pale & thin. When given food refuses it. Says cannot eat. Jan 15 slightly better - began to take his meals in dining room. 31 No Change

1899 July 31 99. Allowed to go about ward as he wishes. Always has to be urged to go to meals

Feb 1/ Mch 6. Complains of having diarrhoea & remained in bed. Trans. to Infirmary. Put on treatment

Mch 1/ Refused nourishment on the 9th. Mch 17 Ate light breakfast. Dressed & out on ward.

Very weak & much depressed. Apr 20 Bowels constipated. Put to bed - much depressed

Up & around on the 30th. May 15 Refused to eat - fed by tube. Frequently vomits

after feeding. May 30. Took nourishment. Kept on light diet & frequently

refuses that. Up & around on June 19. July: Appetite good: bowels constipated: Says he wishes to die. July 30 Apparently has improved.

Aug 1 - July 31st 1900. Aug 1. Wt. 134 lbs. Is depressed & melancholy. Aug 12 Seems to be

failing. Put to bed. There until 25th. Oct 30 Very stubborn & refuses to do what

is asked of him. Nov. 28 Habits very filthy. Bowels constipated. Jan 15 Refused

to take nourishment has to be fed by nurses. Feb 1. Wt. 120. Thinks

everybody is his enemy. Is refusing medicine. Feb 26 Seems to be failing. Had a

severe chill today. examined by physicians & transferred to Infirmary.

Put upon light diet & kept in bed. Had a Chill at 7 PM. Temp. 102. Feb 27 Complained

of pain in Chest. Breathing labored. Suffering from attack of pneumonia.

Feb 28. Is growing weaker. Mch 1 Temp. 104 8 Pulse 130. Resp. 80. Died. at 7:10 PM.

Died

Personal and Medical History of Oscar Cole

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4098.
Residence, 2915. E 26th Street. Minneapolis, Minn
Date Admission, 13th May 1895. —
Admitted by, Dr. Herzog Hour, 6 HS P.M.
How Sent, John H. Steele, Jef. P. Hennepin County.
Sex, Male.
Age, 23 Years
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, Common School, 5 or 6 Years
Profession Religion, Lutheran
Habits, not very good; (Onanism).
Nativity, Minneapolis, Minnesota — (Parents, Norway)
Physicians Committing, H.B. Sweetzer and W. A. Hall
Correspondents, Father. Otto Cole
Has no family physician: 2915. E 26th Street

No. for Year, 297.
Insane Relatives, None.
Cause Exciting, Onanism
Cause Predisposing, previous attack
Form, Melancholia chronic
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Threatens suicide: attempted, 4 yrs ago.
Date of this Attack, probably some time —
Duration, probably quite long —
No. of Attack, 2nd (one, 1½ Years ago)
No. of Admissions, 2nd (here once before).
Age First Attack, about 21. (possibly 18)
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Ex by Dr. R. M. Phelps —

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

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

GENERAL DESCRIPTIVE REMARKS:
Patient sits about in a bashful way - imbecile way - head hanging down. Looks up furtively when asked a question. Seems afraid or bashful. Says in a low tone they said he was insane. Supposes he must have been insane. Don't think insane now. Evades talking and talks in such an evasive way and such a low tone can hardly get information.

Personal and Medical History of Oscar Cole

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10¼ WEIGHT, 153 pds. NUTRITION, normal.
WOUNDS OR ABNORMALITIES, none
TONGUE, Tremors, normal Coatings, Promptness Movement,
PUPILS, Equality, normal Size, normal.
Response Light, Accommodation,
SIGHT, normal
HEARING, normal
COORDINATION, Arms, Legs, } normal
TREMORS, Hands, Facial Muscles, } normal Tongue, General, } normal
REFLEXES, Patellar, normal EXAM. URINE,
Other
ARTICULATION, normal
Slurred, Speaks slow and
Hesitating, bashfully.
FACIAL EXPRESSION,
SENSIBILITY,
HEART, normal
Arteries normal
LUNGS, normal.

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS, Cir. (h.) 54. (v.m.) 65½. Naso oc. a. 33. Bin a. 31½. Ant. p. d. 18.5. Transv. d. 15.0 Bin. d. 13.2. Fac. l. 13.0
HISTORICAL, Headaches. sometimes bad.
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Denies insanity
Mother or Mat. Relations, Living - healthy -
Father or Pat. Relations, Living - healthy.
Brothers or Sisters, One sister

Personal and Medical History of *Oscar Cole*

1895

This patient was brought here by Deputy Sheriff J.M. Allison, with following history. There is no history of consanguinity. This is not 1st attack; he had one other 1½ years ago, for 9 months, when he was sent to this (Rochester) Asylum; released July 12/94, improved. First symptoms of this attack manifested by threats of suicide by hanging, and cutting throat; melancholia; disease seems increasing; and apparently progressing steadily; no rational intervals; he now wants to be alone & fears people. Four years ago, attempted suicide, by jumping from bridge; propensity now active. No insane relatives. Paranoia still manifest. There is no history of intemperance with patient or his parents, nor has he been subject to any severe disease &c. Has been here before. Supposed cause of disease is Paranoia. He has had no treatment since release from Asylum. On personal examination, he is found to have a general melancholic appearance. Said "he left wife in bad & wished to return to Asylum". He did nothing, wept & kept very quiet. Appearance & manner very quiet & sad. Has no family physician. (See papers for detailed reasons for Commitment of Patient). ———

* Note. Patient here before from Oct 6/93 to July 12/94: at this first coming, was restless & nervous; at times, stubborn, talked but little; depressed. Later, had "spells", when he would go about hall, laughing and talking to himself; scribbling on the walls & picking up rubbish &c: also showed delusions, such as, that he was John L. Sullivan"; "that he owned Minneapolis & St Paul". (July 12/94 Was taken out and returned under "new warrant" from Olmsted County). Still continued to have these "spells" & to act foolishly. Had not changed much for several months. His father took him home on trial (Vol 25/p 141. No 3449)

May 13 On admission, was put on B² (S.R. Complexion light; hair light; eyebrows; Condition of skin good; no marks scars or bruises noticed; body dirty; behavior good). Pulse 96. R 22. T° 99.6. May 14/95. Restless 6 hours, and slept only 2 hours, last night; Abm. P 92. R 22. T° 99.4. Appetite good; bowels been free; stands idly about, looking out of window; answers questions but is not communicative; no cough noted.

" 15 Abm. P 96. R 20. T° 99.6. No complaints or injuries to report. May 15/95. Slept better (7 hours) last night. Am " 88 T° 99.6. Is restless; talks but little; when asked questions, he holds hands before eyes.

" 16 May 16/95. Slept 7 hours, last night. Abm. Pulse 96. Stands idly about; reticent; talks but little;

" 17 Does no work. May 17/95. Slept well; Am " 88. Makes no complaints; goes walking; appetite good.

" 18/19/20 May 18/95. Am. Pulse 90. May 19/95. Am. Pulse 92. May 20/95. Since last noted, patient has been restful, and sleeping well. Up around daily. Pulse (today) 90; Stands or sits about; talks but little; does no work; appetite good; bowels free; reads some; is silly & somewhat demented; holds hands over eyes, when addressed.

" 24 May 24/95: During this, the 2nd week, patient has continued to eat & sleep well (7 to 8 hours), nightly. Pulse has been, each morning, about normal. Appetite good; bowels regular; behavior fairly good: stand or sits about; always wanting to be alone. Depressed & seems demented: makes no complaints. Talks but little. Does no work; Goes out walking. Summary: always wants to be alone, is much depressed: talks, when he wants anything; but, when addressed, holds hands over eyes; head & some; physical condition seems good; talks but little; no delusions manifested. May 31/95. No change to note.

" 31 June 1/95. Wt 148 pds. Pulse 76. June 30/95. Works some at all. Talks but seldom; acts peculiarly. Puts hands or paper over his face, when anyone looks at him. Makes no complaints. Habits clean. Has to be watched as he is going to run away at the first chance. Physical condition good. July 1/95. Wt 143 pds. (has been losing in flesh since coming, without known cause)

July 1 " 31 Pulse 84. July 8/95. Bowels constipated. Given medicine for same. July 31/95. Appetite good;

Personal and Medical History of *Oscar Cole*

1895 cont'd

July 31 bowels generally regular. Talks & moves but seldom. Holds hands over face, or turns away when any one looks at him. Tries, quite often, to sneak away & has to be watched very closely. Physical condition good.

Aug 7/95 Aug 7/95. Wt 145 pds. Pulse 82. Aug 15/95. Generally well-behaved. Saw medicine 3 times a day.

" 31 Aug 31/95. Quiet & usually well behaved. Does not talk unless spoken to. Medicine has been discontinued.

Sep 7/95 Sep 7/95. Wt 149 pds. Pulse 84. Sep 8/95. Was discovered at window-screen: scratched & piece of wire, bent like a key found with him: also about 40 feet of twisted binding twine. Sept 10/95. Found again, prying at screens in dormitory & one lock & screen was found open: wire key was taken from him.

" 14 Sept 20/95. No special change in condition. Frequently tries to escape & requires very close watching.

" 30 Oct 1/95. Wt 146 pds. Pulse 100. Oct 13/95. Searched today, & several pieces of sheet wire found in his pockets: also about 12 ft of twisted cord. Oct 16/95. Habits not very tidy. Continually looking out of windows, evidently planning an escape. Was searched but nothing was found in his clothes.

Oct 13 " 31 Oct 31/95. No apparent change. Patient is reticent: seldom speaks; answers simple questions, can not carry on Connected Conversation. Frequently writes long letters, on toilet paper, which are part English and part Scandinavian, consisting mostly of incoherent repetitions. Habits are cleanly. (D.H.)

Nov 7/95 Nov 7/95. Wt 153 pds. Pulse 96. Nov 30/95. No change noted. Is still frequently searched (for keys &c &c).

Dec 2/95 Dec 2/95. Wt 153 " " 100. Dec 31/95. Condition remains about same, from day to day. He goes out on grounds, every day. Is continually making keys from bent nails or wire. Is frequently searched. Patient is quiet & sullen, generally.

Jan 7/96 Jan 7/96. Wt 156 pds. Pulse 90. Jan 8/96 No change noted.

" 21/31 Jan 21/96. Transferred to B³ (on account of a General change of Ward). Jan 31/96. Was overheard plotting with patient Nels Elstad to elope during night. Was searched & a piece of wire taken from him. Bodily condition is good: mental condition shows no change.

Feb 14/16 Feb 4/96. Wt 155 pds. P86. Feb 16/96. Became troublesome in dining room this A.M. & was removed to hall.

" 29 Feb 29/96. Is cranky & troublesome quite frequently; habits not very neat or clean. Seldom speaks: writes incoherent letters on scraps of paper.

Mar 2/31 Mar 2/96. Wt 152 pds. P 88. Mar 31/96. Is sullen & troublesome: frequently tries to open window-screens with pieces of wire, which he picks up while at walking. Is searched frequently & bent nails & short piece of wire often found on him.

Apr 2/30 Apl 2/96. Wt 153 pds. P 88. Apl 30/96. No change noted in patient's condition.

May 1/96 Summary Nurses Notes by Dr. Phelps. Patient a chronic case. Quiet: tries at times to get out.

Aug 1/97 Bodily health good: Rather demented in behavior: No change of any kind.

Continued by Dr Kenyon. Wt. 151 lbs. Rather noisy & restless: In fair physical health. Is not inclined to work: reads much of the time & writes frequent letters home, some of which are absolutely incoherent. Is demented & silly but fairly neat in personal appearance. Nov 1/97 - During past 3 mo. has remained about same, but has grown a trifle more ill tempered. Jan 1/98. Wt 147 lbs. A trifle more careless about dress. Has a tendency to elope & requires careful watching. Feb 25/98 Trans. to Annex. Apr 1 Rather more silly & demented. Wanders about the hall, otherwise the same. June 2 Eloped. Was rather brighter than usual during month of May. Went home & was returned here to B³ June 20. Practically no change in mental condition. Aug 1 Wt 132. Loss of weight probably due to increase of restlessness, walking up & down hall. Sept 1 Wt 128 More restless & demented. Accumulates worthless materials &c. Oct 1 146 lbs No good reason known for weight as he is still restless & uneasy. Sleeps & laughs foolishly to himself. Appetite good.

1898 Jan Nov 1. Rather more quiet. Wt 150 lbs. Nov 5 found about 5 ft. of clothes line in pocket with noose at end. Not known where he found it. Not previously suspected of suicidal tendencies. Jan 1 Wt 155 lbs. Remains about same mentally.

To Transfer Book. 355

Personal and Medical History of William Gadula

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4100.
Residence, Reno, Minnesota
Date Admission, 15th May 1895. —
Admitted by, D. A. J. Kilbourne Hour, 4.45 P.M.
How Sent, Thos Ryan, Jos P. Houston County
Sex, Male.
Age, - 42 -
Civil Condition, married
Children, none
Age Youngest Child, —
Occupation, Laborer
Degree Education, Can read & write a little Italian
Profession Religion, Catholic -
Habits, A Moderate Drinker
Nativity, Italy, (parents also born there). —
Physicians Committing, E. B. Johnston and W. W. Freeman
Correspondents, (wife) Lucy.
Reno. Minn

No. for Year, 299.
Insane Relatives, one brother & one sister.
Cause Exciting, not known
Cause Predisposing, Heredity.
Form, melancholia acute
Accompanying Bodily Disorder, (left hip & upper part of thigh shrunk)
Suicidal or Not, not
Date of this Attack, May 14/95
Duration, only a day or so.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, - 42 -
Time of Leaving, Dec. 13' 95.
Time in Hospital, 6 mo. 29 da.
Result, Disc. Improved May 6' 96.

EXAMINATION ON ADMISSION

Exd by Dr Herzog, May 27/95.

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } very fair, considering Education &c
Recent Events, }
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, seems good
Own Mental State, realizes Condition partially
Special Subjects,

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

DELUSIONS:
Systematized or Not, not systematized
Special Subjects, of persecution
~~Transitory or Not,~~ quite fixed

HALLUCINATIONS:
ILLUSIONS: ✓

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

GENERAL DESCRIPTIVE REMARKS:
His appearance suggests tuberculosis, but lungs show nothing definite. Says "that what excites him is the continual persecution by wife & others; would be quiet if left alone." Does not sleep well. —

Personal and Medical History of Wm Gadula

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in — WEIGHT, 125 lbs. NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, see "S.R."; old osteomyelitic scars on left hip; finger tips clubbed. —
TONGUE, Tremors, quite marked Coatings, clean; bright red. Promptness Movement, fairly prompt.
PUPILS, Equality, Yes Size, Slightly Contracted
Response Light, Yes Accommodation, Yes
SIGHT, Good;
HEARING, " ;
COORDINATION, Arms, Good; finger to nose, eyes shut, good.
Legs, Good; standing on foot, good; standing, eyes shut, good. —
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, none General, none
REFLEXES, Patellar, 8 - equal.
Other
ARTICULATION, ✓
Slurred,
Hesitating, ✓
FACIAL EXPRESSION, ✓
SENSIBILITY, ✓
HEART, 1st pulmonic sound rough; 2nd sharp.
LUNGS, nothing abnormal

TAKEN,

~~EXAM. URINE,~~
Treatment
Mild 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,
Father or Pat. Relations,
Brothers or Sisters, Brother & sister insane — few months duration.

Personal and Medical History of William Gadula

1895

This patient was brought here by Deputy-Sheriff George K. Bleveed, with the following history. The patient is in apparently good condition. As to consanguinity, not known; this is 1st attack, the symptoms appearing about May 14/95; is afraid of being poisoned & afraid he would be killed by different persons; if disease is increasing, decreasing, or stationary, or if variable & if there are rational intervals, is not known. Derangement now shown by fear of bodily harm. Patient is not disposed to injure others, nor is he suicidal, nor of filthy or destructive habits. His brother and one sister have been insane; previously, had same feeling "of somebody after him". Is a moderate drinker. Has had two "rough & tumble" fights. He has not been restrained or confined. Cause of disease is not known. He has had no medical relief. On personal examination, is very excitable; —

May 15 On admission, was put on B2 (S.R.). Complexion dark; hair black; eyes brown; condition of skin good. Left hip & upper part of thigh shrunk away some & covered with scars from operations; no eruptions noticed. Bodily condition dirty. Behavior good; talks freely. Pys. R 22. Tp 99.4.

" 16 May 16/95. Restless 4 hours, but slept 4 hours. Am. Pulse 86. R 19. Tp 99°. Appetite good; bowels free; behavior good; says "his head isn't quite right & that they sent him up here". No delusions noted. Pm. Pulse 90.

" 17 R 20. Tp 99.6. Goes out walking; no complaints or injuries to report. May 17/95. Slept 5 hours, restless 3 hours, last night. Am. Pulse 90. R 20. Tp 99.2. Appetite good. Talks freely & sensibly. Pm. P 86. R 22. Tp 99.6.

" 18 Goes out walking, but works none. May 18/95. Slept 7 hours. Am. Pulse 88. Bowels free; makes no complaints;

" 19 seems to be contented. May 19/95. Slept 7 hours. Am. Pulse 92. Says "he does not sleep well". Works some

" 20 on ward & goes out walking. Bowels free. May 20/95. Restless 2 hours, but slept 5 hours. Am. Pulse 95.

" 21 Behaves well; appetite good. Talks freely & with apparently no delusions. May 21/95. Slept only 4 hours, was restless 4 hours, last night. Am. P 86. No special change noted. Works some on the ward.

" 22 May 22/95. Slept only 4 hours, restless 4 hours, last night. Am. Pulse 88. Appetite good; he makes no complaints.

" 23 May 23/95. Restless 5 hours, sleeping only 3 hours, last night. Am. " 86. Behaves well; complains of not sleeping

" 24 well. Appetite good; no delusions prominent. Goes out walking. May 24/95. Restless 12 hours, sleeping only 4

" 25 hours, last night. Am. Pulse 88. Talks freely & sensibly, when addressed. May 25/95. Slept only 4 hours, restless 14 hours, last night. Am. P 80. Behaves well; works on ward; talks quite freely. Appetite is good.

" 26 May 26/95. Slept better (7 hours) last night. Am. Pulse 78. Complains, today, of heels being sore: (found to

" 27 be a stone-bruise). Eats well in dining-room. May 27/95. Slept 7 hours. Am. P 82. Is about as usual.

" 28/29 May 28/95. Slept 8 hours. Am. P 80. May 29/95. Slept 7 hours. Am. Pulse 80. Appetite good; behavior is good; talks quite freely; no delusions noted. Goes out walking; works on ward. Summary; behavior has been very good; quiet; he has made no complaints. He says that he has headache & does not feel right in head". Has talked quite freely; no delusions noted; began doing some work, at end of first week. Plays games some; goes out walking regularly; physical condition seems good.

" 30 May 31/95. About the same. Behavior good; he works some on ward. Goes out for exercise, regularly,

June 1/12 June 1/95. Wt 139 pds. (has gained 14 pounds, since coming here). P 92. June 12/95. Has been restless & sleeping poorly, on a few nights. Behaves well; works in dining-room. Transferred to 4!

" 30 June 30/95. Behaves well; talks rationally. Works on ward. Appears to be in good bodily health. —

July 1/12 July 1/95. Wt 139 pds. Pulse 74. July 12/95. — Patient has not done any work on ward, for some time. Acted somewhat cross. Talked about going away; says "he is going; if not let by the doctors he would go anyway". Is looking for a chance to run away. Transferred to 13. 18 day. —

Personal and Medical History of William Gadula.

1895

July 31 July 31/95. Since coming on this ward, behavior has been good. He has not tried to run away, nor said much about going away. Makes no complaints. Physical condition good. He does no work. —

Aug 1/31 Aug 1/95. Wt 145 pds. Pulse 82. Aug 31/95. Generally well-behaved: talks much: reads: plays games. Makes

Sept 1/30 no complaints. Sept 2/95. Wt 142 pds. Pulse 100. Sept 17/95: No apparent change. Transferred today, to 6. —

" 30 Sept 30/95. A very quiet orderly & well-conducted patient, and a willing worker on ward. No delusions noticed.

Oct 1/30 Oct 1/95. Wt 145 pds. Pulse 72. — Oct 24/95. Was taken in night, with vomiting. Was very sick during the

" 31 night: visited by physician, 5 P.M. Oct 31/95. Quickly recovered & was up & about again. Is as usual.

Nov 1/13 Nov 1/95. Wt 144 pds. Pulse 78. Nov 13/95. Patient was taken with a "spell" today. On first being discovered, was pale & frightened; trembled & grew very weak: perspired profusely. Pulse very rapid: (126 & int.) Temp. 101. He was not very noisy, but vomited occasionally, short out. Was taken on

" 14 Ward B2 East, for the night. Nov 14/95. Appears to be much improved, today: no fever. Pulse normal. Slept 4 hours, restless 4 hours, during the night. Still appears to be frightened but not to as

" 21 much so, as yesterday. Nov 21/95. Patient is much better, but is not entirely over his "Scare". He has delusions "of persecution", dating back 3 years. This "spell" of the 13th appears to be

" 30 similar to the ones he had 3 years ago, & occasionally since. Nov 30/95. Patient is now in about his usual state: quiet & orderly: works on ward — appetite is fair: he gets extra Diet.

Dec 1/14 Dec 1/95. Wt 147 pds. Pulse 84. Dec 12/95. Very quiet, of late. Works on ward: talks rationally:

" 13 Dec 13/95. Went home with wife, 15 day, on trial.

Discharged

Personal and Medical History of Martin Swenson

LEBERT, FISLAR & SCHAEFERS, DAVENPORT, IOWA.

Whole No. 4102.
Residence, from St Paul, Minnesota.
Date Admission, 17th May 1895.
Admitted by, Dr. Phelps — Hour, 6.35 PM
How Sent, G. Wilbrich Jof P. Ramsey County.
Sex, Male.
Age, 35.
Civil Condition, Single.
Children,
Age Youngest Child,
Occupation, Laborer
Degree Education, Not Educated
Profession Religion, not known
Habits, not known
Nativity, Norway; (Parents also born there).
Physicians Committing, Olof Sohlberg and John. B. Brinkall
Correspondents, None given in papers

No. for Year, 301
Insane Relatives, not known
Cause Exciting, not known
Cause Predisposing, "chronic"
Form, melancholia chronic
Accompanying Bodily Disorder, not known
Suicidal or Not, not known
Date of this Attack, about one year
Duration, about a year, Affair is
No. of Attack, 1st (Probably Continuous).
No. of Admissions, 1st Then (Insane at Fergus Falls)
Age First Attack, — 34 —
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 Martin Swenson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9½ WEIGHT, 162 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,

TAKEN,

EXAM. URINE,
Dec. 1894 - Sp. Gr. 1026 - Color dark yellow
Reaction acid - So clear.
No sugar nor albumen found.

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 Martin Swenson

1895

This patient was brought here by Deputy Sheriff Nicholas Flynn, with following history. Patient is in fair physical condition. As to consanguinity, when first symptoms were manifested and in what way, if suicidally inclined, if amputations misuse, any previous peculiarities, his habits, if any history of intemperance, if subject to any bodily disease &c, nothing is known. This attack occurred one year ago & seems continuous, almost to date. Patient has been at Fergus Falls Hospital; was not improved by treatment there. Disease appears to be stationary; but there are rational intervals. Derangement now manifested by loss of memory, most noticeable by apathy. He is not disposed to injure others, nor of filthy or destructive habits. Supposed cause of the disease not known. Patient has been under observation 1 week; answers questions slowly; bodily habits normal.

May 17 **On admission**, was put on B[d] (B). Complexion light; hair light; eyes gray; condition of skin good; has several scars on each leg; no eruptions noticed: bodily condition duty; behavior not very good; talks quite freely). Pulse 66 R 24 Tp 99.5. May 18/95. Restless 2 hours, but slept 6 hours, last night. Am. P 64 R 18 Tp 98[8]. Appetite good; bowels have moved; no cough noticed. Patient is stupid & depressed: talks briefly & not communicative: probably has some delusions. PM. Pulse 60 R 18 Tp 99.2

" 19 no complaints or injuries to report. May 19/95. Slept 7 hours; AM. P 58 & R 20. Tp 99[2]. Is quiet &

" 20 melancholy; says that he don't know what they brought him down here for". May 20/95. Slept 7 hours, last night. AM. P 58. R 18 Tp 98[2]. Appetite good. Is stupid, melancholy & does

" 21 no work. Goes out walking. PM. Pulse 62. May 21/95. Rested & slept quite well; AM. Pat. is somewhat brighter in appearance, today & talks quite freely, when addressed. Habits clean.

" 22 May 22/95. Restless 4 hours, sleeping only 4 hours, last night. AM. P 60. Bowels constipate;

" 23 he works none. May 23/95. Slept well. Sits about hall; is stupid. Bowels still constipated.

" 24 May 24/95. About as usual. No medicine. No delusions have yet been noticed. —

" 31 May 31/95. During this, the 2nd week, patient has been resting & sleeping 7 to 8 hours, each night. Pulse, taken each morning, has ranged from 56 to 62 (today). Appetite fairly good; bowels cited inclined to be constipated: patient is stupid & melancholy; sits about idly; in the same place, most of the time, on ward. Talks but little; not communicative. Does no work. Goes out walking.

Summary: Behavior has been very good, since 1st Day; has all along been melancholy & stupid: Talking very little; looks fairly sensibly; physical condition somewhat impaired; tho' he is on extra diet & milk. Mental state is inactive. No delusions yet noticed. —

June/ 30 June 1/95. Wt 162 lbs. P 78. June 30/95. No change noticeable since last general note.

July 1/ 31 July 1/95. Wt 163 " " 74. July 21/95: No special change noted. He is quiet & well — behaved. Rests & sleeps well. Works on ward some. Is on medicine. Transferred to B[1].—

" 31 July 31/95. Continues quiet & well — behaved. Talks but little: no delusions noticed. Habits

Aug 1/ 13 clean: he works on ward. Physical condition good. Aug 1/95. Wt 160½ lbs. P 74. Aug 31/95. Patient does not appear to be very well. Talks to himself a great deal. Does not appear to have delusions. Is very much run down. Pallid & sickly. Appetite poor. Is on medicine. He works some on the ward.

Sept 1/ 13 Sept 1/95. Wt 156 lbs. Pulse 84. Sept 13/95. (While making an examination of heart & lungs, he standing, patient suddenly started & asked for water; seemed a little faint: sat down: not very noticeably troubled: but it was found that pulse, just before 108, was now 48: attempts at motion almost stopped pulse, and patient became weak, but did not lose consciousness, at all. Said "had something like this

Personal and Medical History of Martin Swenson.

1895

Sept 15 3 years ago". D[r] P[s] note.). Sept 16/95. There has been no recurrence of this "fainting spell". He is not at all well, yet works about ward nearly all the time. Appetite not very good: bowels are regular.

" 18 Sept 18/95. Appears to be feeling fairly well. Appetite seems to be improving: He talks much to himself.

" 30 Sept 30/95. Behaves well. Appetite quite fair: bowels regular: makes no complaints. Quiet & well not talk to anyone, unless addressed, though he talks a good deal to himself & shows delusions. Is on regular diet: also on medicine. Works some on the ward. Oct 4/95. Wt 154 lbs. Pulse 60. Oct 11/95. Had a "spell" and was very restless & slightly noisy; walked the hall most all day and talked much to himself.

Oct 11 " 31 Oct 31/95. Still has delusions & has also "spells", when he is quite restless, walking the floor, for an hour or two, at a time & will talk a great deal to himself. Makes no complaints. Appetite is good: bowels regular: physical condition is improved. Habits are neat & clean. Nov 7/95. Wt 165 lbs. Pulse 104.

Nov 7 " 30 Nov 30/95. Patient still has "spells", when he becomes very excited & will talk at random, for 2 or 3 hours at a time. Still shows delusions. Memory seems poor. He works on ward. Habits clean and neat.

Dec 1/ 1894 Dec 1/95. Wt 160 lbs. Pulse 84. Dec 31/95. No change in condition apparent, either mentally or physically.

Jan 1/ 95 Jan 1/96. Wt 160½ " " 160. Jany 31/95. Bowels irregular: has been on medicine for a week or two. Is

Feb 1 still subject to his "spells". Works on ward. Physical condition seems good. Febr 5/96. Wt 161½ lbs. P 112.

" 17 Febr 7/96. Attempted to escape, while out walking: tried to run away from the crowd: brought back by force.

" 29 Febr 29/96. Pat. has his "spells" of excitement & loud talking: very incoherent: somewhat noisy at times:

Mar 31/ Apl 30 has delusions: Physical condition fair. Mar 1/96 Wt 163 lbs. P 84. Mar 31/96. no change noticed.

April 1/96. Wt 164½ lbs. P 84. Apl 30/96. No change noted. Pat. has his "spells": shows delusions: and talks at random: habits neat & clean. Is a good worker on ward.

May/96 Summary Nurses Notes by Dr. Phelps. Patient has been uniformly in good health:

to Oct. 27/96 had erysipelas of face lasting about a week: Walks floor: talks to himself: at times is obstinate: Wt. 158 to 171 lbs. Aug 31/97 Wt. 158[lbs]. Oct 31/97 Works

Aug 1/97 daily in dining-room: Health fairly good: Is well behaved in every way. Jan 31/99 Wt. 158[lbs] No change of special importance in condition. Feb 1 - July 31/99 (Dr. Wanous) Wt. 155. Is well behaved: Has delusions. July 28. Is reported as having some trouble with another patient

Aug 1 - July 31/1900 (Dr. Chapple) Patient failing physically: Appetite poor: Complains of some

to 1900 pain in abdomen: Is slightly jaundiced. Dec. 28 Trans. to Infirmary. Little change

Jany 31 since. Talks to himself a great deal: Is deluded & incoherent. Works most of

Feb 1 time in dining room. Feb 1/1900 Wt 136½ lbs P 86 Mar 30. Nothing special to report. May 1/1900 Wt 118[lbs]

June 30 Has been in bed. Physical condition rather poor, though no special ailment discovered. Has lost in weight during period: has rather poor appetite & inclined to be constipated. Sleeps quite well. At times, has what appear to be "fainting spells" when he gets up. Talks to himself has habit of slapping himself on face, violently. Is quite irrational & incoherent in conversation. Aug 26. Patient very weak: was put to bed: temperature normal. He has "spells" when he becomes weak & perspires freely: also has cold: Complains

Aug 26 of pain in left side of chest. Sept 7. Patient improved: dressed & up: seldom talks: assists on ward. Nov 1. Is extremely

Sept 7 noisy at times, through the night: has habit of striking head, with open hand & rubbing face. Nov 30. No further

Nov 1 to Change. (Nov 1. Wt 139½ lbs. Physical Condition not good: inclined to be constipated & is somewhat

1901 emaciated: Says he does not feel very well: works well on ward: is clearly in habits & appearance.

Jany 31 goes out for exercise. Nov 20. Transferred to B 15½). Jany 31/1901. No change noted: is irrational

— Carried to 240 —

dws

Personal and Medical History of Christopher Thoreson.

LEGGET, PIGLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4104.
Residence, Freeman Township, Minn
Date Admission, 24th May 1895.
Admitted by, Dr. Phelps Hour, 4 PM.
How Sent, Herman Blackmer, Jo. P. Freeborn Co
Sex, Male.
Age, - 64 -
Civil Condition, married
Children, four
Age Youngest Child, —
Occupation, Farmer
Degree Education, not educated
Profession Religion, Yes; Lutheran.
Habits, Not intemperate
Nativity, Norway; (parents also born there).
Physicians Committing, F. A. Blackmer and H. Mowery
Correspondents, none given in "papers" —

No. for Year, 303.
Insane Relatives, Brother & Sister
Cause Exciting, Religious Matters
Cause Predisposing, Heredity
Form, organic dementia
Accompanying Bodily Disorder, tremor of head for 20 years
Suicidal or Not, not —
Date of this Attack, 2 years ago
Duration, — 2 years —
No. of Attack, 3rd, (probably).
No. of Admissions, 1st
Age First Attack, about 48.
Time of Leaving, May 24th 95 —
Time in Hospital, 6 days.
Result, Rec.

Ex'd by Dr. Herzog, May 25/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, slightly confused.
Quick or Sluggish, somewhat sluggish
MEMORY:
Past Events, unreliable & slow
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, somewhat dull
Correct or Illusive, correct
REASONING POWER:
Ordinary Subjects, considerably impaired
Own Mental State,
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, somewhat incoherent.
Voluble or Reticent, fairly voluble.

GENERAL DESCRIPTIVE REMARKS:
Patient has multiple sclerosis paralysis agitans; states that he has been obliged to hold the cup, with both hands, while drinking, for several years. The posture is characteristic, but not marked. Conversation is difficult as he speaks no English. Is difficult to keep him on the subject. He speaks of having to work very hard & his family not helping him. There is slight dementia & dullness of comprehension. He complains of pain & tenderness in the pit of the stomach, constipation & lack of appetite. —

Personal and Medical History of Christopher Thoreson.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6 3/4 WEIGHT, 138 lbs NUTRITION, fair, but quite anaemic.
WOUNDS OR ABNORMALITIES, see Supervisors report, nurses page.
TONGUE, Tremors, Considerable Coatings, red & glazed. Promptness Movement, somewhat slow.
PUPILS, Equality, Yes Size, slightly contracted.
Response Light, sluggish Accommodation, sluggish
SIGHT, somewhat impaired —
HEARING, seems good
COORDINATION, Arms, Considerably impaired; finger to nose, eyes shut, uncertain on account of tremors
Legs, slightly impaired; standing on foot, fair; standing, eyes shut, always slightly; (Turning quickly quite apt to go to right)
TREMORS, Hands, marked intention tremor Tongue, none.
Facial Muscles, nodding of head — General, Yes, when standing —
REFLEXES, Patellar, 1 — 2; left
Other somewhat more than right.
ARTICULATION,
Slurred,
Hesitating, /
FACIAL EXPRESSION,
worried & depressed
SENSIBILITY, /

EXAM. URINE,
Treatment; at first, to correct digestive disorders.

TAKEN,

HEART, Sounds weak & slightly roughened; no distinct murmurs.
LUNGS,
Murmur harsh; nothing definite —
OPHTHALMOSCOPIC EXAM.,

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

Record kept

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

Personal and Medical History of Christopher Thoreson.

1895

This patient was brought here by Deputy Sheriff E. H. Ellickson, attended by J. L. Torgerson, with following history. Patient is in fair physical condition. No consanguinity. This is, probably, 3rd attack; one occurring 16 years ago; another 2 years ago; duration 2 and 1 weeks, respectively. First symptoms of this attack manifested 2 years ago, are religious matters. The disease appears to be increasing, but is variable & there are rational intervals, though not occurring at regular periods. Derangement now shown on religion, and he complains, furthermore, that his family do not work enough, while he himself, at times, does not want to work. Patient is disposed to injure others, but is not suicidal, nor of filthy or destructive habits. His brother and sister have been insane. Previous to accession of disease he showed peculiarities of temper &c. There is no family history of intemperance &c. He has not been subject to any severe disease. No restraint or confinement has been employed during this attack. Supposed cause of the disease is religious matters. He has had no treatment. On personal Examination, it is found he has a tremor of the head, which he has had for over 20 years. He denies being insane. Talk is pretty rational now, but his previous actions show him to be "unbalanced".

May 24 — On admission, was put on B½ (S.R. Complexion light; hair dark; eyes brown; condition of skin good; has a scar on crown of head, a little to left; skin adherent; origin unknown; old fractures of left leg, and left forearm, united, with much deformity; some stiffness of left elbow-joint; old osteomyelitic scars over lower 3rd of right tibia; bodily condition dirty; behavior good; talks no English, but Scandinavian fairly).

" 25 — Pulse 82. R 22 T. 99°. May 25/95. Slept 7 hours, last night. AM. P 80. R 22 T. 99. Appetite fairly good; bowels probably constipated. Is restless & very nervous. Is somewhat demented. Talks Scandinavian quite freely: some coughs noticed. PM. Pulse 74 R 20 T. 99.8. Complains

" 26 — of stomach & chest. Is given medicine & extra-diet. May 26/95. Slept fairly well, last night. Complained of being sick & was transferred to "Infirmary ward" at 10.30. Am. Appearing very weak, was put to bed. Pulse 60 R 20 T. 98°. PM. P 72 R 22 T. 98½. Bowels moved

" 27 — May 27/95. Patient lies quietly in bed. AM. P 92. R 24 T. 99; PM. P 68. R 20 T. 99.2. Appetite fair; bowels moved; he is on regular diet & extra; also on medicine, 3 times a day.

" 28 — May 28/95. AM. Pulse 84. R 22. T. 99.; PM. Pulse 68. R 20. T. 99. Patient very quiet.

" 29 — He has a very marked tremor of arms & hands. Bowels move quite regularly. May 29/95. AM. P 92 R 20 T. 97; PM. P 92 R 20 T. 99.4. Appetite good; is on regular diet and extra. Also on medicine 3 times a day. Was visited by relatives, today, who wished to take him

" 30 — home, on trial. May 30/95. 8. Am. Was allowed to go home, with relatives.

Discharged

Personal and Medical History of Thomas Clancy

1895 cont'd — From 108

July 17 — Gave him usual hot bath, with cold applications; also a long walk, during afternoon. 7 PM. Transferred to C3 C

" 18 — whose attendant notes - patient came upon ward in a nervous & excitable condition: very restless". July 18/95. Has been given hypnotics, almost nightly, & little or no effect from them: sleeping only from 1 to 3 a 4 hours, each night the past 2 nights, none at all. Has been restless & noisy - refused medicine - is also noisy & troublesome, every day -

" 20 — July 20/95. Slept quite well, the past 2 nights. July 21/95. Extremely noisy, past 2 nights: slept none. Was

" 31 — filthy. July 31/95. Some nights, sleeps only 3 a 4 hours; some, quite well: again, in others, is extremely restless & noisy, sleeping none at all. Requires continual attendance & watching on part of nurse - no change in behavior or conduct, to-day. Aug 1/95. Wt 120 lbs. Pulse 86. Aug 2/95. Noisy all night.

Aug 1 — Continually reciting Latin phrases. Aug 6/95. Restless & noisy, the past 2 nights, sleeping only 2 to 3 hours, at each. Was kicked by a patient in the abdomen, today: complained of not feeling well: hot applications made to abdomen. Transferred to T.W., at 7 PM. was very weak & generally run-down.

" 8 — seemed suffering much pain: vomited some. Aug 8/95. Has had some vomiting "spells": frequently calls for water. Hot applications to abdomen continued: apparently his every movement

" 10 — is painful. Is given hypo. Strych & morph. Aug 10/95. Has been sleeping poorly: some nights, none at all. Very restless: will not keep applications on abdomen - vomits quite often & seems

" 11 — to be in much pain. Hypodermics continued. Drinks milk quite freely. Aug 11/95. Hot applications,

" 14 — have been kept up quite steadily, day & night: were discontinued today. Aug 14/95. Patient has been restless & noisy, most of past 3 nights: sometimes, all night. Hypodermics continued: bowels move irregularly.

" 15 — Vomited considerably, last night. Aug 15/95. Still sleeps very poorly. Is very restless & out of bed, frequently;

" 16 — talking & preaching some, at times. Aug 17/95. Still sleeps poorly: otherwise, condition is about the same.

" 18 — Aug 18/95. Sleeps only 2 to 3 hours: restless & noisy balance of each night. Aug 19/95. Appears to be improving slowly:

" 21 — still talks & preaches, as before: voice still weak, but growing stronger. Aug 21/95. Slept 2 hours: noisy & restless, 5 hours - Takes fair quantities of milk. Is quite weak: emaciated; bowels are in very good condition.

" 22 — Aug 22/95. Some night, sleeps none: others, only an hour or so. Aug 23/95. Was noisy, all night. Slept none.

" 25 — appears very weak this morning. Refuses nourishment. Aug 25/95. Vomited some, last night.

" 27 — Aug 27/95. Quite restless, today. Hypodermics continued. Aug 31/95. No special change. Is very restless.

Sept 1 — (Use ~~attached~~ freely Nurse's record). Sept 1/95. Very much emaciated: can hold nothing in his stomach

" 2 — but ice-milk: is given 2 glass, every 2 hours. Sept 2/95. Slept but 1 hour, during the night. Was very restless & disturbed. Bowels moved freely. At times, patient appears failing fast; then, again, will

" 3 — rally somewhat & seem brighter & stronger. Sept 3/95. Restless only 2 hours, restless 5 hours, last night.

" 4 — Bowels are fairly regular & he passes urine regular. Sept 4/95. Habit becoming dirty: vomits, soils & passes urine in bed. Ate a little milk toast, today. Enema given & afterward, bowels moved freely.

" 5 — Hypodermics of Strych: continued. Sept 5/95. Restless 18 hours, during night. Slept only 4 hours. Is still given ½ glass of ice-milk, every 2 hours. He also ate a little milk toast today. 2 PM. Vomited some & has also been coughing: complains of having pain in stomach. 5 PM. Appears to be failing

" 6 — rapidly: respiration labored. Sept 6/95. Continued to sink rapidly, during the night, and died at 2Ho Am.

- Died -

Personal and Medical History of Stanislaus Schipp

LOBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4105.
Residence, St. Paul, Minnesota
Date Admission, 25th May 1895.
Admitted by, D. B. Ely Hour, 11 30 am
How Sent, G. Wilbrich, Jo P. Ramsey County.
Sex, Male.
Age, 30 years
Civil Condition, married
Children, two –
Age Youngest Child,
Occupation, Laborer
Degree Education, some; reads & writes
Profession Religion, Yes; Polish Catholic
Habits, no history of intemperance
Nativity, Poland; Parents also born there.
Physicians Committing, J. A. Quinn & Jos. A. Dieregge
Correspondents, (Formerly here) Mr. Stanislaus Schipp (wife) 707 Blair Street St Paul

No. for Year, 3011.
Insane Relatives, none Known.
Cause Exciting, not known; possibly injury to head.
Cause Predisposing, not given
Form, melancholia agitata
Accompanying Bodily Disorder, (?) Injury to head
Suicidal or Not, threatens violence to family & self.
Date of this Attack, October 1894.
Duration, some 7 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 30 –
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exby D. Herzog, May 29/95.

MENTAL ACTIVITY:
Clear or Confused, somewhat confused
Quick or Sluggish, Quick
MEMORY:
Past Events, fairly Good
Recent Events, " "
Special Subjects, see note
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, seems fair
Own Mental State, " "
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, alternately and
Depressed,
DELUSIONS:
Systematized or Not, not systematized
Special Subjects, of persecution
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS: ✓
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, Voluble

GENERAL DESCRIPTIVE REMARKS:
Patient complains somewhat of pain in chest; no signs of disease. Says that he destroyed his clothing when he was "confused in the head". Does not speak good English, & ideas are hard to get at. Says "he feels much clearer headed now than before". Is quite emotional; blames his wife for having him brought here. Thinks he was crazy; is not now –

Personal and Medical History of Stanislaus Schipp.

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 1 in WEIGHT, 126 3/4 lbs. NUTRITION, fair; somewhat anaemic.
WOUNDS OR ABNORMALITIES, see "S.R." next page. Some asymmetry of face.
TONGUE, Tremors, Yes Coatings, light yellowish, ave base Promptness Movement, fairly prompt
PUPILS, Equality, Yes Size, Normal
Response Light, somewhat excessive Accommodation, somewhat excessive
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good; finger to nose, eyes shut, Good.
Legs, Good; standing in foot good; standing, eyes shut, good.
TREMORS, Hands, Slight Tongue, Yes
Facial Muscles, none General, None
REFLEXES, Patellar, Equal – 9 –
Other Slight ankle clonus
ARTICULATION,
Slurred, Somewhat
Hesitating,
FACIAL EXPRESSION,



TAKEN,

~~EXAM. URINE,~~

Treatment

Nothing at present: Keep under observation.

SENSIBILITY,
HEART, Sounds are all good and clear
LUNGS, Nothing definite

OPHTHALMOSCOPIC EXAM., Record Kept

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 Stanislaus Schipp.

1895

This patient was brought here by Deputy Sheriff F. W. Kinney with following history. Patient is in good condition. No consanguinity. This is 1st attack, occurring in October 1894; showed a desire to burn and destroy furniture, & threatened violence to family, also to himself. Disease appears increasing; is variable & there are rational intervals: he is worse at times; intervals not regular. Derangement now shown by a desire to burn; and threatened violence. He is disposed to injure others; has not attempted suicide: is filthy in habits & destructive. No history of any insane relatives known. No peculiarities as were previously shown: no family history of intemperance. Possibly he has had an injury to head; cause of disease not definitely known. Patient has not been restrained or confined. He had no special treatment. On Personal Examination, he is indifferent, denies commission of destructive acts; considers himself sick & incapable of exertion. ———"—

May 25 On admission, was put on B2 (S.R. Complexion light; hair dark; eyes hazel; condition of skin not very good; eruptions on skin unless; bruises on back & right shoulder; bodily condition clean; is very obstinate; talks some). Pulse 90. R 18. T@ 99.6. May 26/95. Restless 4 hours, sleeping but 4 hours, last night. AM. Pulse 82. R 20. T@ 99.2. Appetite medium; bowels seems free; no cough noticed. Behavior good, tho' he seems discontented: "wants to go home". Evidently holds some delusion, as he says "that he is all drying up, since he got hurt". P.M. P 80. R 20. T@ 98.5.
" 27 No complaints or injuries to report. May 27/95. Again passed a poor night; sleeping only 4 hours; was restless 4 hours. AM. Pulse 80. R 19. T@ 98.8. Appetite fairly good; bowel free; behaves
" 28 well & talks quite freely. May 28/95. Restless 2 hours, but slept 6 hours. AM. P 78. Still behaves well: but still "discontented"; "wants to go back to St. Paul."; "Does not think he is crazy".
" 29 May 29/95. Slept some better, 7 hours, last night. AM. Pulse 80. Appetite good: talk rather demented: Works in ward some. May 30/95. Restless 5 hours, sleeping only 3 hours, last night.
" 30 AM. Pulse 76. Behaves well; works some; goes walking. May 31/95. Slept 7 hours, last night.
" 31 Appetite good. AM. P 80. "Wants medicine, says he is drying up". Still very discontented.
June 1 June 1/95. Slept quite well, last night. AM. Pulse 78. Requires to be watched very closely while out.
" 8 Wt. today, 134 pds; (has gained some in flesh). June 8/95. During this the 2nd week, patient has continued nines a less restless, each night, but sleeping about 6 hours, ne each. Appetite has been good; bowels free; Pulse, each morning, has been about normal. Talks quite freely but is somewhat simple & demented. He has made no complaints, tho' he is discontented at being kept here; says "he is not crazy"; wants to go home & go to work. He is not very bright: works some in ward; goes walking, but has to be closely watched, when out. Summary. On the whole, his behavior has been good, tho' he is ill-at-ease & wants to get away. At times has refused medicine. Bowels have been constipated, at times. Talks quite freely, but seems simple and demented. Still holds to the delusion "that he is drying up, since he got hurt." Memory fairly good.
" 9/30 June 9/95. In a few nights, has been restless & sleeping poorly. June 30/95. appetite good; bowels free.
July 1/95 In cranky & deluded. In clean tidy in habits. Works in ward & in dining-room. Physical condition good.
" 13 July 1/95. Wt 140 pds. Pulse 106. July 13/95. Cranky and obstinate. Stopped working in dining-room.
" 29 July 29/95. Started to run away, today: was caught & brought back: was very indignant.—
" 31 July 31/95. About the same, all the time. Very anxious to get away. Cranky, obstinate & deluded.
Aug 5 Aug 5/95. Wt 144 pds. Pulse 86. Aug 5/95. Obstinate & deluded: writes on walls, with lead pencil.

Personal and Medical History of Stanislaus Schipp.

1895

Aug 12 Aug 12/95. Struck John Picka (patient) in the face & scratched him. Trouble started in closet: Cause not known.
" 21 Aug 21/95. No special change. At times, noisy & violent, and quarrelsome. Worked in the kitchen, today.
Sep 2/95 Sep 2/95. Wt 145 pds. Pulse 84. Sep 5/95. Worked in kitchen, again, today. Sep 17/95. Transferred to C3.
" 30 Sep 30/95. Patient is of a cranky, ugly & mean disposition: refuses to do as he is told: acted in mental condition. Oct 1/95. Wt 147 pds. Pulse 78. Oct 17/95. About as reported above.
Oct 17 He eats & sleeps well. Oct 27/95. Does not seem to be as well as usual, mentally. Shows delusions.
" 27 Cranky & ugly. Does no work. Oct 28/95. Obstinate & refused to go to bed, at bed time. Was put to bed, by
" 30 attendant. Oct 31/95. Condition, both mentally & physically, about the same, from month to month.
" 31 Nov 1/95. Wt 149 pds. Pulse 78. Nov 30/95. No improvement noted: Cranky & Deluded. Physical health good.
Nov 1/30 Dec 1/95. Wt 150 " " 74. Dec 13/95. Had trouble with patient this morning. Assaulted attendant &
Dec 1/13 was moved to B2 for the day. Dec 31/95. Have quiet of late. Does not talk much. Otherwise, no change noted.
" 31 Jan 1/96. Wt 151 pds. Pulse 76. Jan 21/95. Transferred to C3 (account of general change of wards)—
1896 Jan 1/96 Jany 31/96. Always about the same. Talks & is noisy, nights. Dengly, cranky & has various delusions.—
Jan 21 Feby 1/96. Wt 149 pds. P 66. Feby 8/96. Had trouble with patient, while at walking & when he came
Feby 8 inside he attacked attendant & was moved to B3 for remainder of day. Dengly & cranky
" 29 at the table. Transferred to B3 today. Feby 29/96. No change especially noticeable.
March 1 March 1/96. Wt 150 pds. P 90. Mar 30/96. Is fairly well-behaved, but inclined to be pugnacious,
April 30 at times: is a little stubborn. Works in ward, some. April 1/96. Wt 151 pounds. P 72.
" 30 April 30/96. About as usual: cranky & stubborn, at times. Workes in ward. Some. Appetite good.
May 1/96 Summary Nurses Notes by Dr. Phelps. Patient talks little: is incoherent: Works part of time:
to is noisy When disturbed & obstinate. General health is uniformly good: Wt. 151 to 160 lbs.
Aug 31. Wt 166#. Oct 31 99 Melancholy in manner. Talks to himself. Refuses to work. Is rather obstinate
& dull. Jan 31 99 Patient has changed little or none during period.
Feb 1 to 1900 July 31 99. (Dr Isamon) Wt. 165# Mutters to himself: Does some work on ward. No change in mental condition. Aug 1.-Jan 31 1900. (Dr Chapple) Augt. Wt. 169# No change during period. Health has been good. Is very much deluded. Sits at window most of time & talks incoherently to imaginary people. Sept 15. Struck on head with cup by Alf. Poole, a small gash. Is tidy in habits: works on ward. Feby 1900. Wt 185# P 96.
Jany 31 Feby 1 Transferred to Annex. July 20 Vaccinated: result good. July 31. No change of importance, during
May 29 July 20/31 period. Appears to be in excellent physical health: usually well-behaved: has worked a little in ward.
Does nothing now. Quite neat in habits. Can understand very little that he says. Evidently has
hallucinations & delusions. Spends most of his time looking out of the window. Talks about his wife
Sept 10 and children. Is contrary & irritable, at times. Sept 10. Transferred B2. Sept 13. To C2.
Nov 15/16 1901 Jany 31 Patient Eloped. Nov 16. Was returned to B3. Jany 31/1901. No change: excellent
Feby 28 physical health: Talks to himself a great deal: Is irritable: works a little in the ward:
Nov 1 1902 Jan 31 has hallucinations & delusions: very stubborn. Feby Wt 188# May. Wt 183#: Aug. Wt. 183#
Wt 191#: Jany 31/02. Physical health, during year, excellent. Works some in ward: is fairly
busy: Causes no trouble, but is very surly & talks abusively, when addressed. Talks much to
Aug 31 1903 Jany 31 himself & makes queer motions: very delusive. Aug 1/02. Wt 198½#. Jany 31/03. Has worked
in ward, most of time: Is fairly quiet, but a surly individual: Looks & talks abusively, when
addressed. Occasionally, tries to elope—

Personal and Medical History of Adelbert E. Sheldon.

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4107
Residence, Goodhue Co.ty, Minnesota
Date Admission, 25th May 1895.
Admitted by, D. Phelps Hour, 6 1/2 P.M.
How Sent, Ayd Haller, Jo.P. Goodhue County.
Sex, Male
Age, 20 years
Civil Condition, married
Children, None
Age Youngest Child,
Occupation, Farmer
Degree Education, Fairly educated
Profession Religion, Not a church member
Habits, Intemperate —
Nativity, Goodhue County, Minnesota. Parents born in Newyork State
Physicians Committing, B. Dearborn and F. W. Demmitt
Correspondents, Mrs Annie E. Sheldon, Frazeppa, Minn.

No. for Year, 306.
Insane Relatives, none
Cause Exciting, Jealousy; (wife became pregnant before marriage)
Cause Predisposing, probably Drinks Rabit
Form, Melancholia acute
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, has tendency to suicide.
Date of this Attack, In October 1894
Duration, Some 7 months.
No. of Attack, 1st probably —
No. of Admissions, 1st
Age First Attack, about 19 —
Time of Leaving,
Time in Hospital,
Result,

Exd by D. Herzog May 28/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, somewhat Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } Poor
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, Dull & slow
Own Mental State,
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, Coherent
Voluble or Reticent, reticent.

GENERAL DESCRIPTIVE REMARKS:
Patient has a foul breath & some tenderness in Epigastric region. Hands are moist and clammy; circulation poor; has masturbated; got his 17 year old wife in the family way before marriage; has been incontinent in sexual matters. Now very melancholic and depressed. —

Personal and Medical History of Adelbert E. Sheldon.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 1/2 WEIGHT, 153 lbs NUTRITION, somewhat impaired
WOUNDS OR ABNORMALITIES, See S. R.; Conjunctivitis of left Eye: forehead high & narrow; head small, face large
TONGUE, Tremors, Slight Coatings, large & swollen, red Promptness Movement, somewhat slow.
PUPILS, Equality, Yes Size, dilated
Response Light, sluggish Accommodation, sluggish
SIGHT, Seems good
HEARING, Seems good
COORDINATION, Arms, fair; finger nose, eyes shut, slight uncertainty
Legs, fair; standing on foot fair; standing, eyes shut, sways slightly.
TREMORS, Hands, Slight Tongue, Slight
Facial Muscles, None General, None
REFLEXES, Patellar, q - equal
Other slight ankle-clonus
ARTICULATION,
Slurred,
Hesitating, yes
FACIAL EXPRESSION,
SENSIBILITY,
HEART, impulse feeble; somewhat irregular
LUNGS,
No careful examination made —
OPHTHALMOSCOPIC EXAM.,

TAKEN,

~~EXAM. URINE~~,
Treatment

Regulate bowels. Valerianates of iron, quinine & zinc; also Shower baths —

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, Mother is, to say the least, Eccentric.
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Adelbert E. Sheldon.

1895

This patient was brought here by Mr P. J. Lundquist, attended by Mrs Sheldon, (mother): — patient is in fair physical condition. There is no history of consanguinity: No insane relatives: This is probably 1st attack; symptoms manifested in October 1894, by jealousy of affianced wife. Disease seems increasing, but is variable & there are rational intervals, but they do not occur at regular periods; attack of mania usually comes on at night. Derangement known by his having an attack of insane jealousy in regard to his wife, in connection with other men, without cause. Patient is disposed to injure others; has not attempted suicide, but has some tendency that way. Is filthy in habits & destructive, sometimes. Patient has drank, but his parents have not. He has not been subject to any severe disease &c; no head injury; attack first started with jealousy; wife became pregnant before marriage. Has been under treatment with Dr Adams, of Rochester, Minn, for one month or so. Has been melancholy; also has morbid delusion.

May 25 On admission, was put on B2 (S.R. Complexion dark; hair Dark brown; eyes brown; condition of skin good; no marks, scars or bruises noticed; bodily condition clean; left eye blood shot; is quiet). — Later in evening, moved to T.W. Pulse 120 R 24 Tº 100.1°. (Came on this ward in a quite nervous and upset condition). May 26/95. Slept very little; was very restless, last night; Am. P 90 R 24 Tº 99.6 appetite fair; bowels moved this Am. He is very quiet & seemingly depressed. Says his insides are out of order; No cough noticed; Pm. P 82. R 24 Tº 99.6. No complaints or injuries to report. May 27/95. Was given sleeping dose at 9 Pm, last evening, but slept only 4 hours. Am. P 90. R 22. Tº 99.2. Bowels have moved. Was out on grounds, today; behaved very well: & would converse quite well. —

" 28 Pm. P 82. R 20 Tº 99.6. May 28/95. Patient complains of stomach bothering some; yet he eats quite well. Am. P 76. R 22. Tº 99: Pm P 80 R 20 Tº 99.8. —

" 29 May 29/95. Rested 3 hours, but slept 5 hours, last night. Am. P 80. Pm. P 76. Is very quiet and inclined to despondency. Works on ward some. May 30/95. Am. P 76. Appetite good; bowels regular

" 30 says he wants to go home". Was given bath. Pm. P 76. May 31/95. Am. P 80. Pm. P 76. Is very quiet,

" 31 and slightly melancholy; Converses quite well, at times. June 1/95. Am. 80 Pm. 80. Appetite

June 1 good; he works some on ward. June 8/95 During this the 2nd week, patient has been sleeping quite

8 well, at night, though he has been restless, when awake. Pulse, each morning, about normal. appetite has been good & bowels in good condition: says "that his kidneys are out of order". Is quite despondent, at times: "wants to go home". Works some on ward & goes out on the Ground, daily.

Summary: patient has been very well-behaved since his admission: Is, and has been, very quiet, working on ward a little, during the day. Physical condition apparently quite well developed; muscles large & well formed. Mental state is quite depressed; patient always being melancholy, & scarcely ever speaking, unless questioned. Conversation is slightly incoherent.

" 13 June 13/95. Patient is very quiet at all times, & melancholy. Appetite very good; (is on regular diet & extra);

" 20 bowels regular. June 20/95. No special change. Works on ward some, during morning. June 27/95. Goes out on the ground, every day. Passes his leisure hours in "silent reverie" & is quite despondent.

" 30 June 30/95. Very little change apparent in either mental or physical condition, at this date.

July 3/ July 3/95. Wt 140 pds; has lost considerably in flesh. July 10/95. Patient is given frequent shower baths.

10 Is on regular diet: appetite good: bowels in good condition. He works some on ward. Is quite dull & stupid.

" 31 & apparently in a "reverie" continually. July 31/95. No change noted: Quiet & dull. Goes out on grounds every day

Personal and Medical History of Adelbert E. Sheldon.

1895

CASE RECORD.

Patient's Name Sheldon A. E. Name Disease Name Physician

1894	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Oct. 18 am	98.8	74	21			Patient was gotten up and dressed.
" " pm.						Between the hours of 7 30 and 8, patient made a quiet and successful escape through a window.

Recorded by Nurse.

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr Phelps Patient during early part of period seemed simple & foolish: Talked & laughed to himself but was able to answer questions fairly well: During latter part of period has become more demented & is careless & untidy: Will talk almost none. Wt. about 161 lbs.

See Transfer Book A Page 336

Vol. 31 Fol. 84 No. 4107.

CASE RECORD.

Patient's Name Sheldon, A. E. Name Disease ____ Name Physician H.H.N.

1895	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
Oct. 1st						Patients appetite is good. Bowels regular. Speaks only when spoken to. Walks about with head down. Works some on ward. Sleeps well.
" 3				Gave Bath		
" 10				Gave bath		
" 13- pm	101	80	20		On regular and extra diet.	Patient complained of having very sore ear. Was put to bed and ear syringed with warm water and hot sand bag applied.
" 14- am	99.5	94	20			
" " pm	101	84	20	Medicine applied to ear as directed.		
" 15 am	100.4	88	x3			Patient says he feels much better this morning. Appetite good. Bowels regular.
" " pm	100	84	x0			
" 16- am	99.4	80	x0			
" " pm	99	84	x1	Ear syringed with		
" 17 am	98.6	84	x3	warm water very		
" " pm	99	80	x0	x hour.		

Recorded by ____ Nurse.

See Transfer Book A Page 336

Personal and Medical History of Adelbert E. Sheldon

...ens,
...s some
...d, but his
...ed injury; Attack
... under treatment
...choly; also has morbid delusion.
...w; expression; condition of skin
...; left eye blood shot; is quiet).—
...een this ward in a quite nervous and
...restless, last night; Ann. P 90 R 24 T 99.2°
... seemingly depressed. Says his insides are out
...995. No complaints of injuries to report. May 27/95. Was
...ut & slept only 4 hours. Ann. P 90. R 22. T 99 2. Bowels
...way; behaved very well: & would converse quite well. —
...28/95. Patient complains of stomach bothering some;
...yet he eats ... P 76. R 22. T 99: Bm. P 80 R 20 T 99 4/5. —
May 29/95. Kee... ...ht slept 8 hours, last night. Mm. P 80. Pm. P 76. Is very quiet and
inclined to Desp...ncy. Works on ward some. May 30/95. Mm. P 76. Appetite good; bowels regular.
Says "he want to go home". Was given bath. Pm. P 76. May 31/95. Mm. P 80. Pm. P 76. Is very quiet,
and slightly melancholy; Converses quite well, at times. June 1/95. Mm. 80 Pm. 80. Appetite
good; he works some on ward. June 8/95 During this the 2nd week, patient has been sleeping quite
well, at night, though he has been restless, when awake. Pulse, each morning, about normal.
Appetite has been good & bowels in good condition: says "that his kidneys are out of order". Is quite
despondent, at times: "wants to go home". Works some on ward & goes out on the Ground, daily.
Summary: patient has been very well-behaved since his admission: Is, and has been, very
quiet, working on ward a little, during the Day. Physical condition apparently quite well
developed; muscles large & well-formed. Mental state is quite depressed; patient always being
melancholy, & scarcely ever speaking, unless questioned. Conversation is slightly incoherent.
" 13 June 13/95. Patient is very quiet, at all times, & melancholy. Appetite very good: (is on regular diet & extra);
" 20/24 bowels regular. June 20/95. No special change. Works on ward some, during morning. June 27/95. Goes
out on the ground, every day. Passes his leisure hours in "silent reverie" & is quite despondent.
" 30 June 30/95. Very little change apparent in either mental or physical condition, at this date.
July 3/30 July 3/95. Wt 140 pds: Has lost considerably in flesh. July 10/95. Patient is given frequent shower baths.
Is on regular diet: appetite good: bowels in good condition. He works some on ward. Is quite dull & stupid.
" 31 & apparently in a "reverie" continually. July 31/95. No change noted: Quiet & dull. Goes out on grounds every day

Aug 5/95. Wt 146½ pds. Aug 10/95. Is quite melancholy & dejected. Works some on ward. Is given frequent
17/9/13 shower-baths. Aug 17/95. Visited by friends. Aug 19/95. Visited by mother & sister, this Am. Aug 25/95. Again
31 visited by friends. Aug 31/95. Patient appears to be doing fairly well. Appetite good: bowels regular. Goes out on
grounds, daily: works some on ward. Sleeps well: Is not very bright. Frequent shower-baths are given him.
Sep 5 Sep 5/95. Patient, as a rule, is very quiet: scarcely ever speaking, unless spoken to. Appetite very
" 17/30 good: bowels regular: he works some on ward. Sep 12/95. Wt 146 pds. Sep 30/95. No change is
Oct 2 noticeable, in any way. Still very quiet & depressed. Oct 3/95. Appetite good: bowels regular:
Quiet & retiring: Speaks only when spoken to: walks about, with head down. Seemingly much depressed.
" 13 Works some on ward. Oct 13/95. Patient complained of a very sore ear: was put to bed: ear syringed
" 15 with warm water & hot sand-bag applied: o the treatment also given. Oct 15/95. Says "he feels much
better this morning": Appetite good: bowels regular. Ear is syringed with warm water every
" 18 2 hours. Oct 18/95 Patient was gotten up & dressed this morning. Pm. Between the hours of 7 30 & 8
Pm patient made a quick & successful Escape, through a window. Search was made for
" 19 him but without avail. Relatives advised by telegram. Oct 19/95. 3 00 Pm. Telegram just
received that "patient is at home".—
" 21 Oct 21/95. Was returned by mother, this afternoon, as she desired him to stay here longer.
Was put on T.W., whence he was before he escaped. Was about as usual, on his return.
" 22 Says "he will leave again, as soon as he gets a chance". Oct 22/95. Slept well, during night. Ear was
syringed with hot water at 9 am and 4 Pm. Appetite good: bowels regular: Still complains considerably
" 27 of sore ear. 7 Pm. Transferred to V3. Oct 27/95. Ear has been syringed with hot water, 4 times daily.
" 28/31 Oct 28/95. His ear does not hurt patient any more - to discontinue use of syringe. Oct 31/95. No special Change.
Nov 2/9/16 Nov 1/95. Wt 153 pds. Pulse 72. Nov 9/95. Visited by wife & child. Nov 15/95. Visited by mother.
" 20/30 Nov 30/95. On medicine, 3 times a day. Nov 30/95. Sleeps well: Goes walking: Is discontented & uneasy.
Was, today, found attempting to open the door with a piece of bent wire, which was taken from him.
He seems quite fairly improved. Attends patients' entertainments &c. Physical health seems good.
Dec 7/15 Dec 7/95. Wt 158 pds. Pulse 100. Dec 15/95. Again found trying to pick lock of door leading outside
" 31 was searched & several nails & pieces of wire taken from him. Dec 31/95. No special change. Still on medicine.
1896
Jan 7/14 Jany 7/96. Wt 157 pds. Pulse 106. Jan 21/96. Transferred to V3 (on account of general change of wards).
" 26 Jany 26/96 of late, appears to grow more foolish & stupid, every day: laughs, much of the time,
rather foolishly & at nothing in particular. Has a sore right ankle, from rubbing of shoe: Sore Dressed.
" 31 Jany 31/96. No special change noted. Acts foolishly & seems quite stupid, at times.
Feby 7/13 Feby 7/96. Wt 170 pds. P 60. (Has gained considerably in flesh). Feb 13/96. Visited by mother.
" 29 Feby 29/96. Keeps about the same, from month to month. Still stupid in manner & action.
Mar 7/16 Mar 7/96. Wt 160 pds. P 78. Mar 26/96. Visited by mother. Patient has been losing flesh,
of late. Still has delusions. Cannot carry on a conversation, properly: talks foolishly to
Apl 2/30 himself & laughs, a great deal of the day. Apl 2/96. Wt 158 pds. P 72. Apl 30/96. Shows delusions
of all kinds. Behavior fairly good. Works on ward & in dining room: Mentally, about as usual.
May 1/96 Summary Nurses Notes by Dr Phelps Patient during early part of period seemed simple & foolish: Talked &
to laughed to himself but was able to answer questions fairly well: During latter part of period has
Aug 1/97 become more demented & is careless & untidy: Will talk almost none. Wt. about 161 lbs.

See Transfer Book A Page 336

Personal and Medical History of George H. Wagner

LEBERT, PIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4108

Residence, St. Paul, Minnesota

Date Admission, 28th May 1895. —

Admitted by, Dr. Phelps Hour, 8 45 P.M.

How Sent, G. Willrich, J. of P. Ramsey County.

Sex, Male

Age, — 30 —

Civil Condition, Divorced

Children, —

Age Youngest Child, —

Occupation, Mechanic; (father was a carpenter).

Degree Education, Common School Education.

Profession Religion, not a church member

Habits, Intemperate

Nativity, St Paul, Minnesota (Father, Germany, mother, Ireland)

Physicians Committing, Park Ritchie and E. M. Lundholm.

Correspondents, Mrs. Wagner, 480 Robert Street, St. Paul.

No. for Year, 307.

Insane Relatives, none; father inebriate.

Cause Exciting, Drink & domestic trouble. —

Cause Predisposing, Drink & previous attacks.

Form, Dementia alcoholic chronic

Accompanying Bodily Disorder, none mentioned.

Suicidal or Not, not; but homicidally inclined.

Date of this Attack, a week ago

Duration, a week —

No. of Attack, 3rd probably.

No. of Admissions, 2nd (here, 93-94, as inebriate)

Age First Attack, about 28. —

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Ex by Dr. R. M. Phelps. Sept. 26, 1896.

MENTAL ACTIVITY:

Clear or Confused, confused.

Quick or Sluggish,

MEMORY:

Past Events,
Recent Events, } Poor apparently.
Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Incorrect.

REASONING POWER:

Ordinary Subjects, Poor.

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Exalted - mildly

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Patient here previously as inebriate. Mentally affected for some time probably. Now Chronic maniac, easily excitable, at times very obstinate and troublesome. Talks to Self - moody - &c.

Personal and Medical History of George H. Wagner

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ WEIGHT, 148½ pds. NUTRITION, Good.

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Fair Coatings, Some whitish coating Promptness Movement,

PUPILS, Equality, Left slightly larger. Size, normal.

Response Light, Accommodation,

SIGHT, normal

HEARING, normal.

COORDINATION, Arms,

Legs, —

TREMORS, Hands, } normal Tongue, } normal.

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION, normal

Slurred,

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, No murmurs. Sounds very strong palpitates. Probably some hypertrophy - Apex heat about normal

LUNGS, normal.

Arteries - no notable impairment.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Resp., Temp.,

CRANIAL MEASUREMENTS, Cir. (h.) 57½. (v.m.) 68. Nass. oc. a 38. Bin. a. 35½. Aut. p. d. 19.8 Transv. d. 15.8 Bin. d. 13.0 Fac. l. 13.0

HISTORICAL, No typhoid fever - had lung fever - no severe disease. Had "something like syphilis" - went to Springs. It has never shown up since. No Headaches.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Living - Fair health.

Father or Pat. Relations, Died 1887 - Pneumonia

Brothers or Sisters,

Personal and Medical History of George H. Wagner.

1895

This Patient was brought here by Deputy-Sheriff Gates, attended by Mc. Flynn, with following history. The Patient is in fair Physical condition. No consanguinity; this is probably the 3rd attack; others occurring in 1893 & 95: duration temporary. Has been here before as an Inebriate. First Symptoms of this attack manifested a week ago, by violence: disease appears to be increasing; is variable & there are paroxisal intervals, and these are regular: violence shown; derangement now shown on the subject that divorced wife is still belonging to him & he commands obedience by violence. Is not disposed to injure others. Is not suicidal: no filthy & destructive habits. There is no history of disease relatives; no previous peculiarities shown, except as stated: father and patient were addicted to intemperance. Patient has not been subject to any severe disease or injury to head. He has also been at workhouse, several times. Supposed cause of disease is Drink & domestic trouble. Has had no treatment. On personal examination, it is found he has the delusions mentioned: has a violent temper & shows signs of homicidal tendency, toward his ex-wife. N.B. *Note. As stated, Patient was here before, from Dec 27/93 to Feby 8/94, (as an Inebriate); On that admission, he was intoxicated & shortly afterward was taken with a bad "spell" of vomiting; the following day, he was sick in bed; with chills, vomiting &c; sick in bed, also, next day; up & dressed on 30th; During night of 30th, he developed a delusive mania; showed delusions; was transferred to 6³; very much excited; then moved to 6² & on Jany 3/95, moved back to 6¹. (See Vol 22 p 121 No 3604).

May 28 On admission, put on B². (SR. Complexion Dark; Hair Dark; eyes blue; condition of skin good; some marks on right thigh: bodily condition dirty; behavior good). May 29/95. Slept 7 hours, last night. AM. Pulse 92. PM. Pulse 88. Appetite medium; bowels seem free: no cough noticed. Is quiet, reads; talks but little & only when addressed, talks sensibly; no delusions noticed.
" 30 Did not go out walking. No complaints or injuries to report. May 30/95. Slept 7 hours, last night. Am. P 90. Quiet: reads: sits about; talks freely, when addressed. May 31/95. Slept quite well. Am. 88. Stays in the house, all the time; declines to go out walking. Talks but
June 1 little; reads & plays games. June 1/95. Slept 8 hours, last night. Am. P 86. Sits about. Walks
" 2 some; makes no complaints. Appetite good. Will not go walking. June 2/95. Am. Pulse 84. Was out walking today, but did not want to stay out, with the crowd. Said he did not come down
" 3 here to be herded with "Crazies"; So he was taken back. June 3/95. AM. Pulse 80. Dissatisfied;
" 4 cranky; does not go out walking; wants to get away. June 4/95. Seems revengeful: Says he will throw a lighted at Judge Willrich, when he gets back to St. Paul": Otherwise, about same.
" 5 June 5/95. Patient sleeps well, each night; he has a violent temper & will give trouble, sooner
" 7 or later: cranky & mean in disposition. June 7/95. Pulse about normal. Still very cranky; talks of the "oppression of the laboring class"; Says "he was sent down here to get his property"
" 8 Works none. Somewhat depressed, at times. June 8/95. Sleeps fairly well. Sits about; does no work.
" 9 Otherwise, about same. June 9/95. Pulse about normal, each morning. He talks some; generally
" 11 about his being unjustly dealt with. June 11/95. No noticeable change, from day to day. Habit plain.

Summary; patient was very cranky & obstinate, up to a few days ago. It was almost impossible to get along with him peaceably. He is idle; does no work; goes out walking, now. Appetite good; bowels regular; Physical condition good; Shows delusions. "Think he has been unjustly dealt with" and "also wronged". Is somewhat depressed. Studies considerably.

Personal and Medical History of George H. Wagner

1895

June 30 June 30/95. Is cranky & obstinate: Does no work: Silly & laughs to himself. Says "there is going to be a radical change in the Government of this Country and it is going to take place the 4th of July". He has rather lofty ideas in that direction. Patient is also somewhat depressed, at times.
July 1/95. Wt 153½ lbs. Pulse 90. July 6/95. Complains of headache. July 11/95. Uses very threatening
" 20 language. Says "that he will kill Jud. Willrich, if he gets back to St. Paul". July 22/95. Obstinate,
" 31 & would not get up until breakfast-bell rang; then rolled out, but was too late for breakfast. July 31/95. Cranky and still shows delusions. Says "they sent him down here to get his money or property". Thinks the Jews are being oppressed". Silly in manner: laughs to himself. At times, depressed. Does no work. Physical health good.
Aug 2/95. Wt 153 lbs. Pulse 86. Aug 31/95. No special change. Foolish: laughs to himself. Quarrelsome
Sept 7/ but Pugnacious, at times. Still manifests delusions. Sept 7/95. Wt 154 lbs. P 132. Sept 15/95. Became
" 20 stubborn & violent, this morning & had to be held by nurses. Sept 20/95. Patient is less cranky, of late.
" 30 Sept 30/95. No change generally noticeable, in either his mental or physical condition. Still holds delusions
Oct 1/ Oct 1/95. Wt 152 lbs. Pulse 90. Oct 15/95. Has lately been very quiet. Generally remains in bed, during day.
16 makes no complaint. Appetite poor: bowels in good condition. (Conceivable Dementia; laughs to himself
" 31 apparently, at delusions, but will not discuss them. D.H.). Oct 31/95. Patient says "he is weak". No change specially noticeable, though he has been less cranky, of late & more respectful, toward nurses.
Nov Nov 7/95. Wt 146½ lbs. Pulse 120. Nov 30/95. Occasionally restless, at night. Otherwise condition about same.
Dec 7/ 30 Dec 1/95. Wt 149 " " 96. Dec 31/95. No change noted. Patient is cranky & very stubborn,
13 at times: Continually laughing at some "pleasant recollection". Physical health seems good.
1896 Jan 2/96. Wt 146 lbs. Pulse 102. Jan 21/96. Transferred to B³. (Map of general change in ward).
Jan 2/ Jan 31/96. No change apparent in patients Condition. Generally cranky: Talking & laughing much.
" 31 Has many delusions of "persecution" & "persecutors". Makes no complaints. Health seems good.
Feby Feby 1/96. Wt 146 lbs. P 100. Feby 6/96. Struck Herbert Smith (Attd't) in washroom, this Am
" 9 had some trouble with him: no marks. Feby 29/96. No change specially noticeable, in his condition.
" 29
Mar Mar 1/96. Wt 150 lbs. P 96. Mar 31/96. Noisy in talk & very offensive. Has delusions of persecution
April 2/ by certain patients. Goes out walking daily. April 1/96. Wt 146 lbs. P 96. April 15/96. Has been getting
15 very ugly of late, having trouble with other patients, whom he will not let alone. Talks a great deal
" 30 swearing & cursing at his fate & at any person that may be near him. Is very troublesome, generally.
April 30/96. No change noticeable, in any way.
May/96 Summary Nurses Notes by Dr. Phelps. Patient is troublesome & noisy, talking loudly & swearing.
to Is full of delusions. At times is inclined to be violent: Was kept for the most part
Aug/97 of the time upon violent ward until in June he was moved to Annex where his condition remains unchanged. Wt. 138 to 147 lbs. Continued by Dr. Herzog Augy Noisy & restless frequently during night. Intemperate, occasionally striking inoffensive patients. Sept. 25 Struck Necessary patients: no serious injuries. Threw cup of tea in Attendants face at supper. Has numerous delusions of persecution. Sept 27 Transferred to C. Sleeps & appetite poor, in fair physical health: Remains in bed: Laughs & talks to himself: Has paint on walls drawing fantastic figures: Very profane and abusive: Imagines people in St. Paul are conspiring against him: Very abusive in his charges. Oct 12 Struck S. Johnson in eye. Jan 98 Wt. 157. Has gained considerably since last note, in weight & strength. Delusions of grandeur. Imagines Hospital is being run at his expense. also has delusions of persecution. Sleeps much better than when he came here.

Trans. Book A. Page 334.

Personal and Medical History of Luther Morton

LOBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4114.
Residence, St. Paul, Minn
Date Admission, 1st June 1895. —
Admitted by, Dr. Phelps — Hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey County
Sex, Male.
Age, 69.
Civil Condition, Widower
Children, — 4 —
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common School
Profession Religion, not a church member
Habits, Not intemperate —
Nativity, New York; (parents also born there). —
Physicians Committing, Talbot Jones and A. S. Bole
Correspondents, Mrs M. J. Knapp. 574 Holly Ave St. Paul.

No. for Year, 313.
Insane Relatives, none
Cause Exciting, unknown
Cause Predisposing, probably age
Form, melancholia chronic
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not.
Date of this Attack, 3 years ago
Duration, Three years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 66 —
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ex. by. Dr. R. M. Phelps. 9/26/96

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, quick.
MEMORY:
Past Events, } Doubtful
Recent Events, }
Special Subjects, }
PERCEPTIVITY:
Alert or Dull, Alert.
Correct or Illusive, Incorrect at times
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, normal - easily excited.
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, Asks queer questions
Transitory or Not, Rather vague.
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Patient spends most of his time in a moody quiet. Occasionally asks some question about some relation or person being here. Usually answers with fair accuracy. Is aged and in appearance is a senile case. Acts more like Chronic mania. Cause doubtless atheroma.

Personal and Medical History of Luther Morton

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, not taken NUTRITION, Fair.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, normal Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, normal.
Response Light, Accommodation,
SIGHT, Some trouble - no glasses. Says eyes failed a little with age. Appear good.
HEARING, normal.
COORDINATION, Arms, } normal.
Legs, }
TREMORS, Hands, } normal Tongue, } normal.
Facial Muscles, } General, }
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, normal
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Normal as noted - Arteries - Some atheroma.
LUNGS, normal

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS, Cir(h.) 57. (v.m.) 67½. Naso. Oc. a. 37½ Bin. a. 36. Ant. p. d. 20. Transv. d. 15.5 Bin. d. 12.8 Fac. l. 12.0
HISTORICAL, Don't know of any prominent disease. Headaches occasionally
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Denies
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Luther Morton

1895

This patient was brought here by Deputy Sheriff W. N. Goss, attended by Jno. Martin, with following history. Patient is in fair physical condition. There is no history of consanguinity or heredity. This is 1st attack; first symptoms manifested 3 years ago; disease seems increasing; not variable; no rational intervals. Derangement now shown by delusions of persecution by neighbors. He has shown a disposition to injure others, but is not suicidal, nor of filthy or destructive habits; no peculiarities were previously shown. There is no family history of intemperance: no history of any severe disease &c. He has not been restrained or confined. Cause of the disease is unknown. No medical treatment. Nothing is known, or can be ascertained, except his delusions referred to.—

June 1 On admission, was put on I.W. (S.R. Complexion dark; hair dark-gray; eyes blue; condition of skin good; there is a small scar on left knee: bodily condition clean; behavior restless); Pulse 99 R 18. T@ 100; June 2/95. Was restless, but slept 6 hours, last night. AM. P 108 R 20 T@ 99²-

" 2 appetite good; bowels regular; no cough noticed; he is restless & uneasy, today. Talk reasonable & quite rationally. PM. Pulse 84 R 20 T@ 99.8. No complaints or injuries to report. June 3/95. Slept

" 3 quite well, last night. AM. " 80 " 20 " 99. Has been quite restless, all day; talk to patients on current topics & is quite sociable. June 4/95. Restless as how ever but slept 7 hours last night.

" 4 AM. Pulse 88. R 18. T@ 99⁴. Appetite good; bowels regular; Goes out on the Grounds, every day. June 5/95. Slept well, last night. AM. Pulse 92 R 18 T@ 99⁴. Behavior good, but patient is restless,

" 5 and uneasy. June 6/95. Rested & slept well. AM. Pulse 72. PM. Pulse 80. Appetite Good & bowels

" 6 regular. June 7/95. Behaves well. Talk less rationally of late, than before. June 8/95: About

" 7/8 as usual. Goes out on Grounds, every day. Habits neat & clean. June 11/95. Is quite

" 11 talkative: has a fondness for argument. Sleeps & rests well, at night. Generally quite restless

" 15 by day. Reads a little, but passes most of his time apparently unoccupied. Pulse about normal. June 15/95. Behaves very well, but is, at times, very stubborn, when anything is required of him.

Habits neat & clean. He goes out on grounds every day. Rests and sleeps well, at night.

Summary: As stated, he has been fairly well-behaved, since his admission, though, at times, stubborn about heeding requests: physically, he is in very good condition, being neither fleshy nor spare. Muscles well-formed & developed. Patient talks frequently, but cannot converse rationally, on

" 20 any subject, for any length of time. June 20/95: Is generally quiet & well-behaved. Habits very neat & clean. He is, at times, quite stubborn; was quite troublesome, today. Appetite very good: bowels regular.

" 30 June 30/95. Patient has been more cheerful, of late & more obedient. Goes out, on grounds, every day—

July 3/11 July 3/95. Wt 132 pds. Is on regular & extra diet. July 11/95. At times, becomes gross & abusive

" 25 towards nurses: also quite stubborn. July 25/95. Remains about same, day after day. Goes out

" 31 on the grounds, every day. Habits very neat & clean. July 31/95. No special change noticeable. He still is cranky & obstinate, at times. Became quite troublesome, this Am, requiring nurses to subdue.

Aug 1/95 Aug 1/95. Wt 133 pds. Aug 10/95. Little, onn, change. Sleeps quite well. Is very stubborn & troublesome,

" 19 at times. Goes out on grounds every day. Aug 19/95. Appears to be running down, of late, though

" 31 appetite is good. Aug 31/95. Very cranky, also stubborn & ugly, at times; Habits clean. No delu-

Sep 7 -sions reported. Sleeps well, nightly. Sep 7/95. Wt 132 pds. Still has "spells" when he is cranky

" 10 and very stubborn. Sep 10/95. Talks fairly rationally at times, but still shows delusions; Goes out

" 15/19 on the grounds, Daily. Sep 15/95. Sleeps well: rests well: appetite good: bowels regular. Sep 19/95. Transferred to B³.

Personal and Medical History of Luther Morton

1895

Sep 30 Sept 30/95. Above notes still hold good, at this date. Talks fairly rationally, but still shows delusions.

Oct 1/31 Oct 1/95. Wt 135 pds. Pulse 100. Oct 31/95. No change in the month. Quiet, but quite cranky & stubborn, at times: having to be forced to bathe, shave &c. Goes out walking every day. Appetite fair. Makes no complaints.

Nov 2/30 Nov 1/95. Wt 140 pds. Pulse 88. Nov 30/95. No change. Quiet: cranky: has to be forced to do everything. Appetite good.

Dec 2/31 Dec 1/95. Wt 139 " " " Dec 31/95. Above notes, for months back, still hold good, at this date.

Jan 2/96 Jan 2/96. Keeps about his usual flesh & health. Jan 2/96. Transferred to B³ (on ab of General Change of ward).

" 31 Jan 31/96. (No change) noticeable, in any way. Quiet, cranky, stubborn & requires forcing to do anything.

Feb 1 Feb 1/96. Wt 137 pds. Pg6. March 1/96. Wt 138 pds. P 90. April 2/96 Wt 138 pds. P 90. April 30/96. No change

Mar 1 noticeable, during the period. Cranky & stubborn: talks very little: frequently, very violent: kicks, scratches

Apl 2/30 and bites: has to be forced to go walking, to bathe, shave &c. Appetite good: bowels in good condition.

May 1/96 Summary Nurses Notes by Dr. Phelps. Patient quite senile, rather easily excited & scolds.

to Is rather annoying by reason of his obstinate ways. Is especially incensed

Aug 1/97 toward nurses: Wt. 132 to 137 lbs. Condition uniform throughout period

to June 1/98 Continued by Dr. Herzog Aug 97 - June 1 98 Wt runs from 131-135#. Appetite fairly good. Bowels regular:

On extra diet. Does no work. Marked atheroma of arteries: Circulation somewhat im-

paired. Senile changes. Is very abusive & ill-tempered: occasionally comes in conflict

with other patients but no serious injuries: Language very vile: Makes friends with no-

one: untidy about dress & personal appearance. Remained about same until Aug 29 98.

Complained of cramps & pain in abdomen at night. Vomited 5 times & Infirmary

Ate nothing: Circulation poor: feet & hands cold. 31 Subnormal temp. Took a little nour-

ishment. Slept none: Complained of occasional cramps & pains up to Sept 5. When

Pain subsided: Temp. during meantime 99°. Remained on Infirmary until Sept 8

Trans. to B³. Jan 3 99 Wt. 133. Mental condition unchanged during period.

Feb 1 - July 31 99. (Delusions) Wt. 131. Is inclined to be stubborn & profane: Continues about same

Aug 1 from day to day. No change in condition Aug 1 - July 31 1900 - Patient appears stubborn,

1900 30 irritable & maniacal at times. Very obstinate. March Wt. 136#. No change in condition

July 31 July 30. Vaccinated. Sept 1. Wt 130#. Pg6. Sept 30. Seen good physical Condition: Does no work. —

Oct 30 No change. Nov 1. Is very irritable. Physical condition good. Jany 1901. Wt 132#. P 72. Aug 31. No

Jan 31 1901 Change to note, in mental or Physical Condition - Febys. Wt 135#. P 72. May 31 - Sits about:

May 31 seldom speaks: easily excited. Neat & clean in habits: does no work. July 31. No change

July 31 in patients Condition. Augs. Wt 134#. Jany 31/02. Quiet, but easily irritated: Is, in

Jany 31 1902 appearance, quite old. Is, however, intelligent enough to answer questions which are not

connected with his - delusions. Very stubborn. Usually sits in a quiet, stolen manner.

March 20 to B². Jany 31/03. A fairly quiet, peaceable old man: has a peculiar manner:

Jany 31 1903 at times, becoming wildly abusive & obscene. Does no work. Physical health quite good.

Personal and Medical History of John D. Olson

LEIGHT, FISHER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4115.
Residence, Adams, Mower Co
Date Admission, 3rd June 1895.
Admitted by, Dr. Phelps — Hour, 6.45 P.M.
How Sent, S. S. Washburn, Jof P. Mower County
Sex, — Male —
Age, — 59 —
Civil Condition, married
Children, five
Age Youngest Child,
Occupation, Farmer
Degree Education, Not to any Extent; Can read
Profession Religion, Lutheran
Habits, not stated;
Nativity, Norway; (Parents also born there)
Physicians Committing, S. S. Washburn and A. W. Allen
Correspondents, none given in papers

No. for Year, 314.
Insane Relatives, Sister & 2 children
Cause Exciting, Heredity
Cause Predisposing, Heredity & previous attacks
Form, dementia organic
Accompanying Bodily Disorder, Inguinal hernia (?)
Suicidal or Not, Not; (but previous history said "yes")
Date of this Attack, about 2 years ago
Duration, about 2 years.
No. of Attack, 4th, probably
No. of Admissions, 2nd here —
Age First Attack, 57 years
Time of Leaving, 25th October 1895
Time in Hospital, 4 Mos. 22 Days.
Result, Died: Exhaustion in Organic Dementia.

Ex by Dr. Herzog & Lyman. June 4/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Considerably impaired but seems accurate
Recent Events, —
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, seems Correct
REASONING POWER:
Ordinary Subjects,
Own Mental State, Extremely slow
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Patient is Paralytic in General habit, Hair & beard ragged: body dirty; heart & lung tympanitic Emphysematous. Right inguinal hernia, large, reducible. Posture & stooping: gait Spastic & mountain, automatic movement. Clasps hands together: no apparent purpose: probably habit. Senile changes quite marked. Considerable Dementia, apparently symmetrical. Wounds &c. Scar, commencing 2½ above right supra-orbital notch & running backwards & a little to right. Also small depression in the median line, small skin scar right of long scar, apparently the same age.

Personal and Medical History of John D. Olson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 feet 9½ WEIGHT, 139½ lbs NUTRITION, Considerably impaired.
WOUNDS OR ABNORMALITIES, Evidence of blow on head from before backward, linear scar 3 inches in length to right & no loss of substance — (Face note over) —
TONGUE, Tremors, No Coatings, dirty; heavy - coats at base Promptness Movement, rather sluggish
PUPILS, Equality, left slightly large Size, right normal & somewhat oval
Response Light, somewhat excessive Accommodation, normal
SIGHT,
HEARING,
COORDINATION, Arms, some impairment; finger nose, eyes shut, some uncertainty & hesitation.
Legs, some impairment; standing at ease, poor; standing, eyes shut, poor.
TREMORS, Hands, Decided Tongue, none
Facial Muscles, slips when commencing to speak General, none
REFLEXES, Patellar, 9 — equal.
Other Right ankle clonus -
ARTICULATION,
Slurred, Yes some
Hesitating, Yes
FACIAL EXPRESSION, Scar obovate & left
Fullness of Glenoid — Dull & Stolid -
SENSIBILITY,
HEART, No distinct Murmur; 1st Sound roughened at apex -
LUNGS,
no definite lesion

EXAM. URINE,

Treatment

Arsenauro — 5 Drops — 3 times Daily as an alterative.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Kept	Clean,	Careless,
BOWELS, Normal,		Constipated,	Irregular,
APPETITE, Good,	Record	Medium,	Poor,
SLEEP, Good,		Poor,	Irregular,
PULSE, Small & weak; arteries atheromatous		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 D. Olson

1895

This patient was brought here by Deputy Sheriff John C. Johnson Jr. with following history. Patient is in fair physical condition. This is not 1st attack: these have occurred as follows; 6 years ago; 5 years ago; and 4 years ago: last attack's duration was 1 year & 4 months, when he was sent to this Rochester Hospital. ® First symptoms of this attack were manifested abmt 2 years ago. Disease seems increasing; is variable & there are rational intervals; he is sane every other day. Insane now, in all subjects. Patient is disposed to injure others; has not attempted suicide; (previous history however, gives him as suicidal). Frequently not very active & destructive of furniture. Sister & 2 children have been insane. Of any family history of intemperance not known; patient's habits not stated. He had slight inguinal hernia. Papers state he has been in Asylum 3 times. Supposed cause of the disease is heredity. Has had no treatment this time. On personal Examination, patient is very nervous; walks about and claps hands incessantly. Note. He was here before from March 9/92 to Dec 10/92. At then Coming, was much depressed & agitated for a few days; slept poorly; gradually became more composed; had some cough, which disturbed his sleep most of the time. June 29/92. Held delusions, which he did not mention, though he spoke of them to his wife, who visited him recently. July 4/92. Went home with his daughter, on trial, but on Sept 10/92 was returned, as they could not get along with him at home. After return, he was quiet; did not complain of being brought back; was well-behaved; reticently inclined; when he did talk, it was with great hesitation. Was inactive, physically; looked gloomy; bodily health good; complained some of a "burning & smarting" sensation in the skin." During Dec/92 showed what seemed to be some symptoms of Pulmonary tuberculosis; mentally & in conduct, about same for several months. Dec 10/92 Again, allowed to go home with wife. (For further details of previous history see Vol 18. P 367 No 2961.)

June 3 **On admission**, was put on B3. (S.R. Complexion light; hair light red; eyes blue; condition of skin good; some scars on left knee; also some bruises noticed; bodily condition clean; he is noisy & restless). Right ear somewhat disfigured. Has also quite severe hernia. June 4/95. Was restless 7 hours & slept only 2 hours, last night. Am. Pulse 84. R 24. T 98.6. Appetite is good. During forenoon, was quite restless, walking about in hall; clapping his hands. this afternoon, seems considerably better: talk is fairly rational: no coughs noticed; no complaints & inquiries to report. Habits, clean.

" 5 June 5/95. Quiet & slept 7 hours, during the night. Am. P 60 R 24 T 97.4 - Bowels moved. Behavior good. Talks rationally. Pm. Has been very noisy & restless this afternoon; clapping his hands & walking the floor: June 6/95. Slept 5 hours, restless 4 hours. Am. Pulse 66 T 98. -

" 6

" 7 Behavior good: talks rationally. June 7/95. Slept quite well, 8 hours, last night. Am P 80 R 24 T 98.6. Appetite poor, this morning. Has a "bad spell", very other day: has ate, to day:

" 8 conduct & behavior, during same, as above described. June 8/95. Slept 8 hours. Am. P 68 R 24 T 97.6 Appetite fairly good; bowels regular. Behavior very good, this morning: very quiet &

" 9 talks rationally. June 9/95. Slept 7 hours. Is having one of his "peculiar spells," to day.

" 10 June 10/95. Rested quite well & slept 7 hours, last night. Am. Pulse 70 R 22 T 98.2. Is noisy and

" 11 restless, to day. June 11/95. Slept well. Am. P. R. T about normal. Behavior fairly good, this

" 12/13 morning). June 12/95. Noisy & restless, most all day. June 13/95. Quiet, this morning -

" 14 Has been quiet, all day. June 14/95. Restless & noisy, to day. appetite fairly good; bowels regular.

Personal and Medical History of John D. Olson

1895

June 15/16 June 15/95. Noisy restless, to day. June 16/95. Apparently rests & sleeps well. Pulse 70. Quiet, to day.

" 17 June 17/95. Appetite fairly good; bowels regular. Behavior noisy restless - Pulse 66. Habits clean.

Summary: behavior, at times, very quiet, and good: will then converse quite fully & rationally. & often times will have his "peculiar spell", when he will be quite restless & noisy, walking the hall, clapping his hands and singing. Seems to be all right, about every other day. Habits are clean.

" 29/30 June 29/95. Very noisy this morning; restless; walking the hall; clapping hands &c. June 30/95. No change noted.

July 1 July 1/95. Appetite poor: he has not eaten hardly anything for 4 days; has a "hacking cough" & raises a little phlegm, at times. Is getting weak; cannot keep up with the crowd, at walking. Habits are clean. Was Transferred to Infirmary Ward: 5 Pm. Pulse 102. Temp. 99.4 - 7 Pm. Pulse 90. R 26. T 100. Was found to be in a weak & run-down condition. Put to bed.

" 2 July 2/95. Slept fairly well, last night. (7 hours). Am. P 92 R 24 T 100. There is distinct evidence of ideation of left infra-clavicular region; respiration quiet: abdomen somewhat tympanitic and tense - Pm: P 104 R 34 T 104.2 - Bowels have moved freely - 12 Pm. Temp (a) 102.

" 3 July 3/95. Restless 3 hours, but slept very quietly 5 hours, last night. Pm. Has been noisy, nearly

" 4 all day; clapping his hands together & moaning). July 4/95. Slept 5 hours, restless 3 hours, last night. Eats fairly well. Is given eggnogs also. Pm. Noisy all day & very restless. Bowels moved 8.30 Pm.

" 5 July 5/95. Restless 3 hours, sleeping 5 hours, last night. 5 Pm. P 88 R 30 T 100.2 - Has been restless,

" 6 out of bed much & noisy all day. July 6/95. Restless 6 hours: noisy 3 hours & slept but 2 hours, last night. Still eats poorly - Is on regular & extra diet & gets eggnog, with whisky, 3 times a day. -

" 7 July 7/95. Restless 2 hours, noisy 2 hours & slept only 4 hours, last night. (See record attached for

" 8 P. R & T). July 8/95. Restless & noisy 6 hours, & slept only 1 hour. During day, is, at times,

" 9 quite restless & noisy - Takes no solid food: bowels moved, this Am. July 9/95. Slept

" 10 none: was noisy all night. Pm. Has been extremely noisy, all day. July 10/95. Slept very

" 11 quietly, all night. Eats no solid food: more quiet, to day, than usual. July 11/95. Slept 6 hours;

" 12 noisy 2 hours. Noisy, clapping hands & getting & singing, all day. appetite is very poor. -

" 14 Is still given eggnog, with whisky, 3 times a day. July 13/95. Slept all night. Extremely noisy

" 16 to day. July 15/95. Has been noisy the greater part of the night of 13th & 14th but was quiet & slept

7 hours, last night - Eats no solid food: noisy & restless, to day & out of bed much. Slightly melancholy; continually clapping hands together. Is given a sleeping dose, almost nightly -

" 17 July 17/95. Restless & noisy 1 hour, but slept 6 hours, last night. Pm. Has been noisy, all day. Bowels

" 19 are constipated. July 19/95: Restless & noisy in each of past 2 nights, sleeping only 3 & 5 hours.

" 20 Restless & noisy, to day. Bowels moved by dose of enema - July 20/95. Restless & noisy, all night;

" 23 slept none. Out of bed much, as usual. Pm. Restless & noisy, all day. July 23/95. No change in

conduct, behavior or sleep or rest, either by day or night. Talking, noisy & clapping hands, all day,

" 25 to day. July 25/95. Has continued about as above described. Will take no solid food; is given eggnogs

" 31 up & dressed, during Pm; & taken out on the grounds. July 31/95. Has been refusing eggnog, sometimes, of late. Is resting & sleeping better, each night, since he is being taken outside on the grounds, almost daily. Is still noisy, while in-doors, the greater part of the time, talking, singing, clapping hands &c. Bowels are constipated from time to time & require enemata.

(carried to page 32)

Personal and Medical History of *Thomas Clancey*.

Whole No. 4116.
Residence, Winona, Minn
Date Admission, 3rd June 1895.
Admitted by, Dr. Phelps Hour, 7:30 P.M.
How Sent, M. L. Buck, Jail. Winona County
Sex, - Male -
Age, - 43 -
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Laborer
Degree Education, Can read & write
Profession Religion, Catholic
Habits, not intemperate -
Nativity, Ireland; (Parents also born there).
Physicians Committing, G. L. Gates and L. A. Kelly
Correspondents, Wife's name - Mrs Thomas Clancey
191 E. King St Winona, Minn

No. for Year, 315.
Insane Relatives, none
Cause Exciting, worry over boundary line of lot
Cause Predisposing, not stated.
Form, mania acute
Accompanying Bodily Disorder, none mentioned.
Suicidal or Not, - not -
Date of this Attack, May 30/95
Duration, - 4 Days -
No. of Attack, 1st
No. of Admissions, 1st (In jail, 2 days past)
Age First Attack, - 43 -
Time of Leaving, 6th September 1895
Time in Hospital, 3 months : 3 Days.
Result, Died: Chronic peritonitis

Dr's Dr. Herzog and Lyman June 3rd 95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, much confused
Quick or Sluggish, Quick
MEMORY:
Past Events, none
Recent Events, none
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects,
Own Mental State, ✓
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Yes
Depressed,
DELUSIONS:
Systematized or Not, Not systematized
Special Subjects, Numerous
Transitory or Not, Transitory
HALLUCINATIONS: no definite
ILLUSIONS: Generally illusive
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Voluble

GENERAL DESCRIPTIVE REMARKS:
Patient seems quite typical case of acute mania. Ideas flow rapidly; are quite incoherent. Of a grandiose nature. Tinth a religious tenor. Says nothing of "Lot Boundaries" mentioned in his history - Says "put down C for Castle - K for Kilkenny & M for Mount Mellery"

Personal and Medical History of *Thomas Clancey*.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8in WEIGHT, 126 lbs. NUTRITION, Lack some flesh
WOUNDS OR ABNORMALITIES, See S. H. a ney page.
TONGUE, Tremors, Marked Coatings, heavy yellow, over entire dorsum, heavy yellow fur; some redness on tip & teeth Promptness Movement, prompt
PUPILS, Equality, Yes Size, Contracted
Response Light, Excessive Accommodation, Excessive
SIGHT, ✓
HEARING, ✓
COORDINATION, Arms, Legs, } Seems good; usual test not made -
TREMORS, Hands, Slight Tongue, Marked
Facial Muscles, — General, —
REFLEXES, Patellar, 8 - 9 Equal
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, Staggard
SENSIBILITY,
HEART, Somewhat rapid and weak; no murmurs
LUNGS,

TAKEN,

~~EXAM. URINE,~~
Proposed treatment.
Brisk Cathartic - put to bed.
Combination bath - liquid Diet - Milk & eggs, in large amount.

OPHTHALMOSCOPIC EXAM.,

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

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

Personal and Medical History of Thomas Clancy

1895

This patient was brought here by Deputy Sheriff A W. Fuhrman, attended by Joseph Tisdale with following History. Patient is in fair physical condition. No consanguinity. This is 1st attack, occurring May 30/95, by worry over boundary of lot. Disease seems increasing; not variable; no rational intervals; derangement now shown as boundary line of lots; talks incoherently on this subject; jumped out of bed & ran about street, in night-clothing, shouting & singing. Patient is not disposed to injure others, nor suicidal, but is destructive; broke dishes in jail; was also shouting & singing. Has no near relatives. Previously had been always quiet; never talked, but very little. Religious impressions are now overt. There is no history of intemperance, nor of any severe disease &c. He has been, the last two days, in jail - Cause of disease not known, except as stated. He has had no treatment. On personal Examination, he is found with manner excited; eyes wild; repeating some religious ceremony.

June 3 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 noisy & restless). -

" 4 June 4/95. Transferred to Infirmary ward, Early this morning. AM. Pulse 90 R 18 T◎ 100-6. - Refused breakfast; put on liquid diet. Talks incoherently & almost continually. PM. P 116 R 18 T◎ 101.6

" 5 Bowels costive; was given oil. croton. m III. June 5/95. Was restless & noisy 7 hours & slept but 1 hour. Had a convulsion, during the night. Bowels moved. AM. Pulse 108. R 20. T◎ 101.4 PM. Pulse 100. R 20. T◎ 101.4. Took about 4 quarts eggnog, during the day. 7 PM. Was given a hot-bath, with cold applications - 8³⁰ PM. Gave him glass of malted milk: was put in restraint: also given Sleeping-dose. June 6/95. Was awake & noisy continually, during the night. AM. Pulse 100 R 20. T◎ 101⁴. At 8 am & 7 PM, he was given hot baths with cold applications; 8 Am. Taken out of restraint. Has been noisy & restless all day. PM. Pulse 112 R 20 T◎ 101.5.

" 7 June 7/95. 9 PM (last evening), was given Sleeping-dose, but was awake & noisy all night; very restless. AM. Pulse 100. R 18 T◎ 100.6. PM. Pulse 88 R 18 T◎ 100.4. Took about 4 quarts

" 8 eggnog during the day. Behavior very restless & at times violent. June 8/95. Was given a Sleeping-dose, at 9 PM (last evening), but very little effect from it: was noisy 2 hours, restless 3 hours, and slept only 3 hours. AM. Pulse 92. R 20. T◎ 99.8. - PM. Pulse 76. R 20. T◎ 99.6. Took

" 9 about 3 quarts eggnog today. Bowels very free; has a slight diarrhoea. June 9/95. Restless 3 hours, but slept 6 hours, last night; was very quiet, latter part of night. AM. P 84 R 20 T◎ 99: PM. P 84 R 20 T◎ 100. Was fairly quiet, today. Talks much: quite incoherent.

" 10 Took about 4 quarts eggnog, today. June 10/95. Given Sleeping dose at 9 PM: slept 7 hours; was restless 1 hour; rested well, rest of the night. AM. P 82 R 20 T◎ 99.4. Appears much more

" 11 quiet, this Am. Took about 5 quarts eggnog, today. PM. P 80 R 20 T◎ 99.8. June 11/95. Given a Sleeping dose, again, last evening, (9 PM), but was noisy 8 hours of the night. AM. Pulse 92 R 20 T◎ 99²: PM. Pulse 76. R 20. T◎ 99.8. Was very restless, today. Took about 3 quarts eggnog.

" 12 June 12/95. Another Sleeping-dose at 9 PM, but was extremely noisy all night, pounding on screen & door. AM. Pulse 108 R 22 T◎ 100²: PM. Pulse 92 R 20. T◎ 100²: Very restless,

" 13 and, at times, extremely violent, today. June 13/95. Sleeping dose, 8³⁰ PM - Restless 3 hours, noisy 1 hour, slept 4 hours, during night - AM. Pulse 92. R 20. T◎ 99.6. - 3 PM. Was taken up & given rapid walk of 1½ miles, which quite exhausted him. PM. Pulse 96 R 20 T◎ 99.8.

Personal and Medical History of Thomas Clancy

1895

June 14 Took about 4 quarts eggnog, during the day. June 14/95. Restless 3 hours, but slept 5 hours, last night. AM. Pulse 92 R 20 T◎ 99⁷ - Has been very restless & at times, violent. Gave him a walk of 2 miles; afterward, a shower-bath 108°, running down to 88°. - PM. Pulse 88 R 20

" 15 T◎ 99.8. June 15/95. Restless 3 hours & slept but 3 hours, last night - AM. Pulse 88. R 20. T◎ 99.2. Was again given walk of 2 miles, followed by shower-bath - PM " 92 " 20.

" 16 " 99.8. Took about 4 quarts eggnog, today. June 16/95. Restless 5 hours, sleeping only 4 hours, last night. AM. Pulse 80 R 20 T◎ 99: he is more quiet than usual, today: has had diarrhoea;

" 17 was again given walk of 1 mile & shower-bath. PM. P 88 R 20 T◎ 100. June 17/95. Extremely noisy, all last night. Gave him walk of 2 miles, and bath afterward: 7 PM. became quite

" 18 violent: gave him hot bath, with cold applications. June 18/95. Was noisy & very active, all night. Summary: Patient has been very restless, extremely nervous & active, and, at times, very violent: paying much of the time. Is quite run-down & emaciated, but has apparently gained some flesh, during last 2 weeks. Physical condition poor. Patient quite delirious & continually raving, for first few days; talking incoherently: could not converse, but would answer questions in an unsatisfactory manner. (18) Is very troublesome, this Am. Was given a hot bath, with cold applications to head. Drinks liberally of eggnogs. —

" 19 June 19/95. Noisy & restless 4 hours, & slept only 4 hours. Bowels moved. Very troublesome, as usual,

" 20 today: requiring Continual attendance. June 20/95. Restless 2 hours, but slept 6 hours, last night.

" 21 Is very noisy this Am. June 21/95. Noisy & restless 4 hours & slept only 3 hours. He has been very

" 22 cold, all day, requiring Constant attendance from nurse. Was given hot bath, with cold ap- - plications to head & put in restraint - 9 PM. Given Sleeping dose. June 22/95. Was extremely

" 24 noisy all night; Destroyed restraint-sheet. June 23/95. Has been Sleeping poorly: Noisy restless by day; Rested; in front of restraint. Was walked 6 miles rapidly, this PM. & on

" 26 return was given Shower-bath - June 26/95. No special change. Has, at times, been violent; 8³⁰ am. Taken out of restraint. Appears quite exhausted this Am; sleeping part of the morning;

" 27 Has walked 4 miles this PM. June 27/95. In restraint last night. Slept 2 hours; restless & noisy 6 hours Bowels have been running continually, the past 24 hours: Discharge brown & at bloody. Very troublesome.

" 30 June 30/95. (No special Change) Noisy & restless, at night: noisy, troublesome & excited, by day - Is still in front of restraint. Is given frequent long walks, also hot baths with cold applications

July 3 (See ~~attached~~ record on file for fuller details). July 3/95. Patient has been put in restraint each night: has continued noisy & restless & sleeping very poorly. Has been given enema for constipation: bowels have been moved - Daily hot baths, with cold applications have been given & he has also been taken for long walks, almost daily. At present suffering from sore ears which are being treated.

" 7 July 7/95. Has been sleeping quite well, the past few nights: is still kept in restraint, nights. Combination - baths & daily walks continued. Is noisy & troublesome, as usual, by day & requires

" 8 constant attendance - July 8/95. Noisy all night: tore bedding & destroyed mattresses. Restless.

" 11 July 11/95. Has been restless & noisy each night, (since last noted), Sleeping only 5 to 6 hours. Noisy & troublesome all day: Continually singing & talking: not fed much: requiring continual attendance. Combination baths & walks are kept up. Receives regular & extra diet, milk & egg nogs &c.

" 12 July 12/95. Restless 2 hours, slept 4 hours, last night. Very troublesome & unusual, today,

carried to 84

Personal and Medical History of Ole K. Loken

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4117.
Residence, Vernon, Dodge County
Date Admission, 4th June 1895. —
Admitted by, Dr. Phelps Hour, 6.45 P.M.
How Sent, Severt Olson J.P. Dodge County
Sex, Male
Age, — 42 —
Civil Condition, married
Children, — 4 —
Age Youngest Child, —
Occupation, Farmer
Degree Education, Fairly educated
Profession Religion, not a church-member
Habits, never drank before disease began, but drinks hard now
Nativity, Norway; parents also born there —
Physicians Committing, S. H. Vanbleve and J. Bedient
Correspondents, none given in papers

No. for Year, 316.
Insane Relatives, none.
Cause Exciting, not given
Cause Predisposing, not stated
Form, dementia paretic
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, — not —
Date of this Attack, 3 months ago
Duration, 3 months (off & on) —
No. of Attack, 1st (seemingly continuous)
No. of Admissions, 1st
Age First Attack, — 42 —
Time of Leaving, Aug 24 '95
Time in Hospital, 2 mo 20 da.
Result, Imp. 2/5/96

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr. Herzog June 5/95.

MENTAL ACTIVITY:
Clear or Confused, Slightly Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, apparently somewhat impaired
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Somewhat dull
Correct or Illusive, apparently Correct
REASONING POWER:
Ordinary Subjects, slow
Own Mental State,
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, Coherent
Voluble or Reticent, reticent

GENERAL DESCRIPTIVE REMARKS:
Patient says he was sent here because he was sick; "has been sick 3 months"; "cannot say how". Does not sleep well, at night. and has tenderness over entire abdomen. Says he has had no trouble at home; denies drinking at all; said he was "temperance". Later, on being pressed, admitted that he had drank some. Speaks little English (was obliged to use an interpreter). On first examination, shows only a simple melancholia, without delusions, & a certain amount of slowness of all mental faculties. The impairment is so symmetrical & slight that the attendant says "he sees nothing the matter with him". Patient says he has been married 3 years & has 4 children the youngest age 3 months; the oldest 4 years. Denies any venereal infection. Denies feeling of giddiness, vertigo &c. Motor symptoms are somewhat indicative of general paresis, early stage.

Personal and Medical History of Ole K. Loken

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ WEIGHT, 184½ pds NUTRITION, good; is well nourished.
WOUNDS OR ABNORMALITIES, scars on mucous membrane of tongue & mouth look specific; slight puffiness of lower lid; temporal arteries tortuous & atheromatous —
TONGUE, Tremors, quite excessive; large & fine Coatings, clean Promptness Movement, somewhat slow.
PUPILS, Equality, left very slightly larger & oval. Size, both slightly contracted.
Response Light, Equal & normal Accommodation, both sluggish. —
SIGHT, seems good
HEARING, " "
COORDINATION, Arms, fairly good; finger to nose, eyes shut, fairly good.
Legs, very slight impairment; standing on foot, fairly good; standing eyes shut, sways slightly swing gaiefly — some uncertainty —
TREMORS, Hands, slight Tongue, yes
Facial Muscles, of lower lip when spoken to apply to General, none
REFLEXES, Patellar, 9-10, equal
Other slight ankle clonus
ARTICULATION,
Slurred,
Hesitating, yes, but the "sing song" of the candinavian —
FACIAL EXPRESSION,
Depressed & somewhat stolid
SENSIBILITY,
HEART, soft blowing murmur at apex — 1st sound
LUNGS,
nothing abnormal noted.

TAKEN,

~~EXAM. URINE,~~
No treatment decided upon

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
Record Kept
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Ole K. Loken

1895

This patient was brought here by a Deputy-Sheriff (George Tucker), attended by Evan Allen, with following history. Patient is in fair physical condition. No consanguinity. This seems to be 1st attack. Continuous; first symptoms manifested 3 months ago, by delusions; attack lasting sometimes all day; some days better & some days worse. Disease appears to be increasing: is variable; rational intervals not regular. Derangement now shows in that he takes no interest in family or business. Disposed to injure others; threatened to strike wife. Is not suicidal, nor filthy nor destructive. No insane relatives. Patient never drank before the Disease began, but drinks hard now. He has not been subject to any severe disease, nor injury to head. Has not been restrained or confined. No medical treatment. Cause of disease, not stated.

June 4 On admission, was put on B² (S.R. Complexion dark; hair dark-brown; eyes gray; condition of skin good; some scars on left cheek: bodily condition clean; behavior good). Pulse 80 R 18 T(e) 99²: June 5/95. Restless 6 hours & slept only 2 hours, last night. AM. P 82. R 18. T(e) 99. - appetite good; bowels seem free; has some cough: is stupid; discontented; wants to get away". Talks some, but generally reticent. No delusions noted. PM. P 80. R 20. T(e) 99.2

" 6 no complaints or injuries to report. June 6/95. Restless 2 hours, but slept 6 hours, last night. AM. Pulse 84 R 20. T(e) 99; appetite good: bowels moved; is stupid; tries to run away: no

" 7 delusions noted yet. June 7/95. Passed a fairly good night, sleeping 6 hours: restless 2 hours. AM. P 80. R 19. T(e) 99². He caused some little trouble, when at walking today; he did not want to go with the crowd; attendant (Tyler) gave him a little push, whereupon he threw a stick & also kicked this attendant. Patient was taken down and received some slight scratches on face. Patient has been very ugly, of late & tries to run away, every chance he gets. Pulse (this Am) 80 R 19. T(e) 99². - Is indolent & does no work.

" 8 June 8/95. Slept some better, last night. Appetite is good. Am. P 78, - he talk some. Gait is

" 9 somewhat unsteady. He tried to run away today. June 9/95. Am. Pulse 76. Head some.

" 10 Looks worse; "wants to get away". June 10/95. Talks some but does not seem to be

" 11 Comprehensible. Does not work any. June 11/95. Has been sleeping well, the past few nights. Pulse about normal. Otherwise, condition about same. Is very inactive & gait quite unsteady.

" 18 June 18/95. There seems to be no improvement during this, the 2nd week. He has been resting and sleeping well - Pulse, taken each morning, about normal. Appetite has been good: bowels are regular. Is stupid & obstinate: makes frequent attempts to escape; "Want to get away"; Says he is all right". Inactive & idle; does no work; lies about on the floor; answers questions, but generally says "Yes" to everything. Visited by friends, today, (18th). Summary. patient has given considerable trouble, from time to time; trying to run away; requires close watching; has shown no violence, except the once; is stupid & obstinate. Gait has been quite unsteady. Mental State is dull & demented. Says "he has got to run away & will do so" (probably a "delusion,

" 21/25 June 21/95. Tries to run away, at every opportunity. Visited by friend & brother, today. June 25/95. Was

" 28 kicked in eye by patient Stafford, Yesterday & today a black-eye the result. June 28/95. Visited by friend.

" 30 June 30/95. Restless & sleeping poorly, the last few nights. Still tries to run away, at every chance. Is uncomprehensive, & vague. Talks but, when questioned, generally says "Yes" to everything. Demented & untidy. Does no work.

July 3 July 3/95. Wt 172 lbs. P 95. (has lost considerably in flesh, since coming here).

Personal and Medical History of Ole K. Loken

1895

July 5 July 5/95. (Note by Dr. H: right pupil much dilated, and immobile, left mobile; of normal size, but slightly irregular in shape. Bilateral tremor of tongue; articulation slurred. Patella reflexes exaggerated. Incoordination more marked than on admission. Says "he feels fine"). July 6/95. Wet bed. Says "he can't help it". -

" 8 July 8/95. Visited by wife & relatives. July 13/95. Again visited by wife & friends.

" 19/27 July 19/95. Visited by patient Stafford, causing a black-eye. July 27/95. Visited by wife.

" 27 July 27/95. Visited by wife. July 28/95. Visited by Dr. Graham.

" 31 July 31/95. Behavior good. Does not try to run away so often, of late. Plays games &c. Looks some what

Aug 1/15 Aug 2/95. Wt 174 lbs. Pulse 96. Aug 14/95. Patient was found in possession of W. E. Smith's

" 20 watch, lost 2 weeks ago, under peculiar circumstances. Patient will steal anything of value; playing cards &c. Aug 20/95. Appetite good: bowels in good condition - He requires constant

" 22 watching while out-doors, as he will attempt to escape - Aug 22/95. Patient is melancholy, and has frequent crying-spells. Aug 24/95. Was visited by his wife & allowed to go home, on trial, with her.

Discharged

1897 From Folio 140 — W. B. Wheeler — 4135.

During March 97 became more demented & ugly and of late has been upon ward for disturbed patients: Wt. in July 97 189 lbs.

Summary by Dr Herzog July 1897 Noisy, talkative, profane, vulgar, incoherent. Untidy in dress & personal appearance. Occasionally filthy: demented. Aug 12 Visited by father & uncle.

Aug 25 Extremely filthy: put to sleep on floor. Aug 25 Filthy in daytime, kept in bed.

Sept 2 Wt. 178#. Kept in bed up to 15th. Noisy, restless, abusive. Sept 15 Cleanly in habits: allowed on hall. Oct. More quiet. Nov. Wt. 173# Fairly quiet during last month: Demented, incoherent & irrational. Dec 2 Wt. 188# During past month fairly well behaved: Careless in personal appearance: occasionally noisy spells. At times will answer questions, at others refuses to speak. Dec 6 Visited by father. Jan 1898 Visited by friends; would not speak with them. During last week has been noisy, profane & filthy: Put on floor to sleep.

Jan 1/98 Wt. 194 lbs. Feb 2 1898 Occasionally noisy & profane spells lasting for a few days, in which he is put in bag. Comes out of spell & goes into demented condition. 16th Visited by father. Mch 2 Wt. 184 - as at last note. 3 noisy spells during last month. Filthy during spells - Mch 7 Visited by father. Apr 2 Wt. 186. Apr 4 Visited by friends. 15 Visited by father. May 2 Wt. 177. Rather worse during past month. Filthy 20 days: Noisy most of time. June 1 Wt. 171# More filthy during past month. When noisy kept in bag. When filthy sleeps on floor. June 4 Visited by Mother. July 1 Wt. 166# Restless during past month: Frequently sleeps poorly at night. Seldom noisy: Appetite poor. Oct 1 Wt. 179# 13 Ingrowing toenail removed - Nov 1 Filthy nearly every day last month. Fairly quiet. Right cheek swollen - probably from ulcerated tooth

Dec 2 Wt. 165. Very thoroughly demented during past month: appetite poor: stupid & dull with occasional noisy spells.

1899 Filthy nearly every day. Visited by father Jan 3 99 Wt. 165# - Appetite continually poor. Jaw Mouth swollen - seems to have been struck - causes unknown. During month occasionally restless & noisy, generally filthy: appetite poor. Destructive for first time in a long time - Circulation poor. To Transfer Book. 376

Personal and Medical History of Nels D. Johnson #1

LEBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4121.
Residence, Scandia, Washington County, Minnesota
Date Admission, 6th June 1895. —
Admitted by, Dr. Phelps Hour, 6 45 P.M.
How Sent, E. G. Butts. J of P. Washington County.
Sex, Male
Age, 40 Years
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, Probably limited
Profession Religion, not a church member
Habits, Good
Nativity, — Sweden —
Physicians Committing, W. H. Pratt and B. J. Merrill
Correspondents, Chas. G. Johnson, Scandia. Washington Co. Minn. (his brother)

No. for Year, 320.
Insane Relatives, none as far as known
Cause Exciting, unknown
Cause Predisposing, previous attack
Form, dementia terminal
Accompanying Bodily Disorder, none apparent.
Suicidal or Not, not.
Date of this Attack, about 2 years ago
Duration, about 2 years
No. of Attack, Not 1st (tho' probably 1st continuous)
No. of Admissions, 2nd
Age First Attack, — 38 —
Time of Leaving, 13th May 1901.
Time in Hospital, 5 yrs. 11 mos. 7 ds.
Result, Transferred to Hastings Hospital

OK Pm

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exly Dr. Herzog & Lyman June 7/95

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, Good
Special Subjects, —
GENERAL DESCRIPTIVE REMARKS:
Patient is feeble-minded & the word "good", above used, refers to his condition, considering his intellect.

EMOTIONAL STATE:
Normal, Calm, Normal
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, —

Personal and Medical History of Nels D. Johnson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ WEIGHT, 153 pds. NUTRITION, Good
WOUNDS OR ABNORMALITIES, none — see S. C. on next page
TONGUE, Tremors, slight tremor Coatings, none Promptness Movement, prompt
PUPILS, Equality, Equal Size, normal
Response Light, Good Accommodation, normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good;
Legs, Good; standing on foot, good; standing eyes shut, good; turning quickly, good.
TREMORS, Hands, None Tongue, slight
Facial Muscles, none General, none
REFLEXES, Patellar, 9 - equal EXAM. URINE,
Other slight ankle clonus
ARTICULATION,
Slurred, no
Hesitating, no
FACIAL EXPRESSION, somewhat silly
SENSIBILITY,
HEART, rough 1st sound at apex no murmur.
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,

Record Kept

Personal and Medical History of Nels. D. Johnson

1895

This patient was brought here by Deputy-Sheriff John Lund, with following history. Hereditary so far as is known. Cause of attack unknown; apparently a revival of chronic condition. No bodily disorder apparent. First symptoms of disease manifested about 2 years ago. He was then in about the same condition, as now. Delusions of a mild character. This, then, seems to be the 1st attack (continuous); about 2 years ago, was committed to this (Rochester) Asylum; remained here about 13 months. Insanity now shown by mild delusions, insomnia, wandering aimlessly about the Country. Not attending to his work. Patient is not disposed to injure others, nor suicidal, nor filthy, nor destructive in habits. No bodily disease ve, so far as known. (During this attack, he was placed in the Stillwater City hospital; he remained there one week, and then left of his own accord). Note. As stated, patient was here before, from June 1/93 to July 1/94. Depressed and showed delusions of fear - Shortly after then admission, he had an "Excited Spell" was moved to B^3; occasionally secluded: noisy & sleeping poorly; inclined to be surly. During the whole of his stay here, he was subject to frequent "Spells" when he would be stupid & bewildered; take no interest in anything: noisy by day & night: but not ugly or destructive. Would become very much excited, when he got hold of a Bible. Showed delusions of fear"; also hallucinations "of hearing", & these continued, while here. Was indolent, not inclined to work; wanted to be alone; yet some slight improvement was made & he was moved to B^1. Walk out on the grounds, he enjoyed.

See Vol 23 Pt 2 No 3372

June 6 On admission, was put on B^2 (SR Complexion light; hair light red; eyes blue; condition of skin good; no marks scars or bruises noted; be clean; behavior good); Pulse 70. Te, 98.6.

" 7 June 7/95. Slept 7 hours, last night. Ate P 66. R 18. Te) 98.8. Appetite good; bowels generally regular: no cough noticed. Behaves well: is quiet: talks freely, when addressed. Goes out walking, but does no work. Ate. Pulse 70. Te, 99. No complaints or injuries to report. June 8/95. Restless 2 hours, but slept 6 hours. Ate. - 68 R 18 Te) 98.6. Sits about: works some. Bowels somewhat

" 9 Constipated; was given medicine. June 9/95. Quiet & slept 8 hours, last night. Ate. P 65.

" 10 Behaves well: makes no complaints. No apparent change, from day to day. June 10/95. Slept 8 hours. Ate. P 64. Talks quite freely. Is quiet; demented & silly. Says "he's not crazy no never was".

" 11 June 11/95. Slept 6 hours, restless 2 hours, last night. Ate. P 68. No noticeable change.

" 12/13 June 12/95. Pulse 66. Behavior good; works some ward. June 13/95. Has been sleeping well, the last few nights. Ate. P 72. Works in dining-room. Quiet. Otherwise about same, in every way.

" 20 June 20/95. On the whole has been resting & sleeping well, the past week - Pulse, each morning, about normal. Appetite fairly good; bowels constipated, at times. Talks, when addressed. Is stupid & demented. Works some, in dining-room. Summary: He has been quiet, & well-behaved. Is very stupid, at times, demented & melancholy. Talking only when addressed & then in a dazed manner and as tho' it required an effort for him to collect his thoughts - Physical condition is fairly good. Habits cleanly.

" 30 June 30/95. No change noted. Talks but little. Stupid & demented. Goes out walking but does no work.

July 1/31 July 1/95. Wt 152 lbs. Pulse 80 - July 31/95. Filthy & demented. Talks & laughs to himself. Needs some.

Aug 1/31 Clean in habits. Works in ward. Physical condition seems good. Aug 1/95. Wt 163 lbs. Pulse 96.

" 31 Aug 31/95. Remains pretty in ward. Melancholy. Physical health good. No change noted, mentally.

Sep 1/29 Sep 2/95. Wt 165 lbs. Pulse 88. Sep 29/95. Remains about same, month after month. Goes walking

" 30 Sep 30/95. Transferred to C^2. Appetite good. Bowels normal. Condition shows no change.

Personal and Medical History of Nels. D. Johnson

1895

Oct 1/31 Oct 1/95. Wt 165 lbs. Pulse 80. Oct 31/95. Patient Eats & sleeps well. Still has delusions, & at times, he has been quite noisy & restless. Works some in ward. Physical condition apparently good.

Nov 1/30 Nov 1/95. Wt 171 lbs. Pulse 78. Nov 30/95. Patient's Rachal is very low throat, but is now much improved.

Dec 1 Nov 30/95. Health has improved, but no change noted, mentally. He still has delusions: Gets very angry, at times, & is quite restless. Goes out walking with the rest. Dec 1/95. Wt 171 lbs. Pulse 100. —

" 30 Dec 30/95. No change noticeable, in any way. Health seems good. Still restless & easily gets excited.

1896 Jan 1/30 Jan 1/96. Wt 164½ lbs. Pulse 90. Jan 30/96. Has been rather more restless & noisy, of late. Is dull & stupid. Shows delusions & also hallucinations. Appetite fair. Does no work. No complaints: Goes walking.

" 29 Jan 1/96. Transferred to A^3 (on account of a general change of wards). Jan 31/96. No Change noted.

Feb 1/29 Feb 1/96. Wt 170 lbs. Pulse 66. Feb 29/96. Appears to improve mentally, though he still shows delusions. Behavior good: is not noisy & talkative as formerly. Bowels constipated (Take 1 pint dose of salts). Goes out walking.

Mar 1/31 Mar 1/96. Wt 178 lbs. Pulse ?. Mar 31/96. Condition about same. Works in ward.

Apl 1/30 Apl 1/96. Wt 174 lbs. Pulse 72. Apl 30/96. Behavior much improved. Is more quiet. Sleeps well. Appetite good: Works in ward.

May 1/30 Summary Nurses Notes by Dr. Phelps. Physical health good; has a few delusions but is usually is quiet & behaves well. Wt. 175 to 186 lbs. During January 97 had an attack of erysipelas. Aug 31/97 Wt. 189th Oct 31/97 Wt. 194th Works regularly in dining room: Is quiet & of good disposition: Rather feeble-minded. Jan 31/99 Has continued about same during intervening time: Has at times spoken of hearing people talking to him.

Feb 1 - July 31/99. Dr. Evanson Wt. 177. Has delusions: & does some work on ward: No change in general condition. Aug 1 - July 31/1900 (Dr. Evanson) Aug 1 - Wt. 173 - Sent to Eruption on foot - on treatment. Feb 1. Wt. 177. General behavior good: Very demented: Has habit of decorating himself with ribbons & pins when possible. Meh 6 not well - refused dinner. July 4 Visited by brother. July 20 Vaccinated results doubtful. Aug 30. Patient went to Races, with the crowd. Nov 30. Talk very confusedly. At times, helps in Centre - Bulong. Enjoys entertainment. Health seems good.

1900 Aug 30 - Nov 30 - 1901 Jan 1/31 Works in Centre Dining-room. Jan 31. Condition shows no change, in any way - Patient seems rather feeble-minded. In past 5 years, patient's condition has shown no change. Works in Dining-room: enjoys entertainments: behaves well: has habit of decorating himself with pins & ribbons when he can get a hold of them.

Feb 28/ May 1/31 Wt 174 lbs P 76; Apl 30 at times, obstinate & frequently a little noisy & quarrelsome; works in ward & keeps self scrupulously clean. Keeps in Good Physical health. Wt 178. P 76. helps some with work in house: no change to report in condition.

Was today, transferred to Hastings Hospital

Personal and Medical History of Christ Sorenson (Farch) on Exam^n

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4122.
Residence, Alden, Minn.
Date Admission, 6th June 1895.
Admitted by, Dr Phelps Hour, 6^45 P.M.
How Sent, Herman Blackmer, J of P. Freeborn County
Sex, Male
Age, 25
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Farmer (father a Carpenter)
Degree Education, Some school education
Profession Religion, Lutheran
Habits, not intemperate
Nativity, Denmark; (parents also born there)
Physicians Committing, G. W. Barck and L. C. Cowles
Correspondents, none given in "papers"

No. for Year, 321
Insane Relatives, Mother insane, during pregnancy.
Cause Exciting, not known
Cause Predisposing, previous attack - Heredity -
Form, melancholia acute
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not —
Date of this Attack, 6 months ago
Duration, 6 months.
No. of Attack, not 1st
No. of Admissions, 1st
Age First Attack, 24+
Time of Leaving, April 13 - 1902
Time in Hospital, 6 yrs 10 mo 7 ds.
Result, Died: Cause of Death, Phthisis

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ex'ly Dr. Herzog & Lyman June 7/95

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, sluggish
MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects, none
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, only fair
Own Mental State, not good
Special Subjects, —

EMOTIONAL STATE:
Normal, Calm,
~~Indifferent,~~
~~Exalted,~~
Depressed, Yes
DELUSIONS:
Systematized or Not, none
Special Subjects, —
Transitory or Not, —
HALLUCINATIONS: none manifest
ILLUSIONS: —
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, reticent

GENERAL DESCRIPTIVE REMARKS:
Patient shows some vaso-motor disturbance; flushing easily & extremities cold. Breath is foul. Although he has no delusions noted, yet he has delusive trains of thought. He joined the Baptist church last year, having previously been a Lutheran. This has occupied his mind, a great deal. He believes he has done very wrong, by dancing, drinking &c; he has had an unsuccessful love-affair. He denies masturbation, but in a half-hearted manner. Sits with his hands in his pockets, shifting his eyes & occasionally rolling them up under the half-closed lids.

Personal and Medical History of Christ Sorenson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ WEIGHT, 164½ pds NUTRITION, Fair
WOUNDS OR ABNORMALITIES, none; circulation sluggish See "S.R." on next page.
TONGUE, Tremors, Decided tremor Coatings, light yellow over dorsum large, flabby, tooth marked. Promptness Movement, slow; hesitating.
PUPILS, Equality, Equal Size, normal
Response Light, Slightly excessive Accommodation, Slightly Excessive
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Fair; finger to nose, eyes shut, slight hesitation.
Legs, Slight impairment; Standing on foot, fair. Standing eyes shut, sways very slightly, turning quickly some uncertainty.
TREMORS, Hands, Slight Tongue, decided tremor
Facial Muscles, none General, none
REFLEXES, Patellar, S. equal
Other very slight ankle - clonus
ARTICULATION,
Slurred, No
Hesitating, Hesitating
FACIAL EXPRESSION,
Rather Depressed
SENSIBILITY,
—
HEART, weak; normal sounds.
LUNGS, normal

TAKEN,

~~EXAM. URINE,~~
Treatment
Lacto peptine, after meals.
Pil. A.B.S. - full diet.
Exercise. —

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, — Clean, Yes 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, says — "mother insane"
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Christ Sorenson

1895

This patient was brought here by Deputy Sheriff W. C. Mitchell, attended by Frank Landis with following history. Patient is in fair Physical condition. Some history of heredity, as mother insane, during pregnancy. First symptoms discovered 6 months ago; have continued since first appearance. Not sent to hospital then. Was melancholy & depressed. The Disease seems Stationary; variable & rational intervals. Derangement now shown in religious excitement and disappointment in a love affair. He is not suicidal, nor filthy nor destructive in his habits. No peculiarities &c previously shown; no history of intemperance; he has not been subject to any severe disease &c or injury to head. Has been under restraint for a week. Cause of disease not known. No medical treatment. On personal Examination, there is observed an expression & Countenance and general appearance of a disordered mind.

June 6 On admission, was put on B^{2} (S.R. Complexion Dark; Hair dark brown; eyes blue; Condition of Skin good; some scars on left Cheek; bodily condition dirty; behavior Good). Pulse 70. R 18. Tp 98.6.

" 7 June 7/95. Restless 5 hours, Sleeping only 2 hours, last night. Ath. P 64. R 18. Tp 98. Appetite good. Bowels Constipated; given medicine. No cough noticed. Dejected, stupid & depressed. Reads his Bible. Talks some, but inclined to be reticent; not communicative; only answers questions. Am. P 66. Tp 98.6.

" 8 No complaints or injuries to report. June 8/95. Slept better, 7 hours, last night. Ath. Pulse 64

" 9 R 18 Tp 98.6; Sits about; reads Bible & prays. Is on medicine. June 9/95. Restless 1 hour, but slept 7 hours. Am. P 66. Is stupid & depressed. Talks only when addressed, & generally in monosyllables. June 10/95. Am. Pulse 62. June 11/95. Ath. Pulse 66. Patient rests & sleeps well.

" 10/11 June 12/95. Am. Pulse 68. June 13/95. Somewhat restless the past 2 nights, sleeping only 4 & 5 hours each. Pulse 66. He reads Bible & prays, a good deal. Talks very little. Has been quite stupid and dull, but looks somewhat brighter, today & seems more cheerful. June 20/95. On the whole, he has been sleeping well the past week: on only 1 or 2 nights, restless for a Couple of hours. Pulse, each morning, about normal. Talks but little. Is stupid & melancholy. Reads his Bible. Goes out walking, but tries to sneak away. Makes no Complaints. Does no work. Summary. Ever since admission he has been quiet, stupid & depressed: only at one occasion appearing somewhat brighter. Very reticent, talking only when addressed, then hesitates before answering. Physical condition good.

" 30 June 30/95. Appetite very good. Patient is stupid & melancholy. Talks but very little. Reads his Bible. Tries to walk away. Is stubborn & wilful: physical condition good. July 1/95. Ht 5 9 Wt. Pulse 64

July 8/95. Praying, a good deal. Is quiet very obstinate. July 16/95. Expectorates all over clothes & is very nasty. Wilful & obstinate. July 31/95. No change noted. Continues dirty & untidy in habits. Spits on his clothes. Talks but little. Prays & reads Bible. Has good Physical condition. Aug 1/95. Wt 174 lbs. Pulse 96.

" 1/31 Aug
" 1/31 Transferred to B^{3} c today. Aug 31/95. Was struck by A. Fait, slightly marking his face. Aug 31/95. Behavior stupid: hardly ever speaking; when out walking, has to be pushed along: scarcely has ambition to move. Prays a good deal, & appears to: will fall down on his knees, wherever he may be, even out walking.

Sep 1 Is exceedingly dirty & filthy in his habits (5 Days dirty this month). Sep 2/95. Wt 175 lbs: Pulse 90.

" 30 Sep 30/95. No special change, except that he is now very filthy (Number of days dirty, during month 29).

Oct 1/95. Wt 173 lbs. Pulse 84. Oct 5/95. Struck by Wm Rose (Patient) during night on a small scalp wound made

" 31 Oct 31/95. Demeanor: he is slightly brighter, than before: Complexion better: still keeps himself but not so Continuously: well answers Simple questions: (3 Days dirty, during the month).

Sheet No. 1

31/1117.

COMBINED CLINICAL NOTES and GRAPHIC CHART.

Case No. 4174 Date of Admission, day ____ Month April 189 6

Name of Patient Christ Sorenson Result ____

Diagnosis ____ Physician's Name H.M.A.

Day of Month.	Hour	T.	P.	R.	Nourishment.	Medicine.	Urine.	Stools.	Number Hours Sleep, Baths, Mental Condition, Pain, Cough, Expectoration and other Symptoms.
13th	2 pm				10 Bowl toast - glass Milk.		12 30 pm	12 30 pm	10 30 am - Received from B1. Is very quiet and rather stupid. Has given bath and put to bed. On diet of milk and milk toast. Liquid between meals. Habits
					3 - S. 1 Bowl toast				
	5	98 4	64	18	2 glass milk		5 20 pm		
14	8	99	76	16	7 00 Bowl toast 1 glass milk		9 00 am	2 00	are filthy. 13 hrs
					12 00 do do.		1 00 pm		Given enema soap water 1 oz Gly 1 oz Ca oil 1/2 oz tops, bowel moved freely.
		98 5	74	22	6 00 B toast & milk		5 30 "		7 13 hrs
15	8	98 6	72	17	7 00 12 00 6 00 1 Bowl toast & 2 glass milk		8 00 am 12 30 " 2 00 pm	12 00	No change to be noted Bowels moved by enema.
	5	99 4	70	14			5 45 "		8 7 hrs.
16	8	98 4	68	16	7 00 12 00 6 00 Bowl toast & milk		9 00 am 1 30 pm		No change.
	5	98 4	68	14			6 00 "		8 7 hrs
17	8	98 4/2		16	7 00 & 12 00 Bowl toast & milk		8 00 am 12 00 pm		Patient is getting restless during day says he would like to get up
	5	99	68	16	Supper do. do.		5 00 pm		
18	8	98 2	62	18	7 00 12 00 6 00 1 Bowl toast & 1 glass milk		9 00 am 1 30 pm 5 00 "	4 30 pm	No change given enema of 8 B. 1/2 oz Glys 8 7 hrs
	5	98 2	68	16					
19	8	98	64	16	Good Breakfast & Dinner		7 00 am 10 00 " 2 00 pm 5 30 "		Put on regular diet 8 2 hrs
	5	98 2	68	17					

DIRECTIONS

Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.

ABBREVIATIONS

U.--Urinated.
B. M.--Bowels moved.
Med.--Medicine given.
gtts.--Drops.
M.--Minims.
O.--Pint.
oz.--Ounce.
dr.--Drachm.
Qt.--Quart.
Tc.--Teacupful.
Tsp.--Teaspoonful.
S. 5hs.-Slept 5 hours.

PRESCRIPTIONS

Can be marked by capitals A. B. C. etc., and referred to thus:- dr.ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.

	Hour & Temp.
	106
Pulse	105
190	104
180	103
170	102
160	101
150	100
140	98.8
130	98
120	97
110	96
Resp.	100
60	90
55	80
50	72
45	60
40	50
35	40
30	30
25	
Sleep	18
9	15
8	10
7	
6	
5	
4	
3	
2	
1	
0	

Day | Day | Day | Day | Day | Day | Day

SHEET No

COMBINED CLINICAL NOTES and GRAPHIC CHART.

Case No. ..... Date of Admission, day ..... Month ..... 189.....

Name of Patient C. Sorenson ..... Result .....

Diagnosis ..... Physician's Name .....

Day of Month.	Hour	T.	P.	R.	Nourishment.	Medicine.	Urine.	Stools.	Number Hours Sleep, Baths, Mental Condition, Pain, Cough, Expectoration and other Symptoms.
20	8.	98.8	76	18.	" Brekfst " Dinner		9.00 am 12.30 pm		apparently the same habits very dirty, very contrary also.
	5	98	60	17	" Supper		5.00		S 6 hrs.
21	8.	98.2	64	16	" Brekfst	1.30 pm. Salts ℥j	8.00 am		No change. 11.00 am - Was Electrified.
					" Dinner		9.00		
	5	98.7	66	18.	" Supper		1.00 pm	7.00 pm	S 4 hrs
22	8	98.4	70	16	Fair Brekfst Good dinner		9.00 am 1.00 pm		Urinated in bed 1 pm very dull & stupid
	5	98.4	68	16	" Supper		5.20		S 7 hrs.
23.	8	98.6	70	16	Light Brekfst Good Dinner		8.00 am 12.30		No change. Gave Bath.
	5	99.1	68	13	" supper		6.00		S. 6 hs.
24	8	98.4	66	14	Good Brk. " dinner		7.30 1.00 5.00		Habits still very dirty. Is quite stupid and inactive. Will not walk voluntarily. Transferred - B.L.

◆ DIRECTIONS ◆			Hour	Day	Day	Day	Day	Day	Day	Day
Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.			Temp.							
			106							
			Pulse 105							
			190 104							
			180 103							
			170 102							
◆ ABBREVIATIONS ◆			160 101							
			150 100							
U--Urinated.			140 98.8							
B. M.--Bowels moved.			130 98							
Med--Medicine given.			120 97							
gtts.--Drops.			110 96							
M.--Minims.		Resp.	100							
O.--Pint.		60	90							
oz.--Ounce.		55	80							
dr.--Drachm.		50	72							
Qt.--Quart.		45	60							
Tc.--Teacupful.		40	50							
Tsp.--Teaspoonful.		35	40							
S. 5hs.-Slept 5 hours.		30	30							
		25								
◆ PRESCRIPTIONS ◆	Sleep	18								
	9	15								
Can be marked by capitals A. B. C. etc., and referred to thus:- dr.ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.	8	10								
	7									
	6									
	5									
	4									
	3									
	2									
	1									
	0									

Day ..... Day ..... Day ..... Day ..... Day ..... Day ..... Day .....

Personal and Medical History of Chas. Sorenson

... ease,
... ression
... Condition of
... R 18. T(R) 98.8.
... 98.8. Appetite good.
... ssed. Reads his Bible.
... uestions. Pm. P 66. T(R) 98.6.
... ast night. AM. Pulse 64
... une 9/95. Restless 1 hour, but
... hen addressed, & generally in mono-
... Pulse 66. Patient rests & sleeps well.
... the past 2 nights, sleeping only 5 to 6 hours
... alks very little. Has been quite stupid and
... cheerful. June 20/95. On the whole, he has
... ghts, restless for a couple of hours. Pulse, each
... stupid & melancholy. Reads his Bible. Goes out
... complaints. Does no work. Summary. Ever since
... ressed: only on one occasion appearing somewhat brighter.
... then hesitates before answering. Physical condition good.
" 30 June ... is stupid & melancholy. Talks but very little. Reads his Bible.
July 1 Tries to ... ful: physical condition good. July 1/95. Wt 169 pds. Pulse 84
" 8/10 July 8/95. Ora... still very obstinate. July 10/95. Expectorates, all over clothes & is very
" 31 untidy. Wilfu... 31/95. No change noted. Continues dirty & untidy in habits. Spits on his clothes.
Aug 2 Talks but little. Ora... Bible. Is in good physical condition. Aug 2/95. Wt 174 pds. Pulse 96.
" 17/31 Transferred to B.3 today. Aug 17/95. Was struck by A. Fait, slightly marking his face. Aug 31/95. Behavior
stupid: hardly ever speaking; when out walking, has to be pushed along: scarcely has ambition to move.
Prays a good deal, or appears to: will fall down on his knees, wherever he may be, even out walking.
Sep 2 Is slouchy, dirty & filthy in his habits: (5 Days dirty this month). Sep 2/95. Wt 175 pds: Pulse 90.
" 30 Sep 30/95: No special change, except that he is now very filthy: (number of days dirty, during month 29).
Oct 1/8 Oct 1/95. Wt 173 pds. Pulse 84. Oct 6/95. Struck by Wm Rose (patient) during night & a small scalp wound made.
" 31 Oct 31/95. D. H. notes: he is slightly brighter, than before: complexion better: still wets himself but not so
Continuously: will answer simple questions: (31 Days dirty, during the month).

Personal and Medical History of Christ Sorenson

Nov 1/10 22 Nov 1/95. Wt 175 pds. Nov 10/95. Attempted to break the gas-fixture, several times, during day. Nov 22/95. Was
" 30 struck by Thos. Miland, during night, causing his ear to swell up. Nov 30/95. Behavior quiet, as a rule: oc-
-cupying the same place, all day: not even moving to attend to calls of nature: movements & actions are very
slow; (as a snail): habits very dirty & slouchy. Spits on clothing & floor. (Number of Days dirty in month. 30).
Dec 2/24 Dec 2/95. Wt 176½ pds. Pulse 88. Dec 24/95 Received 2 black eyes: dont know who gave them to him.
" 31 Dec 31/95. No change noticeable, in anyway. Habits still filthy: (was 31 Days dirty, during the month).
1896 Jan 1/21 Jan 1/96. Wt 177 pds. Pulse 88. Jan 21/96. Transferred to B¹ (on ap of general change of the wards).
" 31 Jan 31/96. Keeps about the same, all the time: (was 31 Days dirty, during the month).
Feb 1/4/29 Feb 1/96. Wt 174 pds. Pulse 78. Feb 24/96. Struck by P. Rondo & a black ear caused. Feb 29/96. Behavior quiet.
hardly ever speaks: very stubborn: has to be dressed & undressed, as he does not want to do it himself: also
Mar 2 has to be moved about by force. (No of Days dirty during month, 29). Mar 2/96. Wt 171 pds. Pulse 80.
" 12/31 Mar 12/96. Appeared this morning with a black eye: no account how he got it. Mar 31/96. No change
Apl 1 noted: habits still filthy & dirty (No. of Days dirty during month, 31). Apl 1/96. Wt 173 pds. Pulse 82.
" 13 Apl 13/96. 7³⁰ am. When nurse (patten) undressed him for his morning bath, he discovered a
bruise on left side of abdomen: how it was done, no one seemed to know: Transferred to T.W. 10³⁰ am
very quiet & rather stupid. Given bath & put to bed. Habits filthy. Is on diet of milk, milk toast
" 17/19 and liquids between meals. Apl 17/96. Getting restless: would like to get up. Apl 19/96. Put on regular diet.
" 21/22 Apl 21/96. 11⁰⁰ am. Given electrical treatment. Apl 22/96. 1 P.M. bomited in bed. Is very dull and stupid.
" 24 Apl 24/96. No change noted: habits still very dirty. He is stupid & inactive. Will not walk voluntarily.
" 25 5³⁰ Transferred to B¹. (see attached records). Ate a good supper. Apl 25/96. Was out walking. Refused
" 26/30 to walk & had to be carried up stairs. Apl 26/96. No change noticed. Transferred to A⁴. Apl 30/96. Is very
dirty & filthy: very stupid & contrary: will not move about without being forced: refuses to walk when
out, without 2 men pull him along. Sleeps well: bowels in good condition.
May 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. Patient rather stubborn & untidy. At times answers
questions well, at others is incoherent. Sometimes will refuse to walk & has to be
moved about. Was untidy at times during period also lazy & obstinate.
Wt. 172 lbs. Continued by Dr. Herzog. Trans. to Infirmary - Severe purulent conjunctivitis: ice applied to
eye & boracic acid wash. Made a good recovery. Trans to B¹ - July 13 a difficult patient to care for
seldom speaks. Resists passively in every way - is extremely filthy. Has to be dressed & undressed.
Aug 4 While being dressed after bath by nurse C Bagenhart, resisted passively having coat put on.
While arm was half in coat, threw himself backward to floor, as he has frequently done,
fracturing right humerus, transversely three inches above elbow. Trans. to Inf. & remained there until Sept 16.
No change mentally: arm healed well with little deformity. Sept. 16 Trans. to B¹. Appetite good: mental
condition the same: Oct 1 Wt. 169 Requires a great amount of care. Nov 1 Wt. 164. Of late has developed
a habit of lying down while out doors & necessary to carry him in either by nurses or wheelbarrow.
Expectorates on himself & others: Understands quite well what is going on. Is occasionally struck by
other patients, as he irritates them. Expectorates on nurses & occasionally strikes them. Is fed from tray.
1/19/98 Struck by Jno Casey. Jan 29 Broke pane of glass in transom: cut finger slightly: refused to have it dressed - said wished
to bleed to death. Remains about same from day to day. Occasionally attempts to elope. June 16/98 Broke window
light on Infirmary on going out.

See Fol. 332 Transfer book A.

Personal and Medical History of Louis Behrmann

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4125.
Residence, St. Paul. Minn
Date Admission, 10th June 1895. —
Admitted by, Dr. Herzog Hour, 7 P.M.
How Sent, G. Wilbrich. Jo. P. Ramsey County.
Sex, Male.
Age, — 24 —
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Blacksmith.
Degree Education, Common School.
Profession Religion, not a church member
Habits, not given —
Nativity, St. Paul, Minn (Parents born in Germany).
Physicians Committing, J. A. C. Markoe (father dead) and John C. Nelson
Correspondents, Mrs. Carrie Behrmann and J. H. Tubbesing c/o Foote Schulze & Co. St. Paul. —

No. for Year, 324.
Insane Relatives, none; but father Inebriate.
Cause Exciting, Dont know —
Cause Predisposing, not given.
Form, melancholia acute agitated
Accompanying Bodily Disorder, none —
Suicidal or Not, not —
Date of this Attack, about last Christmas
Duration, about 6 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 23+
Time of Leaving,
Time in Hospital,
Result,

Exdly Dr. Herzog, June 11/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } evidently poor
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, apparently illusive
REASONING POWER:
Ordinary Subjects, } very much impaired
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm,~~
~~Indifferent,~~
~~Exalted,~~
Depressed, markedly
DELUSIONS:
Systematized or Not, } none noted
Special Subjects,
Transitory or Not,
HALLUCINATIONS: none brought out, but seems to see something.
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, very reticent

GENERAL DESCRIPTIVE REMARKS:
Nothing could be brought out by questioning: he told his age & then commenced crying & sobbing. To repeated & varied questions, all the answers were "I want to see my mother"; "I want to die"; "I want to go to church". Finally, he said his bowels had not moved for 3 days. He is careless of his person & food is collected between the teeth & between the cheeks & teeth. The eyes are red & swollen.

Personal and Medical History of Louis Behrmann

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 138½ pds. NUTRITION, considerably impaired.
WOUNDS OR ABNORMALITIES, see "S.R." on next page —
TONGUE, Tremors, very marked Coatings, heavy, dirty yellow over dorsum Promptness Movement, very slow & hesitating
PUPILS, Equality, Yes Size, Slightly contracted
Response Light, Excessive Accommodation, Excessive —
SIGHT, Seems good
HEARING, " "
COORDINATION, Arms, fairly good; finger to nose, eyes shut, good.
Legs, fairly good; standing on foot good; standing, eyes shut, good.
(although he performs the tests well yet his gait is ataxic & his movements awkward. —)
TREMORS, Hands, considerable Tongue, Yes
Facial Muscles, when crying General, Slight
REFLEXES, Patellar, 8 - equal ~~EXAM. URINE,~~
Other Treatment
ARTICULATION, —
Slurred, Laxative; bitter tonic, with nux vomica. Full diet, mostly liquids. 3 shower - baths weekly. —
Hesitating, Yes
FACIAL EXPRESSION, gaze fixed as if he saw something terrible; at other times, weeping.
SENSIBILITY, —
HEART, rapid; slightly irregular; no murmurs —
LUNGS, Seem good

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, to he says Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
Recorded 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 *Louis Behrmann.*

1895

This patient was brought here by Deputy Sheriff M. N. Goss, with following history. Patient is in fair physical condition. No history of Consanguinity, nor heredity; but father was Inebriate. This is the 1st attack. First symptoms manifested about last Christmas; had great apprehension of impending danger. The Disease appears to be increasing, but is variable & there are rational interval, but they do not occur at regular periods. Derangement now shown by mental excitation and apprehension of impending danger. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. No peculiarities were previously shown. There is no history of any severe disease or head injury. He has not been restrained or confined. Cause of Disease not known. He has had no treatment. On a personal Examination, Patient is excessively emotional. Cries piteously; appears to be in a state of great apprehension. On admission, was put on B3 (S.R. Complexion light; hair light; eyes gray; condition of skin good: no marks scars or bruises noticed. Is dirty; behavior stupid and he talks none). Pulse 76. R 19. T. 99 4. June 11/95. Restless 3 hours, but slept 5 hours, last night.

June 10

" 11 PM. Pulse 70. R 20. T. 99.2. Ate a very little Solid food, for breakfast: 1½ pints eggnog at Dinner and supper. Bowels were constipated & he was given medicine & bowels afterward moved freely during night. PM. Pulse 80 R 20 T. 99.6. Is Rather somewhat stupid, most of the day; became somewhat excited after 5.30 PM. Talked only a few words; memory impaired. Thorough observed. Was today, given a Shower-bath (graduated). No complaints or injuries to report. June 12/95. Restless 6 hours & slept only 2 hours, last night: was very troublesome; also filthy. AM. Pulse 72 R 20 T. 99 4 Ate but little Solid food today; but took 1½ pints eggnog, 3 times. Bowels free. Was excited, running down the hall, by spells. June 13/95. Slept quite well (8 hours) last night - Am. P 70. Has taken eggnogs and considerable solid food, today. Bowels moved. Patient more quiet. June 14/95. Restless 3 hours, but slept 5 hours. PM. P 72. Took solid food & eggnogs. Bowels moved. Is restless & running some. Talk but little. June 15/95. Restless 4 hours & slept only 4 hours, last night. AM. P 70. Appetite is fairly good; takes eggnogs: Is restless & not as well as he was. Talk but seldom. June 16/95. Slept 8 hours last night. AM. P 70. Restless; hops about on one leg. Again, sits about. Talk some; habits dirty. Restless 2 hours, but slept 6 hours, last night. AM. P 66. Still takes eggnogs; also solid food. Bowels are probably constipated. He sits about in a stupid way. June 18/95. Slept 7 hours. AM. P 68. Appetite medium: (Eggnogs stopped); bowels constipated; given hunyadi water. Patient is still restless, at times; talks none. June 19/95. Rested fairly well, sleeping 7 hours. Am. P 68. appetite medium. Is stupid; talks none - Goes out walking. June 20/95. Restless 3 hours & slept only 5 hours, last night. Am. P 72. Appetite good; bowels moved. He is somewhat restless & crying, at times. Does no work. June 21/95. Slept 5 hours, restless 3 hours, last night. AM. P 70. Appetite good. Patient is still restless & stupid; talks none. Tries to run away, when outside. June 22/95 Restless 3 hours, but sleeping 5 hours. PM. P 72. Not bed. Is stupid; stands about. Talks none & but seldom. Appetite is good. June 23/95. Slept 5 hours, restless 3 hours. PM. P 72. No change in conduct or manner. June 24/95. Restless 4 hours, sleeping only 4 hours, last night. AM. P 72. Appetite fairly good. Still stands about, in a stupid way. Talks now at all. Summary: During 1st week, patient was very restless & excitable: ran about in hall & while out walking. Since, he has grown more quiet. No violence has been shown; physical condition not much changed; at first, he took very little food. Except eggnogs. Appetite now good, & apparently has gained some in flesh. Bowels constipated, at

" 12

" 13

" 14

" 15

" 16

" 17

" 18

" 19

" 20

" 21

" 22

" 23

" 24

Personal and Medical History of *Louis Behrmann*

Summary times. He has talked but very little. Has been stupid & does not pay much attention to anything. June 25/95. Slept only 5 hours; restless 3 hours, last night - June 30/95. Has refused meals, quite often. Yet has taken quite freely of eggnogs - Occasionally wets bed. Patient is given 2 baths weekly. Is quiet and well-behaved. Bowels constipated, at times. Is dull & stupid; talks none: Physical condition fairly good.

Convalescent 30

July 1/95 July 8/95. Has been, nightly, restless during last week & sleeping poorly. Otherwise no change in any way. Has wet his bed, twice. July 25/95. Visited by a friend of his people, but did not know him - Habits are filthy - July 31/95. Occasionally, sleeps poorly at night - By day, sits or stands about. Is stupid & demented. Talks but seldom. Bowels, at times, constipated. Health good.

" 8

" 15

" 22

" 29

" 31

Aug 1/95 Aug 2/95. Wt 146 lbs. Pulse 86. Aug 3/95. Appetite good. Patient is restless: talks none: habits are filthy. Transferred to B3 today. Aug 31/95. Occasionally, restless at night & sleeping poorly. Was dirty one day (since coming in this ward). Otherwise patient's condition the same as reported. White on B2.

" 13

" 20

" 27

Sept 3/95 Sept 2/95. Wt 158 lbs. Pulse 84. (He has been gaining considerably in flesh, the past few months).

" 10

" 17

" 24

" 30

Sept 30/95. Still restless. Talks but very little - Habits dirty - (No. of days dirty, during month, 2).

Oct 1/95 Oct 14/95. Wt 154 lbs. P 90. Oct 14/95. Dr. H. wrote: No change. Patient is untidy; demented; laughs vacantly when spoken to: seldom speaks, but will shake the head when addressed. Oct 31/95 - Seems improving some, of late, though still dirty in habits: (number of days dirty, this month, 15) -

" 1

" 8

" 15

" 22

" 29

" 31

Nov 1/95 Nov 1/95. Wt 154 lbs. Pulse 66. Nov 14/95. Had a black eye this morning: probably J.K. Rhodes, whom he is continually bothering, gave it to him. Nov 17/95. Was struck in the eye with a slipper by J.K. Rhodes.

Nov 4/95 Nov 30/95. Behavior fairly good. Does not speak but very little: seems improved some, mentally, of late. Is untidy about dress. Does no work. Dec 2/95. Wt 154 lbs. P 72. Was struck by J. Lent, and received a black-eye. Dec 31/95. Seems to keep on improving: looks neater & cleaner than some time ago. Eats & sleeps well: occasionally, works on ward: (was dirty 2 Days, during month). Jan 1/96. Wt 154 lbs. Pulse 78.

" 6

" 13

" 20

" 27

Dec 31, 1896 Jan 1

" 27/31

Jan 2/96. Transferred to B'E: (on account of general change of wards): Jan 31/95. No change noted: is however becoming very insolent & lazy; refuses to work, lounges around in some corner or room: slouchy in dress.

Feby 3/96

" 10/17

" 24/29

Feb 3/96. Wt 156½ lbs. P 80. Feb 9/96. Tried to sneak away, while out walking. Feb 29/96. Behavior fairly good. Actions silly: also his talk. Slouchy: no work. Sometimes dirty (was dirty 2 Days during month).

March 2/96

" 9/16

" 23/30

March 2/96. Wt 153 lbs. P 68. March 31/96. No special change noticed. Idle & indolent: does no work. April 6/96. Wt 154½. " 13. April 30/96. Behavior fairly good: at times, is noisy, laughing & talking incoherently. Habits dirty, usually at night. In other respects, condition remains about same.

May 4/96

" 11/96

" 18/96

" 25/96

June 1/96

Summary Nurses Notes by Dr. Phelps. In good health - quite uniformly so through out period. Rather silly, lazy & untidy. Occasionally resists: Is able to play cards, however, at times. Wt. 146 to 161 lbs. Aug 31 '97 151 lbs. Oct 28 Is at times quite restless & silly. Has crying spells. Is incoherent & irrational. General health fairly good.

Jan 3/99

Feb 1/99

July 3/99 (Delaware) Wt. 163 lbs. Is obstinate. Sits with eyes closed paying no attention to anything. At times works in dining room. Physical condition good. Aug - Jan 31/1900 Wt. 162 lbs. No change. Behavior sullen & contrary. Seldom speaks. Is inclined to be violent: untidy & very inactive. Feby 1/1900. Wt 160 lbs. P 72. July 20. Vaccinated: result negative. July 31. No change to note: Health good: habits rather untidy: does very little work. Is quite surly and stubborn, and has occasional "noisy spells". Augs. 156½ lbs. Sept 10. Transferred to D2. Sept 13 to D2.

Oct 31, 1900 to Jan 31

July 30/31, Aug 1

Transferred back of page 1

Personal and Medical History of James Murnane

LEBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4128.
Residence, St. Paul. Minn
Date Admission, 11th June 1895. —
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, G. Wilbrich. J of P. Ramsey County
Sex, Male
Age, 64
Civil Condition, married
Children, — 8 —
Age Youngest Child, —
Occupation, Watchman
Degree Education, Common School
Profession Religion, R. C.
Habits, not intemperate
Nativity, Ireland; (parents also born there)
Physicians Committing, J. G. MacNamara and Obd Martel
Correspondents, Thos Murnane 492 Goodhue St. St. Paul

No. for Year, 327.
Insane Relatives, none
Cause Exciting, imaginary ill treatment by his family.
Cause Predisposing, probably age
Form, ~~Dementia senile~~ Paranoia
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not
Date of this Attack, in October last
Duration, some 8 months —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 63+
Time of Leaving, Aug 22. 1900
Time in Hospital, 5 yr. 2 m. 11 d.
Result, Discharged Nov. 7. 1900 Improved

Exly Dr. Herzog. June 13/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear.
Quick or Sluggish, Quick
MEMORY:
Past Events, } seems quite good
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, fairly good
Own Mental State, Doubtful
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm,~~
~~Indifferent,~~
~~Exalted,~~
Depressed, slightly
DELUSIONS:
Systematized or Not, systematized
Special Subjects, "of persecution"
~~Transitory or Not,~~ seem fixed
HALLUCINATIONS: —
ILLUSIONS: —
CONVERSATION:
Coherent or Incoherent, coherent
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:
Is fairly well nourished, for so old a man. Has chronic constipation. Complains very bitterly of ill-treatment by his wife & says she has tried to poison him & that she would not care for him when he was ill; that this has continued for some years, but he has kept quiet for the sake of peace. In regard to the office of Street Commissioner, he says that he was promised it, but had never troubled Mayor Smith about it. "If they didn't want to give it to him, all right". Speaks very rationally & his story has an air of plausibility —

Personal and Medical History of James Murnane

Funeral from his residence Wednesday, Sept. 26, at 8:15 a. m. Services at St. Michael's church at 9 o'clock. Interment at Calvary cemetery.
MURNANE—In St. Paul, Monday, Sept. 24th, at 10 p. m., James Murnane, aged sixty-nine years. Funeral from residence Wednesday, Sept. 26th, at 8:30 a. m. Services at St. James' church at 9 a. m. Interment at Calvary.
MERRICK—In this city on Sunday, Sept. 23, 1900, Edward Adams Merrick, son of Albert H. and Louise H. Merrick, aged 38 years. Funeral at family residence, [illegible]

MINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

WEIGHT, 150 pds. NUTRITION, Fairly good
[illegible], See "S. R." on next page. — acne — rosacea —
TONGUE, Tremors, Slight Coatings, heavy yellowish Promptness Movement, fairly prompt: some hesitation
PUPILS, Equality, right slightly smaller Size, somewhat contracted.
Response Light, Yes Accommodation, sluggish
SIGHT, somewhat presbyopic
HEARING, somewhat impaired.
COORDINATION, Arms, slight impairment: finger to nose, eyes shut, some uncertainty.
Legs, Considerable impairment: standing on foot, some difficulty: standing, eyes shut, sways distinctly
TREMORS, Hands, — Tongue, —
Facial Muscles, some about the lips General,
REFLEXES, Patellar, — 0 —
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, ✓
SENSIBILITY, ✓
HEART, sounds weak; no murmurs.
LUNGS, seem good —

TAKEN,

~~EXAM. URINE,~~
Treatment directed to the chronic constipation.

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 James Murnane

LEBERT, FOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4128.
Residence, St. Paul. Minn
Date Admission, 11th June 1895.
Admitted by, D. Phelps Hour, 7 PM.
How Sent, G. Wilbrich. Jof P. Ramsey County
Sex, Male
Age, 64
Civil Condition, married
Children, -8-
Age Youngest Child,
Occupation, Watchman
Degree Education, Common School.
Profession Religion, R. C.
Habits, not intemperate
Nativity, Ireland; (Parents also from there).
Physicians Committing, J.G. Mac Namara and Obst Martel
Correspondents, Thos Murnane 492 Goodhue St. St. Paul

No. for Year, 327.
Insane Relatives, none
Cause Exciting, imaginary ill treatment
Cause Predisposing, probably age
Form, ~~Dementia acuta~~ Paranoia
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not
Date of this Attack, in October last
Duration, some 8 months -
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 63d
Time of Leaving, Aug 22. 1900
Time in Hospital, 5 yr. 2 mo. 11 d.
Result, Discharged Nov. 7. 1900 Improved

sant rains have made threshing cutting of flax almost impossible. At the same time added injury is done uncut grains. Considerable cut and uncut grains has been overripe and heads harvesting. Some of the late sown was nipped by frost.
Manitoba Division in Manitoba vesting, stacking and threshing are ago. Rains have delayed them very much and considerable damage has been done to grains which are not in stack. Probably one-fifth of the new crop yet remains to be harvested.

EXAMINATION ON ADMISSION

Edgd. Hosp. June 13/95.

MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
~~Normal~~, Calm,
~~Indifferent~~,
~~Exalted~~,
Depressed, slightly
DELUSIONS:
Systematized or Not, systematized
Special Subjects, "of persecution"
~~Transitory~~ or Not, Seem fixed
HALLUCINATIONS: —
ILLUSIONS: —
CONVERSATION:
Coherent or Incoherent, coherent
Voluble or Reticent, Fairly voluble

GENERAL DESCRIPTIVE REMARKS:
Is fairly well nourished, for so old a man. Has chronic constipation. Complains very bitterly of ill-treatment by his wife & says she has tried to poison him & that she would not care for him when he was ill; that this has continued for some years, but he has kept quiet for the sake of peace. Regard to the office of Street Commissioner, he says that he was promised it, but had never troubled Mayor Smith about it. "If they didn't want to give it to him, all right". Speaks very rationally & his story has an air of plausibility -

Personal and Medical History of James Murnane

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ WEIGHT, 150 lbs. NUTRITION, Fairly Good
WOUNDS OR ABNORMALITIES, See "S.R." on next page. - acne - rosacea -
TONGUE, Tremors, Slight Coatings, heavy yellowish Promptness Movement, Fairly prompt: some hesitation
PUPILS, Equality, right Slightly smaller Size, somewhat contracted
Response Light, Yes Accommodation, sluggish
SIGHT, somewhat presbyopic
HEARING, somewhat impaired.
COORDINATION, Arms, Slight impairment: finger to nose, eyes shut, some uncertainty.
Legs, Considerable impairment: standing on foot, some difficulty: standing, eyes shut, sways slightly
TREMORS, Hands, — Tongue, —
Facial Muscles, some about the lips General,
REFLEXES, Patellar, - 0 -
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
✓
SENSIBILITY,
✓
HEART,
Sounds weak; no murmurs.
LUNGS,
Seem good -

TAKEN,

~~EXAM. URINE,~~

Treatment
directed to the chronic
constipation.

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,

Personal and Medical History of James Murnane

1895

This Patient was brought here by Deputy Sheriffs Mr. J. Cates, with following history. Patient is in fair physical condition. No consanguinity or history of heredity. This is the 1st attack; not been in hospital. First symptoms manifested in October by applying to Major Smith for position of Street Commissioner and by the constantly talking about "that Job", which he was in Norway qualified for. Disease appears to be increasing; is variable & there are rational intervals. He talks with everybody, about "that Job" he is going to get & is under the impression that his wife is trying to poison him. Derangement now shown by his imagining that he is being persecuted by his children and that his wife is using every means to poison him. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. No peculiarities were previously shown. No history of intemperance in his family or in patient. Has not been subject to any severe disease &c. Has not been restrained or confined; Supposed cause of the disease is imaginary ill-treatment by his family. He had no "treatment".

June 11 On personal examination, Physical condition is good; he is suffering from insane delusions, and imaginary ill-treatment. —— On admission, was put on B² (S.R. Complexion sent. hair dark gray; eyes blue; Condition of skin good; birth-mark noticed, between shoulders; has a large dark patch around leg; caused from being swollen & sore - has a hernia, about as large as one's head; is clean - behavior good; talks freely. P. 96 R. 22 Jo 99. June 12/95. Restless 2 hours, but slept 6 hours last night. AM. Pulse 96. R 20. To 98⁴. Appetite good; bowels generally free; no cough noted; behavior good; is quiet; talks freely; no delusions noticed. PM. P 88. R 18. To 99 2.

" 13 Complains some; says "he feels weak". Visited today by Bishop Cotter & Father Lawler. June 13/95. Slept 6 hours; restless 2 hours, last night. AM. Pulse 88 R 19 To 99. Bowels constipated; given medicine.

" 14 Is quiet; behavior very good. PM. Pulse 90. To 98.8 June 14/95. AM. Pulse 92. Talks freely & sensibly. Goes out walking. June 15/95. PM. Pulse 88. (Given Salts); plays games; no delusions noted.

" 16 June 16/95. Sleeps about 6 hours, restless 2 hours, nightly. AM. Pulse 86. About the same, from day to day.

" 17/18 June 17/95. AM. Pulse 90. June 18/95 Sleeping 7 hours, nightly. Appetite good but bowels constipated

" 25 Quiet & well-behaved; no delusions manifested. June 25/95. Occasionally restless, but generally sleeping 7 hours, each night, during last week. Pulse, each morning, about normal: appetite good; bowels constipated, at times is given Hunyadi water. Behavior good: is quiet; makes no complaints. talks freely & sensibly; no delusions noted. Goes out walking; does no work. Plays games &c. ——

Summary; Since his admission, behavior has been decidedly good: has complained some of constipation, for which he receives medicine. Has not complained any. Has talked freely and sensibly. If he has delusions, he does not talk of them or upon them. Physical health quite good;

" 30 June 30/95. No special changes. Quiet & well-behaved. Talks freely & sensibly. Plays games &c.

July 1/95 July 1/95. Wt 156 lbs. Pulse 95. July 7/95. Occasionally restless at night, sleeping poorly.

" 10 Bowels constipated, at times: is given Hunyadi water. July 10/95. Visited by his Son, today.

" 19 July 19/95. Sleeping poorly the past 2 nights: coughsome: says he caught cold. —

" 31 July 31/95. Behaves well & is quiet. Talks freely & sensibly. Goes out walking. Is clean & tidy. Bowels constipated & takes medicine every day for same. Physical health apparently good.

Aug 2/95 Aug 2/95. Wt 151 lbs. Pulse 96. Aug 24/95. Worked in Kitchen, the past 2 days. Condition about as usual.

" 31 Aug 31/95. Eats & sleeps well. Bowels constipated, most of the time, & he takes Hunyadi, every day. Works, from time to time, in kitchen. Is in quite good physical health. Mental condition shows no change

Personal and Medical History of James Murnane.

1895

Sep 2/95 Sep 2/95. Wt 159 lbs. Pulse 86. Sep 16/95. Has worked a few days, in the Kitchen. Bowels constipated.

" 17/30 Requires Hunyadi Water, quite frequently. Sep 17/95. Transferred to 6². Sep 30/95. No special change to note. Has now a "limited parole" & attends Church - Services in town. Habits are clean & tidy -

Oct 1/31 Oct 1/95. Wt 158 lbs. Pulse 80. Patient is quite anxious to go home - Oct 31/95. Uniformly Quiet & well - behaved. In good Physical health. No mental change noted. Still has "parole" -

Nov 1/30 Nov 1/95. Wt 158 lbs. Pulse 78. Nov 30/95. No Change: Still Shows Delusions. Works inward: health good: has a "parole".

Dec 1/31 Dec 1/95. Wt 159 " 94. Dec 31/95. Condition much the same, as last month: tho' he seems more melancholy & morose. Had his "parole" taken away, because he went to town. Bowels constipated: appetite fair.

1896 Jan 2/96 Jan 2/96. Wt 161 lbs. Pulse 80. Jan 31/96. Transferred to 6³ E (on account of general change of the Wards).

" 31 Jan 31/96. No change noted, in patients condition. Has again been given parole: Health is good

Feb 1/29 Feb 1/96. Wt 163 lbs. P 74. Feb 29/96. Condition remains about same, all the time. Appetite good: bowels constipated. Takes Hunyadi water. Has a very bad cough, at present. Patient has a "parole".

Mar 1/31 March 1/96. Wt 165 lbs. Pulse 74. March 31/96. No change noticeable, from month to month.

Apl 1/30 April 1/96. Wt 162 " 78. April 24/96. Patient not very well, for some time: complains of a weakness & of a dizzy feeling. Seems impossible for him to keep warm. Appetite poor. Gets extra diet. Has "parole" still. April 30/96. Feeling some better, of late - Still takes Hunyadi water, every day: also other medicine. Condition about same mentally.

May 1/30 Summary Nurses Notes by Dr Phelps. Somewhat senile also rather paranoiac in character: Physical health quite uniformly good: altho he has an immense hernia. Has been upon parole most of time: Is somewhat untidy about his clothing: Wt. 165 lbs. Continued by Dr Herzog Aug 1/97 Wt. 167 lbs Pulse 90 - No change in his condition of late: Irritable: delusions of persecution: untidy in dress & appearance Stays constantly in room: prays most of time: on extra diet: appetite good. bowels constipated. No change during 3 months ending Oct. 31. Jan 1/98 Slightly more tidy in dress: mental state unchanged. Frequently has trouble concerning clothing: refuses to wear his own good clothing & complains very much if that issued to him does not suit. Feb 1/98 Rather more ill-tempered than usual - Delusions of persecution: Says of late poisoned - March 1 Much the same: More sullen: does not speak to nurses - Aug 1/98 Wt. 149 lbs Loss in weight gradual. Mental state about same: does no work; does not even take care of his own room.

Jan 1/99. Wt. 146½ Continually querulous: Habits not so cleanly as before - Still has delusions of persecution - Still sullen & ill-tempered - Rather more markedly religious -

Feb 1/1900 July 31/99. (Dr Wamond) Wt. 153 lbs Very changeable: is at times appreciative of what is done for him, at others very irritable. Aug 1/99 - July 31/1900. Wt. 154 lbs Jan 2. 152 lbs Apr. 30 Condition unchanged. Rather irritable & stubborn: Refuses medicine for constipation, Reported as being well most of month. Remained in bed part of time but refused medicine

July 31 Bowel trouble caused large double hernia July 30 Physical condition appears weaker.

Aug 31 No special change to report since last note. Taken home by sm, to-day -

Discharged

Personal and Medical History of Ingebert Wallar

(prev. Commit.d Ingebert Waaler) Wallen

LEBERT, FISCHER & CHAMBERS, DAVENPORT, IOWA.

Whole No.	4130	No. for Year,	329.
Residence,	Albert Lea, Minn	Insane Relatives,	Sister (mentioned in 1st Committment)
Date Admission,	12th June 1895.	Cause Exciting,	not known
Admitted by,	Dr. Herzog Hour, 7 P.M.	Cause Predisposing,	Heredity.
How Sent,	Herman Blackmer J.P. Freeborn County	Form,	mania subacute
Sex,	Male.	Accompanying Bodily Disorder,	none mentioned.
Age,	52	Suicidal or Not,	not
Civil Condition,	Single	Date of this Attack,	about a year ago
Children,	none	Duration,	about a year.
Age Youngest Child,		No. of Attack,	2nd (probably).
Occupation,	Farmer	No. of Admissions,	2nd (here about 6 yrs ago)
Degree Education,	Slight	Age First Attack,	(?)
Profession Religion,	not a Church member	Time of Leaving,	10th October 1895.
Habits,	Intemperate	Time in Hospital,	3 mos & 28 Dys
Nativity,	Norway; (Parents also born there).	Result,	Disjd. Nov 6/95. Recovered.
Physicians Committing,	F. A. Blackmer and G. W. Barck		
Correspondents,	none given in "papers"		

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exd by Dr. Herzog, June 13/95

MENTAL ACTIVITY:		EMOTIONAL STATE:	
Clear or Confused,	Confused	~~Normal, Calm,~~	
Quick or Sluggish,	Quick	~~Indifferent,~~	
MEMORY:		Exalted,	Yes
Past Events,	fairly good	Depressed,	
Recent Events,	somewhat confused & inaccurate	DELUSIONS:	
Special Subjects,		Systematized or Not,	
PERCEPTIVITY:		Special Subjects,	No definite ones brought out.
Alert or Dull,	Alert	Transitory or Not,	
Correct or Illusive,	Seems correct	HALLUCINATIONS:	
REASONING POWER:		ILLUSIONS:	
Ordinary Subjects,	rapid & not very accurate	CONVERSATION:	
Own Mental State,	fairly good.	~~Coherent or~~ Incoherent,	Slightly
Special Subjects,		Voluble or Reticent,	voluble

GENERAL DESCRIPTIVE REMARKS:

Patient shows a general exaltation, without definite delusions, but combined with a slight degree of Dementia. He has lost considerable flesh & is generally run-down.

Personal and Medical History of Ingebert Wallar

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 134½ pds. NUTRITION, very considerably impaired

WOUNDS OR ABNORMALITIES, See "S.R."; arteries atheromatous; arcus senilis; double cataract.

TONGUE, Tremors, quite marked Coatings, clean Promptness Movement, fairly

PUPILS, Equality, Yes Size, slightly contracted.

Response Light, sluggish Accommodation, sluggish

SIGHT, very much impaired

HEARING, somewhat impaired.

COORDINATION, Arms, fair; finger to nose, eyes shut, some uncertainty

Legs, fairly good; standing on foot, fairly good; standing, eyes shut, sways very slightly

TREMORS, Hands, some Tongue, considerable

Facial Muscles, none General, none

REFLEXES, Patellar, 6 - equal

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, rapid & weak - no distinct murmurs.

LUNGS, nothing wrong on casual examination -

TAKEN,

~~EXAM. URINE,~~

Treatment

Full Diet; nux vomica; pepsin; & nitro-muriatic acid. -

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 Ingebert Wallar

1895

This patient was brought here by Deputy Sheriff E. H. Ellickson, with following history. Patient is in fair physical condition. This seems to be 2nd attack; he was at this (Rochester) Hospital 6 or 7 years ago, for some 3 months: was bettered by treatment *. First symptoms of this attack manifested about a year ago. Disease seems stationary, but variable & with rational intervals, but these not at regular periods. Derangement now shown in various ways. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive. Sister not right mentally. Patient gets drunk; has not been subject to any serious disease &c: not restrained or confined. Cause of disease not known. No medical treatment. Talkes willingly; doesn't seem to know what he is doing. Says "is insane"

Vol 12. p 90 No 895 *

June

Note. As above stated, patient was here before, from June 1/69 to Sep 24/69: improved, on leaving. For first 12 days, after then coming, was in bed, most of time - refused all food, except eggnog; was noisy & violent; suddenly, one Morning, (June 13th), became tractable & coherent. From that date, he steadily improved; recognized he had been insane; gave vent to no delusions, tho' perhaps still a little exalted. Improvement kept up & he was apparently, perfectly recovered when he went home on trial (Sep 24/69).

June **On admission**, was put on B2 (5 R. Complexion dark; hair brown; Condition of skin poor; some marks on left leg: is dirty; baldheaded; behavior good). Pulse 88. R 24. Tm 98.8.

" 13 June 13/95. Restless 5 hours, sleeping but 3 hours, last night. Tm. P 90. R 24. T 99. Appetite good; bowels generally free; behavior good. Talks somewhat confused. Rm. P 92. T 99 2. No complaints or

" 14 injuries to report. June 14/95. Slept somewhat better 7 hours, last night. Tm. P 96. R 24.

" 15 T 98.8. Appetite good. Talks freely: no delusions noted, though he is somewhat confused. June 15/95. Was restless 2 hours, but slept 6 hours, last night. Am. Pulse 90. Talks freely & quite sensibly.

" 16 On medicine. June 16/95. Restless 3 hours, Sleeping only 5 hours, last night. Behaves well.

" 17 Talks quite freely. Does not walking but does no work. June 17/95. Restless 5 hours, Sleeping only 3 hours. Complains of freezing & being sick. Sat about in the seats. Pulse 116 R 30 T 100 2

" 18 June 18/95. Restless 2 hours, but slept 6 hours. Am. P 92 R 26 T 99. Says "he feels better". Appe-

" 19 -tite good. He is still somewhat confused. June 19/95. Restless 5 hours, Sleeping but 2 hours, last night. Am. Pulse 86. Behavior good. Plays games; does not walking: makes no Complaints.

" 20 June 20/95. Restless 4 hours, Sleeping only 2 hours. Again complains of being sick & cold. Is on medicine. June 21/95. Talks freely, but rather silly. June 22/95. About as usual. Makes none.

" 21/22/23/24 June 23/95. Quiet, but still somewhat confused. June 24/95. Has been restless, most of the past few nights, for 2 or 3 hours, but sleeping 6 or 5 hours each. Helps around with work, lately.

" 25/26 June 25/95. Behaves well: makes no complaints. Slept 8 hours last night. June 26/95. Restless 3 hours, Sleeping only 5 hours, last night. Behaves well. Talks freely & fairly sensibly. Does walking.

Summary. Behavior has been good: at first somewhat excited & confused, now more quiet; talks freely & fairly sensibly. Dress rather demented. Appetite good: bowels free; probably has improved some in physical condition, since admission. Helps around with work inward.

" 26/30 June 26/95. Restless 2 hours, but slept 6 hours, last night. June 30/95. Eyes have been somewhat sore, of late: have treated. Patient's condition remains about same, as above described.

July 1 July 1/95. Wt 149 pds. (Has gained quite markedly, in flesh. Juice coming). Pulse 104.

" 15 July 15/95. Has continued quiet & well-behaved & has seemed to improve. Transferred to A!

" 30 July 30/95. Conduct & behavior have been uniformly good. Patient talks freely & sensibly;

Personal and Medical History of Ingebert Wallar

July 30 no delusions noted, tho' he may still have them. Sparkes, will work some inward. Is given treatment for eye, twice a day: also take medicine for bowels, as constipation seems to persist. He makes no complaints. Seems quite happy & contented. Very fond of playing games &c. Physical Condition much improved.

Aug 1/31 Aug 1/95. Wt 159 pds. (a gain of 10 pounds, in flesh, in past month). Pulse &c. Aug 31/95. No change, specially noticeable. He behaves well: seems cheerful & contented; talks quite freely & sensibly. Passes his time playing games &c. Makes no complaints. Works in dining room. Is much improved.

Sep 1/9/17/30 Sep 2/95. Wt 166 3 pds. Pulse 92. Sep 15/95. About the same, in every way. Sep 17/95. Having again made A3 an "open ward" patient was transferred there, to day. Sep 30/95. Appetite good: bowels regular. Behavior very good. Habits clean. Physical Condition fair. Complains of stomach trouble or pains, occasionally; weakness in stitching of eyes. Has received treatment for both ailments. He talks quite rationally: works a little on the land, Each day. Has had "parole" since Coming on this hall (on 17th inst). Oct 1/95. Wt 170 pds

Oct 1 Pulse 86. (Patient has gained in flesh, each month & has made 35 pounds gain in

" 10 weight, since admission). Oct 10/95. Was allowed to go home, this Evening.

Discharged

From HH. John Doe #11

1900

Sept 1 Sept 1/1900. Still works in Dining-room. Is well-behaved: will not talk. Inclined to wander

" 23 away. Sep 23. Eloped. Returned, the following morning. Sep 25/29 - Oct 2 - Tried to Elope.

Sep 29/99 Oct 2 Patient has to be watched continually. Jany 1/1901. Wt 158 th. P 76. Is quiet & well behaved.

1901 Jany 31 Works in Dining-room, regularly & faithfully. Jany 31. Condition does not change in

July 1 Wt 156 th. P 84 - Is somewhat talkative - Works in Dining-room. Mar 30 - Is much the same

Mar 30 in any respect. Mar 30 No change Specially noticeable. Still works in Dining-room.

May 1/13 Wt 159 th - May 13/1901. Patient still refuses to tell his name: physically seems well, and works in Centre-Dining-room. No change noted in mental condition, from month to month. Is still inclined to wander away & requires watching -

Was to day Transferred to Hastings Hospital —

Personal and Medical History of Frank Weinschenk

LEBERT, FIDLAR & SCHARBERG, DAVENPORT, IOWA.

Whole No. 4131.

Residence, Stillwater, Minnesota

Date Admission, 13th June 1895.

Admitted by, D. Phelps. Hour, 5 PM.

How Sent, E G Betts, Jeff. Washington Co.

Sex, Male

Age, — 29 —

Civil Condition, single

Children, none

Age Youngest Child,

Occupation, Clerk & Book keeper

Degree Education, probably good

Profession Religion, Not a church Member

Habits, Both intemperate & immoral

Nativity, Stillwater, Minnesota

Physicians Committing, G E & T C Clark

Correspondents, Elizabeth Weinschenk (Mother)
Stillwater Minn

No. for Year, 330.

Insane Relatives, None; the father's sister drowned herself owing to disappointment in love affair.

Cause Exciting, Intemperance?

Cause Predisposing, Probably some heredity; Epilepsy (?)

Form, Melancholia acute

Accompanying Bodily Disorder, None except chronic constipation

Suicidal or Not, Not

Date of this Attack, Some 6 weeks ago

Duration, Some 6 weeks; this "odd" for last 6 years.

No. of Attack, 1st So far as known

No. of Admissions, 1st

Age First Attack, — 29 —

Time of Leaving, October 14–1895

Time in Hospital, 9

Result, Transferred to Hastings Asylum

D.P.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exly D. Herzog, June 14/95

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, Slightly

Correct or Illusive, seems Correct

REASONING POWER:

Ordinary Subjects, slow, but accurate

Own Mental State, realizes Condition

Special Subjects,

EMOTIONAL STATE:

~~Normal, Calm,~~

~~Indifferent,~~

~~Exalted,~~

Depressed, Yes

DELUSIONS:

Systematized or Not, unsystematized

Special Subjects, of persecution

Transitory or Not, recognizes them as such, but refuses to discuss them.

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, Slightly reticent.

GENERAL DESCRIPTIVE REMARKS:

States that he has dissipated & "tramped" - Had Gonorrhoea, 4 years ago: neglected it: has emissions, once in 2 weeks, which are painful. Believes that people may find out him on account of these emissions. Says "Lumpy has it in Johnie" or rather he imagines they do. Says "Stomach is weak". Is quite Well Developed, though short & looks older than he is. Realizes his loss of memory.

Personal and Medical History of Frank Weinschenk

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3½ WEIGHT, 131½ lbs. NUTRITION, Fairly good; Slightly impaired

WOUNDS OR ABNORMALITIES, See S.R. (corrected).

TONGUE, Tremors, Considerable Coatings, Dry yellow, at base Promptness Movement, Slow & hesitating

PUPILS, Equality, Yes Size, Slightly Contracted

Response Light, somewhat excessive Accommodation, somewhat excessive

SIGHT, Seems good

HEARING, Seems good

COORDINATION, Arms, fairly good; finger to nose, eyes shut, fairly good

Legs, Slightly impaired; standing on foot, some uncertainty; standing, eyes shut, Romberg some

TREMORS, Hands, Yes Tongue, Considerable

Facial Muscles, None General, none

REFLEXES, Patellar, 9 — 10 equal

Other jaw ankle clonus

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION, Heavy; Slightly depressed.

SENSIBILITY,

HEART, Rapid & irregular. — Insufficiency of mitral insufficiency.

LUNGS, Slight bronchitis.

TAKEN,

~~EXAM.~~ URINE,

Treatment

Full diet — Shower baths. Hypodermics of strychnine ℥ 1/30 T. I. D.

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, Father drinks; paternal aunt insane.

Brothers or Sisters,

Personal and Medical History of Frank Weinschenk

1895

This patient was brought here by Sheriff's Deputy T. W. Smith, with following history. Patient is in fair physical condition. Habits have been both intemperate + immoral: no history of heredity, tho' it is stated that father's sister drowned herself, owing to disappointment in love affair. Supposed cause of this attack is intemperance; in form, attack is acute, depressed. Accompanying bodily disorder now, except chronic constipation. Patient has acted "odd" for last 8 years; returned from 2 years absence in South 6 weeks ago; since his return, has been moody, irritable, and erratic in manner + speech. This is 1st attack, so far as known. Insanity is now manifested by thinking people are talking about him. Has a grudge against preachers. He is not disposed to injure others, nor suicidal, nor filthy nor destructive. Patient had a fit or convulsion when 2 years of age + again at age of 7. Has not been restrained or confined, unless when he was away from home. "Treatment" attempted but he refused to take medicine. For the last 3 years, he has wandered all over the County. Been in California, New Mexico, Wyoming, Louisiana. Led a wandering + dissipated life.

June 13 **Or admission** Put on Ward 2 (S.R. Complexion dark; hair dark; eyes brown; Condition of skin poor. Index finger of right hand off at 1st [illegible] + "Tattoo" on left [illegible] arm. Scleræ. Behavior is good).

" 14 June 14/95. Restless 7 hours, sleeping only 1 hour last night. Tem. 97.6. 6 to 7 at 100. Appetite good. He is quiet; sits about; talks quite freely + sensibly; is [illegible]

" 15 makes no complaint + 7 P.M. Transferred to Ward 3 93° P.M. Tincture gr. XX restless 9 hours

Bowels 7 P.M. Gave Hyps. Strych. Sulph. 1/30 gr.
Complaints, Injuries None. 7 P.M. Transferred to 3 W.E.
Pulse ~~110~~ 76 Respiration 20 Temperature ~~99~~ 100.

" 16 morning + even

SECOND DAY Patient laid quietly in bed all day.
At very well. 7 A.M. 12 3/4 P.M. + 7 P.M. gave 1/4 hyps. Strych. 1/30 gr.
P 92-72 R 22-20 T 99-99.8 Night. slept 6 hrs R 7 hrs.

" 17 June 17/95. [illegible]

" 18 June 18/95. Re

" 19 Reads some.

" 20 night. H.M.

THIRD DAY 7 A.M. 1 P.M. + 6 P.M. gave 1/4 hyps. Strychnine 1/30 gr. each. Bowels moved during P.M.
P 76-80 R 20-22 T 99.2-100 Night slept 8 hrs.

" 21 though not at f

" 22 June 22/95. H

about normal

but little m

" 25 pains of not resting well. Saw medicine. June 23/95. says he feels somewhat better. Sleeps well.

" 26 June 26/95. Quiet: well-behaved. Talks quite freely, when addressed. June 27/95. Sleeps well: eats some. Says he feels fairly well. Summary: Has been uniformly quiet + well-behaved. Is still somewhat depressed: restless, at times, walking the floor a good deal. Talks freely when addressed, but is not communicative. No delusions manifested. He complains, from time to time, of not feeling well; weak &c, tho' he is in good flesh. Reads some. Does walking but works some.

" 30 June 30/95. Is about the same as above noted. Still of a very restless temperament.

July 1/95 July 1/95. Wt 133 pds. Pulse 96. July 7/95. N.P. makes following note as record: "Drinks good deal: always drunk: thinks this a cause; was not drinking, when sent here: "they said, was insane: Don't know": "they say get well when drunk": thinks about well: (may remain)." July 31/95. Still very restless and walks most of the time: talks quite freely, when addressed. Reads some. Clean + tidy: Works none.

Augs/30 Augs/95. Wt 129 pds. Pulse 92. Augs/95. Struck J. Haney in left eye, causing a black-eye,

Personal and Medical History of Frank Weinschenk.

1895

Aug 31 and a cut, about 3/4 inches long, on cheek below eye (no provocation on Haney's part). Aug 31/95. No change noted.

Sep 2/13/30 Sep 2/95. Wt 128 pds. Pulse 92. Sep 17/95. Transferred to 6³. Sep 30/95. Avery restless, cranky patient. Had some trouble with patient C. Dewey + did a great deal of cursing + swearing. Has read a great deal. In other respects no change specially noticeable. Oct 1/95. Wt 129 pds. P as. Oct 7/95. Is very touchy and cranky. Became obstreperous + struck patient H. McGuire; blows were exchanged + some bruises received by Weinschenk. Oct 8/95. Patient removed to 6³ East. Oct 9/95. Is restless, cranky + mean: also inclined to be abusive. Oct 14/95. Behavior now quiet. Seldom speaks, unless spoken to. Oct 31/95. Has been quiet + well-behaved since the middle of the month. Talks when spoken to: makes no complaints. Nov 1/95. Wt 128 pds. Pulse 72. Nov 5/95. Was kicked by a patient, quite severely, in leg. Has continued quiet + well-behaved: never causing any trouble: works in dining-room. No mental deficiency noted during stay on this ward. Nov 13/95. Transferred to B³, because restless + uneasy: later, transferred to 6³. Nov 30/95. Lately has been quiet + fairly well behaved, though at times, inclined to be ugly to his fellow patients. Dec 2/95. Wt 129 pds. Pulse 86. Dec 10/95. Occasionally, refuses a meal. Holds the delusion that his victuals are drugged, and that his stomach is on fire. Dec 19/95. Was called upon by his mother: was very abusive towards her. Dec 31/95. Has been fairly behaved. Mentally, no change noted. He still holds his delusions.

Jan 1/96 Jan 1/96. Wt 129 pds. Pulse 78. Jan 5/96. Evenly in dining-room. Jan 16/96. "Ugly spells" today. Jan 31/96. No change noticeable. Works in dining-room. Still holds to his delusions.

Feb 1 Feby/96. Wt 129 pds. P 94. March 7/96. Wt 138 pds. Pulse 80. April 1/96. Wt 139 pds. P 88. April 20/96. Says that he is getting poisoned + that Dr. Herzog was the cause of it. Says that it is put in the food for he could taste it. April 30/96. During the period, patient's condition has shown no special change. Has been quiet + well-behaved, but frequently has bad "spells", when he has been ugly, contrary + stubborn. Still shows delusions. Works in ward.

Mar 2 / April 1/20/30

May 1/96 + Aug 1/97 Summary Moves Note by Dr. Phelps. Physical condition quite uniformly good: Behavior for the most part quiet tho at times ugly in manner. Does some work. Is kept for the most part upon the violent ward. Was rather more troublesome during latter part of period. Continued by Dr. Herzog. Aug '97 Wt. 131. Extremely abusive. Fairly neat + clean. Does no work. Appetite good. Bowels regular. Has delusions of poisoning. Sept 1 Wt. 127½. Oct 1st. Wt. 131. Nov 1st. Wt. 135. No change in correspond with increase in weight. Jan 31/98 Became noisy + violent: Taken to bay.

Apr 1/98 No change in mental condition: occasionally violent, always abusive. Aug 1 Wt. 133. No change. 15th 16 refused meals. 17. Appetite good. No reason for refusing meals beyond mental state. Sept 23 Fought with Asst. Peterson. Oct 1 Wt. 130½. Remained about same to Jan 31/99. Jan 10/99 Abusive to patient H. Burns. Struck at him. Later Burns struck Weinschenk in forehead. Feb 1. July 31/99 (Dr. Wanous) Wt. 137½. Has delusions of persecution. Quite noisy + obstinate at times, pugnacious. No change in mental state.

Aug 1 1900 Jan 31/1900. (Dr. Chapple) Aug 1. Wt. 136½. No change during period. Health good. Is sullen + morose. Very abusive in language. Does nothing. Has not caused any trouble. Feby 1 Wt 132½ P 73. May 3 Transferred to Annex. July 20. Vaccinated: result negative. July 31. Health has been very good: is quite a good worker on ward; causes no trouble, but uses very profane + obscene language. Very seldom answers questions civilly. Talks to self a good deal + has delusions. Quite tidy in habits.

May 3 / July 20/31

Transferred to back of 1

Personal and Medical History of Frank Steinschenk

1895

This patient was brought here by Sheriff's Deputy G. W. Smith, with following history. Patient is in fair physical condition. Habits have been both intemperate & immoral; no history of heredity tho' it is stated that father's sister drowned herself, owing to disappointment in love affair. Supposed cause of this attack is intemperance; in form, attack is acute, depressed. Accompanying bodily disorder now, except chronic constipation. Patient has acted "odd" for last 8 years; returned from 3 years absence in South 6 weeks ago; since his return, has been moody, irritable, and erratic in manner & speech. This is 1st attack, so far as known. Insanity is now manifested by thinking people are talking about him. Has a grudge against preachers. He is not disposed to injure others, nor suicidal, nor filthy nor destructive. Patient had a fit or convulsion when 2 years of age & again at age of 7. Has not been restrained or confined, unless when I drove away from home. "Treatment" attempted but he refused to take medicine. For the last 3 years, he has wandered all over the County. Been in California, New Mexico, Wyoming, Louisiana. Led a wandering & dissipated life. —

June 13 **Orad admission** put on 13[2] (S.R. Complexion dark; hair dark; eyes brown; condition of skin poor. Outer finger (all fingers first thumb) of right hand off & "Tattoo" on left ulnar arm. Is clean. Behavior is good).

" 14 June 14/95. Restless 7 hours, sleeping only 1 hour, last night. Ht. 5.6. Wt. 130 lbs. Appetite good. He is quiet; sits about; talks quite freely & sensibly; is somewhat depressed. No cough noticed. He

" 15 makes no complaints. 7 P.M. Transferred to T.W.E. Was given medicine. June 15/95. Slept 6 hours; was restless 4 hours, last night. Patient laid quietly in bed, all day. Bowels well. Pulse R & T. taken in morning & evening.

" 16 June 16/95. Slept 8 hours, last night. Bowels moved during PM. Patient in medicine

" 17 June 17/95. 1[30] P.M. Dressed & up on ward. Was taken from this P.M. Later. Transferred to B[3] 2

" 18 June 18/95. Restless 3 hours, but slept 5 hours, last night. AM. Pulse 80. He behaves well; is quiet

" 19 & reads some. Is depressed. Goes out walking. Is on medicine. June 19/95. Slept 7 hours, last night. AM. P 78, appetite fairly good. June 20/95. Restless 2 hours, but slept 8 hours. AM. Although not at fault, he was struck by patient S.D. Bell, today. He is quiet & well-behaved. Talks some

" 24 June 21/95. Has been quite restful & sleeping 7 to 8 hours each night; (once last noted): Pulse, each morning about normal. Walks the hall, considerably, part of the time, but lies about on seats, most of the time. Talks but little unless addressed. Talks sensibly. Appetite good, but bowels constipated & he, at times, com-

" 25 plains of not feeling well. Is on medicine. June 25/95. Says he feels somewhat better. Sleeps well.

" 26 June 26/95. Quiet; well-behaved. Talks quite freely, when addressed. June 27/95. Sleeps well. Reads some. Says he feels fairly well. Summary: Has been uniformly quiet & well-behaved. Is still somewhat depressed: restless, at times, walking the floor a good deal. Talks freely when addressed, but is not communicative. No delusions manifested. He complains, from time to time, of not feeling well; weak &c, tho' he is in good flesh. Reads some. Goes walking but works none.

" 30 June 30/95. Is about the same as above noted. Still of a very restless temperament.

July 1/95 July 1/95. Wt. 133 lbs. Pulse 76. July 24/95. N.P. makes following note as recd: "Drinks good deal: always drunk: thinks this a cause; was not drinking, when sent here; "they said, was insane: Hart "know": "they say get well when drunk": thinks about well? (may remain)." July 31/95. Still very restless

" 31 and walks most of the time: talks quite freely, when addressed. Reads some. Clean & tidy: Works none.

Aug 30 Aug 2/95. Wt 129 lbs. Pulse 72. Aug 20/95. Struck J. Haney in left eye, causing a black-eye,

Personal and Medical History of Frank Steinschenk.

1895

Aug 31 and a cut, about 3/4 inches long, on cheek below eye (no provocation on Haney's part). Aug 31/95. No change noted.

Sep 2/95 Sep 2/95. Wt 128 lbs. Pulse 92. Sep 17/95. Transferred to C[2]. Sep 30/95. Is very restless, cranky patient. Had some trouble with patient C. Dewey & did a great deal of cursing & swearing. He read a great deal.

Oct 1 In other respects no change especially noticeable. Oct 1/95. Wt 129 lbs. Pulse. Oct 7/95. Is very touchy and cranky. Became obstreperous & struck patient H. McGuire; blows were exchanged & some bruises received by Steinschenk. Oct 8/95. Patient removed to C[3] East. Oct 9/95. Is restless,

" 8/95 cranky & mean: also inclined to be abusive. Oct 14/95. Behavior now quiet. Seldom speaks, unless

" 14/95 spoken to. Oct 31/95. He has been quiet & well-behaved since the middle of the month. Talks when

" 31/95 spoken to: makes no complaints.

Nov 1/95 Nov 1/95. Wt 128 lbs. Pulse 72. Nov 5/95. Was kicked by a patient, quite severely, in leg. Has continued quiet & well-behaved: never causing any trouble: works in dining-

" 13/95 room. No mental deficiency noted, during stay on this ward. Nov 13/95. Transferred to B[2], because

" 30/95 restless & uneasy: later. Transferred to C[3]. Nov 30/95. Lately has been quiet & fairly well behaved, though at times, inclined to be rough to his fellow patients.

Dec 2/95 Dec 2/95. Wt 129 lbs. Pulse 86.

" 10/95 Dec 10/95. Occasionally, refuses a meal. Holds the delusion "that his victuals are drugged, and that his stomach is on fire". Dec 19/95. Was called upon by his mother: was very abusive towards her.

" 19/95 Dec 31/95. Has been fairly behaved. Mentally, no change noted. He still holds his delusions as

" 31/95 to [illegible] Wt. [illegible] Pulse 78. Jan 5/96. Usually in dining-room: Jan 16/96. "Ugly & feels" too ug-

THIRTEENTH DAY Talks quite freely. Dining room. Still holds to his delusions — Quiet — Behavior Good — Wt. 128. Apl 20/96. Says Sleep 6 & 2 Hrs Pulse 88 he is better than he good for he

FOURTEENTH DAY Behavior good — Appetite good — Quiet — Reads Says he feels fairly well special change. He has Sleep 8 Hrs Pulse 86 ugly, contrary & stubborn.

SUMMARY — General description of behavior, physical condition and mental state during the first two weeks.

Behavior-Good — Works none — Quiet. good: Behavior for the most Reads Is kept for the most Physical Cond — Complains of not feeling well — Weak during latter part of &c & In good flesh — Bowels Constipated at- at — clean: Does no work Appetite g Oct 15th Nov 14th. No change

is correspond with increase in weight. Jan 1899 became noisy: violent. Taken to bay.

Apr 1898 Wt. 135 No change in mental condition: occasionally violent, always abusive. Aug 1 Wt. 138 No change - 15th refused meals - 17. Appetite good. No reason for refusing meals beyond unstat- state. Sept. 23 Fought with And. Peterson - Oct 1 Wt. 130th. Remained about same to Jan 31' 99 Jan 10' 99 Abusive to patient H. Burns - Struck at him - Later Burns struck Steinschenk in forehead 28th - July 31' 99 (Dr Wanoud) Wt. 137th Has delusions of persecution. Quite noisy & obstinate at times pugnacious: No change in mental state.

Aug 1900 Jan 31 1900 - (Dr Chapple) Aug 1. Wt. 136½. No change during period. Health good. Is sullen & morose.

Feby 1 Very abusive in language. Does nothing. Has not caused any trouble. Feby Wt 132nd

May 3 P 73. May 3 Transferred to Annex. July 20. Vaccinated: result negative. July 31. Health has been

Sep 20/3 very good: is quite a good worker on ward; causes no trouble, but uses very profane & obscene language. Very seldom answers questions civilly. Talks to self a good deal & has delusions. Quite tidy in habits.

Transferred to back of 1

Personal and Medical History of William B. Wheeler

LIBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4135.
Residence, Dover, Olmsted County
Date Admission, 17th June 1895.
Admitted by, Dr. Herzog Hour, 1.30 P.M.
How Sent, Thomas Fraser, J.of P. Olmsted County
Sex, Male.
Age, — 22 —
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farming
Degree Education, High School
Profession Religion, not a church member
Habits, not intemperate
Nativity, Winona County, Minnesota (Parents, N.Y.)
Physicians Committing, E. W. Cross and Chrisp. Graham
Correspondents, (Father) R. B. Wheeler
Dr. Charles Minn

No. for Year, 334.
Insane Relatives, none
Cause Exciting, Mumps & hard Study (?)
Cause Predisposing, previous attack
Form, melancholia acute stuporous
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not
Date of this Attack, May 1st
Duration, some 6 weeks.
No. of Attack, 2nd (probably more)
No. of Admissions, 2nd (here before April 19/92 - July 2/92)
Age First Attack, — 19 years —
Time of Leaving, July 19 — 1902
Time in Hospital, This time 7 yrs. 1 mo 2 ds
Result, Died: Pulmonary Tuberculosis — 9 mos

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exdy Dr. Herzog June 18/95

MENTAL ACTIVITY:
Clear or Confused, slightly confused
Quick or Sluggish, sluggish
MEMORY:
Past Events,
Recent Events, } is slow & somewhat confused
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct in the main
REASONING POWER:
Ordinary Subjects, slow; probably faulty
Own Mental State, poor —
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, coherent —
Voluble or Reticent, reticent

GENERAL DESCRIPTIVE REMARKS:
Patient complains of tenderness over pit of stomach; is constipated; has loss of appetite and general mal-aise. Refuses to talk about his mental troubles. He is very much depressed, and sits very listlessly, gazing into space.

Personal and Medical History of William B. Wheeler

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 1 in WEIGHT, 150 3/4 pds NUTRITION, Is quite anaemic & has lost considerable flesh.
WOUNDS OR ABNORMALITIES, see "S.R." on next page —
TONGUE, Tremors, yes; quite marked. Coatings, grayish, over entire dorsum Promptness Movement, somewhat slow.
PUPILS, Equality, yes Size, somewhat dilated.
Response Light, somewhat excessive Accommodation, somewhat excessive
SIGHT, seems good
HEARING, do do
COORDINATION, Arms, fair; finger to nose, eyes shut, fair.
Legs, slight impairment; standing on foot, fairly good; standing, eyes shut, sways slightly —
TREMORS, Hands, slight Tongue, yes
Facial Muscles, of eyelids, when closed. General, none
REFLEXES, Patellar, 5 equal
~~Other~~ sluggish
ARTICULATION,
Slurred, /
Hesitating,
FACIAL EXPRESSION,
down cast & apathetic
SENSIBILITY,
HEART, somewhat irregular; no murmurs
LUNGS,
seem good



TAKEN,

~~EXAM. URINE,~~
Treatment
Full Diet; digestants; nux vomica; massage twice weekly —

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

Personal and Medical History of William B. Wheeler

1895

This patient
history. Pat
the 1st attack;
about May 1st
Derangement
not suicidal, v
-pearance. He
restrained. F
treatment w

June 7 On admis-
remarks, fea
April 19/95 to
under such
on May 4th
agitated; Co
he was kept in
Expressed
in flesh &
" 18 Pulse 88 R 20.
Moved to "Infir
moved during
-cinations
" 19 June 19/95.
To 99. P.M.
" 20 not talk an
breakfast; bo
" 21 June 21/95.
" 22 Fair, bowels
quite well, h
" 23 and extra die
P.M. P 70. R
" 24 apparently
R 18 To 9
" 25 today. Du
" 27 him read
" 28 hours, this
" 29 appetite good; bowels regular. June 29/95. Restless out of bed several times, during the day. Does not
" 30 talk any. June 30/95. Sleeps & rests well, at night. Eats well. Bowels are in good condition.
July Summary: patient was quite restless for the first 2 days; afterward becoming much quieter,
and, of late, lies almost continually in bed. Does not speak; When requested, will only answer

Vol 31 (4185)
Folio 139

CASE RECORD.

Patient's Name Wheeler Wm. B. Name Disease Name Physician H.H.H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
July 16	98.6	74	22			
	99.8	84	20			
" 16 A.M.	99	74	20			Night, slept 6 hrs
P.M.	100	96	20			R 8 hours.
" 17	99.2	80	24	Massage treatment	Low regular	Bowels moved.
" 18	98.6	84	20	On medicine 3	and extra diet.	
	98.8	80	20	times a day.		
" 19	99.2	82	20	11.45 A.M. gave		2 P.M. bowels moved
	99.8	76	22	Seidlitz powder		freely.
" 20	98.8	74	22	Massage treat-		Patient out in
	100	80	22	ment.		roller chair every
" 21	99	80	20	Shower bath		day
	98.8	78	18	3 times a week		
" 22	99.4	72	22			Patient out of
" 23	99.6	86	20			bed frequently
	99.8	76	22			during day.
" 24	99	76	20	Massage treatment.		is very quiet,
	99.6	68	20			does not talk much
" 25	98.8	74	20			Bowels in good
5.45 P.M.		80		Gave Seidlitz powder		condition
" 26	99.2	78	20			
" 27	98.6	76	20			
" 28				Shower bath		Patient upon ward,
				3 times a week		dressed.
						Goes out on grounds
						every day.
" 31				On medicine		Visited by Father.
				3 times a day		

Recorded by ..... Nurse.

Personal and Medical History of Wm. B. Wheeler

1895

July 1 by nodding or shaking his head. Physical condition has improved some, Patient having perceptibly gained
in flesh & strength. Not much can be said of mental state as patient is very quiet & will not talk.
" 4 Has, apparently, no delusions or hallucinations. July 7/95. Wt 145 pds. Out on grounds in chair, today.
" 5 July 5/95. Lies quietly in bed; sleeps well, at night. Appetite not very good; bowels regular. Receives
" 7 Shower bath & massage treatment; & is on medicine 3 times a day. July 7/95. very restless this A.M. out
" 9/11 a bed much. July 9/95. Visited by father. July 11/95. Quite restless of late & out on the hall frequently.
" 14 July 14/95. Eats very well, of late. Shower baths and massage treatment continued. Is still on medicine.
" 20/25 July 20/95. Patient out, in roller chair, every day. July 25/95. Restless & out of bed frequently, during
day. He is very quiet, otherwise; does not talk much. Bowels in good condition, of late. —
" 28 Shower-baths & massage treatment have been kept up. July 28/95. Is up, dressed & onward, today.
" 31 July 31/95. Goes out on grounds, every day. Is still on medicine. Was visited by his father, today.
Aug 1 Aug 1/95. Shower-baths given him, almost daily. He is on regular diet, now. appetite is very good. —
" 5 Aug 5/95. Wt 166½ pds. (Has gained considerably in flesh, since coming). Is quite restless, at times.
" 19 Aug 19/95. Shower-baths continued. Patient keeps well. Goes out on ground, daily. Talks more, of late,
" 31 than usual. Aug 31/95. Sleeps 6 to 7 hours, nightly. Appetite good; bowels regular. Goes out on ground,
daily. At times, will be quiet & apparently in deep thought, when suddenly, he will burst out into loud
Sep 1 laughter. Habits are clean. Is on regular diet. Sep 1/95. Wt 177 pds. Patient is making but little
" 6 lazy; always wants to be lying down on bed; acts very foolishly, at times. Sep 6/95. Sleeps 7 to 8
" 17/20 hours, nightly. Appetite good; bowels regular. Sep 17/95. Transferred to B 7. Sep 20/95. Frequently
laughing & talking to himself. Eats heartily; bowels in good condition. Is out walking, daily.
Oct 1 Oct 1/95. Wt 182½ pds; (this makes a gain of 33½ pds. since coming here, 1890. Health good.
" 2 Oct 2/95. Visited by father, who took him home, today. — —

Dec 25 1895 Was returned by his father, to day. Came on ward in very good condition: though
Jan 2 1896 he is a trifle morose and melancholy. Jan 2/96. Wt 175 pds. Lost some in flesh, while out.
" 5 Pulse 84. Jan 5/96. Is very quiet & orderly: has some delusions still: talks quite rationally:
" 9 appetite fair. Jan 9/96. Remains in about the same condition as when he was returned here:
talks: work some: Goes out walking. Is on Extra Diet: appetite is fair. —
" 10 Jan 10/96. Went home, to day, with his father, on trial. —
Mar 24 Mar 24/96. Returned to day. Wt on B 3. (Wt 172½ pds.) Behavior good: Patient
" 31 Complains of feeling sick: is exhausted & weak. March 31/96. No special change noted.
Apl 7/19 April 2/96. Wt 179 pds. Per Apl 9/96. Patient very quiet. Complains of a "tired, exhausted
" 30 feeling" continually. Appetite fair: bowels regular. Is on Medicine, 3 times a day. Apl 30/96. Is quite
restless, of late. Walking around a bout the rooms, meddling with anything he can lay his hands on.
Talks incoherently & foolishly, cannot carry on a rational conversation. Physical health seems good.
May 96 to Aug 1 97 Summary Nurses Notes by Dr. Phelps. Patient during Middle of '96 Quite cheerful & fairly active:
usually fairly quiet: On August put upon C. During Sept & Oct. became more stupid
& during latter part of year talked to himself. During early part of 97 became gradually
worse, was dirty & irritable: moved to C. Is becoming more flashy. Wt. 199
During latter part of Jan. upon sick ward for a time: During Feb. Condition improved somewhat: Temp.
occasionally above normal.

See Folio 112

Personal a

1895

This patient
Hasting. Pat
the 1st attack.
about May 1st
Derangement
not suicidal,
-pearance. He
restrained.
treatment

June 17 On admis
remarks, fo
Apl 19/95 to
under Duc
on May 4th
agitated;
he was kept
Expressed
in flesh &

" 18 Pulse 88. R
Moved to "In
moved durin
-cuations

" 19 June 19/95.
To 99. Tm

" 20 not talk a
breakfast;

" 21 June 21/95

" 22 fair, bowels
quite well

" 23 and extra
Tm. P 70.

" 24 apparent
R 18 To

" 25 to-day.

" 27 him ma

" 28 hours, this Pm. Saw medicine 3 times a day. Visited by father, today.

" 29 appetite good; bowels regular. June 29/95. Rests out of bed several times, during the day. Does not

" 30 talk any. June 30/95. Sleeps & rests well, at night. Eats well. Bowels are in good condition.

July 1 Summary: patient was quite restless, for the first 2 days; afterward becoming much quieter, and, of late, lies almost continually in bed. Does not speak; When requested, will only answer

Vol 31
Folio 137

CASE RE...

Patient's Name Wheeler Wm. B. Name Disease ..... Name Physician H. H. H.

Date.	Temp.	Pulse.	Resp.	Medicine, Baths, Enemata, etc.	Food.	Action Bowels, Kidneys, Skin and Other Symptoms.
July 2		80		Receives a shower		Weight 145 pounds.
	99.6	72	20	bath 3 times a		Was out on grounds
				week		in rolling chair this
						P.M.: Appetite
						not very good.
" 3	99	80	20	Gave bath.	Saw regular	Bowels regular
	99.5	72	20	Gave massage	and extra diet	
" 4		72		Saw medicine 3		
		70		times a day.		
" 5	99.2	72	22			Patient lies quietly
		80				in bed.
" 6		76		Received massage		Sleeps well at night
	100	68	20	treatment		
" 7		84				
	99.2	82	24			Patient very restless
" 8	99.2	76	22	Massage treatment		this A.M. out of
	99.4	68	20			bed much.
" 9	98.6	70	22	Shower bath		Sleeps quietly all
	98.8	76	20	3 times a week		night.
" 10	98.4	82	22			Visited by father.
		84				
" 11		80		Gave bath.		
	99.4	72	22	Massage		Patient quite restless
						of late out on
" 12	98.8	74	26	Saw medicine		hall frequently.
		90		3 times a day.		
" 13	99.4	82	26			
	99.8	80	24			
" 14	99	82	22	Shower bath		Eats very well of
	99.4	76	20	3 times a week		late.
						Bowels costive.

Recorded by ..... Nurse.

Personal and Medical History of Wm B Wheeler

1895

July 2 by nodding or shaking his head. Physical condition has improved some, patient having perceptibly gained in flesh & strength. Not much can be said of mental state, as patient is very quiet & will not talk.
" 4 Has, apparently, no delusions or hallucinations. July 7/95. Wt 145 pds. out on grounds, in chair, today.
" 5 July 9/95. Lies quietly in bed. Sleeps well, at night. Appetite not very good; bowels regular. Receives
" 7 Shower bath & massage treatment; & is on medicine, 3 times a day. July 11/95. very restless this A.M. out
" 9 of bed much. July 13/95. Visited by father. July 14/95. Quite restless of late & out in the hall frequently.
" 14 July 14/95. Eats very well, of late. Shower baths and massage treatment continued. Is still on medicine.
" 16/95 July 16/95. Patient out, in roller-chair, every day. July 23/95. Restless & out of bed frequently, during
day. He is very quiet, otherwise; does not talk much. Bowels in good condition, of late. —
" 28 Shower-baths & massage treatment have been kept up. July 28/95. Is up, dressed & onward, today.
" 31 July 31/95. Goes out on grounds, every day. Is still on medicine. Was visited by his father, today.
Aug 1 Aug 1/95. Shower-baths given him, almost daily. He is on regular diet; now. appetite is very good. —
" 5 Aug 5/95. Wt 166½ pds. (Has gained considerably in flesh, since coming). Is quite restless, at times.
" 19 Aug 19/95. Shower-baths continued. Patient keeps well. Goes out on ground, daily. Talks more, of late,
" 31 & saw nurse. Aug 31/95. Sleeps 6 to 7 hours, nightly. Appetite good; bowels regular. Goes out on ground,
daily. At times, will be quiet & apparently in deep thought, when suddenly, he will burst out into loud
Sep 1 laughter. Habits are clean. Is on regular diet. Sep 1/95. Wt 177 pds. Patient is inclined to be
" 6 lazy; always wants to be lying in lounge or bed; acts very foolishly, at times. Sep 6/95. Sleeps 7 to 8
" 17/95 hours, nightly. Appetite good: bowels regular. Sep 17/95. Transferred to B 2. Sep 20/95. Frequently
laughing & talking to himself. Eats heartily; bowels in good condition. Is out walking, day by day.
Oct 1 Oct 1/95. Wt 184 pds; (this makes a gain of 33½ pds. since coming here in 1890. Health good.
" 2 Oct 2/95. Visited by father, who took him home, today. ——— ———

Dec 25 Was returned by his father, to-day. Came on ward in very good condition: though
1896 Jan 2 he is a trifle morose and melancholy. Jan 2/96. Wt 175 pds. Lost some in flesh, while out.
" 5 Pulse 84. Jan 5/96. Is very quiet & orderly: Has some delusions still: talks quite rationally:
" 9 appetite fair. Jan 9/96. Remains in about the same condition as when he was returned here:
talks: works some: Goes out walking. Is on Extra Diet: appetite is fair. ———
" 10 Jan 10/96. Absent home, today, with his father, on trial. ———
Mar 24 Mar 24/96. Returned to-day. Not on B 3. (Wt 172½ pds.) Behavior good: Patient
" 31 Complains of feeling sick: is exhausted & weak. March 31/96. No special changes noted.
Apl 7/96 April 2/96. Wt 174 pds. Per. Apl 9/96. Patient very quiet. Complains of a "tired, exhausted
" 30 feeling" Continually. Appetite fair: bowels regular. Is on medicine, 3 times a day. Apl 30/96. Is quite
restless, of late. Walking around in hall & in rooms, meddling with anything he can lay his hands on.
Talks incoherently & foolishly; cannot carry on a rational conversation. Physical health seems good.
May 96 Summary Nurses Notes by Dr. Phelps. Patient during middle of 96 Quite cheerful & fairly active:
to usually fairly quiet: On August put upon A'. During Sept. & Oct. became more stupid
July 1/97 & during latter part of year talked to himself: During early part of 97 became gradually
worse, was dirty & irritable: moved to C'. Is becoming more fleshy: Wt. 199
During latter part of Jan. upon sick ward, for a time: During Feb. Condition improved somewhat: Temp.
occasionally abnormal.

Der Folio 112

Personal and Medical History of William B. Wheeler

NAME Wm B. Wheeler

DATE, 189 5		Weight Pulse	Pulse. R	Gain. T.a	Loss.
June 25	AM	88	20	99.5	
	PM	72	20	99.6	
" 26	AM	80	20	99.4	
	PM	84	20	99.8	
" 27	AM	—	—	—	
	PM	—	—	—	
" 28	AM	78	20	99.2	
	PM	80	20	99.4	
" 29	AM	72	20	98.6	
	PM	68	18	99.6	
" 30	AM	72	20	98.8	
	PM	68	20	99.2	
July 1	AM	72	20	99.2	
	PM	68	20	99.2	

1895

This patient was brought here by Sheriff C.N. Stewart, attended
History. P
the 1st attack
about May
Derangemen
not suicidal
-pearance. S
restrained
treatment
June 17 On adm
remarks, 7
Apl 19/92
under Dr
on May 4th
agitated,
he was kep
Expressed
in flesh
" 18 Pulse 88 R
Moved to
moved dur
-cination
" 19 June 19/9
Tr 99. C
" 20 not talk
by at fact
" 21 June 21
" 22 fair, bo
quite w
" 23 and eat
Att. P 7
" 24 apparen
R 18 c
" 25 today.
" 26 June
" 28 hours,
" 29 appeti
" 30 talk any. June 30/95. Sleeps & rests well, at night. Has
July 1 Summary: patient was quite restless, for the first 2 days; afterward becoming much quieter,
and, of late, lies almost continually in bed. Does not speak; When requested, will only answer

Personal and Medical History of Wm B. Wheeler

1895

July 5 by nodding or shaking his head. Physical condition has improved some; Patient having perceptibly gained in flesh & strength. Not much can be said of mental state as patient is very quiet & will not talk.
" 6 Has, apparently, no delusions or hallucinations. July 7/95. Wt 145 pds. Out on grounds in chair, today.
" 5 July 5/95. Lies quietly in bed; sleeps well, at night. Appetite not very good; bowels regular. Receives
7 Shower baths & massage treatment; & is on medicine, 3 times a day. July 7/95 very restless this Am. Out
" 9 of bed much. July 9/95. Visited by father. July 11/95. Quite restless of late & out in the hall frequently.
" 11 July 14/95. Eats very well of late. Shower baths and massage treatment continued. Is still on medicine.
" 13/14 July 16/95. Patient out, in roller-chair, every day. July 23/95. Restless & out of bed frequently, during
day. He is very quiet, otherwise; does not talk much. Bowels in good condition, of late. —
" 28 Shower-baths & massage treatment have been kept up. July 28/95. Is up, dressed & onward, today.
" 31 July 31/95. Goes out on grounds, every day. Is still on medicine. Was visited by his father, today.
Aug 1 Aug 1/95. Shower-baths given him, almost daily. He is on regular diet now. Appetite is very good. —
" 5 Aug 5/95. Wt 166½ pds. (Has gained considerably in flesh, since coming). Is quite restless, at times.
" 19 Aug 19/95. Shower-baths continued. Patient keeps well. Goes out on ground, daily. Talks more, of late,
" 31 than usual. Aug 31/95. Sleeps 6 to 7 hours, nightly. Appetite good; bowels regular. Goes out on ground,
daily. At times, will be quiet & apparently in deep thought, when suddenly, he will burst out into loud
Sep 1 laughter. Habits are clean. Is on regular diet. Sep 1/95. Wt 177 pds. Patient is inclined to be
" 6 lazy; always wants to be lying in lounge or bed; acts very foolishly, at times. Sep 6/95. Sleeps 7 to 8
" 12/13 hours, nightly. Appetite good: bowels regular. Sep 12/95. Transferred to B2. Sep 20/95. Frequently
laughing & talking to himself. Eats heartily: bowels in good condition. Goes out walking, day by day.
Oct 1 Oct 1/95. Wt 184 pds. (This makes a gain of 33½ pds. since coming here in 1890. Health good.
" 2 Oct 2/95. Visited by father, who took him home today. —— —— ——

Was returned by his father, today. Came on ward in very good condition: though
Dec 25 1895 Jan 2 1896 he is a trifle morose and melancholy. Jan 2/96. Wt 175 pds. Lost some in flesh, while out.
" 5 Pulse 84. Jan 5/96. Is very quiet & orderly: has some delusions still: talks quite rationally:
" 9 appetite fair. Jan 9/96. Remains in about the same condition as when he was returned here:
talks: works some: Goes out walking. Is on extra diet: appetite is fair. ——
" 10 Jan 10/96. Went home, today, with his father, on trial. ——
Mar 24 Mar 24/96. Returned today. Not on B3. (Wt 172½ pds.) Behaves good: Patient
" 31 complains of feeling sick: is exhausted & weak. March 31/96. No special change noted.
Apl 2/ April 2/96. Wt 174 pds. Out. Apl 9/96. Patient very quiet. Complains of a "tired, exhausted
" 9 feeling" continually. Appetite fair: bowels regular. Is on medicine, 3 times a day. Apl 30/96. Is quite
" 30 restless, of late. Walking around in hall & in rooms, meddling with anything he can lay his hands on.
Talks incoherently & foolishly, cannot carry on a rational conversation. Physical health seems good.
May 1/96 Summary Nurses Notes by Dr. Phelps. Patient during middle of '96 quite cheerful & fairly active:
to usually fairly quiet: In August put upon A1. During Sept. & Oct. became more stupid
May 1/97 & during latter part of year talked to himself. During early part of 97 became gradually
worse, was dirty & irritable: moved to C1. Is becoming more fleshy; Wt. 199
During latter part of Jan. upon sick ward for a time: During Feb. Condition improved somewhat: Temp.
occasionally above normal. Dec Folio 112

Personal and Medical History of William B. Wheeler

1895

This patient was brought here by Sheriff C.N. Stewart, attended by A.B. Wheeler with following history. Patient is in fair physical condition. No history of consanguinity or heredity. This is not the 1st attack: he was here before in April 1892; recovered; first symptoms of this attack manifested about May 1st, by melancholy. Disease appears to be increasing, not variable + not rational of late. Derangement now shown in that he is in fear of bodily injury. Patient is not disposed to injure others, not suicidal, nor filthy nor destructive in habits. No previous peculiarities shown; no history of intemperance. He has not been subject to any severe diseases &c or head injury: has not been confined or restrained. Supposed cause of the disease is mumps + hard study (?). Patient has been under treatment with Dr. Clark, of St Charles. On personal examination, there is found a condition of apathy.

June 17 On admission, was put on B2 (I.R. Complexion dark; hair dark; eyes gray; Condition of skin good; no marks, scars or bruises noticed. Is clean. Behavior good). Note. Patient was here before, from Apl 19/92 to July 1/92. Was kept steadily in bed, for 2 weeks or so, after coming + improved much, under such treatment: was quite emotional, crying, at times: had hallucinations of hearing". On May 4th, he had a peculiar "spell"; discharging mucus from mouth + nose: considerably agitated; could not give a very clear account of his feelings. During the rest of his stay, he was kept in bed a greater part of the time, as he appeared restless, emotional + depressed. Expressed "fears of harm" - Became, in time, more quiet; conversed more freely + gained in flesh + strength. Was taken home by his father. (See Vol 19. page 93. No 3997).

" 18 Pulse 88 R 20 T@ 98. June 18/95. Restless 8 hours + slept none, last night. AM. P 83. R 22. T 99 - Moved to "Infirmary Ward" today. Appetite poor; refused breakfast but ate light dinner + supper. Bowels moved during afternoon. No cough noticed. He is very restless + quite cranky: No delusions or hallucinations noticeable. PM. Pulse 120. R 26. T@ 100. No complaints or injuries to report, today.

" 19 June 19/95. Slept 5 hours, restless 3 hours + out of bed several times during the night. AM. P 84. R 24 T@ 99. PM. P 72 R 24 T@ 99. Was given bath. Very restless, today; out of bed several times. Does not talk any. Bowels moved. June 20/95. Slept poorly last night. AM. P 72. R 20. T@ 99. Refused breakfast; bowels in fair condition. PM. P 68 R 20. T@ 100. Hasbeen more quiet, today.

" 20 " 21 June 21/95. Slept 6 hours, last night. AM - 68 - 20 - 99 PM. P 56 R 18 T@ 99.6. Appetite fair; bowels moved several times. Lies steadily in bed: more quiet today: is improving some. June 22/95. Slept quite well, last night. AM. P 64 R 20 T@ 99: PM. P 72. R 20. T@ 99.8. Patient irregular

" 22 " 23 and extra diet. Lies very quietly in bed; scarcely ever speaks. June 23/95. Sleeps + rests well, at night. AM. P 70. R 20. T@ 98.6: PM. P 76. R 20. T@ 99.5. Eats quite well, of late. Lies very quietly, and, apparently, no change, from day to day.

" 24 " 25 June 24/95. Sleeps well. AM. P 92. R 18 T@ 99: PM. P 80 R 18 T@ 99.6. Eats quite well. Lies quietly in bed: does not talk any: bowels moved several times, today. June 25/95. Out of bed several times, during the day. June 26/95. Eats well, of late. Gains

" 26 " 27 " 28 him made no special treatment, generally, today. June 27/95. Patient given bath. Was out in grounds for 2 hours, this PM. Is now receiving 3 times a day. Visited by father, today. June 28/95. Lies quietly in bed.

" 29 " 30 July 1 appetite good; bowels regular. June 29/95. Restless + out of bed several times, during the day. Does not talk any. June 30/95. Sleeps + rests well, at night. Eats well. Bowels are in good condition.

Summary: patient was quite restless, for the first 2 days; afterwards becoming much quieter, and, of late, lies almost continually in bed. Does not speak; When requested, will only answer

History of Wm B. Wheeler

a condition has improved some; patient having perceptibly gained

9 "
14 "
20 Due
day.
28 Shower-
31 July 31/95
Aug 1 Aug 1/95.
5 Aug 5/95.
19 Aug 19/95.
31 Has resu
daily. At
Sep 1 laughter
6 lazy; al
17 hours, no
laughing
Oct 1 Oct 1/95.
2 Oct 2/95
Dec 25 Was
1895
Jan 2 he is a
5 Pulse 82
9 appetite
Jacks
10 Jan
Mar 24 Mar
31 Comp
Apl 7 April
19
30 Febru
restless
Talks
May 1/96 Susp
4 usually
May 1/97 + during latter part of year talked to himself: During early part
worse, was dirty + irritable: moved to C. Is becoming more fleshy. Wt. 199
During latter part of Jan. upon sick ward for a time: During Feb. Condition improved somewhat: Occasionally above normal.

Dec Folio 112

Personal and Medical History of William Herdeg

LEGERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4140
Residence, Winona, Minn
Date Admission, 20 June 1895.
Admitted by, Dr. Herzog Hour, 7.30 P.M.
How Sent, H.L. Buck, Jail. Winona County
Sex, Male
Age, — 26 —
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Printer
Degree Education, Common school
Profession Religion, not a church member
Habits, Moderate Drinker
Nativity, Iowa (father born in Germany; mother, Same).
Physicians Committing, Raullin Staples and Edward D. Keyes
Correspondents, Charles Herdeg (Bro) Winona, Minn

No. for Year, 339.
Insane Relatives, none
Cause Exciting, Dont Know
Cause Predisposing, not known
Form, mania acute
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, Not
Date of this Attack, ten weeks - (2nd)
Duration, ten weeks - (2nd)
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 26 —
Time of Leaving, Nov. 23'95.
Time in Hospital, 5 mo. 3 days.
Result, Recovered. 2/5/96

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Edly D. Herzog June 21/95

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, } not good
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, } practically nil.
Own Mental State, }
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm~~,
~~Indifferent~~,
Exalted, Yes
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, none noted
Transitory or Not,
HALLUCINATIONS: probably
ILLUSIONS: transitory & numerous
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Voluble

GENERAL DESCRIPTIVE REMARKS:
His employer states that patient had been working upto June 8th but in a rather desultory fashion for the past 2 weeks. He ate little & drank considerable. Claimed that he was sleepless & was much worried & depressed as he had been recently rejected by a life insurance Examiner. Shortly before coming here, he became intractable & incoherent & was removed to the local hospital. While there he slept none & ate almost nothing, rapidly emaciating. Now, he is quite incoherent and cannot concentrate his attention. His delusions at times [illegible] & muttering: later, he will be agitated & apparently frightened —

Personal and Medical History of William Herdeg

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8in WEIGHT, 109 lbs NUTRITION, very poor; emaciated.
WOUNDS OR ABNORMALITIES, See "S.R." on next page
TONGUE, Tremors, quite marked Coatings, quite heavy yellowish over Dorsum Promptness Movement, does not protrude
PUPILS, Equality, Yes Size, much dilated
Response Light, appear immobile but test Accommodation, Cannot be properly made -
SIGHT, }
HEARING, } Unknown; seem fairly good -
COORDINATION, Arms, }
Legs, } Usual tests could not be made, but there was evidently considerable incoordination -
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, None General, fine, on standing.
REFLEXES, Patellar, Difficult to test
~~Other~~ but evidently exaggerated
ARTICULATION,
Slurred,
Hesitating, ✓
FACIAL EXPRESSION,
wild & haggard
SENSIBILITY,

EXAM. URINE,

Treatment

Keep abed; liquid diet; large quantities; hot baths. Small amounts of Whiskey.

TAKEN,

HEART, rapid, irregular & weak
Suspicion of mitral insufficiency
LUNGS, Careful examination impossible but there seems to be some impairment —
OPHTHALMOSCOPIC EXAM.,

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

Record kept

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

Personal and Medical History of *William Herdeg.*

1895

This patient was brought here by Deputy-Sheriff A.W. Fuhrmann, attended by Charles Krueger, with following history. Patient is in poor physical condition - Consanguinity & hereditary history. This is 1st attack, occurring some two weeks ago; had apprehension of danger. - Disease seems increasing; has rational intervals, but not at present. Derangement now shown by fear; is incoherent in his talk; delirious; patient is not disposed to injure others, nor suicidal; propensity not active so far as known. Is not of filthy & destructive habit. No peculiarities &c. were previously known. He has been a moderate drinker. Has not been subject to any severe disease &c. Has not been confined, except for a few days, in local hospitals. Cause of disease, not known. He has had no systematic treatment. On personal examination, he has appearance of debility. Is nervous, irritable, restless; wont talk.

June 20 On admission, was put on T.W. (SR. Complexion dark; hair black; eyes brown; condition of skin good: no marks scars or bruises noticed; is clean: behavior good, though is nervous & restless). Patient came on ward, appearing quite run-down. Was put to bed. Was given a hot bath, with cold applications to head: also drank 1 glass of hot milk. 8 P.M. Patient very restless, continually getting out of bed - and was put in restraint. June 21/95. Restless 4 hours, noisy 4 hours & left bed, last night. 8 A.M. Was taken out of restraint. 8 P.M. Has taken freely of hot milk & eggnogs, today. He has been very restless, all day, causing a nurse to hold him in bed, most of the time - Was again put in restraint, this evening. Bowels costive. Was given hot bath, with cold applications to head, 9 P.M. Given Sleeping-dose. June 22/95. Slept very quietly, during night, for 6 hours, but was quite noisy for 2 hours, during fore-part of night. 1.30 P.M. Drinks, eggnogs freely. Is very restless, today, and apparently afraid of something - Pupils equal; slightly dilated; respond to light & accommodation. (Was given a glycerine suppository). 3 P.M. Bowels moved but little. He is very restless: held in bed, all day. June 23/95. Extremely restless but slept 6 hours, last night. 7 P.M. Very restless, all day; part of time, held in bed; Quite noisy; also had a "crying spell" & talked of dead girl. June 24/95. Slept very quietly, all night; bowels moved. Very restless all day, as usual. June 25/95. Slept quietly, all night. Has been fairly quiet, today: talks quite rationally, at times. Takes frequent eggnogs. Bowels moved. June 26/95. Slept quietly 7 hours. Took about 4 quarts eggnog, during day. Has been fairly quiet. Out on ground, in a roller-chair 3 hours during P.M. Still requires medicine for bowels. June 27/95. Restless 2 hours, but slept 5 hours, last night: fairly quiet today, he's out of bed several times: Was given a bath. Bowels moved. June 28/95. Slept 5 hours, restless 3 hours, last night. Was out of bed frequently, during P.M. Out on lawn, 3 hours, today. He has been taking about 4 quarts eggnog, each day. June 29/95. Restless 2 hours, but slept 6 hours, last night. Out on lawn, in chair, 3 hours today - Was very troublesome and restless. June 30/95. Slept 7 hours, last night. Was put on regular diet with tea. Is very restless, A.M. & frequently out of bed, requiring continual attendance. July 1/95. Restless 4 hours, & slept only 2 hours, last night. Patient has "Hallucinations of vision" and "of hearing". Says "he saw his brother here, this A.M. and spoke with him". Also has delusion of persecution. Bowels not regular. Was out on lawn 3 hours, this P.M. Very troublesome, requiring continual attendance. July 2/95. Was restless 4 hours & slept only 4 hours, last night. Appetite fair: bowels moved. On regular diet & tea. July 3/95. Slept 6 hours, restless 2 hours, last night. Was given a walk of about a mile this P.M. July 4/95. Slept 5 " " 3 " " . Was out of bed, several times. Bowels moved.

Personal and Medical History of *William Herdeg.*

1895

Appetite good. Was out on grounds, 3 hours, this P.M., but was very troublesome; requires continual attendance from nurse - Physical condition has improved much during last 2 weeks but not much change apparent in mental state. (See attached record for further details). July 5/95. Wt 119 pds. Pulse 80. Has gained 10 pounds in flesh, since coming here. Is on regular & extra diet. Bowels in good condition - July 9/95. Patient had been fairly well-behaved, until last few days, but has since required the constant attention of a nurse: has been very wild, this P.M. & 8.30 P.M. Put in restraint & given a sleeping dose. July 10/95. Restless 7 hours & slept but 1 hour, last night: was also noisy for 2 hours. Was given Enema, & bowels afterward moved freely - Goes out on grounds. July 11/95. Slept quite well all night. Is more quiet, today. July 13/95. Very restless & nervous: requires constant attention from nurse. July 15/95. Slept well, last night & was quiet. Restless & nervous, today: Continually walking about hall. Appears thoroughly demented. July 22/95. Patient has been dull & stupid, for past few weeks - Is quite demented. Eats well: also sleeps well - July 31/95. No special change: very restless; cranky, at times. Has apparently gained flesh, during past month - Is on regular & extra diet, except meat. Aug 3/95. Is very restless & very much demented. Goes out on grounds, every day. Aug 5/95. Wt 132½ pds. (Has gained considerably in flesh). Sleeps well. Aug 31/95. Is given shower-bath, every other day. At times, he becomes quite cranky & violent: appetite fair: bowels in good condition. Appears to be doing fairly well. Goes out on ground daily. Sep 5/95. Patient seems to be improving: appetite good: bowels fairly regular. Sep 12/95. Wt 140½ pds. (Has gained 8 pounds, in flesh, in past month). Sep 20/95. He keeps on improving: very quiet, but when spoken to, talks quite sensibly. Sep 30/95. Apparently rests & sleeps well: Appetite good: bowels regular: Patient's condition is much improved: he works in dining room. Oct 5/95. Patient is improving rapidly: Talks considerable & seems interested in what is going on. Appetite good: bowels regular. Works in dining-room. Oct 10/95. Wt (dressed) 142 pds. Has gained quite markedly in flesh, the past few months. Oct 17/95. Refused dinner: Said "he was not feeling well". Oct 19/95. Is feeling better, today. Oct 31/95. Patient seems quite recovered. Is well-behaved & pleasant, at all times. Works on ward & has also done some work in the printing office. Habits neat & clean.

Nov 6/95. Wt (Dressed) 148½ pds. (A gain of 6½ pds, over October weight, and a total gain of 39½ pounds since admission) - Nov 14/95. Talks a great deal over his past life: appears anxious to go back to work. Was given "liberty of grounds", today. Nov 13/95. Attended a patient's card-party this evening: was much interested & played exceedingly well: pleasant & very agreeable: very neat & tidy about his appearance. Nov 14/95. Appetite remains good: bowels regular. He says his health has never been better" - Nov 20/95. Improvement keeps up. Patient is becoming quite anxious to go home & get to work. Nov 23/95. Allowed to leave, today, alone.

Discharged

Personal and Medical History of August Schmidt

Schmidt.

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4142.
Residence, St. Paul. Minn
Date Admission, 24th June 1895.
Admitted by, Dr. Herzog Hour, 7 P.M.
How Sent, G. Willrich. Jos P. Ramsey County.
Sex, Male
Age, - 42 -
Civil Condition, married
Children, - 6 -
Age Youngest Child, —
Occupation, Laborer
Degree Education, only fair
Profession Religion, German Lutheran
Habits, Is an alcoholic
Nativity, Germany; (parents also born there).
Physicians Committing, Robt. A. Wheaton and A.B. Aucker
Correspondents, none given (from C & C Hospital)

Dr. H. May 19/96.
In case of Discharge of August Schmidt
Notify Mrs. C. G. Higbee
St. Paul

No. for Year, 341.
Insane Relatives, not that can be learned.
Cause Exciting, probably excessive use of alcohol
Cause Predisposing, not stated.
Form, Melancholia acute
Accompanying Bodily Disorder, none mentioned.
Suicidal or Not, not
Date of this Attack, about 3 weeks ago
Duration, — about 3 weeks.
No. of Attack, 1st
No. of Admissions, 1st (recently in C & C Hospital)
Age First Attack, - 42 -
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to Hastings.

Ok pm

Exd by Dr. Herzog, June 25/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, } fairly good, for an uneducated
Recent Events, } man.
Special Subjects,

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

REASONING POWER:
Ordinary Subjects, } seems good
Own Mental State, }
Special Subjects,

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

DELUSIONS:
Systematized ~~or Not~~,
Special Subjects, of persecution
Transitory or Not,

HALLUCINATIONS: has had "of vision"

ILLUSIONS:

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

GENERAL DESCRIPTIVE REMARKS:
patient has lost considerable flesh. He has been working on the Rail-road, laying track & held quite a responsible position up to last fall, when he lost his place. He has been hard up this winter & has drank quite hard. He worked for a time in the streets in St. Paul, then went to West Superior & worked as a laborer. While there, he became irritable & suspicious, with delusions of persecution & left, returning to St. Paul, where he again worked for the city. During this time he had hallucinations of vision, seeing repulsive objects & was always afraid of harm like a person with delirium tremens, but milder. He also believed that the men he worked for were "against him" & gives his reasons for so thinking. He says he feels much better today & recognizes his hallucinations as such but sticks to his delusions. Had a similar attack some years before, in Pennsylvania.

Personal and Medical History of August Schmidt

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 in WEIGHT, 158 pds. NUTRITION, has lost considerable flesh.
WOUNDS OR ABNORMALITIES, see "S.R." on next page -
TONGUE, Tremors, quite marked Coatings, yellowish, at extreme base Promptness Movement, fairly prompt
PUPILS, Equality, Yes Size, normal
Response Light, Yes Accommodation, Yes
SIGHT, Good
HEARING, "
COORDINATION, Arms, Good, by usual tests
Legs, good, " "
TREMORS, Hands, some Tongue, some
Facial Muscles, none General, none
REFLEXES, Patellar, 7 - 8 equal
Other ✓
ARTICULATION,
Slurred,
Hesitating, ✓
FACIAL EXPRESSION,
somewhat haggard
SENSIBILITY, ✓
HEART, a trifle rough; no murmurs -
LUNGS,
seem good

TAKEN,

~~EXAM. URINE,~~
Treatment
Food & rest.

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,") } no history -
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Records kept

Personal and Medical History of August Schmidt

1895

This patient was brought here by Deputy-Sheriff F. W. Kinney, with following history. Patient is in fair physical condition. There is no history of consanguinity, nor any of heredity, that can be learned. This is 1st attack; he has been in the City & County Hospital recently; disease; no improvement. First symptoms of this attack manifested about 3 weeks ago, by insomnia, restlessness, delusions as to "persecution" & hallucinations. Disease seems increasing; not variable; no rational intervals. Derangement now shown by his thinking he is being "persecuted & pursued by enemies, who have designs on his life. Patient is not disposed to injure others, no suicidal, nor filthy nor destructive in habits. No peculiarities as were previously shown. Patient is an Alcoholic. He has not been subject to any bowel disease; has had no head-injury. Has not been restrained or confined. Supposed cause of the disease is, probably, excessive use of alcohol. On personal Examination, patient is found to be poorly nourished; restless & untidy. ——·——

June 24 On admission, was put on B2 (SR. Complexion dark; hair black; eyes blue; condition of skin normal; (good); scars from bullet, on left leg; is dirty; behavior good). Pulse 90. R 22 T 99.4.

" 25 June 25/95. Restless 3 hours, but slept 5 hours, last night. AM. Pulse 90 R 22 T 99.4. Appetite good. Behaves well & is quiet. Talks freely, when addressed & quite sensibly. Loses out walking.

" 26 PM. Pulse 88 R 20 T 99.2. No complaints or injuries to report. June 26/95. Slept 5 hours, restless 3 hours, last night. AM. Pulse 86. R 20. T 99.5. Appetite good; He shows delusions. Says "he has been poisoned for 2 years; thinks some one is going to kill him". June 27/95. Slept 6 hours, restless 2 hours, last night. AM. Pulse 96. Eats well. Looks bright & talks freely. "Wants attendants to speak a good word for him to the Dr."

" 27

" 28 June 28/95. Restless 3 hours, sleeping 5 hours, last night. AM. Pulse 92. Appetite good; bowels free. Talks freely. "Wants to get out & go to work. Physical condition not good.

" 29 June 29/95. Restless 4 hours, sleeping but 4 hours, last night. AM. Pulse 88. Still shows delusions: talks about his being poisoned & being unjustly dealt with."

" 30 Appetite fairly good. Works some. June 30/95. Slept only 4 hours, was restless 4 hours, last night. Am. Pulse 90. Is quiet. Wants to get away; says "It will make him crazy if he stays here". Wt today, 154 lbs.

July 1 July 1/95. Restless 6 hours & slept but 2 hours, last night. Transferred to Infirmary ward this morning. Patient very nervous. Pulse 92. Says "he want to get away". Shortly afterward, moved back to B2.

" 2 July 2/95. Slept 8 hours. Is quiet; walks about

" 3 hall. Says "he don't want to be taken to Germany to be hung, but to do it here". July 3/95. Appetite

" 4 fairly good; bowels regular. "Wants to go to work or be hung". July 4/95. Walks about; talks quite

" 5/6 freely; but sleeps very poorly, at night. July 5/95. About as usual. July 6/95. Very much excited

" 7 and says "he wants to be killed or let go to work". July 7/95. Very quiet all day; walked but little.

" 8 Appetite good; bowels free. Sleep still poor. July 8/95. During last week has been restless, nights, 3 or 4 hours, sleeping only 5 or 6 hours in each. Pulse each morning, has been about normal. Appetite good: bowels regular. "Still wants to be hung or lynched". Summary: In a general way, has been very well-behaved: has had no trouble, at all: has been somewhat excited, at times, and talked loud. On admission, somewhat emaciated; has probably gained some in flesh. Bowels regular. Appetite generally good: (Sees sick & extra): shows delusions. At times is rather depressed, but occasionally somewhat exalted. Talks loud & wants to be hung or lynched".

" 12/19 July 12/95. Has to be closely watched as he says "he is going away, anyhow". July 19/95. Has

Personal and Medical History of August Schmidt

1895

July 19/24 hallucinations "of hearing". Hears people using improper & abusive language toward him. July 24/95. He complains of "hearing noises in head". July 31/95. Appetite good, but bowels constipated. (Is given Rhubarb & water & pills). Also takes Emulsion. He is very restless & discontented. "Wants to get out & go to work", but does no work here. Physical condition good. Mentally, no special change noted.

" 31

Aug 2 Aug 2/95: Wt 175 lbs. Pulse 92. Has gained considerably in flesh.

" 31 Aug 31/95. Patient melancholy. Does not talk much, as a general thing: has "crying spells", & says he is thinking of his family.

Sep 2 Sep 2/95. Wt 174 lbs. Pulse 84.

" 30 Sep 30/95. Works occasionally, in kitchen: has frequent "crying spells", and is very despondent. His delusions seem those of an criminal nature.

Oct 1/18 Oct 1/95. Wt 174 lbs. Pulse 80. Oct 18/95. Patient very despondent, crying about his family frequently. Works, at times, in the kitchen.

" 31 Oct 31/95. No change. Still very despondent. He has hallucinations "of hearing"; "hears people talking evil of him and calling him obscene names". Appetite good: bowels seem normal.

Nov 2 Nov 1/95: Keeps in about his usual flesh.

" 13/ Nov 13/95. Complains of feeling sick, has diarrhea. Is on medicine, 3 times a day.

" 30 Nov 30/95. Keeps about the same, generally. Works in kitchen every day. Quite despondent at times.

Dec 2/ Dec 2/95. Wt 169 lbs. Pulse 90. Dec 31/95. Generally quite despondent: crying sometimes. Works in kitchen.

1896 Jan 1/96. Wt 169 " " 86. Jan 15/96. No special change. Jan 21/96. Transferred to B3 (on account of a general change of Wards). Jan 31/96. Behavior good, tho' at times, noisy. Makes no complaints. Otherwise condition remains about the same.

Feb 1/29 Feb 1/96. Wt 169½ lbs. BO. Feb 29/96. Patient is, at times, Cheerful & Contented; waiting on ward some & behaving very well: at other times, is noisy & troublesome & using much obscene language. Has been quite noisy of late. Eats & sleeps well.

Mar 1/3 March 1/96. Transferred to B1. March 2/96. Wt 169 lbs. P 76. Mar 3/96. Is on medicine, before meals.

" 17/31 Mar 17/96. Medicine stopped. Mar 31/96. No change noted. Somewhat surly & stubborn & refusing to work. Has delusions. Says "some one is bothering him nights". Habits unclean. Works a little, at present.

Apl 1 Apl 1/96. Wt 165½ lbs. P 74. (Dr. H. notes: Hallucinations of hearing & delusions of persecution).

" 30 Apl 30/96. No change noticeable. Somewhat restless & discontented: still holds delusions "as to people bothering him at nights": habits clean: does not work.

May 96 to Aug 1897 Summary Nurses Notes by Dr Phelps. Patients' condition uniformly the same throughout period: Is rather silly, laughing & talking to himself. Is able to answer questions fairly well: Is full of delusions: Is kept upon violent ward & is rather uncertain in behavior: Works some: Health good: Wt. in July '97 177 lbs. Aug 4 '97 Wt. 168th. Oct. 28 '97 Patient rather silly in manner, rather melancholy in behavior & ideas. Has a slightly demented way of talking. March 14 '98 Trans. to annex. Jan 31 '99 At times somewhat noisy, has drifted along, however, in the same slightly feebleminded condition

Feb July 31 '99 (Dr. Watson) Wt. 176th. Is very pugnacious at times May 27 Has an inflamed ankle Cut up in a bichloride dressing. Aug 1 - Jan 31 1900 (Dr Chapple) Wt. 170th. Has wandered in kitchen most of time: cleanly in habits. Well behaved but has delusions: Is noisy at times talking to himself a great deal. Health has been good. Apr 06 No Change Transferred to Hastings Asylum.

Personal and Medical History of Benedict Herli

LOBLEY, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4143.
Residence, Bryan, Minn
Date Admission, 27th June 1895. -
Admitted by, Dr. Phelps — Hour, 11:30 Am
How Sent, George A. Wilson, Jo P. Waseca County
Sex, Male
Age, — 63 —
Civil Condition, married
Children, — 10 —
Age Youngest Child, —
Occupation, Farmer
Degree Education, moderate education
Profession Religion, German Methodist
Habits, not intemperate
Nativity, Germany; (parents also born there).
Physicians Committing, W. L. Sterns and H. J. Young.
Correspondents, none given on papers —

No. for Year, 3442.
Insane Relatives, not known
Cause Exciting, La Grippe
Cause Predisposing, probably Age.
Form, mania senile
Accompanying Bodily Disorder, feebleness —
Suicidal or Not, Suicidal; by Shooting himself.
Date of this Attack, 3 months ago
Duration, 3 months —
No. of Attack, 1st —
No. of Admissions, 1st —
Age First Attack, — 63 -
Time of Leaving, 19th July 1895
Time in Hospital, — 22 Days —
Result, Died; Dilatation of the heart, occurring in Brights Disease.

Seen by Dr. Herzog, June 25th 95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, apparently quick
MEMORY:
Past Events, } seems very poor.
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
~~Correct or~~ Illusive, apparently
REASONING POWER:
Ordinary Subjects, Not known
Own Mental State,
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Patient is quite weak: circulation is very poor; arteries decidedly atheromatous; both legs oedematous, particularly the right, of which there appear to be venous thrombosis. Physical examination is much interfered with by the continual restlessness & agitation of the patient. He seems frightened & is much confused. He does not understand what is said to him & talks continually & unintelligibly in German. He frequently cries out "Let me see" in German. His appearance shows carelessness of person. His hair & beard are long & ragged. His clothes & person are dirty as are his mouth & teeth.

Personal and Medical History of Benedict Herli

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ WEIGHT, 155 lbs. NUTRITION, very considerably impaired.
WOUNDS OR ABNORMALITIES, See "S. K." on next page
TONGUE, Tremors, refused to protrude tongue Coatings, seems fairly clean Looked on teeth — Promptness Movement, —
PUPILS, Equality, yes Size, slightly contracted
Response Light, very sluggish Accommodation, very sluggish
SIGHT, unknown
HEARING, seems considerably impaired —
COORDINATION, Arms, } poor; } usual tests not applied, but patient cannot stand alone
Legs, } poor; } for any length of time & is uncertain in all his movements.
TREMORS, Hands, quite marked Tongue, —
Facial Muscles, none General, yes
REFLEXES, Patellar, 10 - equal.
Other Marked ankle clonus
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
✓
SENSIBILITY,
✓
HEART, rapid & weak; no distinct murmurs, but examination is interfered with by the moist rales.
LUNGS, Chest, breathing is somewhat accelerated —

~~EXAM. URINE~~,
Treatment
Put to bed & await developments.

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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Benedict Herli.

1895

This patient was brought here by Deputy Sheriff George Goodspeed, with following history: — Patient is in an old & feeble condition. As to consanguinity or heredity, nothing known. This is first attack; first symptoms manifested found 3 months ago, by confused ideas & boldness. Disease seems increasing; is variable, with rational interval, but these do not occur at regular periods. Derangement is now shown by his having fears of being left alone & threatens to do violence to himself and others. Is disposed to injure others; has attempted suicide, by shooting himself; propensity moderately active, now. No filthy or destructive habits. No peculiarities previously shown. No history of intemperance. He has not been subject to any severe disease, nor has he had any head injury. He has not been restrained or confined, but requires an attendant. Supposed cause of the disease is La Grippe. He has had very little treatment. On personal examination it is found that his physical and mental condition cannot be relieved under present surroundings. ——————————

June 27 On admission, was put on B.3. (S.R. Complexion dark; hair gray; eyes blue; Condition of skin good; right foot & leg swollen & inflamed. He is dirty; noisy & stubborn). 7 PM Was moved to "infirmary ward". was received in this ward in a very excited condition. Put to bed; & placed in restraint, at 9 P.M. Bowels moved. 11.30 PM. Breathing labored & stertorious respiration 80 - pulse 130 - occasionally; coughing; large moist rales over entire chest; resonance appeared good; but examination of chest was unsatisfactory. Pupils slightly dilated & equal; seemed immobile, but could not say positively, as eyes were turned up. Patient sweating profusely; extremities warm. Was taken out of restraint. June 28/95. Has been given sedatives & stimulants. 4 Am Patient seems less
" 28 Comatose. 7 Am. Pulse 84 R 26 T 101 100. He appears some better. 12 M. He has been resting quite Easy, this morning. 6 PM. Patient groaning quite frequently; complains of headache
" 29 Has taken eggnogs, quite freely, today. June 29/95. Restless & noisy 1 hour, but slept 6 hours during the night. 10.30 Am. Was given enema: bowels, afterwards, moved copiously: character of discharge thin & watery: Takes a fair amount of nourishment. June 30/95. Noisy 2 hours,
" 30 restless 4 hours, & slept but 4 hours, last night. Am. Pulse 92 R 36. T 101 100.4 Bowels moved. Took a glass of eggnog; also a bowl of milk - toast for breakfast. Patient is on medicine.
July 1 Lies steadily in bed, but is quite restless, at times. July 1/95. Am. Slept fairly, last night. Area of cardiac dullness much increased: (fully 2 inches in radius); impulse is faint: axillary line sounds obscured by asthmatic breathing; Cheyne - Stokes respiration, except during asthmatic paroxysm. (Diagnosis: hypertrophy - dilatation of the heart). Was also given hot
" 2 milk, this evening, twice. Patient feel out of bed early (2.30 Am), this morning. July 2/95. Patient is on liquid diet & is given hot milk, every 2 hours. Was given alcohol - bath, twice, today.
" 3 Bowels moved. He has been very restless all day, & groaning frequently. July 3/95: Restless 6 hours, sleeping only 2 hours, last night. Pulse contracts during pause in respirations; is most dilated near beginning of anacrotic cycle of Cheyne - Stokes breathing. He is still given milk, every 2 hours.
" 4 July 4/95. Was restless 9 hours, sleeping only 1 hour, last night. Coughed some. Still on medicine.
" 5 July 5/95. Slept only 3 hours, restless 5 hours, last night. Is still given milk, every 2 hours.
" 6 Patient very restless & continually groaning, during the day. July 6/95. Restless 6 hours, and slept only 2 hours, last night. Is Coughing & raising phlegm, today. Still on medicine.
" 7 July 7/95. Slept but 3 hours; restless 5 hours. Was, also, groaning frequently, during the night.

Personal and Medical History of Benedict Herli.

1895

July 8 July 8/95. Passed a poor night. Passes urine in, and foils, bed frequently. Coughing some & raising phlegm.
" 9 Is still given glass of milk, every 2 hours. Still restless by day. July 9/95. Restless 6 hours & slept
" 10 none, last night. Passes urine very frequently. Is groaning continually. July 10/95 Restless 6 hours, and slept only 2 hours, last night. Patient lies in bed, steadily. Groans, at times, as if in pain.
" 11 Has Cheyne - Stokes breathing. July 11/95. Slept only 4 hours; restless 3 hours, last night. Still in bed.
" 12 [illegible] MARKED: Patient has been in a stupid condition, since his admission & has been quite
" 13 restless. Has not improved apparently, & remains in about same condition, day after day.
3 [illegible] attached nurse's record for fuller details). July 12/95. Slept fairly well. Still confined to bed.
" 13 Drinks quite freely of milk. Bowels move. July 13/95. Patient slept soundly, all last night.
" 14 He has been very restless, all day. Bowels have moved copiously. July 14/95: Slept 7 hours, last night; restless 1 hour. Patient vomited, today; appears to be failing; respiration harder than usual.
" 15 July 15/95. Slept all night. Lies steadily in bed. Bowels move quite regularly and freely.
" 16 July 16/95. Slept quietly, all night; is offered milk, every 2 hours, but now, takes only about ½ of it. Patient is very low, this morning; bowels have moved frequently; passages thin and watery;
" 17 he also, today, discharged a foul yellowish fluid from stomach. July 17/95. Very restless, all night; slept poorly; bowels moved, several times. Takes but little milk, though offered him
" 18 every 2 hours. July 18/95. Rested & slept very poorly. Is very low, today; takes scarcely any
" 19 nourishment. July 19/95. Restless, all last night. Is very low, this Am & failing rapidly. Continued to sink steadily, and died at 7.30 Am (See attached record) ——

= Died =

June 28th. **John Condon**

1901 Aug 1 — Wt 178# — June 31/02. Usually dull & quiet: depressed: taking no interest in things about: sitting
10 Mar Jan 31 1903 Jan 31 looking at the floor: occasionally, however, is more active. In talk, answers are usually clear, although has spoken, at times, of delusions of persecution. June 31/03. No notable change, during whole period. Quiet: keeps alone: rather dull: says little.

Personal and Medical History of Cyril G. Wilson

LUBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4150.
Residence, Racine, Mower County, Minn
Date Admission, 8th July/1895.
Admitted by, D. A. F. Kilbourne Hour, 8.30 P.M.
How Sent, S. S. Washburn, J. of P. Mower County
Sex, Male.
Age, 21 Years
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common school
Profession Religion, not a Church-Member
Habits, probably good —
Nativity, Pleasant Valley, Minn; (father Penna. Mother Wisconsin)
Physicians Committing, Albert Plummer and D. F. O'Connor
Correspondents, W. A. Wilson (bro) or C. S. Wilson (father) Racine Minn

No. for Year, 349.
Insane Relatives, none; (father uses tobacco)
Cause Exciting, perhaps undescended testicle
Cause Predisposing, not stated
Form,
Accompanying Bodily Disorder, never till this time.
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, 21 —
Time of Leaving, 18th August 1895
Time in Hospital, 1 month: 12 Dys
Result, Disgd Nov 6/95 — Recovered

Exdly Dr. Herzog: July 9/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

EMOTIONAL STATE:
Normal Cal...
Indifferent,
Exalted,
Depressed,
DILUSIONS:
Systematized or Not,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly voluble

(Continued) and is quite mobile. The other testicle is small. He describes violent attacks, during which he loses consciousness and lasting from a few minutes to 4 hours. The first occurred 3 weeks ago; the last, July 4th. He has taken large doses of morphine and his abdomen shows marks of hypodermic needles. These attacks he cannot describe, but, as he says, he talks during them, but has no recollection of what he says. They can hardly be epileptic, although that would be probable.

GENERAL DESCRIPTIVE REMARKS:
Patient seems quite rational, at present. There is quite decided asymmetry of the face: The left side seems almost as if paralyzed, but motion is retained. Patient had an inguinal hernia of long standing, with an undescended testicle in the left side. His physician attempted to make a radical cure of the hernia by injections into the ring. The hernia does not come down now, but the testicle is in the canal and

(Continued on attached sheet)

Personal and Medical History of Cyril G. Wilson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 6 feet WEIGHT, 157½ pds NUTRITION, considerably impaired; has lost weight
WOUNDS OR ABNORMALITIES, see "S. R." on next page: scar on right side of head, near middle line, over coronal suture not adherent.
TONGUE, Tremors, yes; quite marked Coatings, heavy white on dorsum - mark on right side as if bitten Promptness Movement, somewhat sluggish; deviates to right.
PUPILS, Equality, yes Size, somewhat dilated
Response Light, yes Accommodation, somewhat excessive —
SIGHT, seems good
HEARING, " "
COORDINATION, Arms, some impairment;
Legs, some impairment; } usual tests not made.
TREMORS, Hands, yes Tongue, yes
Facial Muscles, slight, when speaking General, when standing
REFLEXES, Patellar, about 5 – 7
~~Other~~ Equal
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, ✓
SENSIBILITY, ✓
HEART, somewhat rapid; all sounds rough —
LUNGS, Murmur normal; nothing noted —
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, ✓



TAKEN,

~~EXAM. URINE,~~
Treatment
Bitter tonics & laxatives & await results —

Record kept

Personal and Medical History of Cyril G. Wilson

LIBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4150.
Residence, Racine, Mower County, Minn
Date Admission, 8th July 1895.
Admitted by, D. A. F. Kilbourne Hour, 8.30 P.M.
How Sent, S. S. Washburn, J. of P. Mower County
Sex, Male.
Age, 21 Years
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common school
Profession Religion, not a Church-member
Habits, probably good —
Nativity, Pleasant Valley, Minn; (father Penna. Mother Wisconsin)
Physicians Committing, Albert Plummer and D. F. O'Connor
Correspondents, W. A. Wilson (bro) or C. S. Wilson (father) Racine Minn

No. for Year, 349
Insane Relatives, none; (father uses tobacco)
Cause Exciting, perhaps undescended testicle
Cause Predisposing, not stated
Form,
Accompanying Bodily Disorder, never till this time.
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, 21 —
Time of Leaving, 18th August 1895
Time in Hospital, 1 month: 1 Dys
Result, Disgd Nov 6/95 — Recovered

Exdly Dr. Herzog: July 9/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Quick
MEMORY:
Past Events, Seems fairly 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, Yes
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, None noted
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:
Patient seems quite rational, at present. There is quite decided asymmetry of the face: The left side seems almost as if paralyzed, but motion is retained. Patient has an inguinal hernia of long standing, with an undescended testicle in the left side. His physician attempted to make a radical cure of the hernia by injections into the ring. The hernia does not come down now, but the testicle is in the canal and

(Continued on attached sheet)

Personal and Medical History of Cyril G. Wilson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 6 feet WEIGHT, 157½ lbs. NUTRITION, Considerably impaired; has lost weight —
WOUNDS OR ABNORMALITIES, see "S. R." on next page: Scar on right side of head, near middle line, over coronal suture not adherent.
TONGUE, Tremors, Yes; quite marked Coatings, heavy white on dorsum — mark on right side as if bitten Promptness Movement, somewhat sluggish; deviates to right.
PUPILS, Equality, Yes Size, somewhat dilated
Response Light, Yes Accommodation, somewhat excessive —
SIGHT, seems good
HEARING, " "
COORDINATION, Arms, some impairment;
Legs, some impairment; } usual tests not made.
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, slight, when speaking General, when standing
REFLEXES, Patellar, about 5 — 7
Other Equal
ARTICULATION,
Slurred, —
Hesitating,
FACIAL EXPRESSION, —



~~EXAM. URINE,~~
Treatment
Bitter tonics & laxatives & await results —

SENSIBILITY,
HEART,
LUNGS,
TAKEN,
HABITS, Dirty, Clean,
BOWELS, Normal,
APPETITE, Good,
SLEEP, Good,
PULSE,
CRANIAL MEASUREMENTS,

Careless,
Irregular,
Poor,
Irregular,
Temp.,

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 Cyril. G. Wilson

1895

This patient was brought here by the following parties, viz; W. A. Wilson, E. A. and A. G. Wilson Wm Loucks and E. N. Chamberlain, with following history. Patient is in poor physical condition. There is no consanguinity or heredity in the case. This is 1st attack, symptoms appearing 3 weeks ago. Disease seems stationary, but variable & with rational intervals. Derangement now shown on no particular subject. He is disposed to injure others, but not suicidal. No filthy or destructive habits. Previously, had been gloomy & morose. Father uses tobacco. Never had any severe disease till this time. He has been restrained for 3 weeks. Supposed cause of the disease is, perhaps, undescended testicle. — Morphine is the only thing that controls; bromide & chloral have been given, without effect. —

July 6 On admission, was put on T.W. (S.R. Complexion dark; hair black; eyes blue; condition of skin, good. Scars on big toe of right foot; has several boils; also hernia; is clean: behavior good; has trouble with
" 7 constipation & in passing his urine). Pulse 93 R 19. T(r) 101.6 July 7/95. Slept, very quietly, 5 hours; restless 3 hours, during the night. Am " 72 " 20 " 100.4 - Appetite good. (Is on regular diet with extras); bowels costive; no cough noticed. Behavior good; no delusions or hallucinations noted. At 2 P.M. was crying; says "he wants to go home". Complains of bladder paining him. Also says "he has not passed urine in 14 hours" - tho', at 11 Am. he passed urine in
" 8 normal quantity. P.M. Pulse 78. R 24. T(r) 100. - July 8/95. Restless 2 hours, but slept 6 hours, last night. Am. Pulse 64 R 24. T(r) 100. Ate a light breakfast; said "he did not feel hungry". Behavior very quiet; bowels still costive - passed his urine, this Am. Bowels have moved. —
" 9 P.M. Pulse 68 R 22 T(r) 100. July 9/95. Restless 5 hours, sleeping only 3 hours, last night. — Am " 62 " 26 " 99.9 - 11.30 Am. Gave him calomel ¼ gr. again at 1 P.M. 2.30 P.M. & 4 P.M.
" 10 6.30 P.M. Patient vomiting. Bowels moved freely. P.M. Pulse 64 R 24 T(r) 100.2 July 10/95. Slept well (7 hours), last night. A.M. Pulse 66 R 24 T(r) 100 P.M. " 68 " 24 " 99.8 He eats fairly well. Bowels moved. Patient lies very quietly in bed: reads much of the time; talks rationally and
" 11 reasons quite well. July 11/95. Slept well all night. A.M. Pulse 68 R 20 T(r) 100.2 P.M. Pulse 64 R 20 T(r) 99.6. Behavior good: is very quiet. Out on grounds, in P.M. in roller chair. Visited by
" 12 his father, today. July 12/95. Slept soundly, all night. A.M. Pulse 74. R 22 T(r) 100. P.M. P 68
" 13 R 24 T(r) 99.8. Lies quietly in bed. Bowels moved. July 13/95. Am " 62 " 22 " 100. P.M. " 64
" 14 " 18 " 99.5. Appetite very good. He is very quiet. Up on ward, today, dressed. July 14/95. A.M. " 80. Has been up, on ward, all day. Behavior good. Talks reasonably & converses rationally. P.M. Pulse 72.
" 15 July 15/95. A.M. P 80 P.M. P 72. 3 P.M. Visited by mother & sister. Was out, on grounds, during P.M.
" 16 Bowels regular. July 16/95. Restless an hour, but slept 7 hours, last night. A.M. P 80. P.M. P 96.
" 17 Appetite very good. He complains of feeling tired, today. July 17/95. Very quiet & well-behaved.
" 18 Out on grounds, today. July 18/95. Lies down on bed, part of the day. Complains of feeling
" 19 tired, frequently. July 19/95. Bowels regular. No delusions or hallucinations yet noticeable. —
" 20 July 20/95. Has continued to sleep well. Appetite good: bowels regular. Pulse, taken morning & evening each day, has been about normal. Was out on the grounds, today. Complains of feeling very tired. Wanted to lie down on bed. Summary: Since his admission, patient has been very quiet & well-behaved. Is apparently in good physical condition; muscles large and well-formed. No delusions or hallucinations have been noticeable & mental state apparently unimpaired.
" 23 July 23/95. Patient is very quiet & contented. Talks rationally & well: no delusions or hallucinations

Personal and Medical History of Cyril. G. Wilson

1895

July 31 noted. Appetite good: is on regular & extra diet. July 31/95. Quiet & well-behaved: reads, much of the time. Goes out on grounds, every day. Mental state apparently in good condition. Works some.
Aug 5 Aug 5/95. Wt 175 pds: (a gain of 17½ pounds in flesh since coming here, 30 days ago): Pulse about normal. Appetite very good: bowels in good condition; works some on ward: intellect apparently is sound. —
" 15 Aug 15/95. Behaves well. He is cheerful & contented. Says "he would like to go home". Sleeps well. Has been given frequent shower-baths - Lately, has been quite active, assisting in the moving &c
" 18 into "new Central Offices". Aug 18/95. Was, this afternoon, sent to St. Mary's hospital; arrangements having been made for his undergoing an operation there. Was in good health & spirits.

Discharged

George W. Stewart Sr.

1896 from 324.
June 21 June 21/96. Sore on penis healed: contracting the skin & making a difficulty in urinating (operated only
" 30 Dr Herzog). June 30/96. Quite often, has been noisy at night, of late. He remains steadily in bed: no change in his condition noticeable.
July 1/96 to Oct. 19/96 Summary Nurses Notes by Dr. Phelps. A senile case who has had an attack of apoplexy. Has been kept in bed quite steadily, is quite demented & very restless. Is physically quite unable to be up & about or to help himself. Can hardly sit on edge of bed. Was on sick ward steadily from time of coming here until Oct. 19 96 at which time he died at 4 P.M. No paralytic stroke at last but died quietly from general exhaustion.

Died.

Personal and Medical History of Frank Jans

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4156

Residence, St. Paul, Minn.

Date Admission, 11th July 1895.

Admitted by, Dr. C. B. Day Hour, 11 45 am

How Sent, Benn Davis Court Commissioner, Ramsey Co

Sex, Male

Age, — 57 —

Civil Condition, widowed

Children, six

Age Youngest Child, —

Occupation, Laborer

Degree Education, not educated (?)

Profession Religion, not a church-member

Habits, not intemperate —

Nativity, Germany; (parents also born there).

Physicians Committing, Arthur Sweeney and J. A. Quinn

Correspondents, none given in papers

No. for Year, 355.

Insane Relatives, none

Cause Exciting, (1st Comt.) Injury to spine & head —

Cause Predisposing, previous attacks

Form, Dementia epileptic

Accompanying Bodily Disorder, Nocturnal Epilepsy

Suicidal or Not, not —

Date of this Attack, not definitely stated —

Duration, probably some time

No. of Attack, not 1st

No. of Admissions, 2nd

Age First Attack, 50 —

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Slightly confused.

Quick or Sluggish, Seems somewhat sluggish.

MEMORY:

Past Events, } Fair
Recent Events, }
Special Subjects, }

PERCEPTIVITY:

Alert or Dull, Fair but slow.

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, } None noted
Special Subjects, }
Transitory or Not, }

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS: Patient has large abdomen and bloated appearance. Was saloon-keeper several years ago before first admission here. Don't know that had fit before that. In fact don't know of his fit now except as told. Seems fairly clear in answers. Always good natured. Not quite like typical epileptic. Has fits about once in two weeks — mostly at night. Many of them are spells of walking and noisiness at night as if in sleep. Mentally is usually clear apparently.

Personal and Medical History of Frank Jans

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in. WEIGHT, 165 pds. NUTRITION, normal - Extra fat.

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT, normal - wears glasses

HEARING, poor.

COORDINATION, Arms,

Legs,

TREMORS, Hands, } normal Tongue, } normal.
Facial Muscles, } General, }

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,



TAKEN,

SENSIBILITY,

HEART, normal

LUNGS,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Resp., Temp.,

CRANIAL MEASUREMENTS, Cir. (h.) 57.5 (v.m.) 69. Naso ae. a. 34½ Bin. a. 36½ Ant.-p. D. 19.2 Transv. 16.9 Bin. d. 14.5 Fac. l. 13.5

HISTORICAL, Denies having fit before 1st admission here.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations, Died in '76 - Old age.

Father or Pat. Relations, Died in '66 - Paralysis or heart disease.

Brothers or Sisters,

Personal and Medical History of *Frank Jans*

1895

This patient was brought here by Deputy Sheriff Kinney, attended by Jacob Lazarus, with following history. Patient is in good physical condition. There is no history of consanguinity or heredity. This is not 1st attack; others also occurred 4 years ago: has been at this (Rochester) hospital. Duration of attack 3 years (?). Was discharged November 1893.® First symptoms of this attack were manifested by general viciousness; threatening to all neighbors; generally quarrelsome. Disease seems to be increasing, latter variable & there are rational intervals, but not at regular period. Derangement now shown by his being of a very quarrelsome disposition; threatening children & neighbors & general disturbance of peace, by scolding &c. Is disposed to injure others, but not suicidal, nor filthy nor destructive in habits. No peculiarities as previously manifested. No history of intemperance. Supposed cause & disease unknown (tho' on first commitment it was stated to be injury to spine & head). He has had no treatment, this time. ® NOTE. Patient was here before, from June 4/89 to June 19/93. On this first coming he occasionally became excited, complaining, lacrymose, and boisterous. Was usually, contented & happy. During January 1890, he had a fit; became violent, ugly & noisy & was put in muffs for several Days. During May following, he had quite a number of fits & was very maniacal & tried to throw himself from a window: was put in seclusion. March/91 "has not had a fit nor "spell" of maniacal excitement for a long time. Quiet, clean & tidy. Works & writes letters to his son". During last 8 months of his stay here, he got along fairly well; though inclined to be irritable - had, then, about 4 to 10 fits per month. Upt. on the whole, was pleasant and cheerful. Was allowed to go home with his son. (See Vol 12 page 97 to 207 for further details)

NOTE

July 11 **On admission**, was put on B2. (S.R. Complexion dark; hair black; eyes grey; Condition of skin good: No marks, scars or bruises noticed. Is dirty. Spine crooked, caused by being hurt. Behavior good). " 12 Pulse 80. R 18. Tem 98⅘. July 12/95. Restless 5 hours & slept only 3 hours, last night. Was very talkative. AM. P 76. R 19. Tem 98⅖. Bowels, he says, are free; no cough noticed. Behavior good - Talks quite freely, but not as much as yesterday. "Thinks this place is all right", " 13 makes no complaints. Goes out walking. July 13/95. Restless 3 hours, but slept 5 hours: Am. Pulse 76. Tem 98⅘. Appetite good. Is quiet & well-behaved. talks freely. Says "he is contented here". " 14 July 14/95. Slept only 3 hours, was restless 5 hours. AM. Pulse 80. About as yesterday. Works none. " 15 July 15/95. Restless 2 hours, but slept 6 hours. Am. P 72. Talks freely, plays games, but does no work. " 16 July 16/95. Restless 4 hours & sleeping only 4 hours, last night. " 17/18 Am. P 76. July 17/95. AM. P 70. July 18/95. Has been sleeping 7 to 8 hours, each night, since last noted. Pulse each morning, about normal; appetite good; bowels free; is quiet & well-behaved. Talks freely; reads; plays games; makes no complaints. Is contented. Works none. " 25 July 25/95. During this, the second week, patient has been occasionally restless, at night, but usually sleeping 7 to 8 hours, nightly. Pulse taken each morning, about normal. He has been up about Daily; clean, tidy & of good personal habits: has been quiet & well-behaved. appetite has been good; bowels regular. He walks leisurely about ward - Talks freely; reads, plays games & but does no work; makes no complaints. **Summary**: since admission, he has been uniformly quiet & well-behaved. Has talked freely & pleasantly; no delusions noted; is cheerful & contented & apparently glad to get back here. No fits have been reported, during this stay. " 31 July 31/95. Continues about as last described. Quiet, well behaved. Cheerful & Contented. Aug 1/15 Aug 1/95. Wt 178 pds. Pulse 74: (Has gained some in flesh). Aug 5/95. 2 fits reported, last night—

Personal and Medical History of *Frank Jans*

1895

Aug 26 Aug 26/95. Had 2 very hard fits, during night. Complains of bowels being Costive. Given medicine (pills a.B.S+5): bowels then moved freely. Aug 31/95. No special change. Lives along quietly and Contentedly here. Occasionally helps with outside work. Physical health is quite good, for him. Sept 1/ 30 Sept 2/95. Wt 154 pds. Pulse 84. Sept 15/95. Had 1 fit during the night: patient appears now in a State of almost collapse: pulse weak & threadlike, after the fit. Sept 30/95. Condition is about as usual. Oct 1/ 31 Oct 1/95. Wt 194 pds. Sleeping steadily in fresh: pulse 72. Oct 31/95. Is uniformly quiet and well-behaved. Appetite good: bowels regular. He makes no complaints. Is contented & cheerful. Goes out walking every day. Habits neat & clean. Nov 2/95. Wt 201 pds. P 88. Nov 7/95. Had a fit, during night Nov 13/95. Night-nurse discovered patient smoking in his room. Nov 30/95. Condition about as usual. Dec 2/ 30 this nocturnal fits reported (20th & 29th). Dec 2/95. Wt 208 pds. Pulse 80. Dec 31/95. No special change to note. 1896 Jan 1/ Jany 1/96. Wt 213 pds. (Has gained 48 pds. since coming here). P 88. Jan 3/96. One fit, during the night. " 21/31 Jany 21/96. Transferred to B2. (on account of general change of wards). Jan 31/96. Keeps about the same, from month to month. at times, complains of Constipation. Behavior fairly good: has some Feb 4 things: plays billiard much of the day. Health is good. Feby 14/96. Wt 219 pds. Pulse 82. " 29 Feby 29/96. Generally sleeps well. Appetite good: bowels in good condition. Patient remains in about Mar 2 the same condition, month after month, though he has grown very fleshy. Mar/96. Still keeps " 31 increasing in weight. Mar 31/96. 2 convulsions noted: (1 at night of 19th & one at night of 26th) — April 1/ 1 April 1/96. Wt 223 pds. P 88. (Patient has gained 58 pounds in flesh, since his coming here). Apl 30 Apl 30/96. Transferred to B2. Apl 30/96. 2 convulsions reported (one on 20th one on 22d). Patient's physical Condition is good. He is neat in dress & habits: No delusions apparent.

May 1/96 **Summary Nurses Notes by Dr. Phelps.** Patient uniformly the same: Has convulsions every few days — Aug 1/97 an an average of about once a week: Complains somewhat but is not actively troublesome: Has recently kept at Annex Wt. 238 lbs. Aug 31/97 Wt. 233#. Oct 31/97 Has rather infrequent convulsions: Talk is quite rational altho after some convulsions he is somewhat confused. Does a little work & behaves usually good. Jan 8/98. Visited by friends. June 19/98 Visited by relatives. Jan 31/99 No change of special importance noted during period. Feb 1-July 31/99 (Dr. Wanous) Wt. 225. Subject to convulsions: fungus & red rash on back: put on medicinal treatment. July 22 Large red blotches on thighs and abdomen. Aug 1- Jan 31/1900 (Dr. Chapple) Aug. Wt. 236#. No change or improvement 1900 Jan- during period: Has had light epileptic attacks at irregular intervals: mostly at Jan 31 night. Has been treated for inflamed eyes: otherwise physical condition quite good. Is very demented: Has delusions: At times is childish & silly in manner but usually talks quite intelligently: Habits quite cleanly: quiet in behavior works on ward. Apl 18. Transferred to TW: had 3 severe convulsions & was in a very stupid Apl 18 condition. Remained in a semi-unconscious state, for several days: inability to talk more than an occasional word. Apl 23. Up, on ward: seems about as well as usual. Apl 28. Transferred to annex 23/ 28 Wt 231#. P 95. July/00. Vaccinated: result good. July 31. No change to note. "Is very fat & May 3 has occasional "Epileptic seizures": Otherwise, seems well. Has large appetite: sleeps soundly: works on 1/ 02/ 03 ward. Cleanly in habits & very well-behaved. Talks quite sensibly, but in a childish manner. Reads the newspapers, a good deal & plays games.

Transferred Back of Page 1.

Personal and Medical History of Thomas Lantry

LABERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4158.
Residence, Red Wing, Minn (Minnesota Training School)
Date Admission, 11th July 1895.
Admitted by, Dr. C. B. Eby — Hour, 1.30 P.M.
How Sent, Axel Haller, Jof P. Goodhue County.
Sex, Male
Age, —18—
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Florist
Degree Education, Common School; (half advanced)
Profession Religion, Roman Catholic
Habits, not good
Nativity, Wisconsin; (father's, Colorado; Mother's, Ireland).
Physicians Committing, N. Juell & H. L. McKinstry
Correspondents, none given in papers
Nov 6/95 D.H. Mrs K. Lantry — 2117 Girard Ave. North — Mpls

No. for Year, 357.
Insane Relatives, — None; but father was intemperate
Cause Exciting, inordinate use of tobacco & self abuse
Cause Predisposing, not given
Form, mania acute
Accompanying Bodily Disorder, none mentioned. Skin blotched
Suicidal or Not, not; but attempted several times to injure others
Date of this Attack, one month ago
Duration, one month
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, —18—
Time of Leaving, June 17. 1899
Time in Hospital, 3 yr. 11 m. 6 d.
Result, Discharged Sept. 13. 1899 Improved.

Exd by Dr. Henzog, July 13/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, Not at all good
Recent Events, —
Special Subjects,
PERCEPTIVITY:
Alert or Dull, alert
Correct or Illusive, illusive
REASONING POWER:
Ordinary Subjects, Not good
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
~~Indifferent,~~
Exalted, Yes
Depressed,
DELUSIONS:
Systematized or Not, Nothing definite
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is continually restless & talkative, shouting; profane & vulgar. Ideas totally disconnected. Skin condition is bad. There are several slight abrasions, which have festered —

C. H. Lantry.
232 Fremont Ave. No.
Minneapolis,
Minn.
May 27 1897

Thomas Lantry

...ION, CONTINUED.
...ERISTICS.

NUTRITION, Markedly impaired.
... on crown of head: has phimosis. —
Promptness Movement, slow
somewhat dilated
...mmodation, about normal.

HEARING, seems good.
COORDINATION, Arms, Legs, } usual tests not made, as patient was abed, but considerable incoordination is apparent. —
TREMORS, Hands, yes — Tongue, yes
Facial Muscles, no — General, no
REFLEXES, Patellar, test difficult;
~~Other~~ Some exaggeration: seem equal —
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, eyes roving; expression changing.
SENSIBILITY, ✓
HEART, rapid, slightly irregular; impulse forcible; 1st apex sound rough.
LUNGS,
seem good; careful examination impossible. —

TAKEN,

~~EXAM. URINE,~~
Treatment
Cathartic: keep abed: hot baths, with cold to head; liquid diet, large quantities; ergot fl. ext. teaspoonful 3 times a day; hypnotics as required.

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 Thomas La[illegible]

LABART, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4158.
Residence, Red Wing, Minn (Minnesota Training School)
Date Admission, 11th July 1895.
Admitted by, Dr. C. B. Eby — Hour, 1.30 P.M.
How Sent, Axel Haller, Jof P. Goodhue County.
Sex, Male
Age, — 18 —
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Florist
Degree Education, Common School; (half advanced)
Profession Religion, Roman Catholic
Habits, not good
Nativity, Wisconsin; (father's, Colorado; Mother's, Ireland).
Physicians Committing, N. Juell & H. L. McKinstry
Correspondents, none given in papers
Nov 6/95 D.H. } Mrs. K. Lantry — 2117 Girard Ave. North — Mpls

No. for Year, 357.
Insane Relatives, — None
Cause Exciting, inordinate use of to[illegible]
Cause Predisposing, not gu[illegible]
Form, mania acute
Accompanying Bodily Disorder, none mentioned. Skin blotched
Suicidal or Not, not; but attempted several times to injure others
Date of this Attack, one month ago
Duration, one month
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 18 —
Time of Leaving, June 17. 1899
Time in Hospital, 3 yr. 11 m. 6 d.
Result, Discharged Sept. 13, 1899 Improved.

Exd by Dr. Henzog, July 13/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, Not at all good
Recent Events, —
Special Subjects,
PERCEPTIVITY:
Alert or Dull, alert
Correct or Illusive, illusive
REASONING POWER:
Ordinary Subjects, Not good
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
~~Indifferent,~~
Exalted, Yes
Depressed,
DELUSIONS:
Systematized or Not, Nothing definite
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is continually restless & talkative, shouting; profane & vulgar. Ideas totally disconnected. Skin condition is bad. There are several slight abrasions, which have festered —

Personal and Medical History of Thomas Lantry

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 111 pds NUTRITION, Markedly impaired.
WOUNDS OR ABNORMALITIES, See "S.R.": linear transverse scar 1½ in on crown of head: has phimosis. —
TONGUE, Tremors, Yes, coarse Coatings, quite clean Promptness Movement, slow
PUPILS, Equality, Yes Size, somewhat dilated
Response Light, about normal Accommodation, about normal.
SIGHT, Seems good —
HEARING, Seems good.
COORDINATION, Arms, Legs, } usual tests not made, as patient was abed, but considerable in coordination is apparent. —
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, no General, no
REFLEXES, Patellar, test difficult; ~~Other~~ Some exaggeration: seem equal —
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, eyes roving; expression changing.
SENSIBILITY, ✓
HEART, rapid, slightly irregular; impulse forcible; Apex sound rough.
LUNGS, Seem good; careful examination impossible. —

TAKEN,

~~EXAM. URINE,~~
Treatment
Cathartic: keep abed: hot baths, with cold to head; liquid diet, large quantities; ergot. fl. ext. teaspoonful 3 times a day; hypnotics as required.

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 *Thomas Lantry*

1895

This patient was brought here by Deputy-Sheriff Carl A. Johnson, with following history. Patient is in poor condition. As to consanguinity, do not know: no insane relatives, this is 1st attack, never before in hospital. First symptoms of this attack manifested one month ago, by being very joyful, laughing, shouting without any cause, and being violent. Disease appears to be increasing; is variable and there are rational intervals, but not at regular periods. Derangement now shown in no one subject but is particularly anxious for tobacco, and has gotten tobacco stems from the greenhouse and hidden and eaten them. Has shown disposition to injure others, several times. Not suicidal; propensity not active. Is filthy in habits & destroys furniture. Previously, was given to fighting; high-tempered & passionate. Father was intemperate & used tobacco. He has had no severe disease or head-injury. Has not been confined, but, this noon, was hand-cuffed, for awhile. Supposed cause of the disease is immoderate use of tobacco and self-abuse. Has had no medical treatment. On personal examination, he talks volubly, and at random. Skin is full of blotches; he is thin in flesh.

July 11 On admission, was put on B3 (S.R. Complexion dark; hair dark brown; eyes gray; condition of skin not good; some scars on top of the head; marks on arms, hands & legs. Sedate. Behavior good). Is very troublesome

" 12 July 12/95. Was noisy 6 hours, last night: slept none; was in restraint for 8 hours. Am. Appetite fairly good; bowels, headache, moved. Is troublesome today; exalted; bothersome & annoying towards other patients. Talk is incoherent & senseless. No injuries noted, tho' marked up quite badly, on admission. Was transferred to "Infirmary Ward" this P.M. On arrival there, was in a very excited condition; was put to bed, in restraint: (had been given a hot bath, with cold applications to head, previously).

" 13 July 13/95. Very noisy 5 hours & slept only 2 hours, last night. Am. Patient very wild; Continually talking. Taken out of restraint; was held in bed, all day, by nurse. Was given bath, again, as above. He has taken 1 glass of milk and 3 quarts of eggnog, today. 7 Pm. Again put in restraint.

" 14 July 14/95. Was given Sleeping-Dose, but slept only 4 hours: was noisy & restless 4 hours, last night: was given meal, quite freely, during the night. Combination-bath repeated, this morning (These baths have a temporary soothing effect). 8 Am. Taken out of restraint. Bowels have moved, by pills & laxatives. 6 30 Pm. Bath repeated; (temperature of water 110°). Patient has been very wild & noisy, all day: held in bed, by nurse. Put in restraint, again, at 7 Pm. Drinks freely of eggnogs.

" 15 July 15/95. Restless 5 hours, sleeping only 3 hours, last night. 8 Am. Taken out of restraint. 9 Am. Taken for walk of 2 miles. Pm. Has been very noisy & wild, all day; held in bed by nurse. Is on liquid diet of eggnog, 5 times a day: Combination bath given this Am & repeated at 7 Pm. 8 Pm. Put in restraint again.

" 16 July 16/95. Noisy 5 hours; Slept only 3 hours. 8 Am. Taken out of restraint. 2 Pm, Given walk of 2 miles: was very troublesome & pugnacious. Has been held in bed, most all day, by nurse. Combination-bath at 8 Am; again at 4 Pm.

" 17 Bowels constipated: given glycerine suppository. 8 Pm. Put in restraint. July 17/95. Noisy 6 hours & slept only 2 hours. 8 Am. Taken out of restraint. Bowels moved. Pm. Noisy & very wild, all day; held in bed, by nurse. Was given 3 mile walk, this Pm. Bowels moved freely. Was given Combination-baths at 8 Am & 3 30 Pm. 7 Pm. Put again, in restraint, and given Sleeping-dose. July 18/95. Slept only 2 hours, was noisy 4 hours. 8 Am. Out of restraint. Bowels moved freely, today. Is given 1 quart eggnog, 5 times a day; Pm. Very wild, as usual, requiring to be held in bed, by nurses. Given walk of 3 miles: was very troublesome. Hot baths, with cold applications, continued. 8 Pm. Put in restraint.

Personal and Medical History of *Thomas Lantry*.

1895

Friday July 19/95. Was restless & noisy 6 hours & slept only 2 hours. 8 Am. Out of restraint. Pm. Two Combination baths given today; (these appear to have a temporary quieting effect). Held, again, today & held in bed all day, by nurses. Bowels moved freely. 7 30 Pm. Put in restraint. July 20/95. Restless 4 hours, slept only 3 hours. 8 Am. Taken out of restraint. Held, as usual, today; also quite destructive, tearing up bedding; held in bed, all day, by nurse. Gave him a mile walk this Pm (also was out walking yesterday afternoon). 8 Pm. In restraint. July 21/95. Noisy all night. Very troublesome & held in bed, all day, by nurse. (8 Am. Was taken out of restraint). 8 Pm. Again, put in restraint. —

" 22 July 22/95. Awake & noisy, all night. 8 Am. Taken out of restraint. Noisy & very wild, all day. Was given 2 mile walk, during Pm. Is given eggnog, 5 times, a day; also soup &c.

" 23 8 Pm. Put in restraint, again. July 23/95. Noisy 4 hours & slept only 2 hours. 8 Am. Taken out of restraint. Took a 3 mile walk with nurse, this Pm; was very noisy & restless, today. Bowels moved. 8 Pm. Put in restraint. July 24/95. Noisy 2 hours, but slept 6 hours. 8 Am. Out of restraint. Noisy & very troublesome today; held in bed, as usual. Given a 2 hours walk. Baths, as above, given twice daily, but effect is only temporary, upon his nerves. 8 Pm. Put in restraint. Diet, eggnog 5 times.

" 25 July 25/95. Restless 5 hours, sleeping only 3 hours. 8 Am. Out of restraint. Pm. Noisy & troublesome, as usual, all day. Gave him a 3-mile walk. Bowels moved copiously. Baths continued.

Summary: Patient has been extremely wild, almost continually, since admission, though there can be noticed a slight change, for the better, of late. When first baths were given, it required assistance from 4 or 5 nurses, while now, 2, or even 1, nurse can give them. Patient was very emaciated, when admitted; he has gained considerably in flesh and strength. Mental state can only be described as extremely maniacal: (see attached records)

" 28 July 28/95. Is kept in restraint nights. Eats heartily. Very noisy & troublesome, during day. Is given Combination baths, twice daily: also long daily walks. Behavior, while out is much better than when indoors.

" 31 July 31/95. Is still restrained at night: sleeps fairly well. Appetite is good: Goes out for his daily walk: baths continued (twice daily): still very noisy & troublesome, when inside, requiring continual attendance from nurse. Patient appears improving, of late.

Aug 1 Aug 1/95. In restraint all night: up, onward, nearly all day. Was given a long walk today: was noisy

" 4 and troublesome onward, while inside. Is given frequent Combination-baths. Aug 4/95: In restraint,

" 5 nightly. Aug 5/95: Out of restraint, all night. Has been given long walks, daily. Comparatively quiet, today.

" 7 Aug 7/95. Noisy & destructive, all day. Very troublesome & noisy. Baths given as usual, quite frequently.

" 10 Aug 10/95. Kept in restraint, a portion of the time. Long walk continued; also baths. Behavior does not change any.

" 15 Aug 15/95. Less in restraint, of late. On good days, he is better behaved, tho' most of the time troublesome and noisy. Refuses meals occasionally. Was quiet part of night, when he became very noisy and somewhat destructive.

" 17 Aug 17/95. Fairly well-behaved, the past 2 days or so. Not restrained at night. Appetite good: bowels regular.

" 20 Aug 20/95. Not restrained now, yet he is, at times, destructive, troublesome & noisy. Baths & walk, continued.

" 23 Aug 23/95. Very noisy, today, & inclined to be destructive. Aug 24/95: Refused breakfast & dinner, today.

" 25 Aug 25/95. Quite well-behaved, the past 2 days, but very noisy, today. Restless & continually walking floor.

" 30 Aug 30/95. Noisy, restless & destructive. Very obstinate. No improvement can be noted, in the case.

" 31 Aug 31/95. More quiet today, although very obstinate. Appetite quite good, tho' he refuses meals occasionally.

Sept 3 Sept 3/95. Keeps 5 or 7 hours, nightly. He has been very wild & destructive. Also noisy, all day. —

(Carried to Page 401) + -1

Personal and Medical History of Henry Von Rüden

LEBERT, FISCAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4462.
Residence, Warsaw, Minnesota —
Date Admission, 16th July 1895. —
Admitted by, Dr. Herzog Hour, 7 P.M.
How Sent, R. A. Mott. Jof P. Rice County
Sex, — Male —
Age, — 51 —
Civil Condition, married
Children, — 8 —
Age Youngest Child, 4 Years
Occupation, Farmer
Degree Education, 8 Years' schooling, in Germany
Profession Religion, — Catholic —
Habits, not intemperate
Nativity, Prussia; (parents, same place)
Physicians Committing, G. Weston Wood and J. S. Seeley
Correspondents, Mrs. H. Vonrüdden and Mrs. D. Benkert Faribault Minn.

No. for Year, 361.
Insane Relatives, none
Cause Exciting, "Grippe" & worry about property
Cause Predisposing, previous attack.
Form,
Accompanying Bodily Disorder, has had "La Grippe"
Suicidal or Not, not
Date of this Attack, not given
Duration, probably some time
No. of Attack, 2nd probably
No. of Admissions, 1st
Age First Attack, about 48
Time of Leaving, November 3rd 1901.
Time in Hospital, 6 yrs 3 mos 17 ds
Result, Improved: Disd. May 10/1902 by B of C

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr. Herzog, July 17/95.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Slightly Sluggish
MEMORY:
Past Events, } seems good for a man in his position
Recent Events, } in life —
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, } fairly good: believes himself well,
Own Mental State, } but admits there may be doubt in
Special Subjects, } regard to his delusions — reasons plausibly but refuses to accept evidence —

EMOTIONAL STATE:
Normal, Calm, but
~~Indifferent,~~
~~Exalted,~~
Depressed, at times.
~~DELUSIONS:~~
Systematized or ~~Not~~, fairly well
Special Subjects, in regard to ownership of property & of persecution.
Transitory or Not, fixed —
HALLUCINATIONS:
ILLUSIONS: ✓
CONVERSATION:
Coherent or Incoherent, coherent
Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:
Apparently he has lost his farm, legally, through foreclosure of a mortgage — (This was told me by the Deputy who brought him here) — He, however, believes that the place belongs to him & although he was evicted by the Sheriff, he still hung about the premises under various pretexts & finally became involved in a row, with the family of the purchaser of the property. It was at this time that he received the scalp wound. He tells quite a plausible story & tries to make the other parties out as being in the wrong & as being the aggressors. He also hints at persecution by his family & says that they can't see things the way he does.

Personal and Medical History of Henry Von Rüden

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ WEIGHT, 188 pds NUTRITION, Good.
WOUNDS OR ABNORMALITIES, Scalp wound, recent, 1½ in long. (See "S.K.")
TONGUE, Tremors, quite marked Coatings, light white coating on Dorsum Promptness Movement, slow.
PUPILS, Equality, pupil of left eye is slightly contracted; responds ~~Size~~, to light & accommodation; pupil of right
~~Response Light~~, eye responds slightly to accommodation ~~Accommodation~~, seems immobile to light.
SIGHT, right eye was injured in childhood, internal rectus paralyzed; sight lost.
HEARING, slightly impaired —
COORDINATION, Arms, fairly good; finger to nose, eyes shut, fairly good.
Legs, slightly impaired; standing on foot, some difficulty; standing, eyes shut, sways slightly.
TREMORS, Hands, yes, slight Tongue, considerable
Facial Muscles, no — General, no —
REFLEXES, Patellar, 9, equal.
Other slight ankle — clonus —
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, ✓
SENSIBILITY, ✓
HEART,
somewhat rapid; no murmurs noted —
LUNGS,
seem good —

TAKEN,

EXAM. URINE,
There is no drug treatment indicated at present.

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
Record kept
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Henry Von Rüden

1895

This patient was brought here by Wm Geiger Jr, Chief of Police, with the following history. Patient is in fair physical condition. No insane relatives. This is, probably, the 2nd attack; he had one in February 1894, duration several weeks. First symptoms of this attack manifested when he had the "Grip" and business troubles after. Disease seems stationary, but variable & with rational intervals. Derangement now shown in that he has an unshaken hallucination that his old farm, which was long since foreclosed and redemption effected, is still his, and, although twice removed, by law, persists in taking possession. Patient has shown a disposition to injure others, in defense of his supposed property rights. Has not attempted suicide. Is not filthy or destructive in habit. No previous peculiarities of were known. No history of intemperance in self or family. As above stated, he had the Grip; this, with worry about his property, which is all gone, is supposed to be the cause of the disease. He has not been restrained or confined. No treatment.

July 16 On admission, was put on B2 (S.R. Complexion light; hair light brown; eyes blue; condition of skin good; of tears, new head; was struck with pitchfork; and one left thigh and dorsal, from boils, on left jaw. Is clean. Behavior good). Pulse 88 R 20. Adm 99—

" 17 July 17/95. Restless 8 hours & slept only 4 hours, last night. Ann P 86. R 18. T 98. Appetite good; bowels constipated; was given medicine. Behavior good: he is quiet: sits about: talks fairly freely: no delusions noted. No complaints or injuries to report. July 18/95. Slept 5 hours, was restless 3 hours, last night. Ann P 80.

" 18 R 19. T 99. Behavior good. Walks about hall. Talks with other patients. July 19/95. Restless 4 hours, but

" 19 slept 5 hours, last night. Ann. P 86. Is about as yesterday. July 20/95. Restless 4 hours, Sleeping only 4

" 20 hours, last night. Ann. P 78. Quiet: makes no complaints. July 21/95. Slept 7 hours, last night. Ann. P 80.

" 21 Continues quiet & well-behaved. Talks some: also reads some: makes no complaints: no delusions yet noted.

" 22 July 22/95. Slept 5 hours, restless 2 hours, last night. Ann. P 82. No change to note, from day to day.

" 23 July 23/95. Restless 3 hours, slept only 5 hours. Ann. P 86. Well-behaved. Walks about. Talks quite freely.

" 30 July 30/95. Occasionally restless, during last week, but usually sleeping about 7 hours, each night. He has been up & about daily: clean in dress & of good personal habits. Has been quiet & well-behaved. Gets about: talks, at times, quite freely; at others, only when addressed. No delusions have been noticed — though he undoubt holds them; appetite good: bowels constipated at times, requiring medicine, (A.B.S. pills): of late, have been more regular. Pulse, each morning, about normal. No work.

Summary: Since admission, behavior has been uniformly good: has not seemed to take much interest in his surroundings, seemingly engrossed with his own thoughts & ideas: has been quiet: talking quite freely when addressed, but not talking much unless approached. Gt habits good. He seems somewhat depressed, at times. Physical condition good. Indolent; has done no work.

Aug 1/95 Aug 1/95: Wt 191 lbs. Pulse 96. Aug 31/95. Quiet: well-behaved — about as described in above summary.

Sep 2 Sep 2/95. Wt 190 " " 96. Patient uniformly quiet & well-behaved. Works some. Habit clean & tidy.

" 15 Sep 15/95. No special change. Quiet & retiring. Behaves well. Reads some. Keeps with work.

" 17 Appears well-satisfied & contented. Sep 17/95. Transferred to C. Sep 30/95. No change to note. Works well.

Oct 3 Oct 1/95. Wt 192 lbs. Pulse 80. Oct 8/95. At present, has a very bad cold & sore throat. Is being treated for

" 7 same, by gargles &c: same is improving. Oct 14/95. Not very well, today. Complains of feeling sick at his

" 26 stomach & is very tired & weak. Oct 26/95: Improving slowly. Oct 28/95. Feeling better, today. Works on

" 31 ward. Oct 31/95. About as usual. Very quiet & well-behaved. Retiring in manner. Talks rationally: no delusions noted.

Personal and Medical History of Henry Von Rüden

1895

Nov 1 Nov 1/95. Wt 186 lbs. Pulse 84. Nov 20/95. The past few days, Patient has been troubled with sore-throat,

" 30 aching of the bones & with his stomach; also some fever: was given medicine: is much improved, today.

Dec 1 Nov 30/95. Patient is very quiet: works on ward: no delusions noted, tho' he may still hold them. Has

" 16 been visited by his wife the last 2 days. Appetite rather poor. Dec 1/95. Wt 190 pounds. Pulse 102.

1896 Dec 16/95. Transferred to A. E. Dec 31/95. Has behaved well, since received on this ward. Talks freely:

Jan 3 no delusions noted. Eats & sleeps fairly well. Physical health good. Jan 3/96. Wt 186 lbs. Pulse 92.

" 31 Jan 31/96. Has not been feeling well, for some days. Complains of lame back. No mental change

Feb 1 noticed. Feb 1/96. Wt 185 lbs. Pulse 76. Feb 29/96. Has been troubled, of late, with a lame

29 foot & has not been able to walk out with the rest, for some days. Retains freely & sensibly

Mar 3 Eats & sleeps well. Seems much improved. March 2/96. Wt 181 lbs. Pulse 72. Mar 3/96. Was

" 5 given permission to remain outside, about the buildings, while the rest went for a walk, on

account of his lame foot. Mar 5/96. Makes no complaint of lame foot, now. Has been

quiet & well behaved. Works some on ward. Would like to go home.

Was allowed to leave for home, today, on trial.

May 8 May 18/96. Was returned today: put on B3

May 18/96 Summary Nurses Notes by Dr. Phelps. Patient rather inclined to be cranky & irritable during early

to part of stay here. Remains gradually became quiet & seemed to be trustworthy.

Aug 1/97 Makes very little complaint as he is intelligent enough to know pretty well

concerning his own case. No physical symptoms of note during period.

Wt. 173 lbs. in July '97. Continued by Dr Herzog Aug 1 '97 Quiet & well-behaved. Sits in room

most of time: Works in centre dining room: Is rational on ordinary subjects: Has delusions of

persecution at times. Sept 1 Discontinued working in dining room. Oct 7 '97 Wt. 171½ lbs.

Oct 24 Went out to take a smoke, went down town & remained until 5 PM. Oct 25 On parole. Nov 17 Still on pa-

role. Trans. to open ward. Nov. 22 Went down town & visited Phelps school. Acted strangely, Tracks

out & he was brought back & transferred to B3 Dec 1 Unable to understand why parole was taken

from him. Apr 1 '98 About same as at last note: Wt. 170. July 1 Visited by wife: Remained

1899 about same: Still has delusions of persecution: at times peculiar in his behavior but shows

no other delusions & a slight dementia. Oct 1 '98 Began working in dining room: Jan 31 '99

Jan 1 Still working in dining room: No change physically or mentally. Feb 1 - July 31 '99 (Transferred) Wt. 179 lbs.

Patient quiet & well-behaved: Works in dining room: Apr 13 Photograph taken.

Is apparently quite rational Aug 1 - July 31 '900 Augt Wt. 176 lbs. Quiet & well behaved:

Remains in room. Has no delusions. Nov 21. Trans to A2. Dec 1. Works on

ward - plays games & is interested in surroundings. Feb 1 Wt. 185 lbs.

Generally gets along very well on ward. Apparently has no delusions -

Apr 5. Went down town to play: Spends time reading Scriptures. May 21. Complains

of toothache. Tooth extracted June 6. Expresses desire to go home. June 20

Visited by friends. June 28. Refused to work. Says was not sent here to work.

1900 July 20 1900 Vaccinated successfully. Aug 10. Does not with crowd, for fear of acne.

Aug 10/30 no delusions noted. Is neat & clean: Aug 30 Visited by friends (Mr & Mrs Hahn). Sept 11. Visited by

Sept 16/Sept 1900 Mr. Knaebel. Sept 24 Visited by friends. Dec 29. Visited by wife: went down town: Jany 31/1901. No

Jany 31 change to report. —

Transferred to Ward of 1.

Personal and Medical History of Nicco Tuscaro

Whole No. 4166.
Residence, St Paul. Minn (15 years) -
Date Admission, 20th July 1895. -
Admitted by, D.C.B. Eby — Hour, 6 45 P.M.
How Sent, G. Willrich. Jos P. Ramsey County.
Sex, Male
Age, — 49 -
Civil Condition, - single -
Children, none
Age Youngest Child, —
Occupation, Musician & balloon - man (vendor)
Degree Education, none -
Profession Religion, not a church - Member
Habits, not stated.
Nativity, Italy; parents also born there.
Physicians Committing, D.C. Jones and Justus Ohage
Correspondents, none given in papers

No. for Year, 365.
Insane Relatives, no history of insanity in family
Cause Exciting, not known; probably Epilepsy
Cause Predisposing, Epilepsy
Form, - Dementia ~~Paretic~~ -
Accompanying Bodily Disorder, Epilepsy
Suicidal or Not, not.
Date of this Attack, several years ago
Duration, several years
No. of Attack, not 1st (off & on for 20 years)
No. of Admissions, 1st
Age First Attack, about 49 -
Time of Leaving, June 29. 1897
Time in Hospital, 1 yr. 11 mo. 9 d.
Result, Transferred to Fergus Falls.

O.K. PM

Exd by Dr Herzog July 23/95.

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, Illusive frequently
REASONING POWER:
Ordinary Subjects, } Much impaired
Own Mental State, }
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Patient is quite thoroughly demented. Says he feels first-rate. Facial expression and tremor of lips, on speaking, very suggestive of General Paresis -

EMOTIONAL STATE:
~~Normal,~~ Calm,
~~Indifferent,~~
Exalted, Slightly
~~Depressed,~~
DELUSIONS:
Systematized or Not, } none noted
Special Subjects, }
Transitory or Not, }
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, fairly voluble

Personal and Medical History of Nicco Tuscaro

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ WEIGHT, 128 lbs. NUTRITION, somewhat impaired.
WOUNDS OR ABNORMALITIES, scar over right knee from an open wound: pigmented superficial scars in right iliac region - scar on head of penis.
TONGUE, Tremors, fine small. Coatings, clean; but large, flabby & tooth marked. Promptness Movement, slow
PUPILS, Equality, Yes Size, about normal
Response Light, Excessive Accommodation, Excessive
SIGHT, appears good
HEARING, " "
COORDINATION, Arms, Considerable impairment: finger to nose, eyes shut, considerable hesitancy: has trouble in buttoning clothing
Legs, slight impairment: standing on foot, fairly good - some difficulty: walking backward, can do so, but with distinct effort - standing eyes shut, fairly good - turning quickly, considerable uncertainty
TREMORS, Hands, Yes Tongue, yes
Facial Muscles, of lips, when speaking General, —
REFLEXES, Patellar, 2 equal; difficult to test as he does not relax muscles - ~~Other~~ reflex brought out only by distracting the attention
EXAM. URINE,
ARTICULATION,
Slurred, Yes
Hesitating, Yes
FACIAL EXPRESSION, Stolid
SENSIBILITY, ✓
HEART, sounds somewhat rough - no murmur -
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.,
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 Nicco Tuscano.

1895

This patient was brought here by Deputy Sheriff H. Chapek, with following history. Patient is in poor condition. Cannot get facts in front of consanguinity; no history of insanity in family. This is not 1st attack: he had epileptic fits, with gradual loss of mind & mental power, for 20 years. Disease seems increasing; no intervals when he is absolutely rational. Derangement now manifested by dirty habits, obscene acts, small reasoning power and incapacity to earn a living. Is disposed to injure others, but not suicidal: filthy & destructive in habits. There is no history of any peculiarities &c, before the accession of the disease, and no history of intemperance in family or self. Has, as stated, been subject to Epilepsy. He has been confined in workhouse. Supposed Cause of the Disease not definitely known. No history of any treatment. Patient is very foolish.

July 20 — On admission, temperature B 3/4 (S.R.). Complexion dark; hair black; eyebrows; conduction of skin poor; some scars on right knee. Is dirty. Behavior good. July 21/95. Restless 4 hours, sleeping only 5 hours, last night. F.M. Pulse 96. R 24. T 98.5. appetite good; bowels moved: behavior good: talks but little & is difficult to understand: no cough noticed. No complaints or injuries to report. —
" 22 — July 22/95. Slept 5 hours, restless 4 hours. F.M. P 82. R 26. T 98.6. — Is rather restless today; talks considerable, but in foreign language. July 23/95. Slept 6 hours, restless 2 hours, last night.
" 23 — Ann. P 70. R 21. T 98. Appetite good; bowels regular: behavior good; talk quite rationally, but rather difficult to understand him. July 24/95. Slept 6 hours, restless 3 hours. 5 Pills. P 82.
" 24 — R 27. T 101.4. Appetite good: bowels regular. Is quiet & well-behaved. No delusions yet noticed.
" 25 — July 25/95. Slept 8 hours, last night. Ann. Pulse 74. R 22. T 98.4. — Acts strangely, at times: will strike himself or knock his head against wall, or on floor — Talks incoherently. July 26/95. Slept 8
" 26 — hours: Ann. P 76. R 20. T 98.5. Behavior fairly Good: habits filthy. July 30/95. Has been
" 30 — sleeping well, each night, since last noted — Had 2 convulsions, last night. Pulse has been about normal: appetite good; bowels regular: behavior about as usual: still goes through "peculiar motions".
" 31 — July 31/95. No special change noticeable, from day to day. Talks some, but in a muttering way.
Aug 1/3 — Aug 1/95. Wt 126 pds. Pulse 82. Aug 2/95. Ann. Pulse 80. Aug 3/95. Ann. Pulse 78. — Is quiet.
Summary: Patient appears to be in about the same condition, as when admitted. He has been fairly well behaved & has caused no trouble. Convulsions reported as above. Talks in a mumbling, muttering way.
" 18 — Aug 18/95. Acted in a very stupid & dull way this morning. Said he had 2 convulsions, during night —
" 27 — (no report of such from night watch). Aug 27/95. Had 3 convulsions, during the night. Aug 31/95. Ap-
31 — petite good: bowels regular. Behavior fairly good, if let alone, but he is very easily provoked by other patients, when he will fight — Speech very broken & hard to understand; actions rather peculiar: Is unsteady in his walk: subject to fits or spells: habits are clean. Sept 2/95. Wt 129 pds. Pulse 96.
Sep 2/ — Sep 3/95. Had 1 Convulsion this Ann. Was struck by patient, F. Abbott, cutting his forehead slightly.
" 3 — Sep 23/95. 2 Convulsions reported, during the night. Sept 30/95. No change specially to note.
" 23 — Oct 1/95. Wt 132 pds. Pulse 82. Oct 8/95. Had 1 convulsion last night. Oct 10/95. 3 Convulsions during night.
Oct 1/30 — 8/10 — (N.H. notes: very considerable incoordination: talked: articulation much impaired). Wt 28/95. Kicked
" 28 — C. Bloomquist, without any provocation, slightly cutting his lip. Oct 29/95. 1 convulsion during night.
" 29 — Oct 31/95. General notes above still hold good, at this date. He is quite quarrelsome, at times.
" 31 — Nov 1/95. Wt 137½ pds. Pulse 74. Nov 30/95. Two convulsions, by night, reported. (on 16th & 26th): Behavior
Nov 1/30 — very rough, towards some patients & will fight them when he gets an opportunity. Work occasionally

Personal and Medical History of Nicco Tuscano.

1895

Dec 1/19 — Dec 2/95. Wt 139 pds. Pulse 84. Dec 19/95. Had some altercation with Thomas Johnson & hit him quite se-
" 31 — verely on the nose: also had some trouble with Hawley & received some scratches on face: Tuscano the aggressor.
1896 — Dec 31/95. Condition does not seem to change any: 3 nocturnal convulsions reported, during the month.
Jan 1/14 — Jan 1/96. Wt 137½ pds. Pulse 88. Jan 21/96. Transferred to B1 (on eve of general change of the Wards).
" 31 — Jan 31/96. Keeps about the same, from month to month. Rough & very pugnacious, at times.
Feb 1/7 — Feb 1/96. Wt 136 pds. Pulse. Feb 7/96. 2 convulsions, during the night. Not feeling well, to-day.
" 8/14 — Ate only a very light supper. Feb 8/96. Feeling better. Feb 21/96. Had 2 convulsions during night.
" 29 — Feb 29/96. Keeps about as usual. Inclined to be pugnacious & frequently gets into trouble: habits clean:
Mar 1/18 — works a little on ward, at times. Mar 1/96. Wt 137 pds. Pulse 82. March 10/96. Very pugnacious,
" 24 — & plate, fighting everyone that gets near him. March 21/96. A convulsion during night. 2 Pm. Com-
" 30 — plained of not feeling well — Vomited twice: Dizzy & weak: was put to bed. Mar 30/96. Behavior
fairly good: has a habit of jumping at some of the patients & makes motions as if going to
strike but will quiet down, when spoken to. Habits clean: 2 nocturnal convulsions noted for month.
April 1/30 — April 1/96. Wt 138 pds. P 86. April 30/96. 2 convulsions reported for month — Patient shows delusions
& pugnacious & attacks patients for little or no cause. Talk but little & very poor English: has
somewhat of an impediment in his speech. Is excitable & nervous: habits clean. Does no work. —
(8 Pm of 29th struck Wm Emmons at bed-time in the face-marking it slightly: no cause for doing so)
May 1/31 — Summary Nurses Notes by Dr. Phelps. Patient has convulsions frequently, altho his general health has
June 29/97 — continued quite good during all of the period. Is irritable & troublesome in a dull, demented way. During Jan, was upon sick ward for a while with a slight rise of temperature. Lay very quietly in bed & the temperature gradually went down to normal. Wt. in July 1st 150 lbs.

Transferred to Fergus Falls. June 29th 1897.

Personal and Medical History of Frank Erren

LIBERT, FIDLAR & SAUERBERG, DAVENPORT, IOWA.

Whole No. 4170

Residence, St Paul Minnesota

Date Admission, 24th July 1895

Admitted by, D. Phelps Hour, 6.40 PM

How Sent, Benn Davis, Court Commr Ramsey County

Sex, Male

Age, — 44 —

Civil Condition, — Divorced —

Children, — Two —

Age Youngest Child,

Occupation, Marble-Cutter

Degree Education, Common School —

Profession Religion, Catholic —

Habits, Is a Drinking man

Nativity, Detroit Mich. (Father & Mothers, Germany)

Physicians Committing, A. B Aucker & H. J. O'Brien

Correspondents, ~~Mrs S. L. Erren 502 St. Peter St. St Paul~~

No. for Year, 369

Insane Relatives, no

Cause Exciting,

Cause Predisposing,

Form,

Result, Improved

THAT SUSPICIOUS FIRE.

St Paul Pioneer Press May 25th

Yesterday Fails to Throw Any Conclusive Light Upon Its Origin.

Mrs. Frank Erren, one of the seven persons who nearly lost their lives in a fire at 502 St. Peter street early yesterday morning, had a long consultation with Assistant County Attorney Donnelly yesterday afternoon, during the course of which she claimed that the fire was not of accidental origin, that she believed she knew who set it and asked for a warrant for his arrest. This action was taken upon the recommendation of Capt. Phil Schweitzer, of the central station. During the forenoon he made as thorough an investigation of the case as was possible under the circumstances. Although not willing to talk about it the captain doubtless had reasons to warrant his advising Mrs. Erren in the course she took.

The extremely suspicious nature of the fire was noted exclusively by the Pioneer Press yesterday morning. When seen by a reporter yesterday afternoon Mrs. Erren and her daughter, Margaret Ley, reiterated the statements made immediately after the fire, to the effect that the fire had been set

Their eviction by fire followed another unpleasant domestic episode of the day. eWdnesday Erren visited the house in an intoxicated condition and threatened Mrs. Erren's life. His anger was first aroused, they allege, by the sight of some new clothes that had been purchased for nine-year-old Frank Erren's first communion. Miss Ley alleges that he accused her of being the one who had instigated all of the trouble between himself and his wife, and that he grew abusive, and finally turned upon his former wife with the threat, "Let me tell you that you will never forget this night." However, he was finally persuaded to depart.

It was late when the family retired. Maggie Ley was the last to leave the lower part of the house. She saw that all the doors were locked and that the lamps were extinguished. After retiring she lay awake for some time talking with her aunt, Mrs. Nettie Witt of Shakopee. When Officer Gruber saw the blaze and pulled the box at the corner of St. Peter and Tenth streets she heard the sound. The story of the heroic rescue of the occupants of the upper rooms has already been told in this paper.

A suspicion at once occurred to the girl in regard to the fire and she was not loth to communicate her suspicions to others.

Frank Erren, since his return from the hospital for the insane at Rochester a few weeks ago, has been living, it is said in a shed four doors from No. 502. No one seems to have seen him either directly before or after the fire, but at 6:15 in the morning he appeared at the house and happened to meet his son Frank. He said to the boy, "I see by the morning papers that you had a fire here last night."

The boy nodded and Erren continued, "Now, you cannot lie on the day of your first communion, tell me how the fire started."

Frank Erren, Jr., was diplomatic and replied, "We do not know."

"What do they say about it?"

Erren seemed a bit startled at the boy's reply and went away. Evidently he did not faury in the neighborhood, for when Chief Clark sent an officer to look for him he could not be found. He did not return to his old haunts during the day as far as known.

Her friends urge Mrs. Erren to have her former husband again taken before the probate court on account of his threats and sent to an asylum. Miss Ley, who is a handsome and accomplished girl, has numerous friends who have resolved to assist Mrs. Erren if she adopts the latter course. Cruelty and inhuman treatment were the grounds upon which the woman secured her divorce.

The man was sent to Rochester as an inebriate. Prior to that time, it is alleged, his frequent attempt at suicide won him notoriety with the police. One night when locked up at the central station it is alleged he repeatedly attempted to hang himself in his cell. Night Jailor Hammes was finally ocmpelled to sit up with him the remainder of the night to present his making way with himself. At another time, it is said, Sargeant Zirklebach forcibly took from him a bottle containing carbolic acid which he was about to swallow.

Early this morning Frank Erren was arrested in West St. Paul and locked up at the Ducas street station.

Another case in which a policeman ying Bodily Disor
came out best in an encounter with
tic was when Detective Pothen won a gun
fight in which he engaged with Frank Erren,
a lunatic who is ordinarily mild enough, but
who went on an unusual tack yesterday
morning. He has been to the asylum several times, and whenever he gets out he
makes life a burden for his wife, who keeps
a store on Wabasha street near Tilton.
Early yesterday Erren furnished himself
with a gun and announced that he would
destroy his wife as soon as he found her.
She vacated her shop and sent for the police. Detective Pothen went after the madman. He found him about noon in the dining room of a house on St. Peter street.
He was taking his dinner with the family,
and when he saw the detective he suspected that he was wanted and instantly
had his gun out and was ready for business.
Before he could do anything Pothen had
a grip on him, and, after a struggle, in
which the dishes on the table and some of
the furniture was demolished, Erren was
disarmed and handcuffed. He will probably be sent back to the asylum to-day.

attempted
ck,
s,

EXAMINATION ON ADMISSIO

MENTAL CHARACTERISTICS.

Ex by D. Herzog July 25/95

MENTAL ACTIVITY:

Clear or Confused, Confused, very slightly

Quick or Sluggish, quick

MEMORY:

Past Events, } seems fairly Good

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, appears good

Own Mental State, realizes Condition

Special Subjects,

EMOTIONAL STATE:

~~Normal~~, ~~Calm~~,

~~Indifferent~~,

~~Exalted~~,

Depressed, slight

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, fairly Coherent

Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:

Patient is tremulous & shaky, from drink & full of promises of reform. He wishes to gloss over his actions, while away, & put things in their most favorable light. — Although he seems to talk fairly well, yet there is some inability to concentrate the attention & foreseen consecutively. —

Personal and Medical History of Frank Erren

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

#54 Park Place
Mrs Frank Erren
St Paul
Age 45

NUTRITION, slightly impaired

ullet wound: face is puffy & swollen.

ze Promptness Movement, prompt

, slightly contracted

ommodation, normal

, inaccurate & hesitating.

almost impossible: staudring, speech, drag some

ue, Yes

ral, no

REFLEXES, Patellar, About 2 - 4, equal.

Other Slight ankle clonus

ARTICULATION,

Slurred,

Hesitating, /

FACIAL EXPRESSION, somewhat restless & anxious

SENSIBILITY, /

HEART, All sounds weak & muffled.

LUNGS, Seem good -

EXAM. URINE,

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,

Personal and Medical History of Frank E[illegible]

LEIGHT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4170

Residence, St Paul Minnesota

Date Admission, 24th July 1895.

Admitted by, D. Phelps — Hour, 6:45 PM

How Sent, Benn Davis, Court Commr Ramsey County

Sex, Male

Age, — 44 —

Civil Condition, — Divorced —

Children, — Two —

Age Youngest Child, ——

Occupation, Marble - Cutter

Degree Education, Common School -

Profession Religion, Catholic -

Habits, Is a Drinking man

Nativity, Detroit Mich. (Father & Mothers, Germany).

Physicians Committing, A. B Aucker and H. J. O'Brien

Correspondents, Mrs S. L. Erren 502 St. Peter St. St. Paul

No. for Year, 369.

Insane Relatives, no knowledge of any

Cause Exciting, perhaps whiskey -

Cause Predisposing, previous attack

Form,

Accompanying Bodily Disorder, none mentioned -

Suicidal or Not, attempted (?) & propensity also homicidal very active.

Date of this Attack, December 1894

Duration, 7 months (off & on)

No. of Attack, 2nd probably (a 1st Continuous)

No. of Admissions, 2nd

Age First Attack, (?)

Time of Leaving, Apr. 7/96.

Time in Hospital, 8 mo. 14 da.

Result, Improved. Disc. Aug. 12/96.

BANKERS
Dearborn-St., Chicago.
15 Wall-st., New York. 70 State-st., Boston.
163-165
CITY, COUNTY, SCHOOL, WATER and OTHER HIGH GRADE
BONDS
Bought and Sold. Correspondence Solicited.

CHICAGO CHANCE.
Corn Is Done In Corn Belt.
Very Little Business
—Oats Excited.
Market
Chicago, May 25. — The corn receipts were 720 cars for to-day was 10 cars and shipping demand was weighted down by Thursday's 730 cars for to-morrow. These facts look comparatively little interest in what they were doing, and the trade's bolder character. Prices fluctuated but of corn taken from Friday's at 36c. After that it almost steadily to 35c. which was also for cash. New York reported 10,000 bu of wheat as a dead loss. The opening price for July was from 34½c to 35½c, and it sold as high as 36c. Which was also the closing price. Oats was wild and excited —Oats Excited.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exby S. Herzog July 25th 96

MENTAL ACTIVITY:

Clear or Confused, Confused, very slightly

Quick or Sluggish, quick

MEMORY:

Past Events, Seems fairly Good

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, appears good

Own Mental State, realizes Condition

Special Subjects,

EMOTIONAL STATE:

~~Normal, Calm,~~

~~Indifferent,~~

~~Exalted,~~

Depressed, slightly

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

None noted

CONVERSATION:

Coherent or Incoherent, fairly Coherent

Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:

Patient is tremulous & shaky, from drink & full of promises of reform. He wishes to gloss over his actions, while away, & put things in their most favorable light. — Although he seems to talk fairly well, yet there is some inability to concentrate the attention & reason connectedly. —

the commerce
a gold at once fell about 15 per cent. Our law of November, 1893, repealed the purchasing clause of the Sherman law, and silver fell lower. By the undisputed testimony of the historic record of events, Mr. Carlisle was right in 1878 in his denunciation of the act of 1873 as "the most gigantic crime of this or any other age." Most clearly the laws demonetizing silver, and they alone have caused the fall in its commercial value and the rise in gold, both in its commercial value and in its purchasing power. Had gold been demonetized instead of silver, gold would have fallen in commercial value as silver has, and bimetallists would now be urging the restoration of gold to its old place, and our gold advocates would be silver advocates, calling gold the cheap, dishonest, unsound 50-cent money.
Senator Cockrell then quoted at length statistics as to the production of silver, and showing that there had been no overproduction. He referred to Secretary Carlisle's Memphis speech, and to his own satisfaction refuted the statements therein as to [illegible] being a failure both in this

Personal and Medical History of Frank Erren

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

54 Park Place
Mrs Frank Erren
St Paul
Age 42

NUTRITION, Slightly impaired

[illegible] wound: face is puffy & swollen.

[illegible]ue Promptness Movement, prompt

[illegible], slightly contracted

[illegible]ommodation, normal

[illegible], inaccurate & hesitating.

[illegible] almost impossible: standing, speech, deep sense

[illegible]ue, Yes

[illegible]ral, no

EXAM. URINE,

TAKEN,

REFLEXES, Patellar, about 2 - 4, equal.

Other Slight ankle clonus

ARTICULATION,

Slurred,

Hesitating, ✓

FACIAL EXPRESSION, somewhat restless & anxious

SENSIBILITY, ✓

HEART, All sounds weak & muffled.

LUNGS, Seem good -

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 Frank Erren

LEIGHT, FOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4170

Residence, St Paul Minnesota

Date Admission, 24th July 1895.

Admitted by, D. Phelps Jr. Hour, 6 40 P.M.

How Sent, Benn Davis, Court House Ramsey Co.

Sex, Male

Age, — 44 —

Civil Condition, — Divorced —

Children, — Two —

Age Youngest Child,

Occupation, Marble - Cutter

Degree Education, Common School -

Profession Religion, Catholic -

Habits, Is a drinking man

Nativity, Detroit, Mich. (Father & Mothers, Germany).

Physicians Committing, A. B. Aucker and H. J. O'Brien

Correspondents, Mrs S. L. Erren 502 St. Peter St. St Paul.

No. for Year, 369.

Time in Hospital, 8 m

Result, Improved.

Exly D. Heyog July 25th 95

EXAMINATION ON ADMISSIO

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused, very slightly

Quick or Sluggish, quick

MEMORY:

Past Events, } Seems fairly Good

Recent Events, }

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, appears good

Own Mental State, realizes Condition

Special Subjects,

EMOTIONAL STATE:

~~Normal, Calm,~~

~~Indifferent,~~

~~Exalted,~~

Depressed, slight

DELUSIONS:

Systematized or

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, fairly Coherent

Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:

Patient is tremulous & shaky, from drink & full of promises of reform. He wishes to glose over his actions, While away, & put things in their most favorable light. - Although he seems to talk fairly well, yet there is some inability to concentrate the attention & reason connectedly. —

THAT SUSPICIOUS FIRE.

St. Paul Pioneer Press May 25th

Yesterday Fails to Throw Any Conclusive Light Upon Its Origin.

[illegible] turned upon his former wife with the threat, "Let me tell you that you will never forget this night." However, he was finally persuaded to depart.

It was late when the family retired. Maggie Ley was the last to leave the lower part of the house. She saw that all the doors were locked and that the lamps were extinguished. After retiring she lay awake for some time talking with her aunt, Mrs. Nettie Witt of Shakopee. When Officer Gruber saw the blaze and pulled the box at the corner of St. Peter and Tenth streets she heard the sound. The story of the heroic rescue of the occupants of the upper rooms has already been told in this paper.

A suspicion at once occurred to the girl in regard to the fire and she was not loth to communicate her suspicions to others.

Frank Erren, since his return from the hospital for the insane at Rochester a few weeks ago, has been living, it is said in a shed four doors from No. 502. No one seems to have seen him either directly before or after the fire, but at 6:15 in the morning he appeared at the house and happened to meet his son Frank. He said to the boy, "I see by the morning papers that you had a [illegible] here last night."

The boy replied [illegible] and Erren continued, "Now, you [illegible] on the day of your first com[illegible]me how the fire started."

Frank told at once [illegible]plomatic and reserved manner, [illegible]?"

[illegible] at the boy's [illegible]tly he did [illegible] for when [illegible], for him [illegible] return [illegible] far as [illegible]

[illegible] her [illegible] she [illegible]d [illegible]

[illegible] fell in November, 1893, [illegible] purchasing clause of the Sherman law [illegible] lower. By the repeal of [illegible] testimony of the historian was right [illegible] duction of this act of 1873 as "the most [illegible] Mr. Carlisle's demonetization [illegible] Most clearly the law demonetized [illegible] and they alone have caused the rise [illegible] commercial value and the fall in [illegible] commercial value and the restoration [illegible] its purchasing power. Had gold been demonetized in 1873 and silver left [illegible] stead of silver, gold would have fallen [illegible] ling power. Had silver been demonetized [illegible] commercial value as silver now has [illegible] silling would be silver and our gold [illegible] of gold with its old power. When [illegible] in order to [illegible] fina gold the cheap [illegible] roma wonder.

Senator Cockrell then quoted at length Senator [illegible] and showing that there had been no over[illegible] production. He referred to Secretary Carlisle's [illegible] production, which was very satisfactory. He also referred to his own statements [illegible] Senator Stewart [illegible] ing w[illegible] is said, [illegible] from his [illegible] which he [illegible]

Early this [illegible] Frank Erren was arrested in W[illegible] St. Paul and locked up at the Ducas street station.

Personal and Medical History of Frank Erren

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ WEIGHT, 134 lbs NUTRITION, Slightly impaired

WOUNDS OR ABNORMALITIES, scar on little finger of left hand, from bullet wound: face is puffy & swollen.

TONGUE, Tremors, quite marked Coatings, Yellowish, at base Promptness Movement, prompt

PUPILS, Equality, Yes Size, Slightly contracted

Response Light, normal Accommodation, normal

SIGHT, of left eye impaired for days, from injury -

HEARING, seems good

COORDINATION, Arms, some impairment; fingers do not, eyes shut, inaccurate & hesitating.

Legs, Considerable impairment; standing unfoot, almost impossible: standing, eyes shut, drop some

TREMORS, Hands, quite marked Tongue, Yes

Facial Muscles, No General, No

REFLEXES, Patellar, About 2 - 4, equal. EXAM. URINE,

Other Slight ankle clonus

ARTICULATION,

Slurred,

Hesitating, ✓

FACIAL EXPRESSION, somewhat restless & anxious

SENSIBILITY, ✓

HEART, All sounds weak & muffled -

LUNGS, seem good -

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,

Personal and Medical History of *Frank Evren*

1895

This patient was brought here by Deputy-Sheriff Kenney, with following history. Patient is in fair physical condition. No knowledge of any consanguinity or heredity. This is not 1st attack; others occured in December 1894 + seemingly lasted ever since; was at Rochester Hospital; no benefit. He has been known as erratic and bad-tempered for years. Disease appears to be increasing: is variable and there are rational intervals, but not at regular periods. Derangement now manifested by threats of suicide and of homicide. Is disposed to injure others: has threatened suicide by shooting [illegible] & is presently now active: is not filthy or destructive in habits. Before accession of the disease, he was only erratic, quick and various-tempered. No knowledge of history of intemperance in parents. Patient has not been subject to any severe disease &c nor had any "head-injury". Was in Rochester Insane Hospital, a couple of months. Perhaps Whiskey is the cause of the disease. On Personal Examination, the man is nervous + trembling anxious facial Expression. Note. As stated, patient was here before (See Vol 29 Page 197 No 3747) from Dec 21/94 to Feb 8/95. At that time, when examined here, patient admitted that he came here because he drank; quarreled with wife + imitated suicide to scare her. Never heard anything said about being crazy before this attempt". He was pleasant + agreeable in manner - Talked sensibly + rationally. Duly admitted his Drinking habits + that he had wronged his wife - at one occasion, received a letter from her + became very nervous + agitated except some. No delusions were noted, during his stay here. -

July 25 On admission, was put on B² / S.R. Complexion dark; hair brown; eyes brown; condition of skin good; some marks on right arm; scar on right leg; powder mark + scar on little finger of left hand. Is clean. Behavior good, though somewhat excited. Says, very emphatically, "he came of his own accord." " 25 Pulse 110. R 22. T 99. July 25/95. Slept 6 hours, restless 2 hours, last night. Am. Pulse 110 R 22 T 99½. Appetite good; bowels constipated, at times: is given medicine. Behavior good. no cough noted. Says he is content to stay here now." Talks freely; no delusions noted. Pm. P 108. " 26 R 23. T 99. No complaints or injuries to report. July 26/95. Restless 2 hours, but slept 6 hours. Am. P 110 R 22 T 99². Appetite good. Behaves well. Talks freely; no delusions yet noted. Is somewhat nervous; Wants word. " 27 July 27/95. Slept quite well, 7 hours, last night. Am. P 105. " 28 be about as usual: plays games; Talks freely; makes no complaints. July 28/95. Restless 3 hours, but slept 5 hours. Am. P 102. About as usual. Bowels constipated. He wants some. " 29 July 29/95. Restless 2 hours, but slept 6 hours. Am. P 100. No special change, from day to day. " 30 July 30/95. Slept quite well. Am. P 110. July 31/95. Slept 7 hours, last night. Am. Pulse 110. 31 Has been quiet + well-behaved. Talks freely + sensibly; no delusions or hallucinations noted. Aug 1 Reads some; plays games &c; also works some. Aug 2/95. Wt 144 pds. (a gain of about 10 pounds in flesh, since coming). " 7 Aug 7/95. No special change to note, during this, the 2nd week. He has been sleeping about 8 hours, nightly. Appetite has been good; bowels have regular as late. He has been quiet + well-behaved. Clean, tidy + of good personal habits. Has talked freely + sensibly; no delusions noticed. Reads; plays games &c. (Pulse has been somewhat accelerated - 115 = , today 98). Worked some in ward; also in bakery + kitchen, at times. Physical condition improved.

Summary: Behavior has been good: somewhat excited + nervous, on first coming, he soon became calmer + contented. Has caused no trouble on the ward. Says "he is all right, except when he drinks + then he is certainly crazy". " 31 Aug 31/95. No special change. Always quiet + well-behaved. Has been working in kitchen. Resting + sleeping well, each night. Habits neat + tidy.

Personal and Medical History of *Frank Evren*

1895

Sept 7/ Sept 2/95. Wt 147 pds. (Is gaining considerably in flesh). Pulse 86. Sept 8/95. Works about "new Centre" every day. Takes great interest in his surroundings + desires to look + see everything neat + clean. Talks sensibly and rationally: no delusions have been noted. Eats + sleeps well. Heads considerably. Habits neat + tidy. " 9 " 30 Sept 9/95. Transferred to Ward East. Sept 30/95. Behavior very good. Is a willing worker about the "new Centre". Always cheerful + contented. Plays games. Takes interest in his surroundings. Works also in dining-room. Agreeable + pleasant in conversation. No hallucinations or delusions noted. Oct 1/ Oct 1/95. Wt 149½ pds. Pulse 80. (has gained 15 pounds in flesh, since admission). Oct 30/95. Above " 30 notes still hold good. He is quiet + well-behaved. At times, inclined to be easily excited. Works in and about "Centre", industriously, every day. Seems contented here. Says nothing about going home. —

Nov 2/ Nov 1/95. Wt 152 pds. Pulse 98. Nov 4/95. Quit working in "Centre" + went + working at fencing for the " 30 Contractor, (Butler). Nov 30/95. Has worked for the Contractor, all through the month. Has been quiet and well-behaved: Civil + obliging + always willing to help with work. Eats + sleeps well. Health good.

Dec 3/ Dec 3/95. Wt 143½ pds. Pulse 90. Dec 25/95. Has been taking a great interest in decorating his " 31 ward for Christmas + has worked very intelligently. Dec 31/95. Has not been feeling well, for some days. stayed in bed, part of the time; ate no breakfast; Complains of being sick at stomach. Pulse 96. When well, now works again in the "Centre". Otherwise patients condition, behavior &c about as usual.

1896

Jan 1/ Jan 1/96. Wt 143 pds. Pulse 80. Jan 5/96. Is around again after the sick spell, above mentioned. " 31 Jan 31/96. Has much improved, Generally. Talks freely + sensibly. Complains some of back-trouble. Is on medicine. Helps regularly in the "Centre", taking care of the offices &c. Health quite good.

Feb 1/ " 29 Feb 1/96. Wt 141 pds. Pulse 80. Feb 29/96. Uniformly quiet + well-behaved: Pleasant + agreeable: Talks freely + rationally: no delusions noticed. Works in "centre" every day; also helps with work on ward + in dining-room. Is in good Physical condition. Mar 2/96. Wt 135½ pds. P 74. Mar 31/96. Has

Mar 1/ " 31 had a "limited parole" for some time. Goes to town, to Church, on Sundays. Is neat + sleeps well: behaves well: always pleasant + sociable. A good worker about the "Centre". Talks freely + rationally. Is becoming anxious to go home. Writes and also receives a few letters. Attends the patients' Entertainments, taking part in dances + card games &c. Habits are very neat + clean.

Apl 1/ " 7 April 1/96. Wt 137 pds. Pulse 80. April 7/96. No special change, since last report. Is very anxious that allowed to go home. ——————

April 7/96. Went home, this morning, on trial.

Discharged

Personal and Medical History of Andrew Erickson

LOBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4171.
Residence, St Paul, Minnesota
Date Admission, 24th July 1895.
Admitted by, Dr. Phelps Hour, 6 PM
How Sent, G. Wilbrich, Jr. Ramsey County
Sex, Male.
Age, 31 Years
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Shoe-maker (father shoemaker & farmer)
Degree Education, moderately educated
Profession Religion, Lutheran
Habits, Intemperate
Nativity, Norway; (parents also born there)
Physicians Committing, A. M. Eastman and A. B. Ancker
Correspondents, none given in papers

No. for Year, 370.
Insane Relatives, not able to determine; though probably some history of intemperance
Cause Exciting, not known
Cause Predisposing, probably intemperance
Form, Dement
Accompanying Bodily Disorder, some weakness
Suicidal or Not, not.
Date of this Attack, not known
Duration, probably some time
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, (?)
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to Hastings. OK PM

Exd. by Dr. Herzog. July 25/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Poor & inaccurate
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive frequently
REASONING POWER:
Ordinary Subjects,
Own Mental State, Disconnected & Poor
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Patient shows quite a complete dementia, with considerable incoordination but the general appearance does not suggest paresis as strongly, as do the individual symptoms.

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

Personal and Medical History of Andrew Erickson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ WEIGHT, 140 pds. NUTRITION, somewhat impaired
WOUNDS OR ABNORMALITIES, see "S. R." on next page
TONGUE, Tremors, small fine Coatings, clean Promptness Movement, slow
PUPILS, Equality, yes, though left somewhat irregular in shape Size, contracted
Response Light, yes Accommodation, yes
SIGHT, good
HEARING, fair
COORDINATION, Arms, fairly good; finger to nose, eyes shut, fairly good. / turning quickly, fairly good
Legs, some impairment; standing on foot, almost impossible; standing, eyes shut, sways some.
TREMORS, Hands, slight Tongue, yes
Facial Muscles, none seen General, no
REFLEXES, Patellar, 4-6. right seems
~~Other~~ slightly more than left
ARTICULATION,
Slurred, slightly
Hesitating, yes
FACIAL EXPRESSION, Dull, but eyes are bright.
SENSIBILITY,
HEART, action & impulse forcible; no murmurs.
LUNGS, seem good.



TAKEN,

EXAM. URINE,

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

Records kept

Personal and Medical History of Andrew Erickson

1895

This patient was brought here by Deputy-Sheriff Kenney, with the following history. Patient is in fair physical condition. No consanguinity: not able to determine as to any insane relatives. This is 1st attack. When first symptoms manifested, not known. Disease appears to be increasing; not variable; no paternal intervals; derangement now shown by dulled mentality; is very irritable; continually making plans to start saloon business, though penniless. Not known to be disposed to injure others; is not suicidal, nor filthy, nor destructive in habits. No peculiarities of previously known, as far as could be ascertained. Patient has been addicted to intemperance, also some such history in case of parents. He has not been subject to any severe disease or ever had any head-injury. He has been kept in room, under guard for a time. Cause of disease not known. Has been under treatment, by rest, diet & nerve sedatives.

On personal Examination, the following noted: grip of hand diminished; knee reflexes exaggerated; cremasteric reflexes absent; pupils normal; disturbance of Co-ordination. ——— ·——

July 25 On admission was put on B² (S.R. Complexion light: hair light; eyes blue; condition of skin good; is dirty: behavior good). No marks, scars or bruises noted. Pulse 90. R 20. T 99². ——

July 25/95. Restless 2 hours but slept 6 hours, last night. AM. P 90. R 20. T 98.6. Appetite good. No cough noticed. Behavior good; sits about; talks when addressed; no delusions noted. Takes no complaints; is on medicine. PM. Pulse 86. R 18. T 98.6. July 26/95. Restless 3 hours, but sleeping 5 hours. AM. P 92. R 18. T 98.8. PM. P 94. R 19. T 99. Appetite keeps good; he is quiet; sits idly about; talks but little; works none. July 27/95. Restless 5 hours, slept only 3 hours, last night. AM. Pulse 98. Patient seems demented; when he speaks, seldom looks up, and sentences generally very short and "jerky". Also walks rather peculiarly, at times.

July 28/95. Slept quite well, 7 hours, last night. AM. Pulse 95. Sits about: demented; makes no complaints. July 29/95. Restless 4 hours, sleeping only 4 hours, last night. AM. Pulse 92. Works none: sits in one place, all the time, ward. Talks none unless addressed. Very quiet.

July 30/95. Slept 7 hours. AM. P 88. Says "he feels first-rate". Appetite good: bowels regular.

July 31/95. Slept quite well, (7 hours), last night. AM. Pqr. Dull & demented: idle & indifferent.

Aug 1/95. Pulse 90. Behavior good: otherwise, no change to note.

Aug 7 Aug 1/95. Sleeps well. AM. P 95. Wt. Today 140 pds. Aug 7/95. With exception of a couple of nights, when he was somewhat restless, he has been sleeping well — 7 to 8 hours nightly during past week — Pulse, each morning, about normal; he has been up & about daily; quiet: sits in one place nearly all the time. Does not play games or take any recreation. Talks when addressed, but in a blunt, jerky way; is not communicative. Makes no complaints; does no work. Summary: Since admission, behavior has been good. He has caused no trouble. Keeps by himself: is dull & uninterested: indifferent and demented, also seems somewhat depressed. Talks some, as above mentioned; no delusions noted. Is peculiar in his actions. Physical condition about as at time of coming. Aug 24/95. Has been somewhat restless, at night, sleeping poorly. Aug 31/95. Is about as last generally described, above.

Sep 1/95. Wt 137 pds. Pulse 84. Sep 14/95. Behavior good: works in ward & in dining-room. Goes out walking every day. Habits not very neat. Manner & actions are dull, and he is somewhat demented.

Sep 30/95. No noticeable change. Quiet & well-behaved: makes no complaints — Works in ward.

Oct 1/95. Wt 141 pds. Pulse 84. Oct 13/95. Worked in kitchen, 1 day. Oct 31/95. Behavior good: Makes no complaints. Eats & sleeps well. Works in ward. (Marks considerable incoordination: more marked of legs: some simple dementia. DCH)

Personal and Medical History of Andrew Erickson.

1895

Nov 2/95. Wt 139 pds. Pulse 88.

Dec 2/30 Dec 1/95. Wt 145 " " 80.

1896

Jan 2/96. Kept up about his usual flesh.

" 31/96 Jan 31/96. No special change. Behaves well. Talks little: makes no complaints. Habits clean. Works.

Feb 3/96 Feb 4/96. Wt 143 pds. Pqr. Feb 8/96. Talk little: no delusions or hallucinations noticeable. Physically is apparently run-down & in poor health & flesh. Works in kitchen every day & also in the ward.

Mar 2/96 Mar 2/96. Wt 142 pds. P 80. Mar 2/96. Patient not doing so well of late, as usual. Is cranky, and, at times, violent. Works in kitchen: quiet there: works much around. Has delusions: says "that the trees, buildings are all human beings", & other similar things. Apl 2/96. Wt 143 pds. Pulse 90.

" 16/96 Apl 16/96. Remains on ward, during day. Apl 21/96. Now goes out on grounds daily.

" 30 Apl 30/96. No change noted, since last general note. Works in kitchen.

May 96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. Patient rather feebleminded in behavior: seems to be a little cranky but is quite well behaved for the most part: No bodily illness noted: Wt. 137 to 140 lbs.

Aug 1/97 to Jan 30/98 Summary by Dr Herzog. Aug 1/97 - Aug 1/98 Wt. 132 to 138 lbs. In fair physical health. Clean - fairly neat. On ward A. Works in centre dining room every day. Conversation incoherent has unsystematized & transitory delusions. Behavior generally fairly good: occasionally noisy & on rare occasions will strike other patients without any provocation: appetite fair: frequently talks to himself. Jan. 30/98 About the same as at last note. Worked during the entire time in dining room. Generally quiet & well behaved; at times stubborn & threatening. Speech still incoherent: physical health slightly improved - Wt. Jan 2/98 145½ lbs. Subject to occasional spells of anger in which he talks loudly & unintelligibly. Feb 7/1900. Wt 140. Above general note holds good. Is very noisy & talkative, at times. Works steadily in Centre dining-room Left & Fred fingers, while not showing bone & caused blister & raise. Dressed & improved. Apl 25/1900. 142 lbs Apl 26. Just about the same, in every way: Still rather irritable at times, and noisily talkative.

1900 Feb 7 to Apl 26

Was to day Transferred to Hastings Hospital

Personal and Medical History of Albert Johnson

LIBBEY, PIOLAN & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4172.
Residence, Manchester, Freeborn County, Minn
Date Admission, 27th July 1895.
Admitted by, Dr. Herzog — Hour, 6 45 P.M.
How Sent, Neman Blackmer J of P. Freeborn County
Sex, Male
Age, — 33 —
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Farmer
Degree Education, Limited; medium.
Profession Religion, Lutheran
Habits, not intemperate
Nativity, Minnesota; (Parents born in Norway).
Physicians Committing, A. C. Wedge and F. A. Blackmer
Correspondents, John Johnson, Manchester, Minn

No. for Year, 371.
Insane Relatives, none
Cause Exciting, not known
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or Not, not
Date of this Attack, about April 15th 1895
Duration, about 3½ months
No. of Attack, 1st —
No. of Admissions, 1st —
Age First Attack, about 33 —
Time of Leaving, Jan. 29 '96
Time in Hospital, 6 mo. 2 da.
Result, Rec. 2/5/96

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 Albert Johnson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ WEIGHT, not taken NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 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 Albert Johnson

1895

This patient was brought here by Deputy Sheriff E. H. Ellickson, attended by Chas Johnson with following history. Patient is in fair physical condition. No history of Consanguinity or hereditу. This is 1st attack, first symptoms manifested about April 15th 1895; disease appears to be stationary, but variable; he appears to be more rational in day time than at night. Derangement now shown by his being in great fear & apprehension of danger. Patient is not disposed to injure others, nor suicidal, but is of filthy & destructive habits. No peculiarities were previously shown; there is no history of intemperance in self or his parents. Not subject to any severe diseases &c; has had no head-injury. He has not been restrained or confined. Supposed cause of the disease is not known. He has been treated by Dr. Nisen of Albert Lea, Minn, but no effects noted. On personal Examination, tongue is coated; he appears stupid; cannot make him understand anything.

July 27 On admission, was put on B[2] (S.R. Complexion Dark; Hair black; eyebrows; Condition of skin good: No marks, scars or bruises noticed; is clean: Is very stupid & seems melancholy)

" 28 Pulse 92. R 22. Tem 99.2°. July 28/95. Rested & slept very poorly, last night. Moved, this morning to "Infirmary Ward". Pulse 64 R 20 Tem 98.8. Will take no solid food; took about 2 glasses of milk, during the day: bowels moved slightly: no cough noticed. He is quiet & stupid. Talks very little; no delusions or hallucinations noticed. He complains of stomach feeling sore.

" 29 PM. Pulse 68 R 20 Tem 99. July 29/95. Restless 4 hours, sleeping only 4 hours, last night. AM. " 64 " 22 " 98[8]. Took about 3 glasses of milk during the day: refused all solid food.

" 30 Quite restless; out of bed, much. PM. Pulse 90. R 22. Tem 99.4. July 30/95. Restless 3 hours, sleeping only 5 hours, last night. AM. " 56 " 20 " 98.8. Bowels constipated: gave him Enema of soap-suds & glycerine ʒII: bowels afterwards moved freely: took a very little solid food today, after much urging & force. PM. Pulse 48. R 18. Tem 99. Gave medicine 3 times a day.

" 31 July 31/95. Slept fairly well, last night. AM. " 68 " 18 " 98[2]. Ate a fair dinner and supper, today. It takes much urging & force, to induce him to eat. Gave him Massage treatment, today. PM. Pulse 70. R 18. Tem 99. Aug 1/95 Slept 7 hours, restless 1 hour, last night. AM. Pulse 64 R 18. Tem 98.6. Ate fairly well, today, after much urging, as usual. Is on regular & extra diet.

Aug 1 was given bath. PM. P 60. R 18. Tem 98.6. Aug 2/95. Restless 2 hours, but slept 8 hours. AM. P. 60 R 18 Tem 99. PM. P 64 R 18 Tem 99.3. Eats better of late, though much urging still required. Still on medicine, 3 times a day. Aug 3/95. Somewhat restless, but slept 8 hours, last night. AM. P 60. R 20. Tem 99. Gave him massage treatment, today. Patient dressed

" 4 and up on ward: was out on grounds during PM. PM. Pulse 88. Aug 4/95. Restless 2 hours, but slept 8 hours. AM. P 92. PM. P 88. Was out on grounds, today. Patient is very melancholy.

" 5 Talks but little. Says: "I want to stay here, all the time". Aug 5/95. Restless 3 hours, sleeping only 5 hours, last night. AM. P 80. PM. P. 76. Eats much better of late, & of his own accord. Bowels in good condition. He makes no complaints. Aug 6/95. Slept 8 hours, restless 2 hours, last night.

" 6 Can walk on grounds every day. Patient still very melancholy, & has occasional "crying spells".

" 7 Aug 7/95. Slept well. Eats well & of his own free will. Bowels moved today. Gave massage treatment

" 8 Aug 8/95. AM. P 76: PM. P 80. Talks scarcely any: is very dejected. Does not appear to

" 9 improve much. On medicine, 3 times a day. Aug 9/95. Appetite fair: he goes out on the grounds,

Personal and Medical History of Albert Johnson

1895 cont'd

Aug 9/10 every day. Wants to lie abed, during day. Habits fairly clean. Aug 10/95: Sleeps well, each night, of late. AM. P 56. PM. P 82. Sits silently on hall, when in-doors: has frequent "crying spells". Summary: Patient has been very quiet & melancholy, during last 2 weeks: was quite stubborn, when being urged to eat, but of late, eats very well, of his own free will: his muscles appear large, well-formed & well-developed, he is also in fairly good flesh. He talks very little & will only answer questions in monosyllables. No hallucinations or delusions noticeable. Patient is quite melancholy and frequently cries. Habits are fairly clean-

" 13 Aug 13/95. Patient is very melancholy. Crying frequently: wants to lie a-bed, during day. Is on regular and

" 19 extra diet. Aug 19/95. Shower-baths & massage treatments continued: He is very quiet & still: never speaks to

" 23/31 any one. Goes out on ground, every day. Aug 23/95: Very restless, at times. Aug 31/95: Patient very dull, and stupid: never speaks, always wants to go to bed. Sleeps well. Out on ground, daily. Shower baths and

Sep 6 massage treatments kept up. Sep 6/95. Wt 174 pds. Patient sits in the one place, steadily: always appearing dull & stupid: appetite fairly good: bowels regular. Is on medicine, 3 times a

" 22 day & is also given massage treatment. Sep 22/95. Medicine discontinued and patient put to bed

" 23/24 in. Sep 23/95. Sep 24/95. Lies steadily in bed: never talks: appetite good: bowels not very

" 30 regular. Sep 30/95: Still confined to bed: no apparent change in his condition.

Oct 3/15 Oct 3/95 - Wt 163 pds. Sleeps well, at night: never restless. Oct 15/95. Appetite good, but bowels not regular.

" 23 He lies steadily in bed. Is quite melancholy. Oct 23/95: Still in bed: lies there quietly, does not talk.

" 31 Oct 31/95: Lies steadily in bed: quiet; never talks. No change noticeable in patient's condition.

Nov 5 Nov 5/95. Patient lies steadily in bed: very quiet & apparently melancholy; occasionally asks to go home".

" 9 Appetite fair: but bowels not very regular: sleeps well, at night. Nov 9/95: Wt (undressed) 163 pds.

" 10 Nov 10/95. Given enema to move bowels. Frets & worries a great deal, about going home. Sleeps well.

" 16/20 Nov 16/95. Of late, has had "Crying Spells": "wishes to see his folks". Nov 20/95: Bowels much constipated, of

" 28 late: frequently require enema: patient is exceptionally quiet and has frequent "crying spells".

" 30 Nov 28/95. Frets & worries, a great deal: continually asking to go home. Sleeps well. Condition does not change.

Nov 30/95. Tried to escape through window, about 10[30] PM: had donned a Larson's clothes & was trying to open window. Condition about same, from day to day. (See attached nurse's record).

Dec 10 Dec 10/95. Patient was got up on 1st inst. Appears much improved. Appetite is good: he is very quiet: he does not move from one place during the day & talks very little. Bowels move regular &

" 11/17 he sleeps well. Dec 11/95. Wt 176 pds. Dec 24/95. Seems some brighter. Eats more than

" 28/31 usual. Dec 28/95. Exceptionally bright, today & converses quite freely: Dec 31/95: Patient

1896 has improved wonderfully, both mentally & physically: he talks freely & quite rationally;

Jan 5 works some on ward. Jan 5/96. Condition seems to improve rapidly, both mentally & physically. Appetite good: bowels regular: sleeps well. Converses rationally: works on ward.

" 17 Jan 17/96 - Patient still improving & expresses a desire to go home. Jan 13/96. Lost 2½,

" 18 Weight 159½ pds. (a gain of 13½ pds during the month). Jan 18/96: Has been given home massage treatments. General condition good. Behavior very good: habits clean.

" 27/28 Jan 27/96. General condition seems quite good. Jan 28(29)/96. Was allowed to go home with brother today —

Discharged

Personal and Medical History of Conrod Stucky

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4174.
Residence, Milton, Minn.
Date Admission, 5th August 1895.
Admitted by, Dr. Phelps Hour, 12 M.
How Sent, Sivert Olson, Jof P. Dodge County.
Sex, Male
Age, 55
Civil Condition, single
Children,
Age Youngest Child,
Occupation, Farmer
Degree Education, Common School
Profession Religion, R. Catholic
Habits, Is quite a drinker of alcohol.
Nativity, Switzerland; (parents also born there).
Physicians Committing, C. S. Chambers and C. O. Wright
Correspondents, none given in papers

No. for Year, 2.
Insane Relatives, mother said to be.
Cause Exciting, Alcohol & religion.
Cause Predisposing, probably some heredity.
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not; but probably homicidal.
Date of this Attack, about 6 months ago.
Duration, about 6 months.
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 54+
Time of Leaving, Feb. 18. 1897
Time in Hospital, 1 yr. 6 mo. 13 d.
Result, Discharged Aug. 11. 1897 Improved.

Edwd. Dr. Herzog, Aug 6/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Quick
MEMORY:
Past Events,
Recent Events, } not very accurate
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects,
Own Mental State, } Is very apt to wander from the question & does not reason well —
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm,~~
~~Indifferent,~~
Exalted, Yes
~~Depressed,~~
DELUSIONS:
Systematized or Not,
Special Subjects, } nothing definite brought out
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, reticent somewhat.

GENERAL DESCRIPTIVE REMARKS:
Patient has been living alone & is considerably run-down in health. His considerably dissatisfied — has evidently had considerable trouble with the neighbors & wants to go back to Switzerland — He talks at random & frequently incoherently — His behavior & actions are peculiar —

Personal and Medical History of Conrod Stucky

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft ½ in WEIGHT, 126 pds. NUTRITION, Considerably impaired
WOUNDS OR ABNORMALITIES, fauces & tonsils inflamed; varicocele, left side
TONGUE, Tremors, some Coatings, Clean Promptness Movement, fairly
PUPILS, Equality, Yes Size, normal
Response Light, sluggish Accommodation, sluggish
SIGHT, somewhat impaired
HEARING, fairly good
COORDINATION, Arms, Considerable impairment; finger to nose, eyes shut, hesitation & uncertainty. —
Legs, some impairment; standing on foot, unable; standing, eyes shut, sways slightly.
TREMORS, Hands, Yes Tongue, some
Facial Muscles, no General, no
REFLEXES, Patellar, Difficult to test.
~~Other~~ but seemingly exaggerated
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
✓
SENSIBILITY,
✓
HEART, somewhat weak; no murmurs. Some atheroma of arteries.
LUNGS, sounds rough & harsh, over whole chest; nothing definite.



TAKEN,

EXAM. URINE,

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

Records kept

Personal and Medical History of Conrad Stucky

1895

This patient was brought here by Deputy-Sheriff Joel Tucker, attended by Wm McGill with following history. Patient is in fair physical condition. No consanguinity: this is 1st attack; first symptoms manifested about 6 months ago. Disease appears to be increasing; not variable two rational intervals. Derangement now shown by patient seeming to be of the opinion he will not be saved unless he kills some one. Has twice shown a disposition to injure others, but has not attempted suicide. Is not filthy or destructive in habits. As to any insane relatives, patient says "to". Some say his mother was insane, but whether they know, or only surmised, cannot say. Patient is full of religious ideas, & that seems to be cause factor in the case. He is quite a drinker of alcohol. - As to his being subject to any severe disease &c, or having had any injury to head, think not. - He has not been restrained or confined. Supposed causes of the disease are alcohol and religion. Has had no medical treatment. On personal examination, there are found indisposition to answer questions and ideas that he has been maligned, robbed, persecuted etc. ——

Aug 5 On admission was put on B³ (S.H.R. Rx). Complexion dark; hair black; eyes blue; condition of skin good; right leg disfigured, below knee; scar on neck & forehead. Is clean: took to bed: behavior " 6 good: talk rationally. Pulse 79. R 20: T 98 99. Aug 6/95. Restless 5 hours, sleeping only 4 hours, last night. Ann. P 76 R 24 T 98 refused: appetite good: bowels have moved: no cough noticed. Behave well: talk rationally; no delusions or hallucinations noted: Complains of pains " 7 in chest. Aug 7/95. Fairly quiet & slept 6 hours, last night. Ann. Pulse 80. Appetite fairly " 8 good: bowels moved: Is restless today & shows delusions. Aug 8/95. Restless & noisy 7 hours, slept only 2 hours, last night. Ann. P 78. He is restless today; talk incoherently; makes " 9 motions with his hands: inclined to be stubborn. Aug 9/95. Slept only 4 hours, was restless 5 hours, last night. Is about as yesterday. Shows delusions & hallucinations. Pulse 80, today. " 10 Aug 10/95. Slept only 3 hours; was restless 6 hours: Ann. P 74. Appetite fairly good: bowels regular. " 11 Behavior same as usual. Aug 11/95. Restless noisy & disturbed, sleeping only 1 hour, during " 12 the night. Ann P 76. No change in Conduct or behavior. Aug 12/95. Restless & noisy & slept only 2 hours. Ann. P 74. No special change noticeable. Appetite good: bowels regular. " 13 Aug 13/95. During this, the 2nd week, patient's rest & sleep have been poor: generally restless & noisy 4 to 5 hours, sleeping only 4 or 5 hours, each night: Pulse each morning, abnormal. Behavior has shown no improvement; (except on the 17th. when he was so fairly well behaved that even some slight improvement, generally, could be noticed): he has been noisy, stubborn and contrary: talked incoherently: has delusions & hallucinations: he got very mad today (19th) & and destroyed his coat in a fit of anger. Summary: Behavior has been as above details. He has various delusions; thinks he knows everybody: gesticulates with arms: much inclined to be contrary & stubborn; walks the floor a good deal, & talks to himself: on some days he is quieter than others & will talk fairly rationally, but this does not last long. Has the idea he can get anything he calls for. Claims he has been "Spirit" in his room. Is very passionate at times: Today, attacked Martin Judge (attendant), because he would not let him wander away from crowd. " 31 Habits are clean & tidy. Aug 31/95. Restless, sometimes noisy, & sleeping poorly the past few nights. Behavior, by day, also, noisy & restless. Talks incoherently & noisily & has hallucinations. Habits clean: no work. Sept 2/96 Sept 2/95. Wt 124 lbs. Pulse 76. Sept 30/95: No change noticeable in patient's condition. ——

Personal and Medical History of Conrad Stucky

1895

Oct 1/95 Oct 1/95. Wt 131 lbs. Pulse 100. Oct 31/95. Still, at times, restless & noisy, at night. He has improved some, Nov 1 physically: but mentally, he is about the same. Nov 1/95. Weight 135 lbs. Pulse 84. " 30 Nov 30/95. Behavior good: talks himself, considerable. Had the delusion, when first committed, "that he was acquainted with most everybody", but does not think so now, so much. Habits neat & clean. Dec 1/95. Wt 137 lbs. Pulse 76. Dec 14/95. Visited by friends Dec 23/95. Again visited by friends. " 23 " 31 Dec 31/95. No change noticeable. Talks noisily & loudly, a good deal of the time. Health seems good. 1896 Jan 1 Jan 1/96. Wt 138 lbs. Pulse 88. Jan 21/96. Transferred to B¹ (on age of general change of wards). " 31 Jan 31/96. Still about the same, all the time. Talking to himself. Habits clean: works a little. Feby 1 Feby 1/96. Wt 140 lbs. P 88. Feb 29/96 Behavior good: talks rationally. Habits clean: works on ward— March 1 March 2/96. Wt 145 " " 90. March 18/96. Visited by friend. March 31/96 No change, since last month. April 1 April 1/96 Wt 145½ " " 90. (5th note: Considerable gradual improvement, during past two months: " 30 Still, some dementia present). Apl 30/96. Behavior somewhat more noisy & restless, of late. Acts peculiarly. Observant, will sit & make motions as if playing a violin. Habits neat. Works a ward May 1/96 to Feby 18/97 Summary Nurses Notes by Dr. Phelps. General condition fairly good. Has delusions, ideas & is anxious to go home. Behavior fairly well, is feebleminded. Feb 18 Sent home on trial

Discharged.

From Folio 192 — Henry Deusse — 4175

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. During period behavior fairly good. During latter part of '96 was rather dull & quiet & did very little. Later however, commenced to work, talked more intelligently, & was quite interested in games. Wt. 144 lbs.

Aug 1/97 to Jan 1/98 Summary by Dr Hoyos. Aug 1 Wt. 141/2. Oct. 7 145 3/4 Oct 27 Visited by mother. Answers questions quite rationally rather reserved. Neat & tidy in dress & personal appearance: is pleasant & agreeable, works well & willingly, appetite good. Bowels regular. Not at all troublesome: impossible to ascertain nature of delusions if he has any. Lacks ambition & does not care to go out. Seems to realize that he is not fit to be out in the world. Nov 1 Wt. 146½. Is troubled somewhat with diarrhoea Nov 1-5. Dec. 1 Wt. 148 Jan 1 Wt. 146. No change mentally since last note. Feb 1 Wt. 148. Mch. 150 July 2 144½. No change mentally since last note: Has a few spots of times on his scalp. 30 Struck by Dr. Washburn cutting his upper lip & causing nose to bleed. Deusse always inoffensive. Oct. 4 & 10 Visited by Mother. No change in mental condition since last note. Jan 3/99 Wt. 150 lbs. Mental condition unchanged Realizes his previous insanity, lacks ambition & is afraid to try to go out into the world.

Feb 1/99 - July 31/99 - (Dr Wausmus) Wt. 149 lbs. Quiet & well-behaved: tidy: works on ward. Is at times incoherent in speech July 31 Has been working in dining room & on Infirmary. Stopped on account of not feeling well. Aug 1 - 1900 Aug 20 150. Quiet & well-behaved: Physical condition good. May 30 Behavior good but is somewhat irritable. July 20. Vaccinated unsuccessfully. Aug 20. Works on Infirmary ward: neat and clean: Physical condition good. Sept 21 1901 Jan 31 Sept 21. Was transferred to A7: enjoys games: is rational. Jany 31/1901. Sometimes works on Infirmary Mart: Nothing special to report. Feby 1. Is pretty well disposed. Works in T-W, during day. No apparent delusions. Reads considerably of books from Library. Feby 5 Wt 158 lbs P 78. July 1. Complained of ear-ache: left ear drum rather inflamed: Under treatment & improved. July 31. Condition about same. — May 6 July 31

30 272

Personal and Medical History of Henry Bense (Beusse)

LIBERT, PIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No.	4175	No. for Year,	3
Residence,	St. Paul. Minn	Insane Relatives,	not stated
Date Admission,	5th August 1895.	Cause Exciting,	masturbation
Admitted by,	D. C. B. Ely Hour, 6 45 P.M.	Cause Predisposing,	not stated
How Sent,	G. Willrich Jo. P. Ramsey County	Form,	
Sex,	Male	Accompanying Bodily Disorder,	none mentioned
Age,	26 years	Suicidal or Not,	not.
Civil Condition,	single	Date of this Attack,	one year ago
Children,	—	Duration,	one year —
Age Youngest Child,	—	No. of Attack,	1st —
Occupation,	Clerk	No. of Admissions,	1st —
Degree Education,	fairly Educated	Age First Attack,	— 25 years
Profession Religion,	Yes: Methodist	Time of Leaving,	
Habits,	not intemperate —	Time in Hospital,	
Nativity, +	not given: nor that of parents either	Result,	
Physicians Committing,	John B. Brimhall and J. Ohage		
Correspondents,	Mr. Anna Beusse		
Care of H. Schröder	3d & Franklin Street. St. Paul		

+ patient + parents born in Germany

May 2/96

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr. Herzog, Aug 6/95 =

MENTAL ACTIVITY:		EMOTIONAL STATE:	
Clear or Confused,	Clear	Normal, ~~Calm~~,	
Quick or Sluggish,	Sluggish slightly	Indifferent,	
MEMORY:		Exalted,	
Past Events,	fairly good	Depressed,	Yes
Recent Events,		DELUSIONS:	
Special Subjects,		Systematized or ~~Not~~,	somewhat
PERCEPTIVITY:		Special Subjects,	of persecution
Alert or Dull,	Alert	Transitory or Not,	fixed
Correct or Illusive,	Correct	HALLUCINATIONS:	of taste
REASONING POWER:		ILLUSIONS:	
Ordinary Subjects,	fairly good	CONVERSATION:	
Own Mental State,	Does not realize condition	Coherent or Incoherent,	Coherent
Special Subjects,	"See note"	Voluble or Reticent,	slightly reticent

GENERAL DESCRIPTIVE REMARKS:

Patient has complained to the police of the family living down stairs; saying that "they put slimy stuff in the drinking water & that he could taste it." He knew of no reason why they should do so, nor how it was done. He confesses masturbation, but says "he was forced to do it by other parties". Just how, he does not know. He has Iodoform powder on his penis, but no lesion of the organ. He says he had a sore a couple of days after a suspicious connection, but if any, it must have been a simple herpes. — Depression is quite marked. —

Henry Bense

ADMISSION, CONTINUED.

CHARACTERISTICS.

5 pds. NUTRITION, somewhat impaired; considerable anaemia. —

next page —

— white, on base — Promptness Movement, fairly

— tooth marked. Size, about normal.

Response Light, somewhat excessive Accommodation, normal —

Good

Mrs. Anna Beusse

#354 Waverly St.

St. Paul,

Minn

4/16/98

Mother of Henry Beusse.

...er to nose, eyes shut, good.

...ing on foot, good: standing eyes shut good —

Tongue, yes

General, no

~~EXAM. URINE,~~

Treatment

Full diet; shower-baths; tonics

ARTICULATION,

Slurred,

Hesitating, ✓

FACIAL EXPRESSION,

Dull & Depressed

SENSIBILITY,

✓

HEART, impulse forcible: no murmurs —

LUNGS, seem 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, nervous & dyspeptic.

Father or Pat. Relations, died; acute lung trouble

Brothers or Sisters, none. (Patient & parents born in Germany) —

Personal and Medical History of Henry Bense (Beuse)

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4175

Residence, St. Paul. Minn

Date Admission, 5th August 1895.

Admitted by, D. C. B. Ely Hour, 6 45 P.M.

How Sent, G. Willrich Jof P. Ramsey County

Sex, Male

Age, 26 years

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Clerk

Degree Education, fairly Educated

+ patient + parents born in Germany

Profession Religion, Yes: Methodist

Habits, not intemperate

Nativity, + not given: nor that of parents either

Physicians Committing, John B. Brimhall and J. Ohage

Correspondents, Mr Anna Beusse

Care of H. Schröder 3d & Franklin Street. St Paul

May 2/96

No. for Year, 3

Insane Relatives, not stated

Cause Exciting, ma[illegible]tation

Cause Predisposing,

Form,

Accompanying Bodily Dis[illegible]

Suicidal or Not,

Date of this Attack,

Duration,

No. of Attack, 1

No. of Admissions, 1st —

Age First Attack, — 25 Years

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exd'ly Dr. Herzog, Aug 6/95 =

MENTAL ACTIVITY:

Clear or Confused, Clear

Quick or Sluggish, Sluggish slightly

MEMORY:

Past Events, } fairly good

Recent Events, }

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, fairly good

Own Mental State, Does not realize Condition

Special Subjects, "See note"

EMOTIONAL STATE:

Normal, ~~Calm~~,

~~Indifferent~~,

Exalted,

Depressed, Yes

DELUSIONS:

Systematized ~~or Not~~, somewhat

Special Subjects, of persecution

Transitory or Not, fixed

HALLUCINATIONS: of taste

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, slightly reticent

GENERAL DESCRIPTIVE REMARKS:

Patient has complained to the police of the family living down stairs; saying that "they put slimy stuff in the drinking water & that he could taste it." He knew of no reason why they should do so, nor how it was done. He confesses masturbation, but says "he was forced to do it by other parties". Just how, he does not know. He has Iodoform powder on his penis, but no lesion of the organ. He says he had a sore a couple of days after a suspicious connection, but if any, it must have been a simple herpes. — Depression is quite marked. —

Personal and Medical History of Henry Bense

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 145 pds. NUTRITION, somewhat impaired; considerable anaemia. —

WOUNDS OR ABNORMALITIES, see "S.L." on next page —

TONGUE, Tremors, Yes: slight Coatings, heavy-white, on base large; toothmarked. Promptness Movement, fairly

PUPILS, Equality, Yes Size, about normal.

Response Light, somewhat excessive Accommodation, normal —

LIGHT, Good

HEARING, Good

COORDINATION, Arms, Good; finger to nose, eyes shut, good.

Legs, Good; standing on foot, good: standing eyes shut good —

TREMORS, Hands, slight Tongue, yes

Facial Muscles, no General, no

REFLEXES, Patellar, 8 - 9; equal

Other

ARTICULATION, ✓

Slurred,

Hesitating, ✓

FACIAL EXPRESSION,

Dull & depressed

SENSIBILITY,

✓

HEART, impulse forcible: no murmurs —

LUNGS, seem good —

~~EXAM. URINE,~~

Treatment

Full diet; shower-baths; tonics

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, nervous & dyspeptic.

Father or Pat. Relations, died; acute lung trouble

Brothers or Sisters, none. (Patient & parents born in Germany) —

Personal and Medical History of Henry Bruse

1895

This patient was brought here by Deputy Sheriff M. N. Goss, with following history. Patient is in good physical condition. There is no history of consanguinity: as to insane relatives, nothing mentioned. This is 1st attack; first symptoms manifested one year ago: Disease appears to be increasing, not variable; no rational interval; derangement now shown by masturbation; hallucinations of smell & taste. Patient is not disposed to injure others, nor suicidal, nor filthy or destructive in habits. No peculiarities observed known. No history of intemperance in self or family, nor of any severe disease or head injury. He has not been restrained or confined. Supposed cause of the disease is masturbation. Tonic treatment.

Aug 5 On admission, was put on B^r (G. H. R. Rx). Complexion dark; hair light brown; eyes gray; Condition of skin good: no marks scars or bruises noticed: is clean: behavior good) P 98 R 20 T 98.5.

" 6 Aug 6/95. Rested fairly well last night. Transferred to "Infirmary ward" this morning. Am. Pulse 80. R 18 T 98 1/5. Appetite good: bowels moved during the night: no cough noticed. Heis quiet and orderly: talk rationally. PM. Pulse 76. R 18. T 98 1/5. Complains of pain in urethra.

" 7 Aug 7/95. Slept 7 hours: quiet: rested well: AM. P 80. R 18. T 98 2/5. PM. P 76 R 18 T 99.

" 8 Eat very well: bowels moved: behavior quiet. Is on medicine, 3 times a day. Aug 8/95. Slept well. AM. Pulse 80. PM. Pulse 76. Goes out on ground, every day: still Complains of pain when urinating.

" 9 Aug 9/95. Slept all night rested well. Appetite good: bowels in good condition. Behavior very quiet:

" 10 works on ward some. Aug 10/95. Is a little "cranky", at times: writes letters frequently. Makes no

" 11 Complaints, except of pain still present when urinating. Aug 11/95. Does not talk much, yet he

" 12 talks rationally at all times: no delusions or hallucinations noticiable. Aug 12/95. Sleeps & rests well, at night. Appetite good & bowels in good condition. Goes out on grounds every day: Works

" 15 on ward some. Is on medicine, 3 times a day. Aug 15/95. Behavior very quiet: seldom talks unless spoken to: is rather melancholy, at times: he reads some: still writes many letters. -

" 16 Works on ward considerable. Says "he would like to go home, Monday". Aug 16/95. Says that the

" 19 pain in urethra is not so bad as before & passes urine more easily". Aug 19/95. Continues to sleep and rest well: Patient goes out on grounds every day: does not seem contented: wants to go home: still complains of pain in urethra, at times: "says he has some medicine, at home, that helped him & would like to take it". Summary. As a rule, he has slept & rested well. Appetite quite good: bowels regular: talks rationally, but does not seem to care to carry on an extensive conversation. Says "he has been troubled with pain in urethra, for about one month". has no other Complaints. Behavior, as a rule, has been very quiet: of late, wants to go home.

" 31 Aug 31/95. Sleeps from 6 to 7 hours, nightly. Appetite good: bowels regular. Wants to get away: on 22nd, tried to escape, while out on grounds. Makes no complaints, specially: Works some on ward.

Sep 5 Says "he is well enough now, to go home". Sep 5/95. Wt 154 1/2 lbs. Appetite good: bowels

" 14 regular: he goes out on grounds, daily. Sep 14/95. Patient quite melancholy: has some delusive

" 30 ideas: works considerably on ward. Sep 30/95. Patients condition has not changed: he is

Oct 3 quiet & inoffensive. Habits clean. Oct 3/95. Wt (naked) 145 1/2 lbs. Oct 21/95. Complains of tooth-ache.

" 31 Oct 31/95. Still melancholy & depressed. Condition does not seem to change any. Works some on the ward.

Nov 5 Nov 5/95. Appears quite melancholy. Still has delusions. Works some. Appetite quite good: bowels regular.

" 8 Nov 8/95. At 6 15 PM. patient was discovered, while removing cleats from closet-window; pre-

Sheet No 3

COMBINED CLINICAL NOTES and GRAPHIC CHART.

Case No - Date of Admission, day ____ Month April 1896

Name of Patient Henry Bruse Result ____

Diagnosis ____ Physician's Name A.H.H.

Day of Month.	Hour	T.	P.	R.	Nourishment.	Medicine.	Urine.	Stools.	Number Hours Sleep, Baths, Mental Condition, Pain, Cough, Expectoration and other Symptoms.
	8	101	90	50	Light Brk.	Powders - 7 oo,	7 oo		Does not appear as well as yesterday.
					" Dinner	1 oo & 7 oo	11 30		No complaints. 10 oo am. Removed
30	2	104	86	58	" supper		4 30		cotton jacket. Gave tepid sponge bath.
							8 oo		Perspiring this p m. I. Hrs.

◆ DIRECTIONS ◆

Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.

◆ ABBREVIATIONS ◆

U.--Urinated.
B. M.--Bowels moved.
Med.--Medicine given.
gtts.--Drops.
M.--Minims.
O.--Pint.
oz.--Ounce.
dr.--Drachm.
Qt.--Quart.
Tc.--Teacupful.
Tsp.--Teaspoonful.
S. hs.--Slept 5 hours.

◆ PRESCRIPTIONS ◆

Can be marked by capitals A. B. C. etc., and referred to thus:- ℞ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.

	Hour & Temp.	Day	Day	Day	Day	Day	Day	Da-
	106							
Resp.	Pulse 105							
100	190 104							
90	180 103							
80	170 102							
72	160 101							
60	150 100							
50	140 98.8							
40	130 98							
30	120 97							
25	110 96							
Sleep. 18								
9 15								
8 10								
7								
6								
5								
4								
3								
2								
1								
0								

Sheet No 2

COMBINED CLINICAL NOTES and GRAPHIC CHART.

Case No. ..... Date of Admission, day ..... Month April 1896

Name of Patient Henry Brewer. Result .....

Diagnosis ..... Physician's Name H.C.H.S.

Day of Month.	Hour	T.	P.	R.	Nourishment.	Medicine.	Urine.	Stools.	Number Hours Sleep, Baths, Mental Condition, Pain, Cough, Expectoration, and other Symptoms.
	8	103	104	58	Light Brk.		8 co		Seems about the same today. Probably
					" dinner		12 30		some easier. Lay quietly most of day.
85	5	103	104	66	" supper	9 co pm - Tablet.	7 30		No complaint of pain unless taking
							11 00 pm	11 pm	long breath. Appetite a trifle
									better. Respiration still very
									quick and shallow. Visited by
									mother in forenoon and
									afternoon. Creeping some tonight
									L. 3 hs.
	8	101.8	86	42	Refused Brk.	Tablets 39-3 pm.	7 00 am	2 00 am	On light extra diet - eggs - toast - gruels
86					Light dinner	Powder - 6 30 pm	2 00 pm		liquids etc. Visited by mother during
	5	101.8	90	56	" supper		8 00 "		day. 9 45 Tepid sponge bath.
								12 00 pm	Appears better. Has no pain except
									in left chest when coughing. Has
									slight cough. No expectoration.
									S. 4 hs.
	8	101.3	98	232	Light Brk.	Powders - 7 30 am,	7 30		Can notice no change today.
87					" dinner	1 co pm & 7 30 pm	12 00		Is very quiet. Appetite poor.
	5	101.8	90	44	" supper		4 co		Coughs slightly at times.
							8 30	8 30 pm	S. 2 hs.
	8	101.6	94	36	Light Brk.	Powders - 7 30	7 co		Slight cough this morning. No complaint
					" dinner	1 co & 7 co.	11 30		of pain. Very quiet. Slept about 1½ hs
88	5	104	100	44	" supper	Atmyadi - 1½ - 11 30 am	6 30	6 30	in afternoon. Appetite still very
							8 co	8 00	poor. S. 4 hs.
	8	102.1	100	48	Light Brk.	Powders - 7 30,	7 30		Appears unchanged. No complaints
89					" dinner	1 co & 7 co	12 co		of pain. Says he sleeps poorly at night.
	5	101.6	96	44	" supper		5 co	5 co	Visited by mother.
							8 co		S. 4 hs.

Day Day Day Day Day Day Day

Hour

Temp.

Pulse

Resp.

Sleep

DIRECTIONS

Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.

ABBREVIATIONS

U.–Urinated.
B. M.–Bowels moved.
Med.–Medicine given.
gtts.–Drops.
M.–Minims.
O.–Pint.
oz.–Ounce.
dr.–Drachm.
Qt.–Quart.
Tc.–Teacupful.
Tsp.–Teaspoonful.
S. 5hs.–Slept 5 hours.

PRESCRIPTIONS

Can be marked by capitals A. B. C. etc., and referred to thus:– dr.ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.

Personal and Medical History of

...nic treatment.
..., eyes gray;
...P 78 R 20 T 98.4
...morning. Am. Pulse 80.
...noticed. Heis quiet and
... of pain in urethra.
...98². Pm. P 76 R 18 Ty 99.
...mes a day. Aug 8/95. Slept well.
...Still Complains of pain when urinating.
...rowels in good Condition. Behaves very quiet:
...at times: writes letters frequently. Makes no
...ting. Aug 11/95. Does not talk much, yet he
...dications noticiable. Aug 12/95. Sleeps & rests
...condition. Goes out on grounds every day: Works
...es a day. Aug 15/95. Behaves very quiet: Seems talks
...y, at times: he read some: still writes many letters. -
...seemed like to go home, "Nowday." Aug 16/95. Says that the
...as before & passes urine more Easily". Aug 19/95. Continues to sleep
...out on grounds every day: does not seem Contented: wants to go
...of pain in urethra, at times: Says he has some medicine, at home,
...uld like to take it". Summary. As a rule, he has slept & rested well.
Appetite quite ...: bowels regular: talks rationally, but does not seem to care to carry on an ex-
-tensive conversation. Says "he has been troubled with pain in urethra, for about one month:
has no other Complaints. Behaves, as a rule, has been very quiet: of late, wants to go home.
Aug 31/95 Sleeps from 6 to 7 hours, nightly. Appetite good: bowels regular. Wants to get away: on
22nd, Retried to escape, while out on grounds. Makes no complaints, Specially: Works some on ward.
Says he is well enough now, to go home. Sep 5/95. Wt 144½ pds. Appetite good: bowels
regular: he goes out on grounds, Daily. Sep 17/95. Patient quite melancholy: has some delusive
ideas: works Considerably on ward. Sep 30/95. Patient's Condition has not changed: he is
quiet & inoffensive. Habits clean. Oct 3/95. Wt (nude) 146½ pds. Oct 24/95. Complained of tooth-ache.
Oct 31/95. Still melancholy & depressed. Condition does not seem to Change any. Works some on the ward.
Nov 5/95. Appears quite melancholy. Still has delusions. Works some. Appetite quite good: bowels regular.
Nov 8/95. at 6 15 pm. patient was discovered, while removing cleats from closet-window; pre-

" 19
" 31
Sep 5
" 17
" 30
Oct 3
" 31
Nov 5
" 8

Sheet No. 1

1895 **COMBINED CLINICAL NOTES and GRAPHIC CHART.**

Case No. 41,75 Date of Admission, day ..... Month April 1895.

Name of Patient Henry Bruce Result .....

Diagnosis ..... Physician's Name H. H. H.

Day of Month.	Hour	T.	P.	R.	Nourishment.	Medicine.	Urine.	Stools.	Number Hours Sleep, Baths, Mental Condition, Pain, Cough, Expectoration and other Symptoms.
	8	103	132	56		2 15 am Dover's Pwds.	8 00 am		12 40 am Put to bed. Respiration laborded. Appears
								11 30 am	to be sleeping. 4 30 am Says he feels much
21	5	101.6	104	60		11 30 - dr. i (A.)	4 30 am		better. 7 30 am Slight dullness - lower lobe -
						1 30 " " "			left side. Breathing is no laboard
						3 30 " " "			its quality can not be determined.
						5 30 " " "			Pain on deep inspiration, particularly
						7 30 " " "			on left side. No cough or expectoration
						9 30 " " "			10 30 - Mustard Plasters applied to
									left side. - 11 30 - Put on Cotton jacket.
									Vomited after taking medicine - 1 30 -
									3 30, 5 30, 9 30 - Appears unchanged.
									Bruises noticed on both shoulder blades.
	8	99.4	104	60	7 - Cup coffee.	dr. i (A) - 8 - 10 - 12.	7 30 am		Complains, this morning, of severe
22					12 - Glass Milk		7 30		pain in back and chest. Has been
	5	102.3	106	6	6 - Refused.				sitting up in bed most of day. Says he
									cannot stand the pain while lying down. Is
	8	101	108	52	Refused Brk.		5 00		Has been sitting up most of day.
					Light dinner				Complains of severe pain in sides
23	5	104.4	96	60	Refused supper		3 30		and across small of back. Says it eases
									him to sit up. Seemed easier at night. Is
	8	103.4	104	68	Refused Brk.		7 30 am		Appears some better, today, although
					dinner		3 30 pm		temp. is higher. Says he is somewhat
24	5	103.4	114	60	Light supper		8 30 pm		relieved of pain. Has slight headache
									this afternoon. Seems to have no
									desire to eat. Perspiring some
									tonight. Resp. still quick & shallow.
									Visited by mother this p. m.
									L 4 hrs.

	Day	Day	Day	Day	Day	Day	Day
Hour							
Temp.							
106							
Pulse 105							
190 104							
180 103							
170 102							
160 101							
150 100							
140 98.8							
130 98							
120 97							
110 96							
Resp. 100							
60 90							
55 80							
50 72							
45 60							
40 50							
35 40							
30 30							
25							
Sleep 18							
9 15							
8 10							
7							
6							
5							
4							
3							
2							
1							
0							

DIRECTIONS

Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.

ABBREVIATIONS

U.--Urinated.
B. M.--Bowels moved.
Med.--Medicine given.
gtts.--Drops.
M.--Minims.
O.--Pint.
oz.--Ounce.
dr.--Drachm.
Qt.--Quart.
Tc.--Teacupful.
Tsp.--Teaspoonful.
S. 5hs.-Slept 5 hours.

PRESCRIPTIONS

Can be marked by capitals A. B. C. etc., and referred to thus:- dr. ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.

see page 188

" 21 ... Sleeps from 6 to 7 hours, nightly. Appetite good: bowels regular. Wants to get away: on 22nd, intends to escape, while out on grounds. Makes no complaints, specially: Works some on ward.

Sep 5 ... says he is well enough now, to go home. Sep 5/95. Wt 154½ lbs. appetite good: bowels

" 14 ... regular: he goes out on grounds, daily. Sep 14/95. Patient quite melancholy: has some delusive

" 30 ... ideas: works considerably on ward. Sep 30/95. Patient's condition has not changed: he is

Oct 3/95 ... quiet & inoffensive. Habits clean. Oct 3/95. Wt (dressed) 145½ lbs. Oct 7/95. Complained of tooth-ache.

" 31 ... Oct 31/95. Still melancholy & depressed. Condition does not seem to change any. Works some on the ward.

Nov 5 ... Nov 5/95. Appears quite melancholy. Still has delusions. Works some. Appetite quite good: bowels regular.

" 8 ... Nov 8/95. at 6 15 pm. Patient was discovered, while removing cleats from closet-window, pre-

Personal and Medical History of Henry Beuse

1895

Nov 14 - Ostensibly, for purpose of escaping - Nov 14/95. Has tried various methods, by which to escape, during
" 30 the past week & has required constant watching. Transferred to B³. Nov 30/95: No change to note:
Has not been repeated, of late, attempts to escape & has been quite well-behaved. Yet, requires watching.
Dec 7/95 Dec 7/95. Wt 148 lbs. Pulse 96. Dec 11/95. Visited by mother. Dec 18/95. Has visited by a friend.
" 31 Dec 31/95. Patient sleeps well: appetite fairly good. No change specially noticeable in his condition.
1896
Jan 7 Jan 7/96. Wt 146 lbs. Pulse 82. Jan 21/96. Transferred to B³. (on age of general change of the wards).
" 31 Jan 31/96. Patient dull & morose: remains in room, most of the day, lying in bed or reading:
does some in dining-room. No change noticeable, mentally - Physical condition improved.
Febr 29 Febr 14/96. Wt 147½ lbs. Pulse 84. Febr 29/96. Remains in about same condition physically & mentally.
very quiet & rather dull: remains in room, the greater part of day. Talks scarcely any: no delusions
Mar 7/31 or hallucinations noticeable: habits neat & clean. Mar 7/96. Wt 148 lbs. P 76. Mar 31/96. No change appar-
-ent, either in mental or physical condition. Makes no complaints. Works inward some: reads much of
April 7/30 the day. Out walking daily. April 2/96. Wt 149 lbs. P 80. April 30/96. While returning from an Entertain-
-ment in Rochester, about 12 PM, Patient attempted suicide by jumping off 5th Street Bridge,
but, owing to the prompt action of several nurses & employés in securing a boat & bringing him
to shore, he failed in his attempt. Treatment was immediately given him & he was then taken
to "Infirmary Ward" (East) & prompt restratives applied. Transferred to I.W. at 12 45 am &
" 30 put to bed. Respiration labored. Temp. 102. April 30/96. The attached nurses-record give details
of the case & of the treatment given. At first, patient was in much pain, in deep inspiration,
particularly on left side: bruises were found on both shoulder blades: he complained of severe pains
in back & chest. After a few days, he sat up, when pains seemed easier. Temp. still continued high
(103° on 29th) - was visited by mother on 24th - appeared much better on 26th: had no pain
except in left chest, when coughing. Lies quietly, in bed. Temp. still ranges high (101-102 4/5).
May 7 May 7/96. Lies very quietly: sleeps poorly, at night. Cough increasing & has had several severe
"coughing spells" of late, with great amount of expectoration, which shows traces of blood.
Says "he feels weak in legs, while standing & feels very poorly": has complained of pain in left
" 10 side & shoulder. Appetite poor. May 10/96. Wt 121½ lbs. Still restless & coughs considerable,
" 12 but says "he has no pain". Expectoration greenish-yellow & very foetid. May 12/96. Has not
coughed as much as usual. Smoked "turpentine pipe" regularly, during day. Appetite
" 17 some better of late. Is very quiet. May 17/96. Lies very quietly: still seems to improve: makes
" 19 no complaints of pain. Uses "turpentine pipe" regularly: cough not so severe. May 19/96. Visited
" 21 by mother: feels stronger: out in chair, today. May 21/96. Feeling stronger: wishes to get up: talks
" 25 quite rationally. May 25/96. Visited by mother & friend. Is steadily improving - Goes out on the ground.
" 31 May 31/96. Uses "turpentine pipe" regularly. Improvement continues in his condition.
June 3/7 June 3/96. Wt 127 lbs. June 7/96. Appears to be improving rapidly: talks rationally: up & out, nearly
" 10 every afternoon. June 10/96. Still improving; walks considerable, when up, & works some in hall (goes to U.S. to
" 12/14 sleep). June 12/96. Up, all day. June 14/96. Worked yesterday & today: complained of pain, all over body.
" 17/18 June 17/96. Doing nicely: up & out in afternoon. June 18/96. Up, all day: works inward: no complaints.
" 30 Is improving: June 30/96. Remains up, each day. Goes out for walks: works in hall. Is doing nicely.
Talks freely.

See page 188

Personal and Medical History of John Condon

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4178.
Residence, Northfield; Minn.
Date Admission, 13 August 1895.
Admitted by, S. Kilbourne — Hour, 4 30 P.M.
How Sent, R. A. Mott. Jof P. Rice County
Sex, Male
Age, Says he is about 36.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, Slightly educated
Profession Religion, Yes: Catholic
Habits, Patient + his brother both intemperate.
Nativity, Canada: (Parents born in Ireland).
Physicians Committing, Dr. A. Hunt + A. J. Schmidt
Correspondents, Brother at Dundas - Richard Condon Minn.

No. for Year, 8.
Insane Relatives, None, so far as known
Cause Exciting, not known
Cause Predisposing, not known
Form, Acute Mania (confusional).
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Not
Date of this Attack, about 2 weeks ago
Duration, about 2 weeks
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, Says about 36.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exam. by R. M. Phelps Date [illegible]

MENTAL ACTIVITY:
Clear or Confused, ✓
Quick or Sluggish, Very sluggish.
MEMORY:
Past Events,
Recent Events, } So confused cannot test.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, } Very dull.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State, } Poor.
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Has complained of headaches + feeling bad "all over" as if weak. Pallid perhaps from so long quiet in bed. Power of attention quite poor. Cause not known.

EMOTIONAL STATE:
Normal, Calm,
Indifferent, + dull.
Exalted,
Depressed, somewhat.
DELUSIONS: Can't tell - will not talk.
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Says almost nothing
Coherent or Incoherent, Has C
Voluble or Reticent,

Personal and Medical History of John Condon

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8½ WEIGHT, 153½ lbs. NUTRITION, Somewhat impaired
WOUNDS OR ABNORMALITIES, — —
TONGUE, Tremors, Some Coatings, No. Promptness Movement, Sluggish
PUPILS, Equality, Equal. Size, Some dilitation
Response Light, Yes. Accommodation,
SIGHT, ? (He will not Test.)
HEARING, Probably good.
COORDINATION, Arms, Considerable trouble in tests, which seems chiefly a weakness.
Legs,
TREMORS, Hands, No. Tongue, None of account.
Facial Muscles, No. General, None.
REFLEXES, Patellar, Equal - 8-9 EXAM. URINE,
Other
ARTICULATION, Talks in a hoarse whisper
Slurred, As if with great effort + as if
Hesitating, Very weak.
FACIAL EXPRESSION, Dull, depressed. Somewhat blank.
SENSIBILITY,
Arteries atheroma - quite firm + inelastic
HEART, Apex 1 in Blow + ½ in to L. nipple
No murmurs.
LUNGS, No signs noted. Breathing Forat + hesitating.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated, + irregular	Irregular,
APPETITE, Good,	Medium, ✓	Poor,
SLEEP, Good, Average 6 hrs.	Poor,	Irregular,
PULSE,	Resp.,	Temp.,

CRANIAL MEASUREMENTS, Circ. 22½ Naso occ. 13. Naso. B. A. 6½ B. L. Arc. 3 Bin. arc. 11 3/4 Fac. L. 5½. T. M. Circ. 23¼
HISTORICAL, Headaches.
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Cannot learn.
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of John Condon.

1895

This patient was brought here by Deputy-Sheriff P. J. Irwin, and an attendant, with the following history. As to consanguinity, not known: no immediate relatives, so far as we are informed. This is 1st attack; not in hospital before: first symptoms of this attack manifested about 2 weeks ago; complained of pains in the head. Disease appears to be increasing: is uniform. Derangement now shown by his being reticent, inactive & apparently stupid. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits: no peculiarities &c were previously shown. Patient & his brother are both intemperate. He has not been subject to any severe disease &c, nor had any head injury. He has not been restrained or confined. Don't know cause of disease, nor of any treatment having been given him. There is general stupidity noted.

Aug 13 On admission, was put on T.W. (G.H.R. Rpt. Complexion dark; hair gray; eyes gray; condition of skin good: no marks, scars or bruises noticed: Is dirty. Behavior good: Is stupid, dull & melancholy (wont talk). When he came in ward, was very weak & in a stupid condition: was given bath & put to
" 14 bed: refused supper: has no cough: makes no complaints. Aug 14/95. Very quiet all night & slept 6 hours. Refused all meals, today; does not talk any; lies in a stupid condition. After considerable purging, he took
" 15 about a pint of eggnog. Aug 15/95. Slept only 4 hours, restless 4 hours, last night. Patient has pain in
" 16 back: hot sand-bag applied. No special change in condition. Aug 16/95. Slept 7 hours; restless 1 hour.
" 17 Though he occasionally refuses meals, yet his appetite is getting better & he eats mine willingly. Aug 17/95. Was quite restless & out of bed much, last night. Says "he want his Clothes". Bowels moved. Very restless,
" 19 and hard to keep in bed, today. Aug 19/95. Somewhat restless, but sleeps about 6 hours, nightly. Appears in a stupid condition, continually: will not talk any: answers questions in a whisper, at times. Still refuses
" 22 some meals: eats lightly, at other times. Aug 22/95. Sleeps now 4 to 6 hours, at night: quite restless,
" 25 some nights. Of late, has refused solid food & is given eggnogs & Whisky. Aug 25/95. The past few nights, he has been sleeping 6 to 7 hours, each. Still in bed: quite restless, at times. Appetite poor & he con-
" 27 tinues to refuse some meals; what little food taken is, as a rule, soft & fed by nurse. Appears dull & stupid; also weak. Aug 27/95. Appears some brighter this am: talks quite freely: says he has a pain in his head: bowels costive. 8.30 Pm. Was given Shower-bath & enema: bowels afterwards moved freely. Summary: as to his physical condition, patient quite emaciated: appetite continued poor up to last few days; is at present, fairly good. Bowels not regular: as a rule, constipated much, requiring laxatives & enemas: passed urine regularly: no cough noticed: Complained some of pain in the head & of being weak. As to mental condition: Patient, the greater part of the time, appeared dull & stupid; apparently taking no notice of anything going on: scarcely ever speaking, only when spoken to & then not louder than a whisper: at times, quite restless, requiring a nurse to keep him in bed. All in all, patient seems to be improving for the last few days.
" 31 Aug 31/95. Condition about same, as last reported upon. Patient lies steadily in his bed.
Sep 2 Sep 2/95. Wt 135 lbs. (has lost considerably in flesh). Always appearing stupid & dull.
" 5 Appetite not very good. At times, refuses a meal: he sleeps fairly well. Sep 5/95. Vomited
" 7 considerably, this PM. Sep 7/95. 9 am. Patient had a "spell" of vomiting. Bowels constipated;
" 10 was given enema. Sep 10/95. He lies in same condition, continually: appears weak & never
" 14 talks above a whisper. Sep 14/95. Has refused meals, quite often, of late: as a rule, he eats very lightly: is given Shower-baths & massage treatment, yet does not seem to be doing well.

Personal and Medical History of John Condon.

1895

Sep 16 Patient appears weaker than usual, this morning: 4 Pm. Vomited after drinking about of beef-
" 19 tea & seemed in distress. Sep 16/95. Has been frequently refusing meals, of late. 9.30 Pm. Fed by tube.
" 20/21 but vomited after being fed. Sep 17/95. Steadily refused food: 2.30 Pm. Was fed by rectum.-
" 30 Sep 19/95. Occasionally eats of his own accord, but still requires to be fed, by rectum: Vomits slightly. Sep 20/95. Again fed by rectum. Sep 21/95. Appetite quite good, today. Patient seems improving some
also talks some. At times, refuses medicine. Sep 30/95. Has been sleeping quite well, apparently: bowels require enemata, & move them. He has been given massage treatments. Appetite has improved, though he requires, from time to time, to be fed by rectum. He lies quietly in bed, from day to day, in a seemingly stupid & dull condition. - (See nurse's records attached) -

Oct 4 Oct 4/95. Eats fairly: has slight "vomiting spells": sleeps quite well. Bowels not regular. Wt, today 123 lbs (undressed).
" 9 He steadily loses in flesh. Oct 9/95. Patient vomits quite often: at times, refuses meals. Sleeps fairly well: appears to be quite weak: does not talk above a whisper. Requires enemata, & move bowels.
" 12 Oct 12/95. Is now so weak, that he finds it somewhat of an effort to sit up. Talks, in a whisper, quite rationally. Appetite fair, but has difficulty in keeping food in his stomach & vomits frequently. Still, necessary to give enemata for bowels. Oct 13/95. Had to feed through rectum, today. Oct 20/95. Restless,
" 13/20 but sleeps 5 to 6 hours, nightly. Still quite weak. Oct 23/95. Appetite, today, quite good & he seems
" 22 to be improving, generally. Oct 30/95. No special change. Has had frequent "vomiting spells" of late.
" 30 Oct 31/95. Lies steadily in bed. Sleeps quite well. At times refuses meals. Vomits quite frequently, & can keep
" 31 nothing in his stomach, today. Quiet & well behaved. Bowels still irregular. (See ~~filed~~ Nurse's record).

Nov 6 Nov 6/95. Wt (undressed) 109½ lbs. -; has lost quite markedly in flesh: he lies steadily in bed: vomits, at times:
is decidedly discontented: "want to go home": appetite very poor: bowels irregular. He sleeps well, at night
" 8/10 Nov 8/95. 5.30 Pm. Was fed through rectum. Nov 10/95. Has been refusing some meals: is given milk &
" 11 oatmeal water, but vomits it up. Has to be fed, through rectum. Pulse is very weak & thread-like, this am.
Nov 11/95. Still vomits after eating food: does not try to keep anything in his stomach: seems to force food out.
Is despondent: "seems to labor under the delusion that he is improving upon the House, by remaining here".-
" 12 Nov 12/95. Ate a light breakfast: seemed to find no trouble in keeping it on stomach. Ate a fair dinner, but
" 13/14 vomited it. Nov 13/95. Seems rather excited, this morning. Nov 14/95. No change: Still vomits food, and has
" 16 to be fed through rectum. Nov 16/95. Feeding through rectum has been kept up: ate a fair dinner, today, but
had difficulty in holding food & vomited the greater part of dinner. Asked for a glass of milk, but vomits that.
" 19 Bowels frequently require enema, to move them. Nov 19/95. Still vomits what he eats & has to be fed, thro' rectum.
Patient has appeared to be some better, today: retained dinner & supper: bowels moved very freely at 3.30 Pm. While inserting
rectal tube (at 7.30 Pm), patient complained of severe pain in abdomen after tube had reached distance of about 6 inches:
" 20/21 Nov 20/95. Vomited all his meals, today. Nov 21/95. Was somewhat restless at night, yet he sleeps fairly well.
" 22 Is still fed through rectum. Nov 22/95. Vomited after each meal, today. He has appeared very uneasy and
" 23 discontented, all day. Continually getting out of bed. Nov 23/95. Vomited each meal, today. Had considerable
" 25 difficulty in keeping patient in bed, during day. Continually getting up & coming out of bed. Nov 25/95. Still vomits.
" 26 Pulse is very weak, this am. Pm. Has been uneasy all day - sleeps well, of late. Nov 26/95. Out of bed,
" 28 frequently, during the night. Still vomits. Fed through rectum. Nov 28/95. Appetite quite good, at all
times, but he finds great difficulty in keeping food on stomach. Restless & is getting out of bed, continually.
" 30 Nov 30/95. No change noted. Was given electrical treatment on 27th. Still fed through rectum, as he vomits his food.
Was got up, in roller-chair, this afternoon - (See attached nurse's record) —

carried to 240

Personal and Medical History of Israel B. Spencer

LOBERT, FISLAN & CAMBERS, DAVENPORT, IOWA.

Examination attested on behalf of Patient by Robert Nee - C. Atty

Whole No. 4179.
Residence, Faribault, Minn
Date Admission, 16th August 1895.
Admitted by, Dr Linton - Phelps Hour, 4 20 P.M.
How Sent, R. A. Wott. J of P. Rice County
Sex, - Male -
Age, - 62 - (60)
Civil Condition, married
Children, - Two -
Age Youngest Child, —
Occupation, Farmer
Degree Education, Academic.
Profession Religion, not a church member
Habits, not intemperate: uses morphine (?)
Nativity, N. Y. State; (parents also born there)
Physicians Committing, R. N. Jackson and D. M. Cool
Correspondents, Mrs I. B. Spencer Faribault, Minn.

No. for Year, 7.
Insane Relatives, none
Cause Exciting, overwork + over anxiety
Cause Predisposing, "chronic"
Form, ⊕
Accompanying Bodily Disorder, great nervousness.
Suicidal or Not, suicidal + propensity active
Date of this Attack, about 4 years ago
Duration, — about 4 years —
No. of Attack, 1st (probably continuous)
No. of Admissions, — 2nd —
Age First Attack, about 58.
Time of Leaving, May 19 '96.
Time in Hospital, 9 mo. 3 da.
Result, Disc. June 17 '96 Imp.

Exly Dr. Phelps 8/21.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events,
Recent Events,
Special Subjects,
} Good, in all ways.

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
} alert + fairly accurate, on ordinary subjects; on property, morbid.

REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Impaired, but not extremely
Special Subjects, property &c

EMOTIONAL STATE:
Normal, Calm, fairly calm.
Indifferent,
Exalted,
Depressed, slightly

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
} Does not have well outlined delusions, but reasons wrongly from a morbid idea of real facts (see below)

HALLUCINATIONS: —
ILLUSIONS: —

CONVERSATION:
Coherent or Incoherent, Clear in form; coherent;
Voluble or Reticent, Talks quite powerfully.

GENERAL DESCRIPTIVE REMARKS:
Argues that, as one has lost all chance for effort, and fears coming to be dependent. Details history of property matters, showing some complications + losses, yet enough to live on, by economy. Because melancholy, when his wife, by advice, refused to sign away her right to some: was not throwing property away: became melancholy and suicidal; unreasonable in action &c. Now, talks clearly + well. A Paranoiac in form. —
Paranoia in the systematized form, senile; in the slow growth with age, organic in the atheromatous degeneration which, in probability, extends to brain supply. —

Personal and Medical History of Israel B. Spencer

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

I. B. Spencer Dead.
Faribault, Minn., Special, Nov. 24.—I. B. Spencer, ex-mayor of Faribault and for many years one of its most prominent citizens, died yesterday. He was sixty-four years old and leaves a widow and one son.

4½ WEIGHT, 123 pds. 10 years ago 150-160. NUTRITION, not very good: aging some.
WOUNDS OR ABNORMALITIES, one finger deformed (124) (felon): no abnormalities noted.
TONGUE, Tremors, none of note Coatings, normal Promptness Movement, normal
PUPILS, Equality, equal Size, normal
Response Light, normal Accommodation, normal
SIGHT, uses glasses — age 60.
HEARING, Fair
COORDINATION, Arms, fair:
Legs, fair: standing on foot, good: standing, eyes shut, good.
TREMORS, Hands, slight: (age probably). Tongue, —
Facial Muscles, none General, none noted
REFLEXES, Patellar, equal: 6 — EXAM. URINE,
Other
ARTICULATION,
Slurred, —
Hesitating, Fair
FACIAL EXPRESSION,
slight melancholy.
SENSIBILITY,
✓
HEART, (?) no distinct murmur but suggested atheroma radial artery
LUNGS,

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, loose, at times Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, 4 to 6 hours, a day. Poor, Irregular,
PULSE, 70 Resp., Temp.,
CRANIAL MEASUREMENTS, —
HISTORICAL, —
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, —
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Israel B. Spencer

LIBERT, FISCHER & CHAMBERS, DAVENPORT, IOWA.

Examination attested on behalf of Patient by Robert Nee - Co. Atty

Whole No. 4179.
Residence, Faribault, Minn
Date Admission, 16th August 1895.
Admitted by, Dr Linton - Phelps Hour, 4 20 P.M.
How Sent, R. A. Mott. J of P. Rice County
Sex, - Male -
Age, - 62 - (60)
Civil Condition, married
Children, - Two -
Age Youngest Child, —
Occupation, Farmer
Degree Education, Academic
Profession Religion, not a church member
Habits, not intemperate: uses morphine (?)
Nativity, N. Y. State; (parents also born there)
Physicians Committing, R. N. Jackson and D. M. Cool
Correspondents, Mrs I. B. Spencer Faribault, Minn.

No. for Year, 7.
Insane Relatives, None
Cause Exciting, overwork & o
Cause Predisposing, "chronic"
Form, ⊕
Accompanying Bodily Disorder, great nervousness.
Suicidal or Not, suicidal & propensity active
Date of this Attack, about 4 years ago
Duration, — about 4 years —
No. of Attack, 1st (probably Continuous)
No. of Admissions, — 2nd —
Age First Attack, about 58.
Time of Leaving, May 19 '96.
Time in Hospital, 9 mo. 3 da.
Result, Disc. June 17 '96 Imp.

said St. Paul, deceased, and ... with her petition to said Probate Court, praying that the said instrument may be proved and admitted to probate, and that letters testamentary be granted thereon to William C. Read.
It is ordered, That said petition be heard and the proofs of said alleged Will be taken at a special term of this Court.

Exly Dr. Phelps 8/21.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events,
Recent Events,
Special Subjects,
} Good, in all ways.

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
} alert & fairly accurate, on ordinary subjects; on property, morbid.

REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Impaired, but not extremely
Special Subjects, property &c.

EMOTIONAL STATE:
Normal, Calm, fairly calm.
Indifferent,
Exalted,
Depressed, slightly

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
} Does not have well outlined delusions, but reasons wrongly from a morbid idea of real facts (see below)

HALLUCINATIONS: —
ILLUSIONS: —

CONVERSATION:
Coherent or Incoherent, Clear in form; coherent,
Voluble or Reticent, Talks quite powerfully.

GENERAL DESCRIPTIVE REMARKS: Argues that, as one has lost all chance for effort, and fears coming to be dependent. Details history of property matters, showing some complications & losses, yet enough to live on, by economy. Because melancholy, when his wife, by advice, refused to sign away her right to some: was not throwing property away: became melancholy and suicidal; unreasonable in action &c. Now, talks clearly & well. A Paranoiac in form. —

Paranoia in the systematized form, senile; in the slow growth with age, organic in the atheromatous degeneration which, in probability, extends to brain supply. —

Personal and Medical History of Israel B. Spencer

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ WEIGHT, 123 pds. 10 years ago 150-160. NUTRITION, not very good: aging some.
WOUNDS OR ABNORMALITIES, one finger deformed (1 24) (felon): no abnormalities noted.
TONGUE, Tremors, none of note Coatings, normal Promptness Movement, normal
PUPILS, Equality, equal Size, normal
Response Light, normal Accommodation, normal
SIGHT, uses glasses — age 60 -
HEARING, Fair
COORDINATION, Arms, fair:
Legs, fair: standing on foot, good: standing, eyes shut, good.
TREMORS, Hands, slight: (age probably). Tongue, —
Facial Muscles, none General, none noted
REFLEXES, Patellar, equal: 6 -
Other
ARTICULATION,
Slurred, —
Hesitating, Fair
FACIAL EXPRESSION,
slight melancholy.
SENSIBILITY,
✓
HEART, (?) no distinct murmur but suggested atheroma radial artery
LUNGS,

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, loose, at times Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, 4 to 6 hours, a day. Poor, Irregular,
PULSE, 70 Resp., Temp.,
CRANIAL MEASUREMENTS, —
HISTORICAL, —
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, —
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Israel B. Spencer

1895

This patient was brought here by Sheriff J.A. Stewart, attended by J. F. Donald, with following history. Patient is in fair physical condition. As to consanguinity, unknown: no insane relatives. This is 1st attack, (probably Continuous): was sent to this Hospital July 7/93: result of treatment, nothing (?). First Symptoms of this attack manifested about 4 years ago, by monomania on financial & business matters: disease seems increasing: not variable; no rational intervals. Derangement now shown in that he thinks he is bankrupt; all going to the Poor-House; everybody against him &c". Patient is not disposed to injure others; has attempted suicide by morphine & his friends think a fear propensity now active & not filthy or destructive in habits, but is indifferent to appearance. Before accession of the disease, he had an insatiable thirst for gain. There is no history of intemperance in self or family; he has not been subject to any severe bodily disease &c nor had any head-injury. Supposed Cause of the Disease, is overwork & worry & anxiety. Has been under treatment, by morphia, with apparent improvement, 2 or 3 months. On personal Examination, he is found to be more nervous, excitable & unsafe, than when committed, July 7th 1893. —

Note. As above stated, patient was here before, from July 7th 1893, to Oct 14/93, when he was taken home by wife, having been then illegally Committed, under "law of '95". When examined, upon that admission, he was found to be very much depressed & easily agitated: showed morbid and deluded ideas, with regard to his property &c. During that stay, he was very restless & disturbed, the greater part of the time; sleeping very poorly, as a rule: discontented and deeming himself injured, by being kept here. During latter part of Sept: he became less nervous & restless & seemed more contented, yet very anxious, at times, to go home. Commenced to improve, & this kept up & he was very much improved at time of leaving; more reasonable & quiet, in every way: more calm; physical health also much improved.

See Vol 23 page 337 No 3407 = ⊗

Aug 16 On admission, was put on B² (G.H.N. Rpt. Complexion light; hair gray; eyes gray: Condition of Skin good: scars on right hip & on both Knees: is clean. Quiet & well-behaved.
" 17 Aug 17/95. Somewhat restless & disturbed, but slept 5 hours, last night. Ann. P80 R18. Tongue — Appetite fair: bowels seem regular: no cough noted. Behaves well: is rational when talked to, but subject to delusions. Makes no complaints. Aug 18/95. Slept quite well, 7 hours, last night. Ann P84
" 18 R 18. Behaves well: appetite good: no Complaints. Aug 19/95. Restless 3 hours, but slept 5 hours: was
" 19 quiet. Ann. P76. R 20. He talks much. Takes considerable interest in his surroundings. —
" 20 Aug 20/95. Slept 7 hours. Ann. Pulse about normal. Converses rationally: no delusions or hallu-
" 21 cinations noticeable. Goes out on grounds, every day. Aug 21/95. Slept 8 hours. Quiet during day.
" 22 Complains of ward being too noisy for him. Eats heartily. Aug 22/95. Transferred to A¹ today. Ann. Pulse 80. Is quietly behaved. Complains of being tired after taking a short walk: says feet feel sore.
" 23 Aug 23/95. Ann. Pulse 80. Appetite good: bowels free: behavior good. Talks freely and sensibly.
" 24/25 Aug 24/95. Ann. Pulse 82. No special Change in Condition. Aug 25/95. Sleeps quite well, each night. Ann. Pulse 74. Uniformly quiet & well-behaved. Occupies most of his time in reading. Habits clean.
" 26 Aug 26/95. Ann. P78. Complained of sore feet, while out walking. 7 P.M. Went to bed: said "he was
" 27 not feeling well". Said "his feet were very painful". Aug 27/95. Ann. P 82. Went to bed, shortly
" 28 after supper, again complaining of feet being very sore. Aug 28/95. No special change.

Personal and Medical History of Israel B. Spencer.

1895

Aug 29/30 Aug 29/95. Keeps about the same from day to day. Aug 30/95. Apparently, rests and sleeps well, at night. Appetite poor, the last 2 days. Pulse about normal. Talks freely & sensibly. Habits are clean.

Summary: - Patient goes to bed shortly after supper, every night; & sleeps well. Appetite fair; bowels seem regular. Behavior very good: is gentlemanly & pleasant. Talks freely & sensibly; no delusions or hallucinations noted. Seems to realize his mental weakness: appears lonesome and depressed; makes a mournful or groaning noise, quite frequently. Still complains of feet being sore & for him to walk far. Reads a good deal of the time & plays games some.

Sept 2/30 Sept 2/95. Wt 130 lbs. Pulse 84. Sept 30/95: Is about as last generally reported. Still complains of sore feet.
Oct 1/31 Oct 1/95. Wt 133½ lbs. (Has gained about 10 pounds in flesh) Pulse 78. Oct 31/95. Patient's condition seems about same, all the time. Complains a good deal, of pains in back & of sore feet. Helps willingly with work on ward, but does not do much as he spends his time chiefly in playing cards &c - He sleeps fairly well. Does not seem to restless & nervous, of late. Talks freely & sensibly: no delusions noted.

Nov 2/30 Nov 2/95. Wt 135½ lbs. Pulse 78 - Nov 10/95. Visited by son: it made him somewhat nervous: ate no
" 27/30 supper: went to bed at 8.30 P.M. Nov 21/95. Up & about, as usual. Nov 30/95. No special change. He still complains of pains in back & hips & Given liniment for same. Talks freely & sensibly. Reads. Plays cards &c.

Dec 3/31 Dec 3/95. Wt 134½ lbs. P76. Dec 31/95. Patient has been complaining of a sore back, all through the month: this morning he fell on the floor twice & was unable to walk, for some time. Says "he had a sharp pain, at lower part of back-bone": went to bed at 12 o'clock. Plaster applied. Patient had no fever.

1896
Jan 1/31 Jan 1/96. Wt 137½ lbs. P74. Jan 31/96. Back is somewhat better, but still gives him some trouble. No change generally, to note. He is quiet: talks freely & sensibly: no delusions &c noticeable.

Feby 1/29 Feby 1/96. Wt 134½ lbs. P80. Feby 6/96. Has been in bed the past 5 days: caught cold; Complained of lame back & of headache P90. T 100: appetite fair: bowels regular. Up today, but complains still
" 7/29 of feeling weak & coughs some. Feby 8/96. Ate & slept all day. P88. T 99. Feby 10/96. Again in bed: Com-
" 29 plained of severe pains in back. Ate light breakfast. Temp. 97⁸ P70. R16. Feby 29/96. About as usual.

Mar 1/31 Mar 1/96. Wt 135½ lbs. P74. Mar 6/96. Visited by wife. Mar 31/96. No special change noticed.

Apl 1/30 Apl 1/96. Wt 136½ lbs. P80. Apl 30/96. Patient seems rational in every way. No delusions or hallucinations noticed. Talks freely. Still complains of lame back. (Plaster applied): Eats & sleeps fairly well. Physical health quite good. May 1/96. Wt 134 pounds. Pulse 68.

May 1/31 May 1/96. About as last generally reported. May 29/96. Visited by wife and daughter & patient was taken to Michigan by his wife.

Discharged

Personal and Medical History of R. M. S. Pease

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4181.
Residence, Minneapolis, Minn.
Date Admission, 17th August 1895.
Admitted by, Dr. Phelps Hour, 12 M.
How Sent, Trafford N. Jayne Ct. Comr. Hennepin Co.
Sex, Male.
Age, 73 (about)
Civil Condition, married
Children, 3
Age Youngest Child, —
Occupation, Banker & Minister. —
Degree Education, well educated.
Profession Religion, Yes: first Baptist
Habits, not intemperate —
Nativity, Norfolk: Conn: (parents also born in Conn.)
Physicians Committing, R. J. Hill & Edwin Phillips
Correspondents, Rogers S. Pease. 1304 Conn. Ave.
Family Physcn. Dr. R. S. McMurray. Minneapolis. —

No. for Year, 9
Insane Relatives, none
Cause Exciting, said to be unknown
Cause Predisposing, previous attacks —
Form,
Accompanying Bodily Disorder, great nervousness
Suicidal or Not, — not —
Date of this Attack, 2½ years ago
Duration, — 2½ years —
No. of Attack, 4th (others 1892 — 5 to 6 mos & previously)
No. of Admissions, 2nd here
Age First Attack, about 52 —
Time of Leaving, Mar. 28' 96.
Time in Hospital, 7 mo. 11 da.
Result, Improved Disc. Aug. 12' 96

Exd. by Dr. R. M. Phelps 8/12/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events, some trouble
Recent Events, also, some trouble
Special Subjects, ✓

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

REASONING POWER:
Ordinary Subjects, } fair, but sluggish & with a
Own Mental State, } tinge of feebleminedness.
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, calm & good.
~~Indifferent,~~
~~Exalted,~~
~~Depressed,~~

DELUSIONS:
Systematized or Not, none now; describes himself as
Special Subjects, unable to control himself, at times.
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Admitted in St Peter hospital about 10 years ago: worse then: had lost use of limbs; brought on by overwork: was in 1st Nat. Bk for 16 years. In Oshkosh in 1875(?). Was then pastor at Appleton. Attack about the same in kind; came on rather suddenly: had these tremors: In Oshkosh only 9 weeks: out of his head some. "Couldn't keep still at all." always remembered & knew what he was about. Took Emulsion Cadliver oil then. Since that time, has always been liable to these "Shakings" if overworked. In St Peter, about 10 years ago — similar attack: Was both Banker & preacher, for many years. —

Personal and Medical History of R. M. S. Pease

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 146 10 years ago 111½ pds; now. NUTRITION, considerably impaired
WOUNDS OR ABNORMALITIES, hernia: some on both sides; don't wear truss: haemorrhoids
TONGUE, Tremors, much Coatings, none, of amount. Promptness Movement, fair
PUPILS, Equality, equal Size, somewhat small —
Response Light, Fair Accommodation, —
SIGHT, fair, for age; uses spectacles —
HEARING, Fair
COORDINATION, Arms, some weakness & tremors
Legs, not distinct in coordination; weakness & tremors —
TREMORS, Hands, Yes: increases on trying to hold still. Tongue, some
Facial Muscles, no General, yes
REFLEXES, Patellar, about normal
Other ✓
ARTICULATION,
~~Slurred,~~ some hesitation in remembering
~~Hesitating,~~ speech good.
FACIAL EXPRESSION,
Fair
SENSIBILITY,
✓
HEART, fairly good sounds: pulse fairly regular: arteries large, tortuous — some atheroma
LUNGS, good
—

EXAM. URINE,

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty,~~ Clean, ✓ Careless,
BOWELS, ~~Normal,~~ about normal. ~~Constipated,~~ ~~Irregular,~~
APPETITE, ~~Good,~~ fair ~~Medium,~~ ~~Poor,~~
SLEEP, ~~Good,~~ poor unless takes medicine Poor, ~~Irregular,~~
PULSE, about 90: full Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, first trouble in '76; some trouble ever since ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, mother died — 93 — old age: Grandmother died — 92 —
Father or Pat. Relations, father died at 86. Father's parents (?)
Brothers or Sisters, Older brother died at 75. Sister died of consumption in 1829.

Personal and Medical History of R. M. S. Pease

1895

This patient was brought here by Judge Olivier, with following history of case. Patient is in a nervous condition. No history of Consanguinity or heredity. This is 4th attack: others occurred in 1891 (lasting 5 to 6 months) and previously: was then sent to Rochester Hospital & there improved very much. First symptoms of this attack manifested 2½ years ago. Disease appears to be increasing, but it is variable & there are rational intervals, at regular periods. No special manifestations in this present attack, except tendency to destroy clothing. Patient is not disposed to injure others nor suicidal. Before the accession of the disease, no peculiarities & had been known. There is no history of intemperance, nor of any severe disease &c or head-injury. Has not been restrained or confined, except in hospital. Supposed cause of disease is unknown. Has had no treatment, except in hospitals. The patient's appearance & manner, during examination, was nervous: hands constantly moving around & talking to himself. The reasons given for present Commitment are (a) he wanders about & is exposed to want of food or shelter. (b) he wanders about & is exposed to accidents: (c) his disease requires treatment &c &c —

Note — Patient here before, from March 2/91 to May 30/91. He has also been in St Peter & Asylum Hospitals. On his previous admission had, was very restless & nervous: movements almost choreaform; also noisy & wild: had to be frequently catheterized & bladder washed out; urine quite often bloody: had urethritis & balanitis; there was also obstinate Constipation: some fever; mentally, there was observed depression, Emotional instability; crying at times; decided insomnia. His restlessness resembles that of a hyena in a cage". Was restlessly active; rapidly walking back & forth, giving vent, quite frequently, to loud, inarticulate cries or sounds; these, Patient could control for a time, when his attention was held in conversation. When he lay down, his twitchings & jerkings were so violent as to throw him from bed on to floor. Watching was necessary. When requested to be quiet, "declared he could not": seemed to want to do so. Was pleasant & gentlemanly; neat & clean in habit and dress. After a time, he became less noisy & restless; sleeping better — (There were, however, occasional partial relapses to former condition); and there was an improvement in all symptoms. He gained markedly in flesh & was sent home, as recovered. (For details see Vol 16 Page 17 No. 2643).

Aug 17 — On admission, was put on T.W. (G.H.N. Rft. Complexion light; hair gray, eyes gray; condition of skin good; no marks, scars or bruises noticed: he has hernia: is clean. 3 fingers in right hand, and 1 in left hand bent in; caused by paralysis (?). Mechanism is good: Patient is very weak). When received aboard, was in a very weak & nervous condition. Passes urine frequently. Was given hot bath with cold applications to head: also, liberally, of head & milk. Given sleeping dose at bed time.

" 18 — Aug 18/95. Slept only 4 hours: was restless 4 hours, last night. Is given lunch of head & milk, several times, during day: is also on regular & extra Diet. Is quiet & well-behaved, though becomes

" 19 — very nervous, at times. No delusions or hallucinations noticed. Aug 19/95. Slept 7 hours, last night,

" 20 — restless an hour or so. Is very nervous today, walking about continually. Aug 20/95. Given a sleeping dose, last night, but slept only 5 hours: restless 2 hours. Was given hypo — Morph. today,

" 21 — twice. He is considerably easier, today. Aug 21/95. Again, given sleeping dose. Slept 6 hours: restless 2 hours. He has been easy, all day. Appetite good: on regular & extra diet; also takes head & milk 2 or 3 times, a day.

" 22 — Aug 22/95. Slept fairly well, last night. Eats quite well & often. Nervousness is disappearing.

" 23 — Aug 23/95. Slept 6 hours: restless 2 hours. Was given eggnog, today. Aug 24/95. Given sleeping dose: but no effect. Slept only 1 hour: restless 5 hours, noisy 2 hours. Given eggnogs with whisky & luncheon, today.

Personal and Medical History of R. M. S. Pease

1895

Aug 25 — Aug 25/95. Again, given a sleeping dose, but no effect. Slept none, all night: restless 7 hours & noisy 1 hour. Given lunches of head & milk, quite often. (Patient says "nervousness ceases, for short times, after eating"). Aug 26/95. Complains of being very nervous, today. Restless & continually walking.

" 27 — Aug 27/95. Was given sleeping dose, twice last night: not much effect: restless 5 hours and slept only 3 hours. Has been reading, the greater part of the day. Is less nervous. Is fed freely.

" 28 — Aug 28/95. Given sleeping-dose, about bed-time; slept 7 hours. Complains of pain in kidneys & in left side: passes urine about every 20 minutes. Complains, also, of bowels being active: was given a seidlitz powder. Is in bed this P.M. Does not sleep as well as usual. Aug 29/95. After a sleeping-dose, slept all night. Takes liberally of eggnogs, also. Patient is, today, quite nervous, altho' he considers himself as improving. Aug 30/95. Received sleeping-dose: slept 5 hours, restless 2 hours,

" 30 — still somewhat nervous & restless, today. Out on lawn, morning & afternoon. Aug 31/95. Was

" 31 — given 3 pills, also a sleeping-dose: slept 7 hours: bowels moved. **Summary**: Patient's Condition, physically, is very weak. He is very restless & walks the floor continually & becomes so nervous, at times, that he finds it a great effort to speak. He is forever lamenting the fact of his weak & nervous condition. He has no noticeable delusions or hallucinations, and talks quite sensibly. (See attached nurse's record for fuller details of treatment &c)

Sep 1 — Sep 1/95. Patient has been very nervous & restless, all day. Still receives frequent lunches, during day.

" 2 — Sep 2/95. No change to note. Very restless & continually walking floor: Sleeps only 4 & 5 hours, nightly.

" 3/5 — Sep 3/95. Wt 119 pounds. (Has made a slight gain in flesh). Sep 6/95. Slept none, during night: was

" 10 — noisy, all night. He is daily given frequent hypodermics, strychnia. Sep 10/95. Still sleeps poorly:

" 15 — restless & nervous, by day. Sep 15/95. Restless & nervous, by day: becomes, also, quite noisy, at times.

" 17/20 — Sep 17/95. Occasionally sleeps quite well, of late: hypodermics continued. Sep 30/95. No special change.

Oct 5/5 — Oct 5/95. Wt (dressed) 117 pds. Oct 6/95. On some days, he is comparatively quiet: but most of the time

" 8 — he is quite nervous & restless; sometimes, all day. Still on medicine and is given hypos. of Strychnia,

" 16 — quite often. Appetite good: bowels regular. Oct 8/95. Very restless & walking floor, all day. Sleeps fairly well.

" 23 — Oct 16/95. Some days, fairly quiet: on others, restless & nervous. Today, he was quiet, until this Evening when he became nervous & quite noisy: paced the floor until bed-time. Oct 23/95. Restless & somewhat noisy, at night, yet sleeps fairly well. Conduct & behavior, by day, about ascertained. Still given hypodermics.

" 25 — Oct 25/95. Has been sleeping & resting well, the past 2 nights: has been very quiet and easy, all day.

" 28 — Oct 28/95. Has been comparatively quiet the past 2 days, but was quite nervous, today: did considerable

" 31 — walking around. Oct 31/95. Has been sleeping well, since last noted. Quiet & easy by day. Appetite good: bowels regular. Medicine continued: also hypodermics of Strych & morphia. (Re attached record).

Nov 3 — Nov 3/95. Sleeps well: still somewhat nervous, yet seems rapidly improving: has liberty of grounds.

" 9/15 — Nov 9/95. Wt 127 pds. (Has gained some in flesh). Nov 11/95. Is growing stronger, each day: nerves are

" 30 — growing steadier. Nov 30/95. Patient is improving steadily: is gaining flesh & growing stronger daily.

Dec 10 — Dec 10/95. Wt 136½ pds (quite a gain in flesh, for him). Pulse — . Complains of pain in

" 21 — stomach, today). Dec 21/95. Hypos. of morphia. Have been kept up, but discontinued, to day.

" 31 — Dec 31/95. Appetite good: bowels regular: mental & physical condition quite good: nerves much steadier:

1896 — says "he feels stronger, each day". Also, looks better. Takes daily walks. Has been given "limited parole".

Jan 1 — Jan 1/96. Of late, there has been a marked improvement in patient's condition, in general.

(Carried to 284)

Personal and Medical History of John Roeder

LEBERT, FISCAN & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4187.
Residence, 1522 N. 6th St. Minneapolis, Minn.
Date Admission, 29th August 1895.
Admitted by, D. C. B. Ely — Hour, 7 P.M.
How Sent, John H. Steele, J of P. Hennepin County.
Sex, — Male —
Age, — 65 —
Civil Condition, widower
Children, 4 living : 2 Dead.
Age Youngest Child, —
Occupation, Furrier
Degree Education, Common School
Profession Religion, Yes: Roman Catholic
Habits, somewhat intemperate
Nativity, Germany; (parents also born there):
Physicians Committing, H. C. Leonard & W. A. Jones
Correspondents, Miss Mary C. Roeder
Family Physcn } D. Dunn, Syndicate Blk. 1522. 6th St. No.

℞ Dear Doctor Kilbourne
The family insist upon the return to John Roeder to Rochester as he knows the institution.
I told them of the recent resolution but the judge commits him to Rochester & take the chances —
The family have an idea that St Peter is not the place for him & wish him under your care.
Yrs Watmus —

RUFUS H. LANE,
PALACE DRUG STORE,
501 HENNEPIN AVE., OPP. WEST HOTEL,
MINNEAPOLIS, MINN.

No. of Admissions, 5 Rec
Age First Attack, 60 years
Time of Leaving, Dec. 11. 1897
Time in Hospital, 2 yr. 3 mo. 12 d.
Result, Discharged May 4. 1898 Unimproved

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exam. by P. M. Phelps 7/5/95

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,

Is melancholy & full of ideas of harm. Everything going wrong, no hope for him etc.

GENERAL DESCRIPTIVE REMARKS:
Patient really in a senile condition

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, ✓
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Runs always off into
Coherent or Incoherent, ideas about "poison"
Voluble or Reticent, "going to die" "snakes in him"

Personal and Medical History of John Roeder

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 148½ pds NUTRITION, Not much impaired
WOUNDS OR ABNORMALITIES, None. Condition of skin - Trifle dry with age.
TONGUE, Tremors, Not marked. Coatings, No. Promptness Movement, Fairly so.
PUPILS, Equality, Equal Size, Normal.
Response Light, Yes. Accommodation, Yes.
SIGHT, Good - Eyes - Squint - Nystagmus Arcus Senilis &c.
HEARING, Fair.
COORDINATION, Arms, Not very good
Legs, Poor.
TREMORS, Hands, Not much of tremor Tongue,
Facial Muscles, General, Convulsions or vertiginous attacks.
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Fair
Slurred,
Hesitating,
FACIAL EXPRESSION, Senile - Melancholy.
SENSIBILITY,
HEART, Sounds about normal. Arteries - Atheroma - Radial art. very hard & fibrous
LUNGS, Normal.



TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, ✓ Careless,
BOWELS, Normal, Constipated, ✓ Irregular,
APPETITE, Good, ✓ Medium, Poor,
SLEEP, Good, ✓ (says good now) Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS, Circ. 22¾ Na. Ac. Arc. 14½ N. B. Arc. 6¾ Br. L. Arc. 4½ Bin. A. 12½ Ant. P. d. 7½
HISTORICAL, Greatest Trans. d. 6⅜ Bin. d. 5⅞ Fac. L. 5⅜
LENGTH OF INVASION, Long. ONSET GRADUAL OR SUDDEN, Slow - including inebriety, paralysis, hysteria consumption
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Can't tell
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of John Roeder

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4187.
Residence, 1522 N. 6th St. Minneapolis, Minn.
Date Admission, 29th August 1895.
Admitted by, D. C. B. Eby — Hour, 7 P.M.
How Sent, John H. Steele, J. of P. Hennepin County.
Sex, — Male —
Age, — 65 —
Civil Condition, widower
Children, 4 living : 2 Dead.
Age Youngest Child, —
Occupation, Furrier.
Degree Education, Common School.
Profession Religion, Yes: Roman Catholic
Habits, somewhat intemperate
Nativity, Germany; (parents also born there).
Physicians Committing, H. C. Leonard & W. A. Jones
Correspondents, Miss Mary C. Roeder
Family Physics } D. Dunn, Syndicate Blk. 1522. 6th St. No.

No. for Year, 15.
Insane Relatives, none
Cause Exciting, Death of wife; "Grippe"; change in property
Cause Predisposing, "Chronic"
Form, Senile Melancholia.
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, — not —
Date of this Attack, October 1892
Duration, 3 years, about.
No. of Attack, 1st; seemingly continuous.
No. of Admissions, 2nd here
Age First Attack, 60 years
Time of Leaving, Dec. 11. 1897
Time in Hospital, 2 yr. 3 mo. 12 d.
Result, Discharged May 4. 1898 Unimproved

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exam. by P. M. Phelps 7/5/95

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,

Is melancholy & full of ideas of harm. Everything going wrong, no hope for him etc.

GENERAL DESCRIPTIVE REMARKS:
Patient really in a senile condition

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, ✓
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Runs always off into
Coherent or Incoherent, ideas about "poison"
Voluble or Reticent, "going to die" "snakes in him"

Personal and Medical History of John Roeder

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, [illegible] WEIGHT, 148½ pds. NUTRITION, Not much impaired
Condition of skin - Tiffle dry with age.
SOUNDS OF ABNORMALITIES, [illegible]
TONGUE, Tremors, [illegible] No. Promptness Movement, Fairly so.
PUPILS, Equality, [illegible] Size, Normal.
Response, [illegible] Accommodation, Yes.
SIGHT, [illegible] Eyes - Squint - Nystagmus Arcus Senilis &c.
HEARING, [illegible]
COORDINATION, Arms, Not very good
Legs, Poor.
TREMORS, Hands, Not much of tremor
Facial Muscles,
REFLEXES, Patellar,
Other
ARTICULATION, Fair
Slurred,
Hesitating,
FACIAL EXPRESSION, Senile - Melancholy.
SENSIBILITY,
HEART, Sounds about normal.
Arteries - Atheroma - Radial art. very hard + fibrous
LUNGS, Normal.

Tongue,
General, Convulsions or vertiginous attacks.
EXAM. URINE,



TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, ✓ Careless,
BOWELS, Normal, Constipated, ✓ Irregular,
APPETITE, Good, ✓ Medium, Poor,
SLEEP, Good, ✓ (says good now) Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS, Circ. 22¾ Na. Ae. arc. 14½ N. B. Arc. 6¾ Br. L. Arc. 4½ Bin. A. 12½ Ant. P. d. 7½
Greatest Trans. d. 6⅜ Bin. d. 5⅞ Fac. L. 5⅜
HISTORICAL,
LENGTH OF INVASION, Long. ONSET GRADUAL OR SUDDEN, Slow - including inebriety, paralysis, hysteria consumption
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Can't tell
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of John Roeder.

1895

This patient was brought here by Sheriff's Deputy John Huck with following history. Patient is in fair physical condition. There is no history of consanguinity or heredity. This is 1st attack; seemingly continuous; was committed to this (Rochester) Hospital in May 1893 & was also at Oshkosh. Wis. for 6 months. First Symptoms of this attack manifested October 1892, following death of wife; by shooting & being depressed. Disease appears to be increasing. Natural intervals do not occur at regular periods; at times he is quiet. Derangement now shown by delusions of property, taxes and debts; (has no debts). Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. During past 4 years, drank some & was irritable; No history of intemperance in patients parents. No history of any severe disease, convulsions &c, nor head injury. He has been, as stated, at Rochester & Oshkosh Hospitals, for 3 & 8 months respectively. Cause of the disease is death of wife, "Grippe" & change in property. Has only been treated at hospitals; no special benefit. Patient has grown ——— & is restless. While being examined, he shouted incoherently, walked about restlessly & talked. Appearance & manner, demented & expressionless. Other facts are in his past history, incoherence — noisy &c. ———

Note. Patient was here before from May 20/93 to Aug 10/93. During that stay, he was, for some time after coming, quite homesick, yet was fairly contented; pleasing in manner; did not talk much yet seemed interested when conversation was begun; no definite delusions or hallucinations were noted; later, he showed a rather feeble mental state; was childish in his manner and judgment. During latter part of July & first week of August he had a "nervous spell", probably brought on by over-anxiety to go home. Was allowed to go home with Daughter on trial. (Improved). For further details of history, at that time, see Vol 23 (page 213 No 3347). ———

Aug 29 On admission, was put on B2 (G.H.N. Rpt. Complexion dark; hair gray; eyes gray; condition of skin good: right eye inflamed. Is clean: behavior good: says that he wants to kill himself). Pulse 92. R 26. T(o) 99°. Aug 30/95. Restless and noisy so, but slept 7 hours, last night. Ans. P 88 R 22. T(o) 98.8. Appetite fair: bowels have moved: no cough noticed: behavior good: lies quiet and seems penitent: but depressed and saying "he wants some one to kill him". Pm. P 84 R 24

- 31 T(o) 99.2. Makes no special complaints. Aug 31/95. Quiet & restful, sleeping, 8 hours, last night. Eyes treated, several times a day. Patient appears satisfied with his surroundings. Out on grounds several times, daily.

Sep 1 Sept 1/95. Slept well. appetite good: bowels move. Eye treated frequently, daily.

- 2 Sep 2/95. Patient does not appear to improve much. Is melancholy & depressed. Says "he is going to kill himself". Sept 3/95. No change noted. Behavior quiet. Sep 4/95. Shows delusions: says "he has power to kill all persons here". Sep 5/95. Has been sleeping well, shows, last night. Has been up & about daily. Quiet & well-behaved. Is very despondent & has numerous delusions. Still "wants some one to kill him". Eyes have much improved under the daily treatment.

- 6/7 Sep 6/95. Quiet: eats quite well: bowels regular. Sep 7/95. Eye treated as usual: is much improved.

- 8/9 Sep 8/95. Melancholy & very quiet. Talks to himself much. "Wants to die". Sep 9/95. Was restless talking during early part of night, but slept about 6 hours. Eats very well: bowels in good condition.

- 10 Sep 10/95. Patient noisy, at times; muttering something in German about the world going under.

- 11 Sep 11/95. Patient was very noisy about 7 Am. & crawling on his knees on floor: would not stand up or sit on bench. Sept 12/95. No special change. Is quiet, melancholy & depressed.

Personal and Medical History of John Roeder

1895

Summary: Patient has, on the whole, been quiet & restful at night. Has been rather noisy and restless, by day, during most part of last 2 weeks. Will, at times, remain quiet, for several hours & then suddenly become restless and mutter a good deal to himself. Patient is rather infirm, due, considerably, to old age. Has delusions (as above noted), also hallucinations. Among delusions he imagines the world is going to vanish. Also "he sees objects" which are indiscernible to anyone else. Sept 15/95. Very despondent. Says "the world is going under". Is also quite noisy, at times.

- 15 Eyes appear red and sore. Sept 30/95. Sleeps quite well. Appetite good: bowels seem normal. Is still despondent

- 30 and mental condition shows no change. Oct 1/95. Wt 152 pds. Pulse 72. Oct 15/95. No special change. Eye

Oct 1/15 appear red & sore. Still hold delusions; says "the world is going under, after he dies". Makes no complaints; goes out

- 31 walking with the rest. Oct 31/95. Patient complains of dizziness in his head. He is also unsteady on his feet; frequently trips on edge of carpet & falls on the floor. Is still melancholy & much depressed.

Nov 1/2 Nov 1/95. Wt 152 pds. Pulse 76. Nov 14/95. Patient is quite feeble: complains of dizziness in head. Appears muddled & confused. Pm. Patient fell on carpet, (tripping) & struck head on heater, causing a

- 26/27 slight cuts. Nov 26/95. Transferred to "Infirmary Ward", at 3.30 P.M. Appeared quite feeble. Nov 27/95. Slept

- 28 5 hours, restless 3 hours, last night. Nov 28/95. Appetite is good. Patient is continually walking the floor,

- 29 and moaning. Says "he is in terrible misery". Nov 29/95. Restless 2 hours, but slept 6 hours. Has been very

- 30 restless all day & somewhat noisy, as well. Nov 30/95. Slept 6 hours, restless 2 hours, last night. Appetite good.

Dec 5 bowels regular: complains of pain in head. Restless & noisy, all day. Dec 5/95. Restless at night & does not

- 11 sleep very well. Is continually talking to himself & complaining of dizziness. Appetite fair: bowels regular.

- 18 Dec 11/95. Wt (Dressed) 150 pds. Still labors under the delusion "that he & his family are all to be killed". Dec 18/95. Restless, walking the floor & talking continually, though, at times, he will become quiet & talks

- 31 rationally. Yet he has quite delusive ideas on certain points: sleeps fairly well, each night. Dec 31/95. No change noticeable. Very restless: always complaining of dizziness - bowels regular.

1896 Jan 1/6 Jan 5/96. Has been sleeping quite well. He is very restless: almost continually on his feet & walking

- 6 about: complains continually, of dizziness. Still labors under the delusion "that he & his family are to go

- 10/16 to hell & that his father is the cause of it". Jan 6/96. Complains of dizziness this morning: seems very weak. Was put to bed. Jan 10/96. Wt 141½ pds. Jan 16/96. Sleeps quite well: has been very restless, all day,

- 18 Continually getting out of bed. Jan 18/96. Urine has very obnoxious odor. Condition is about same.

- 25 Jan 25/96. Restless; continually getting out of bed. Noisy, at times. 10 Am. Lamp & Dressed.

- 31 Jan 31/96. More quiet, when up on ward. Sleeps well. Otherwise condition is unchanged.

Feb 13/ Feb 13/96. Wt 151½ pds. Feb 13/96. Appetite good: is a regular & extra diet. Bowels regular: Habits

Mch 6 clean. Is very restless; Continually walking floor & complaining of dizziness. "Believes his career has been one for which he will always suffer". Says "his father, mother & himself are all Fools". Walks very unsteady. Talks quite rationally on most subjects. Mar 6/96. Wt 153½ pds. —

- 31 Mar 31/96. No change noticeable. Restless; complains of Dizziness. Walks very unsteadily. Seldom sits down. Still labors under the delusion "that he & family are going to hell".

Apl 2/ Apl 2/96. Wt 156 pds. Apl 30/96. No Change noted. Complains of Dizziness. Holds delusions still.

May 30/ Summary Nurses Notes by Dr Phelps Patient quite senile & melancholy: Is so senile as to be quite

to Aug 1/97 portic & at times falls down: During early part of stay talked in a suicidal way but of late seems more contented & quiet Wt. 150 down to 141 lbs.

See folio 220

Personal and Medical History of Julius Anderson

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4188
Residence, State-Prison, Stillwater, Minn.
Date Admission, 31st August 1895.
Admitted by, Dr. C. B. Eby — Hour, 2:30 P.M.
How Sent, E. G. Butts, Jo. P. Washington County
Sex, Male.
Age, 36 years —
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Painter
Degree Education, Common School.
Profession Religion, Lutheran
Habits, not Known
Nativity, Germany; (Parents also born there).
Physicians Committing, D. J. Merrill and W. H. Pratt.
Correspondents, (Brother) Heidrich Anderson
Reidsburg, Germany

No. for Year, 16.
Insane Relatives, not known
Cause Exciting, unknown
Cause Predisposing, "chronic"
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, not
Date of this Attack, Defective during entire period of imprisonment
Duration, some years.
No. of Attack, 1st, as far as known.
No. of Admissions, 1st
Age First Attack, (?)
Time of Leaving, Jan. 15 '96.
Time in Hospital, 5 mo. 15 da.
Result, Unimproved, 2/5/96 (left State)

Ex. Sep 2/95, by C. B. Eby.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Fair
MEMORY:
Past Events, Seems good:
Recent Events, " "
Special Subjects,
PERCEPTIVITY:
Alert or Dull, somewhat dull
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, says "he is troubled in head" —
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

Co-ordination not tested on account of bad leg.

EMOTIONAL STATE:
Normal, Calm, Yes and
Indifferent,
Exalted,
Depressed, no
DELUSIONS:
Systematized or Not, not
Special Subjects,
Transitory or Not, not
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, rather reticent; probably due to his not being able to talk English well.

Personal and Medical History of Julius Anderson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken WEIGHT, 153 pds. NUTRITION, Good.
WOUNDS OR ABNORMALITIES, See G. A. R. Report (on next page) —
TONGUE, Tremors, None Coatings, Slight. Promptness Movement, Prompt
PUPILS, Equality, Yes Size, Dilated
Response Light, Yes Accommodation, Yes.
SIGHT, Seems good.
HEARING, Poor.
COORDINATION, Arms, finger to nose, eyes shut, Good.
Legs, standing on foot, not tested: Walking backwards, not tested.
TREMORS, Hands, None Tongue, none
Facial Muscles, none General, none
REFLEXES, Patellar, Equal: about 8. EXAM. URINE,
Other
ARTICULATION,
Slurred, (Some: One & not talking
Hesitating, English well.
FACIAL EXPRESSION,
Calm
SENSIBILITY,
Normal
HEART, Sounds good: Pulse 70 Strong
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,
} No hereditary history.

Personal and Medical History of Julius Anderson.

1895

This patient was brought here by Warden Sheriff's Deputy J. H. Lemon, with following history. Patient is in good physical condition. He comes from State-Prison, at Still[illegible] Oct 31st 1891. As to Consanguinity or heredity, not known. His is He has been defective during his entire period of imprisonment. delusions as to people trying to injure & kill him. Disease seem periods. Derangement now shown by delusions as to personal inj him. Is disposed to injure others; destructive of furniture; but previous peculiarities &c or history of intemperance, not known; Cause of the disease unknown; patient Committed here under Sub (Examination sworn to by Examining Physicians).

Aug 31 On admission, was put on T.W. (G.H.M. Opt. Complexion light. K of skin good. Has a Small Scar on left knee & one on right hand: left Sclean: behavior good: Pulse 94 R 18 T 99). Patient complain He is very quiet: shows delusions: appetite good: put on regular & extra di

Sept 1 Sep 1/95. Slept 8 hours, during the night. Appetite good: passes urine regu
" 2 Complaints: Converses quite freely. Sept 2/95. Slept all night. Harbe
" 3 his eye being sore: seems to think that some one put something in it". night. Appetite good: bowels regular. Goes out on grounds: has some
" 4 as leg is stiff & sore. Sept 4/95. Restless a Couple of hours, but slept 6
" 5 Delusions: "seems to think that some one is trying to injure him". Sep 5
" 6 Complains, this morning of pain in Chest. Sep 6/95: restless 4 hours, Sleeping
" 7 good: bowels fairly regular (On an regular diet, with extra): also passes ur 8 hours: restless 2 hours. Patient is quite restless, at times: wanting
" 8 about. Sep 8/95. Slept better, (8 hours), last night. He still manifests
" 9 is going to harm him", wants to get away from this place. Sep
" 10 Appetite still continues good: bowels regular. Sep 10/95. Restless 2 hou
" 11 Complains, at times, of leg feeling sore. Sep 11/95. Slept 8 hours. About
" 12 the Journals daily. Converses quite freely, but still shows delusions
" 13 Is about the same, day after day. Sep 13/95. Slept well. No special
" 14 Sep 14/95. Patient seems to be doing nicely. Makes no complaints at times. Summary: Appetite has been good: bowels regular. P about normal; (see attached nurse's record): passed urine regular No cough noted: patient talks but little: power of reasoning, seems fairly good. Still holds delusions & "seems to think some one
" 20 Has, as yet, received no medicine or special treatment. Sep 20/95. Patient is quite restless: walks the floor a great deal during day: is continually writing letter to the "Penetentiary Authorities". Shows various delusions. "Think he has been put in law fully Committed here".
" 26/30 Sep 26/95. Wt 157 lbs. Sep 30/95. Appetite good: bowels irregular: he still continues very restless, and uneasy: walks about a great deal. Still holds very delusive ideas.

Oct 1 Oct 1/95. Bowels have been constipated & he has been given Enemata & Seidlitz powders. Appetite keeps good.

Personal and Medical History of Julius Anderson

1895

Oct 1 Oct 5/95. appears quite restless. Still holds delusions. Oct 10/95. Wt (dressed) 151 lbs. Appetite good. [illegible] regular: Condition does not seem to change any: he [illegible]. No special change: is continually writing letters to Nov 9/95. Wt 149 lbs. Nov 30/95. No change noticeable in Works some onward. De 10/95. Patient is quiet and [illegible]. Appetite good: bowels regular. Sleeps well: works onward Appetite good: is now on regular diet & eats in dining room. Severe pain in left Chest - Was put to bed & mustard - Poultice, 1 hour, but slept 7 hours, last night. Am. Again in medicine (pills). Still complains of severe pain. Ceased. 6 Pm. Is feeling easier, this evening: appetite fair. Pain last night. 9 Am. Still Complains of pain in Chest & left side: is still quite severe. Again, put to bed - Pulse 112 R 46 T 102. Pain seems to be more when I lie down", & he sit up in bed. 7:30 Pm. Given [illegible] & glycerine: bowels then moved slightly. Hypo. Morph gr 1/4. Dec 31/95. Restless 6 hours & slept 4 hours: says "he feels some better this morning, but on 3:30 Pm. Was again given Enemata. - Appetite good, & says "he feels much improved": Still restless 2 hours. Last night. Feels much improved, good: Still on medicine. Jan 3/96. Restless 1 hour, Slept. Jan 4/96. Restless 2 hours, but slept 6 hours. restless 1 hour, last night. Bowels moved. 12 M. Says "he feels very well": appetite good: bowels regular though restless 2 hours or so, nightly. Says "he feels [illegible] stronger & appears to be gaining in weight. Jan 2/96. Sleeps quite well; eats right.

1/3/0 Jan 13/96. Wt 153 lbs. Is doing very well. Jan 15/96. Was taken out on trial, by his uncle, to Chicago, this evening.

Discharged

31/209/4188.

CA

Patient's Name Julius Anderson

1896 Date.		Temp.	Pulse.	Resp.	
Jan 1	am	100	94	24	
"	pm	101.4	100	30	
"	2 - am	99.8	90	28	
"	pm	100	88	24	
"	2 pm	99	84	24	
"	2 - am	99	90	24	
"	pm	98.8	90	24	
"	8 pm				
"	2 - am		80		
"	12 m		94		
"	4 pm				
"	8 pm				
"	6 - am		88		
11		98.4	88	18	
12		98.6	90	18	

Please, sir, do perform the separation of Stillwater Prison-Service-Electricity wich was conected by Deputy-Warden Lemon The same man is the Cause of the demoralizing Injuries done to my Seed and Enstremeties. He employs some Detectives here. A Question by the Freemason-Lodge will give you true Information of myself and also of themself.

Yours truly

Jul. Andresen.

Andresen

Personal and Medical History of Julius Anderson

1895

This patient was brought here by ~~Sheriff's~~ Warden Deputy J. H. Lemon, wi
is in good physical condition. He comes from State-prison, at Still
Oct 31st 1891. As to consanguinity or heredity, not known. This is
He has been defective during his entire period of imprisonment. S
delusions as to people trying to injure & kill him. Disease seem
periods. Derangement now shown by delusions as to personal inj
him. Is disposed to injure others; destructive of furniture; but
previous peculiarities &c or history of intemperance, not known;
Cause of the disease unknown; patient committed here under Sub
(Examination sworn to by Examining Physicians).

Aug 31 On admission, was put on T.W. (G.H.U. Rpt. Complexion light: h
of skin good: has a small scar on left knee & one on right hand: left
Is clean: behavior good: Pulse 94 R 18 T 99). Patient complain
He is very quiet: shows delusions: appetite good: put on regular & extra D

Sept 1 Sep 1/95. Slept 8 hours, during the night. Appetite good: passes urine regu
" 2 complaints: Converses quite freely. Sept 2/95. Slept all night. Has be
" 3 his eye being sore: seems to think that some one put something in it".
night. Appetite good: bowels regular: Goes out on grounds: has some
" 4 as leg is stiff & sore. Sept 4/95. Restless a couple of hours, but slept 6
" 5 delusions: "seems to think that some one is trying to injure him". Sep 5
" 6 Complains, this morning of pain in chest. Sep 6/95. Restless 4 hours, sleeping
" 7 good: bowels fairly regular (Is on regular diet, with extra): also passes w
8 hours: restless 2 hours. Patient is quite restless, at times: wanting
" 8 about. Sep 8/95. Slept better, (8 hours), last night. He still manifests
" 9 is going to harm him", & wants to get away from this place. Sep
" 10 Appetite still continues good: bowels regular. Sep 10/95. Restless 2 hou
" 11 Complains, at times, of leg feeling sore. Sep 11/95. Slept 8 hours. About
" 12 the grounds, daily. Converses quite freely, but still shows delusion
" 13 Is about the same, day after day. Sep 13/95. Slept well. No special
" 14 Sep 14/95. Patient seems to be doing nicely. Makes no complaints
at times. Summary: Appetite has been good: bowels regular. P
about normal; (see attached muses-record): passed urine regular
No cough noted: patient talks but little: power of reasoning,
seems fairly good. Still holds delusions & "seems to think some one
" 20 Has, as yet, received no medicine or special treatment. Sep 20/95. Patient is quite
restless: walks the floor a great deal, during day: & is continually writing letters to the
"Penetentiary Authorities". Shows various delusions. "Think he has been unlawfully committed here".
" 26/30 Sep 26/95. Wt 157 pds. Sep 30/95. Appetite good: bowels irregular: he still continues very restless,
and uneasy: walks about a great deal. Still holds very delusive ideas.

Oct 4 Oct 4/95. Bowels have been constipated & he has been given enemata & seidlitz powders. Appetite keeps good.

Date.			
Sept. 13	98.4	80.	10
" 14.	98.8	84	18.
" 7-7-Am.	98.4	84	18.
" 8. "	98.4	88.	18.
9.	98.6	84	18.
10	98.6	90	18.
11	98.4	88.	18.
12.	98.6	90	18.

Please, sir, do perform the separation of Stillwater Prison=Service=Electricity, wich was conected by Deputy=Warden Lemon The same man is the Cause of the demoralizing Injuries done to my seed and Exstremeties. He employs some Detectives here. A Question by the Freemason=Lodge will give you true Information of myself and also of themself.

Yours truly

Jul. Andresen.

Andresen.

Personal and Medical History of Julius Anderson

Oct 5/95. appears quite restless. Still holds delusions. Oct 10/95. Wt (dressed) 151 pds. Appetite good.
ls regular: condition does not seem to change any: he
. No special change: is continually writing letters to
Nov 9/95. Wt 149 pds. Nov 30/95. No change noticeable in
works some onward. Dec 10/95. Patient is quiet and
s. Appetite good: bowels regular. Sleeps well: works onward
Appetite good: is now on regular diet & eats in dining room.
severe pain in left chest - Was put to bed & mustard -
Noisy 1 hour, but slept 7 hours, last night. Am. Again
in medicine (pills). Still complains of severe pain.
ssed. 6 P.m. Is feeling easier, this evening: appetite fair.
last night. 9 Am. Still complains of pain in chest.
left side: is still quite severe - Again, put to bed -
Pulse 112 R 48 T 102. Pain seems to be more
him to lie down", & he sits up in bed. 7.30 P.m. Given
suds & glycerine: bowels then moved slightly.
hypo. Morph gr 1/8. Dec 31/95. Restless 6 hours & slept
kfast: says "he feels some better, this morning, but
m. 3.15 P.m. Was again given enemata.
Appetite good, & says "he feels much improved": still
restless 2 hours, last night. Feels much improved,
good: still on medicine. Jan 3/96. Restless 1 hour,
Next. Jan 4/96. Restless 2 hours, but slept 6 hours.
estless 1 hour, last night. Bowels moved. 12 M. Is up
says "he feels very well". Appetite good: bowels regular.
though restless 2 hours or so, nightly. Says "he feels
much stronger & appears to be gaining in weight. Jan 12/96. Sleeps quite well, each night.
" 13/15 Jan 13/96. Wt 156 pds. Is doing very well. Jan 15/96. Was taken out on trial, by his uncle,
to Chicago, this evening.

Discharged

Personal and Medical History of Julius Anders

1895

This patient was brought here by ~~Sheriff's~~ Warden Deputy J. H. Lemon, wi
is in good physical condition. He comes from State-prison, at Still-
Oct 31st 1891. As to consanguinity or heredity, not known. This is
He has been defective, during his entire period of imprisonment. S
delusions as to people trying to injure & kill him. Disease seem
periods. Derangement now shown by delusions as to personal inj
him. Is disposed to injure others; destructive of furniture; but
previous peculiarities &c or history of intemperance, not known;
Cause of the disease unknown; patient committed here under Sub-
(Examination sworn to by Hamming (Physicians).

Aug 31 On admission, was put on T.W. (G.H.U. Lpt. Complexion light: h
of skin good: has a small scar on left knee & one on right hand: left
Is clean: behavior good: Pulse 94 R 18 T 99). Patient complain
He is very quiet: shows delusions: appetite good: put on regular & extra D

Sept 1 Sep 1/95. Slept 8 hours, during the night. Appetite good: passes urine regu
" 2 complaints: Converses quite freely. Sept 2/95. Slept all night. Has be
" 3 his eye being sore: seems to think that some one put something in it".
night. Appetite good: bowels regular: Goes out on grounds: has some
" 4 as leg is stiff & sore. Sept 4/95. Restless a couple of hours, but slept 6
" 5 delusions: "seems to think that some one is trying to injure him". Sep 5
" 6 Complains, this morning of pain in chest. Sep 6/95. Restless 4 hours, sleeping
" 7 good: bowels fairly regular (Is on regular diet, with extra): also passes u
6 hours: restless 2 hours. Patient is quite restless, at times: wanting
" 8 about. Sep 8/95. Slept better, (8 hours), last night. He still manifests
" 9 is going to harm him", & wants to get away from this place. Sep
" 10 Appetite still continues good: bowels regular. Sep 10/95. Restless 2 ho
" 11 Complains, at times, of leg feeling sore. Sep 11/95. Slept 8 hours. About
" 12 the grounds, daily. Converses quite freely, but still shows delusion
" 13 Is about the same, day after day. Sep 13/95. Slept well. No special
" 14 Sep 14/95. Patient seems to be doing nicely. Makes no complaints
at times. Summary: Appetite has been good: bowels regular: P
about normal; (see attached nurse's record): passed urine regular
No cough noted: patient talks but little: power of reasoning,
seems fairly good. Still holds delusions & "seems to think some one
" 20 Has, as yet, received no medicine or special treatment. Sep 20/95. Patient is quite
restless: walks the floor a great deal, during day: & is continually writing letters to the
"Penetentiary Authorities". Shows various delusions. "Think he has been unlawfully committed here".
" 26/30 Sep 26/95. Wt 157 pds. Sep 30/95. Appetite good: bowels irregular: he still continues very restless,
and uneasy: walks about a great deal. Still holds very delusive ideas.

Oct 4 Oct 4/95. Bowels have been constipated & he has been given enemata & seidlitz powders. Appetite keeps good.

Sept. 5-7 AM	70		
" " 5 PM	98.8	82	18
" 6-7 AM	98.6	82	18
" " 5 PM	98.6	80	18
" 7-7 AM	98.4	84	18
" 8 "	98.4	88	18
9	98.6	84	18
10	98.6	90	18
11	98.4	88	18
12	98.6	90	18

Please, sir, do perform the separation of Stillwater Prison=Service=Electricity, wich was conected by Deputy=Warden Lemon The same man is the Cause of the demoralizing Injuries done to my seed and Exstremeties. He employs some Detectives here. A Question by the Freemason=Lodge will give you true Information of myself and also of themself.

Yours truly

Jul. Andresen.

Andresen.

Personal and Medical History of Julius Anderson

Oct 5/95. appears quite restless. Still holds delusions. Oct 10/95. Wt (dressed) 151 pds. Appetite good.
...ls regular: condition does not seem to change any: he
... No special change: is continually writing letters to
Nov 9/95. Wt 149 pds. Nov 30/95. No change noticeable in
works some onward. Dec 10/95. Patient is quiet and
... Appetite good: bowels regular. Sleeps well: works onward.
Appetite good: is now on regular diet & eats in dining room.
severe pain in left chest. Was put to bed & mustard.
Noisy 1 hour, but slept 7 hours, last night. Am. Again
in medicine (pills). Still complains of severe pain.
...ssed. 6 Pm. Is feeling easier, this evening: appetite fair.
last night. 9 Am. Still complains of pain in chest.
left side: is still quite severe. Again, put to bed.
Pulse 112 R 48 T 102. Pain seems to be more
him to lie down", & he sits up in bed. 7.30 Pm. Given
ends & glycerine: bowels then moved slightly.
hypo. Morph gr 1/8. Dec 31/95. Restless 6 hours & slept
fast: says "he feels some better, this morning, but
Am. 3.15 Pm. Was again given enemata.
Appetite good, & says "he feels much improved": still
restless 2 hours, last night. Feels much improved,
good: still on medicine. Jan 3/96. Restless 1 hour,
Sept. Jan 4/96. Restless 2 hours, but slept 6 hours.
restless 1 hour, last night. Bowels moved. 12 M. Is up
says "he feels very well". Appetite good: bowels regular.
though restless 2 hours or so, nightly. Says "he feels
much stronger & appears to be gaining in weight. Jan 12/96. Sleeps quite well, each night.
13/15 Jan 13/96. Wt 156 pds. Is doing very well. Jan 15/96. Was taken out on trial, by his uncle,
to Chicago, this evening.

Discharged

Personal and Medical History of Julius Anders

1895

This patient was brought here by ~~Sheriff's~~ Warden Deputy J. H. Lemon, wi
is in good physical condition. He comes from State-prison, at Still
Oct 31st 1891. As to consanguinity or heredity, not known. This is
He has been defective during his entire period of imprisonment. Th
delusions as to people trying to injure & kill him. Disease seems
periods. Derangement now shown by delusions as to personal inj
him. Is disposed to injure others; destructive of furniture; but
previous peculiarities &c or history of intemperance, not known; n
Cause of the disease unknown; patient committed here under Sub.
(Examination sworn to by Examining Physicians).

Aug 31 On admission, was put on T.W. (G. H. U. Rpt. Complexion light: ha
of skin good: has a small scar on left knee & one on right hand: left
Is clean: behavior good: Pulse 94 R 18 T 99). Patient complains
He is very quiet: shows delusions: appetite good: put on regular & extra Die

Sept 1 Sep 1/95. Slept 8 hours, during the night. Appetite good: passes urine regul
" 2 complaints: Converses quite freely. Sept 2/95. Slept all night. Has bee
" 3 his eye being sore: "seems to think that some one put something in it". &
night. Appetite good: bowels regular: Goes out on grounds: has some
" 4 as leg is stiff & sore. Sept 4/95. Restless a couple of hours, but slept 6
" 5 delusions: "seems to think that some one is trying to injure him". Sep 5/
" 6 Complains, this morning of pain in chest. Sep 6/95. Restless 4 hours, sleeping a
" 7 good: bowels fairly regular. (Is on regular diet, with extra): also passes ur
8 hours: restless 2 hours. Patient is quite restless, at times: wanting
" 8 about. Sep 8/95. Slept better, (8 hours), last night. He still manifests
" 9 is going to harm him, & wants to get away from this place. Sep 9
" 10 Appetite still continues good: bowels regular. Sep 10/95. Restless 2 hou
" 11 Complains, at times, of leg feeling sore. Sep 11/95. Slept 8 hours. About
" 12 the grounds, daily. Converses quite freely, but still shows delusions
" 13 Is about the same, day after day. Sep 13/95. Slept well. No special c
" 14 Sep 14/95. Patient seems to be doing nicely. Makes no complaints
at times. Summary: Appetite has been good: bowels regular. Pu
about normal; (see attached muses-record): passed urine regular
No cough noted: patient talks but little: power of reasoning, a
seems fairly good. Still holds delusions & "seems to think some one
" 20 Has, as yet, received no medicine or special treatment. Sep 20/95. Patient is quite
restless: walks the floor a great deal, during day: & is continually writing letters to the
"Penetentiary Authorities". Shows various delusions. "Think he has been unlawfully committed here".
" 26/30 Sep 26/95. Wt 157 pds. Sep 30/95. Appetite good: bowels irregular: he still continues very restless,
and uneasy: walks about a great deal. Still holds very delusive ideas.

Oct 4 Oct 4/95. Bowels have been constipated & he has been given enemata & seidlitz powders. Appetite keeps good.

Aug. 31 3 Pm	99	94	10
Sept. 1 7 am	98.8	86	18
" " 5 Pm	99	90	18
" 2 7 am	98.8	92	18
" " 5 Pm	99.4	94	18
" 3 7 am	98.6	86	18
" " 5 Pm	99	76	19
" 4 7 am	98.2	84	18
" " 5 Pm	98.6	82	18

Please, sir, do perform the separation of Stillwater Prison=Service=Electricity, wich was conected by Deputy=Warden Lemon The same man is the Cause of the demoralizing Injuries done to my seed and Exstremeties. He employs some Detectives here. A Question by the Freemason=Lodge will give you true Information of myself and also of themself.

Yours truly

Jul. Andresen.

Andresen.

Personal and Medical History of Julius Anderson

Oct 5/95. appears quite restless. Still holds delusions. Oct 10/95. Wt (dressed) 151 pds. Appetite good.
...ls regular: condition does not seem to change any: he
... No special change: is continually writing letters to
Nov 9/95. Wt 149 pds. Nov 30/95. No change noticeable in
works some onward. Dec 10/95. Patient is quiet and
...s. Appetite good: bowels regular. Sleeps well: works onward
Appetite good: is now on regular diet & eats in dining room.
severe pain in left chest. Was put to bed: & mustard
Noisy 1 hour, but slept 7 hours, last night. Am. Again
in medicine (pills). Still complains of severe pain.
...ssed. 6 Pm. Is feeling easier, this evening: appetite fair.
last night. 9 Am. Still complains of pain in chest.
left side: is still quite severe. Again, put to bed.
Pulse 112 R 48 T 102. Pain seems to be more
him to lie down", & he sits up in bed. 7.30 Pm. Given
ends & glycerine: bowels then moved slightly.
hypo. Morph gr ¼. Dec 31/95. Restless 6 hours & slept
fast: says "he feels some better, this morning, but
Am. 3.15 Pm. Was again given enemata.
Appetite good, & says "he feels much improved": still
restless 2 hours, last night. Feels much improved,
good: still on medicine. Jan 3/96. Restless 1 hour,
Sept. Jan 4/96. Restless 2 hours, but slept 6 hours.
restless 1 hour, last night. Bowels moved. 12 M. Is up
says "he feels very well". Appetite good: bowels regular.
though restless 2 hours or so, nightly. Says "he feels
much stronger & appears to be gaining in weight. Jan 12/96. Sleeps quite well, each night.
13/15 Jan 13/96. Wt 156 pds. Is doing very well. Jan 15/96. Was taken out on trial, by his uncle,
to Chicago, this evening.

Discharged

Personal and Medical History of *Julius Anderson*

1895

This patient was brought here by ~~Sheriff's~~ Warden Deputy F. H. Lemon, with following history. Patient is in good physical condition. He comes from State-prison, at Stillwater: has been there since Oct 31st 1891. As to consanguinity or heredity, not known. This is 1st attack, as far as known. He has been defective during his entire period of imprisonment. Shows hallucinations and delusions as to people trying to injure & kill him. Disease seems increasing: no rational periods. Derangement now shown by delusions as to personal injury & harm being done to him. Is disposed to injure others; destructive of furniture; but not suicidal. As to any previous peculiarities &c or history of intemperance, not known; nor of any severe disease &c. Cause of the disease unknown; patient committed here under Sub. section 2. Sec 17. – (Examination sworn to by Examining Physicians).

Aug 31 On admission, was put on T.W. (G.H.N. Rpt. Complexion light: hair dark: eyes gray: condition of skin good: has a small scar on left knee & one on right hand: left leg swollen and stiff). Is clean: behavior good: Pulse 94 R 18 T 99). Patient complains of left leg paining some. He is very quiet: shows delusions: appetite good: put on regular & extra diet: bowels regular, at present.

Sept 1 Sep 1/95. Slept 8 hours, during the night. Appetite good: passes urine regularly: makes no special
" 2 complaints: converses quite freely. Sept 2/95. Slept all night. Has been complaining, all day, of
" 3 his eye being sore: "seems to think that some one put something in it". Sep 3/95. Slept 8 hours, last night. Appetite good: bowels regular: Goes out on grounds: has some difficulty in walking:
" 4 as leg is stiff & sore. Sept 4/95. Restless a couple of hours, but slept 6 hours. Patient still shows
" 5 delusions: "seems to think that some one is trying to injure him". Sep 5/95. Slept all of last night.
" 6 Complains, this morning of pain in chest. Sep 6/95. Restless 4 hours, sleeping only 4 hours, last night. Appetite
" 7 good: bowels fairly regular. (Is on regular diet, with extra): also passes urine regularly. Sep 7/95. Slept 6 hours: restless 2 hours. Patient is quite restless, at times: wanting to be continually moving
" 8 about. Sep 8/95. Slept better, (8 hours), last night. He still manifests delusions; "thinks some one
" 9 is going to harm him", & wants to get away from this place. Sep 9/95. Slept 7 hours, last night.
" 10 Appetite still continues good: bowels regular. Sep 10/95. Restless 2 hours, slept 6 hours, last night.
" 11 Complains, at times, of leg feeling sore. Sep 11/95. Slept 8 hours. About as usual: goes out on
" 12 the grounds, daily. Converses quite freely, but still shows delusions. Sep 12/95. Slept 8 hours.
" 13 Is about the same, day after day. Sep 13/95. Slept well. No special change in any way.
" 14 Sep 14/95. Patient seems to be doing nicely. Makes no complaints except of leg paining at times. Summary: Appetite has been good: bowels regular: Pulse. R. & T(e) have kept about normal; (see attached muses-record): passed urine regularly & in normal quantity: No cough noted: patient talks but little: power of reasoning, attention & of meaning seems fairly good. Still holds delusions & "seems to think some one is going to harm him". –
" 20 Has, as yet, received no medicine or special treatment. Sep 20/95. Patient is quite restless: walks the floor a great deal, during day: & is continually writing letters to the "Penetentiary Authorities". Shows various delusions. "Thinks he has been unlawfully committed here".
" 26/30 Sep 26/95. Wt 157 pds. Sep 30/95. Appetite good: bowels irregular: he still continues very restless, and uneasy: walks about a great deal. Still holds very delusive ideas. ——
Oct 4 Oct 4/95. Bowels have been constipated & he has been given enemata & seidlitz powders. Appetite keeps good.

Per[illegible] and Medical History of *Julius Anderson*

1895

[illegible] restless. Still holds delusions. Oct 10/95. Wt (dressed) 151 pds. Appetite good.
[illegible] ls regular: condition does not seem to change any: he
[illegible] 5. No special change: is continually writing letters to
[illegible] Nov 9/95. Wt 149 pds. Nov 30/95. No change noticeable in
[illegible] works some onward. Dec 10/95. Patient is quiet and
[illegible] s. Appetite good: bowels regular. Sleeps well: works onward.
[illegible] Appetite good: is now on regular diet & eats in dining room.
[illegible] severe pain in left chest – Was put to bed: & mustard –
[illegible] Noisy 1 hour, but slept 7 hours, last night. Am. Again
[illegible] in medicine (pills). Still complains of severe pain.
[illegible] ssed. 6 P.M. Is feeling easier, this evening: appetite fair.
[illegible] last night. 9 Am. Still complains of pain in chest.
[illegible] left side": is still quite severe. Again, put to bed –
[illegible] Pulse 112 R 48 T 102. Pain seems to be more
[illegible] him to lie down", & he sits up in bed. 7.30 P.M. Given
[illegible] suds & glycerine: bowels then moved slightly.
[illegible] Morph gr 1/8. Dec 31/95. Restless 6 hours & slept
[illegible] : says "he feels some better, this morning, but
[illegible] 3.15 P.M. Was again given enemata. –
[illegible] good, & says "he feels much improved": still
[illegible] 2 hours, last night. Feels much improved,
[illegible] on medicine. Jan 3/96. Restless 1 hour,
[illegible] 4/96. Restless 2 hours, but slept 6 hours.
[illegible] last night. Bowels moved. 12 M. Is up
[illegible] ell". Appetite good: bowels regular.
[illegible] hours or so, nightly. Says "he feels
[illegible] 12/96. Sleeps quite well, each night.
[illegible] /96. Was taken out on trial, by his uncle,

[illegible] much stronger & appears to be gai[illegible]
13/15 Jan 13/96. Wt 156 pds. Is doing very [illegible]
to Chicago, this evening.

[illegible] perform
[illegible] of Stillwater
[illegible] Electricity
[illegible] d by
[illegible] Lemon
[illegible] s the
[illegible] rali
[illegible] to"
[illegible] ties.
[illegible] ti
The [illegible]
Cau[illegible]
ying [illegible]
my se[illegible]
He emp[illegible]
ves here.
the Free[illegible]
will give[illegible]
formation[illegible]
and also[illegible]

Yours [illegible]

Sub. [illegible]

[illegible] Discharged

Personal and Medical History of Ju[illegible]

1895

This patient was brought here by ~~Sheriff's~~ Harden Deputy [illegible]
is in good physical condition. He comes from [illegible]
Oct 31st 1891. As to consanguinity or heredity, [illegible]
He has been defective during his entire period [illegible]
delusions as to people trying to injure & kill [illegible]
periods. Derangement now shown by delusi[illegible]
him. Is disposed to injure others; destruct[illegible]
previous peculiarities &c or history of inte[illegible]
Cause of the disease unknown; patient [illegible]
(Examination sworn to by Hamming Physician [illegible]

Aug 31 On admission, was put on T.W. (G. H[illegible]
of skin good: has a small scar on left [illegible]
Is clean: behavior good. Pulse 94 R [illegible]
He is very quiet: shows delusions: appetite [illegible]

Sept 1 Sep 1/95. Slept 8 hours, during the nigh[illegible]
" 2 Complaints: Converses quite freely. [illegible]
" 3 his eye being sore: seems to think th[illegible]
night. Appetite good: bowels reg[illegible]
" 4 as leg is stiff & sore. Sept 4/95. [illegible]
" 5 delusions: seems to think that [illegible]
" 6 Complains, this morning of pain in chest. [illegible]
" 7 good: bowels fairly regular. (Is on regular diet, with [illegible]
8 hours: restless 2 hours. Patient is quite restless, at times [illegible]
" 8 about. Sep 8/95. Slept better, (8 hours), last night. He still manifests [illegible]
" 9 is going to harm him, & wants to get away from this place. Sep [illegible]
" 10 Appetite still continues good: bowels regular. Sep 10/95. Restless 2 hou[illegible]
" 11 Complains, at times, of leg feeling sore. Sep 11/95. Slept 8 hours. About [illegible]
" 12 the grounds, daily. Converses quite freely, but still shows delusion[illegible]
" 13 Is about the same, day after day. Sep 13/95. Slept well. No special [illegible]
" 14 Sep 14/95. Patient seems to be doing nicely. Makes no complaints [illegible]
at times. Summary: Appetite has been good: bowels regular. [illegible]
about normal; (see attached muses-record): passed urine regular [illegible]
No cough noted: patient talks but little: power of reasoning, [illegible]
seems fairly good. Still holds delusions & seems to think some one [illegible]
" 20 Has, as yet, received no medicine or special treatment. Sep 20/95. Patient is quite
restless: walks the floor a great deal, during day: & is continually writing letters to the
"Penetentiary Authorities". Shows various delusions. "Think he has been unlawfully committed here".
" 26/30 Sep 26/95. Wt 157 pds. Sep 30/95. Appetite good: bowels irregular: he still continues very restless,
and uneasy: walks about a great deal. Still holds very delusive ideas.

Oct 4 Oct 4/95. Bowels have been constipated & he has been given enemata & seidlitz powders. Appetite keeps good.

I am ruined by Detective Pinkertons and Service-System; the same will be done unto this Institut if they are tolerated longer. The Use of their Electricity upon men is detrimental to mens moral

			94
		4	94
		90	94
	88	90	94
	98.8	94	94
		80	
	m		
	pm	94	
	8 pm		
	am	88	
11	98.4	88	18
12	98.6	90	18

I kan only advice you to obtain the connection of the Freemason-Lodge; Their Work and Influence upon the sik would be of great Value to this Institut and its Inhabitants. It is free and costless. They do it for Lowe to Humanity. The healsome Influence of their Work internal upon humane Mankind is known all trough this country.

Yours respectfully
Julius Andresen.

Personal and Medical History of Julius Anderson

1895

Oct 5/10 Oct 5/95. appears quite restless. Still holds delusions. Oct 10/95. Wt (dressed) 151 pds. Appetite good.
[illegible]ls regular: condition does not seem to change any: he
[illegible]. No special change: is continually writing letters to
[illegible]ov 9/95. Wt 149 pds. Nov 30/95. No change noticeable in
[illegible] works somewhat. Dec 10/95. Patient is quiet and
[illegible]s. Appetite good: bowels regular. Sleeps well: works onward.
[illegible] Appetite good: is now on regular diet & eats in dining room.
[illegible] severe pain in left chest. Was put to bed & mustard.
[illegible] Noisy 1 hour, but slept 7 hours, last night. Am. Again
[illegible] in medicine (pills). Still complains of severe pain.
[illegible]ssed. 6 P.m. Is feeling easier, this evening: appetite fair.
[illegible] last night. 9 Am. Still complains of pain in chest.
[illegible] left side: is still quite severe. Again, put to bed.
Pulse 112 R 48 T 102. Pain seems to be more
[illegible] him to lie down", & he sits up in bed. 7.30 P.m. Given
[illegible] suds & glycerine: bowels then moved slightly.
[illegible] hypo. Morph gr 1/8. Dec 31/95. Restless 6 hours & slept
[illegible] fast: says "he feels some better, this morning, but
[illegible] m. 3.15 P.m. Was again given enemata.
Appetite good, & says "he feels much improved": still
restless 2 hours, last night. Feels much improved,
good: still on medicine. Jan 3/96. Restless 1 hour,
[illegible]ent. Jan 4/96. Restless 2 hours, but slept 6 hours.
[illegible]estless 1 hour, last night. Bowels moved. 12 M. Is up
[illegible] says "he feels very well". Appetite good: bowels regular.
[illegible] though restless 2 hours or so, nightly. Says "he feels
[illegible] much stronger & appears to be gaining in weight. Jan 12/96. Sleeps quite well, each night.
" 13/15 Jan 13/96. Wt 156 pds. Is doing very well. Jan 15/96. Was taken out on trial, by his uncle,
to Chicago, this evening.

Discharged

Personal and Medical History of Ju[illegible]

1895

This patient was brought here by ~~Sheriff's~~ Warden Depu[illegible]
is in good physical condition. He comes from [illegible]
Oct 31st 1891. As to consanguinity or heredity [illegible]
He has been defective, during his entire per[illegible]
delusions as to people trying to injure [illegible]
periods. Derangement now shown by [illegible]
him. Is disposed to injure others; d[illegible]
previous peculiarities &c or history [illegible]
Cause of the disease unknown; [illegible]
(Examination sworn to by Examining [illegible]

Aug 31 On admission, was put on [illegible]
of skin good: has a small [illegible]
Is clean: behavior good: [illegible]
He is very quiet: shows delu[illegible]

Sept 1 Sep 1/95. Slept 8 hours, [illegible]
" 2 complaints: Converses q[illegible]
" 3 his eye being sore: seems to [illegible]
night. Appetite good: bowels reg[illegible]
" 4 as leg is stiff & sore. Sept 4/95 [illegible]
" 5 delusions: "seems to think that [illegible]
" 6 Complains, this morning of pain in chest. Sep [illegible]
" 7 good: bowels fairly regular. (Is on regular diet, with [illegible]
8 hours: restless 2 hours. Patient is quite restless, at time[illegible]
" 8 about. Sep 8/95. Slept better, (8 hours), last night. He still manifests [illegible]
" 9 is going to harm him", & wants to get away from this place. Sep [illegible]
" 10 Appetite still continues good: bowels regular. Sep 10/95. Restless 2 ho[illegible]
" 11 Complains, at times, of leg feeling sore. Sep 11/95. Slept 8 hours. Abou[illegible]
" 12 the grounds, daily. Converses quite freely, but still shows delusion[illegible]
" 13 Is about the same, day after day. Sep 13/95. Slept well. No special [illegible]
" 14 Sep 14/95. Patient seems to be doing nicely. Makes no complaints [illegible]
at times. Summary: Appetite has been good: bowels regular: [illegible]
about normal; (see attached muses-record): passed urine regular[illegible]
No cough noted: patient talks but little: power of reasoning [illegible]
seems fairly good. Still holds delusions & "seems to think some one [illegible]
" 20 Has, as yet, received no medicine or special treatment. Sep 20/95. Patient is quite
restless: walks the floor a great deal, during day: & is continually writing letters to the
"Penetentiary Authorities". Shows various delusions. "Think he has been unlawfully committed here".
" 26/30 Sep 26/95. Wt 157 pds. Sep 30/95. Appetite good: bowels irregular: he still continues very restless,
and uneasy: walks about a great deal. Still holds very delusive ideas.

Oct 4 Oct 4/95. Bowels have been constipated & he has been given enemata & seidlitz powders. Appetite keeps good.

			94
		94	94
		90	94
	88	90	94
	98.8	94	94
		80	
		94	
		88	
11	98.4	88	18
12	98.6	90	18

Personal and Medical History of Julius Anderson

1895

Oct 5/10 Oct 5/95. Appears quite restless. Still holds delusions. Oct 10/95. Wt (dressed) 151 pds. Appetite good.
Oct 31/95. Sleeps & rests well: appetite good: bowels regular: condition does not seem to change any: he
has many delusions: works on ward. Nov 5/95. No special change: is continually writing letters to
9/30 various State Officials. Works some on ward. Nov 9/95. Wt 149 pds. Nov 30/95. No change noticeable in
Dec 10 patient's condition. Still shows various delusions. Works some on ward. Dec 10/95. Patient is quiet and
inoffensive. Still has, apparently, delusive ideas. Appetite good: bowels regular: sleeps well: works on ward.
" 11/18 Dec 11/95. Weight (dressed) 150 pds. Dec 18/95. Appetite good: is now on regular diet & eats in dining room.
" 28 Dec 28/95. Has complained, during the day, of severe pain in left chest. Was put to bed & mustard-
" 29 plaster applied to part affected. Dec 29/95. Noisy 1 hour, but slept 7 hours, last night. Am. Again
applied mustard-plaster to left chest & gave him medicine (pills). Still complains of severe pain:
is passing bloody urine. 11 Am. Up & dressed. 6 Pm. Is feeling easier, this evening: appetite fair.
" 30 Dec 30/95. Restless 4 hours & slept only 4 hours, last night. 9 Am. Still complains of pain in chest.
11 Am. Says "pain has changed its location to left side": is still quite severe. Again, put to bed.
11.15 Am. Pulse 100 R 30 T 100.4. 5.30 Pm. Pulse 112 R 48 T 102. Pain seems to be more
severe than usual. Says "it is impossible for him to lie down", & he sits up in bed. 7.30 Pm. Given
enema of castor oil, followed by enema of soap-suds & glycerine: bowels then moved slightly.
" 31 Appetite, today, has been fair: was given (8 Pm) hypo. Morph gr 1/8. Dec 31/95. Restless 6 hours & slept
only 2 hours, last night. Am. Ate a fair breakfast: says "he feels some better, this morning, but
still has pain". Bowels moved freely at 12 Mn. 3.15 Pm. Was again given enemata.
1896
Jan 1 Jany 1/96. Restless 4 hours & slept only 4 hours. Appetite good, & says "he feels much improved": still
" 2 has slight pain. Jan 2/96. Slept 6 hours, restless 2 hours, last night. Feels much improved,
" 3 this morning: is resting easily: appetite good: still on medicine. Jan 3/96. Restless 1 hour,
" 4 but slept 7 hours, last night. Pulse intermittent. Jan 4/96. Restless 2 hours, but slept 6 hours.
" 5 Bowels have moved. Jan 5/96. Slept 7 hours, restless 1 hour, last night. Bowels moved. 12 M. Sup
" 6 & dressed. Jan 6/96. Slept well, last night. Says "he feels very well". Appetite good: bowels regular.
" 10 Jan 10/96. Has continued to sleep quite well, though restless 2 hours or so, nightly. Says "he feels
" 12 much stronger" & appears to be gaining in weight. Jan 12/96. Sleeps quite well, each night.
" 13/15 Jan 13/96. Wt 156 pds. Is doing very well. Jan 15/96. Was taken out on trial, by his uncle,
to Chicago, this evening.

Discharged

Personal and Medical History of Henry G. McAneney.

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4197.
Residence, Winona, Minn.
Date Admission, 5th September 1895
Admitted by, P. Herzog Hour, 12 M.
How Sent, A.L. Buck. Jof P. Winona County
Sex, Male.
Age, —19—
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, None
Degree Education, Common School.
Profession Religion, Yes: Catholic
Habits, Not good: Drinks & chews:—
Nativity, Wisconsin (Parents born in Ireland).
Physicians Committing, Franklin Staples and E. D. Keyes.
Correspondents, Mrs Ellen McAneney 670 Winona St. Winona Minn

No. for Year, 20
Insane Relatives, None
Cause Exciting, unknown
Cause Predisposing, previous attack
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, not —
Date of this Attack, 10 months ago
Duration, 10 months
No. of Attack, 2nd —
No. of Admissions, 2nd
Age First Attack, about 15 —
Time of Leaving, July 12, 1896
Time in Hospital, 10 mo. 7 da
Result, Improved. Discharged Nov. 10 '96.

EXAMINATION ON ADMISSION

Exd by P. Herzog. Sep 6/95 =

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } Slightly weak
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, } Somewhat slow, but not particularly morbid
Own Mental State, }
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, with
Indifferent,
Exalted,
Depressed, Slight
DELUSIONS:
Systematized or Not, } None brought out
Special Subjects, }
Transitory or Not,
HALLUCINATIONS: "Of sight" "of sight: Recognizes as such
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, fairly coherent
Voluble or Reticent, normal.

GENERAL DESCRIPTIVE REMARKS:
Patient appears defective. Steps are wide and shoulders narrow: Carriage of person is careless & slovenly. Is well acquainted with "slang phrases" & seems to have delighted in low company. Denies drink and masturbation. Uses tobacco: says "he was much worse, when here before" & "thinks he will be better soon". Is willing to stay here".

Personal and Medical History of Henry G. McAneney

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Considerably impaired: thin and somewhat anaemic.
WOUNDS OR ABNORMALITIES, See Skeleton: pigeon breasted: left shoulder much higher than right. —
TONGUE, Tremors, Quite marked Coatings, bright red glazed coated margins Promptness Movement, slow
PUPILS, Equality, Yes Size, slightly dilated
Response Light, somewhat excessive Accommodation, somewhat excessive.
SIGHT, Good
HEARING, "
COORDINATION, Arms, some impairment: fingers fumble, eyes shut, slow & uncertain.
Legs, slight impairment: standing & foot, fairly good: standing, eyes shut, sways slightly.
TREMORS, Hands, None Tongue, Quite marked
Facial Muscles, of eyelids General, — No —
REFLEXES, Patellar, R-L equal EXAM. URINE,
Other Slight ankle clonus
ARTICULATION,
Slurred, —
Hesitating, Yes
FACIAL EXPRESSION, somewhat stupid; eyes large & "shifty"
SENSIBILITY, ✓
HEART, impulse forcible: Sounds weak. apex beat in 6th interspace nipples fine
LUNGS, Nothing definite but chest capacity small. —
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,

TAKEN,

Treatment

General tonic treatment with nux vomica & iron. Rx too much sentence.

Personal and Medical History of Henry G. McAneney.

1893

This patient was brought here by Deputy Sheriff S. Bradley, with following history. Patient is in fair physical condition. There is no history of consanguinity or heredity. This seems the 2nd attack; had one 2 years ago (August 1893), lasting four 2 months: was then at Rochester Hospital: and was better, for a year. First symptoms of this attack were manifested ten months ago; irritable disposition; nervous debility. Disease appears to be Stationary; variable with rational interval but at irregular period. Derangement now shown by his being Sleepless; aggressive & wanders about nights. He is not disposed to injure others; nor suicidal: nor filthy nor destructive in habits. No previous peculiarities known except as stated. Patient both Smokes & Chews. There is no history of any Severe disease &c. Cause of the disease is unknown. He has been treated by Physicians and at Hospital. On Personal Examination, he is found to be, seemingly, of Poor Mental Development & incompetency.

Note — Was here before, as above stated, from Aug 17/93 to Nov 28/93: discharged then, because illegally committed under law of '93"; was improved on leaving. Was nervous & restless, for quite a while, after then coming: wandering aimlessly about ward: always wanting to be outside: complained, quite often, of head feeling hot & paining him. Subsequently, made improvement, tho' still inclined to be foolish & silly in manner. Was clean & tidy in habits, & worked some, inward. Yet "nervous fits" continued from time to time & he was "afraid, at times, he was going to die: wanting to see a Priest &c." Was taken out trial by a brother (See Vol. 25 page 5 No 3445).

Sep 5 On admission, was put on B7 (G.H.N. Rft. Complexion dark: hair brown: eyes blue: Condition of Skin good: vaccination scars on left arm. Is clean: behavior good). Pulse 82. Sep 6/95. Restless 1 hour or so, but slept 7 hours, last night. Appetite good. Tongue. Pulse 78. Appetite good: bowels moved today: behavior is quiet: he talks rationally: no delusions or hallucinations noticed: makes no complaints: has
" 7 no cough: Abn. Pulse 86. Sep 7/95. Slept 8 hours: Abn. Pulse 80. Has been quiet, all day: talks rationally:
" 8 Goes out on the grounds: works some, in dining-room. Sep 8/95. Sleeps well, last night. Appetite abnormal. Behaves quietly: seems contented & interested in his surroundings. Is on medicine
" 9 3 times a day: also on extra diet. Sep 9/95. Restless 1 hour, but slept 7 hours, last night.
" 10 Appetite good: he complains of bowels being Costive: gave him Sulphate Magnesia 5 ij. Sep 9/95. Slept well. Quiet & well-behaved: plays games: talks some: no delusions or hallucinations noticed.
" 11 Sep 11/95. Works inward and in dining-room: has improved much in appearance and has, apparently, gained some in flesh, since admission. Transferred today, to I W E:—
" 13 is on medicine: receives extra diet, also. Sep 13/95. Has continued to sleep great well, nightly. Appetite very good: bowels fairly regular. He talks rationally & freely. Works in dining-room.
" 14/6 Sep 14/95. Transferred to B7. Sep 16/95. Has continued about as usual. Quiet, well-behaved
" 17 and quite contented with his surroundings. Works inward. Sep 17/95. Transferred to C2.
" 21 Sep 21/95. Seems improving every day: feels stronger. Works willingly. Summary: Patient has steadily improved since coming here. Talks rationally: has manifested no delusions or hallucinations. Has gained in flesh & his whole Physical Condition is better: has not the pale, sickly Color he had, when admitted. Works inward: goes out walking: plays ball: is quite active. Bowels in good order: appetite very good. Sleeps very well.—
" 30 Sep 30/95. Continues to make improvement. Sleeps & eats well. Makes no complaints. Works some.
Oct 1 No delusions noticed. Transferred to K1 East today. Oct 1/95. Wt 127 lbs. Pulse 90.—

Personal and Medical History of Henry G. McAneney

1895

Oct 1/95 — Oct 1/95. Has a large boil on cheek: same opened & dressed (by D.S.). Oct 31/95. Looks about the same as last: generally described. Always cheerful & contented: behavior fairly good: very fond of playing cards, games &c, but does not like to do any work. Mentally, no change especially noticeable.
Nov 7/30 — Nov 2/95. Wt 130½ lbs. Pulse 92. Nov 30/95. No Work: inclined to be indolent: seems to have improved some, mentally: talks freely: plays games &c. Is somewhat mischievous. Does not say much about going home.
Dec 3/23/31 — Dec 3/95. Wt 133½ lbs. Pulse 80. Dec 25/95. Visited by Sister. Dec 31/95. Patient has improved both mentally & physically, since received on ward. Reads, plays games & Works some in the dining room.
1896 Jan 1/96 — Jan 1/96. Wt 141 lbs. Pulse 82. Jan 31/96. Condition remains about same as last reported upon.
Feb 1/29 — Feb 1/96. Wt 142½ " " 82. Feb 29/96. No special Change noticed: Appetite very good: bowels regular: behavior fair: he is somewhat "rough"-talking. Works in dining room. Health seems quite good.
Mar 2/14 — Mar 2/96. Wt 145½ lbs. P 88. March 8/96. Was allowed to go to Church in town. Mar 14/96 Went to bed, at 7 PM.: complained of headache. Temp. 102. Pulse 120. Resp. 19. ate light supper. 9.30 given medicine.
" 15 — Mar 15/96. Ate a light breakfast. Temp. 101.2 " " 82 " 18. PM. Temp. 103 Pulse 120 Resp. 20.—
" 16 — No supper: bowels loose. Complains of pain in stomach: mustard plaster applied. Mar 16/96. Am. T. 99.6 Pulse 108. Appetite fair: says he feels much better. Out of bed all afternoon Temp. 98.6 Pulse 90.—
" 30/31 — Mar 30/96. Went out to work with Drayman. Mar 31/96. Has been allowed to go to Church in town, on Sundays. He has seemed to improve both mentally & Physically. Talks freely: no delusions noted.
Apr 1 — always seems happy & contented. April 1/96. Wt 144 lbs. Pulse 76. Appetite good: bowels regular.
" 7 — April 7/96. Visited by mother, today: Patient has worked out regularly with the Drayman—Was allowed to go home with mother, today, on trial.
June 16 — June 16/96. Patient was sent for today and brought back: was put on B3 East at 4.30 PM. Was given bath: behavior good, though he is quite restless & talking a great deal.
" 17 — June 17/96. Slept 7 hours, last night. Ate well today. Patient is still restless: says "there is not enough amusement here for him": was Transferred to A1. June 30/96. Behavior good:
July 1 — Eats & sleeps well: no complaints. July 1/96. Wt 129 lbs. Pulse 76. Went out to work,
" 10 — with the Drayman. July 10/96. Well-behaved: talks freely: somewhat wild. Appetite very good: Sleeps well. Works with the Drayman, every day. Habits are clean.
" 12 — July 12/96. Ran away, this afternoon.

Discharged

Personal and Medical History of Ray Corzette

LIBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4194
Residence, Virginia, Minn.
Date Admission, 10th September 1895.
Admitted by, D. Phelps Hour, 1.30 P.M.
How Sent, H. L. Buck, Jr. P. Virginia County
Sex, Male
Age, 36 years
Civil Condition, married
Children, Three
Age Youngest Child,
Occupation, Printer
Degree Education, at City Schools.
Profession Religion, not a church member
Habits, has been very intemperate
Nativity, Virginia, Minn. (Father's N.J. and Mother's Penn.)
Physicians Committing, H. Lichtenstein and S. L. Gates
Correspondents, Augusta Corzette (wife)
659 W. 4th St. Virginia, Minn

No. for Year, 22.
Insane Relatives, none
Cause Exciting, probably alcoholism
Cause Predisposing, Intemperance
Form,
Accompanying Bodily Disorder, blindness in one eye.
Suicidal or Not, — not —
Date of this Attack, about 10 days ago
Duration, — about 10 days —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 36 —
Time of Leaving, Sept 28 '95
Time in Hospital, 18 days.
Result, Rec. (?) 2/5/96

Ed by D. Herzog - Sept 11/95 -

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, much confused
Quick or Sluggish, very sluggish
MEMORY:
Past Events,
Recent Events, } None
Special Subjects,
PERCEPTIVITY:
Alert or Dull, very dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects,
Own Mental State, } None
Special Subjects,

EMOTIONAL STATE:
Normal, ~~Calm~~,
Indifferent, And semi-stuporous
~~Exalted~~,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, } none brought out
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, reticent

GENERAL DESCRIPTIVE REMARKS:
Patient is in a semi-stuporous condition: endeavors to speak but only mutters unintelligibly. Temperature elevated. Strong suspicion of General Paresis.

Personal and Medical History of Ray Corzette

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 179 lbs. NUTRITION, large: well-nourished
WOUNDS OR ABNORMALITIES, See "G.H.N. Hpt" - face puffy + ankles swollen.
TONGUE, Tremors, very much Coatings, heavy brown: sordes on lips + teeth Promptness Movement, does not protrude it.
PUPILS, Equality, right slightly larger Size, slightly dilated
Response Light, Imperceptible to distinguish clearly ~~Accommodation~~, in the poor light.
SIGHT, Unknown
HEARING, " "
COORDINATION, Arms, very much impairment: } usual tests not made, but is quite unable to grasp anything
Legs, — Ditto — } he reaches for, and cannot stand.
TREMORS, Hands, Marked Tongue, Yes
Facial Muscles, — General, in attempting to stand.
REFLEXES, Patellar, tests unsatisfactory but evidently exaggerated.
Other any of the muscles of limbs respond when struck
ARTICULATION,
Slurred, so much so as to be unintelligible
Hesitating, Yes
FACIAL EXPRESSION,
blank + paretic
SENSIBILITY,
Evidently much impaired
HEART,
weak + rapid: no distinct murmurs heard
LUNGS, friction sound over left anterior portion: large moist rales over entire chest. hypostatic congestion of both lower lobes, posteriorly.
OPHTHALMOSCOPIC EXAM.,

~~EXAM. URINE.~~

Treatment

Laxative: cold sponge baths: liquid diet: rest in bed: stimulation; mixture of brandy, strychnine + quinine

TAKEN,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Record lost	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 *Ray Corzette.*

1895

This patient was brought here by Deputy Sheriff A. W. Fuhrmann, with following history of the case. Patient is in paretic condition. There is no history of consanguinity or heredity. This is said to be 1st attack. first symptoms manifested about 10 days ago. by incoherent talking & restlessness. Disease appears to be increasing, but variable with rational intervals, but not at regular periods. Derangement now shown by his escaping from home; thinks him in danger: breaks furniture & windows: is incoherent: constantly searching for something imaginary. Talks of injuring others, in self defence. Is not suicidal: Is destructive of furniture. No peculiarities as were known, previous to accession of the disease. Patient has been very intemperate: has recently taken "Bertan Cure" and not drank for 3 months. Has recently had 2 convulsions: is blind in one eye, since 2 years of age. He has not been restrained or confined. Cause of disease is probably Alcoholism. Has been given anodynes for temporary relief. On personal examination, patient is found to be incoherent in talk; has unsteady gait: drowsiness: difficulty of articulation.

Sep 10 On admission, was put on T.W. (S.R. Complexion light; hair, dark-brown; eyes brown; Condition of flesh good; right eye black: large scar on right thumb: no eruptions noticed: has hernia. Is clean: no bodily peculiarities noticed. Is quiet. Patient sick (was put to bed). Appears very stupid. Slept all afternoon: took a little milk-toast for supper. 7 Pm. Getting out of bed & very ugly: had to
" 11 put in restraint. Sep 11/95. Slept some, during the night. 7 Am. Taken out of restraint. Eats fairly well. Was given Enema: bowels moved slightly. 2 Pm. Patient very restless & obstinate. Does not wish to stay in bed. Coughs frequently. Has been given Sponge-bath, with alcohol. Is also given boiled milk quite often. 8 30 P.m. Not so restless as heretofore, during the day. Bowels have moved: Is a Mexican.
" 12 Sep 12/95. Restless 6 hours, sleeping only 2 hours, last night: Coughed some, forward morning. He has
" 13 eaten sparingly, to day. Sep 13/95. Restless 2 hours, but slept 5 hours, last night. Makes no complaints. 10. Am. Took light breakfast. He talks loud: makes very few complaints, but is continually out of bed: passes urine regularly, in vessel: has a dry cough, this morning. Ate a very good dinner.
" 14 Sep 14/95. Restless 3 hours, & slept only 3 hours, last night. P.M. Patient has been quite easy, today:
" 15 and has eaten fairly well. Sep 15/95. Restless 2 hours, noisy 1 hour & slept only 5 hours, last night.
" 16 Coughed nearly all night & raised Considerable phlegm. Bowels moved. Sep 16/95. Slept only 4 hours, restless 3 hours, & noisy 1 hour, during night. Coughed a great deal. Has eaten fairly well, to day.
" 17 Sep 17/95. Slept about as usual, last night. Ate a fair dinner & supper. Bowels move quite freely.
" 18 Sep 18/95. Restless 4 hours, sleeping only 4 hours, last night. Patient seems to be improving some.
" 19 Has been visited by his mother, daily. Sep 19/95. Slept 4 hours, restless 2 hours. Appetite now quite
" 20 good: bowels regular. He is put on regular diet, with extras: Sep 20/95. Patient quite restless:
" 21 says "he is tired of lying in bed". Appetite keeps good. Sep 21/95. Restless 2 hours but slept 6 hours.
" 22 He is easy to day. Talks quite sensibly: reads a great deal. Sep 22/95. Restless 1 hour, Slept 7 hours.
" 23 Patient is improving, day by day. Coughs very little, of late. Sep 23/95. Slept 6 hours, restless 1 hour
" 24 last night. He not at all troublesome, now. Speech steady & quite rational. Appetite good: bowels
" 25 regular. Is on regular & extra diet. Medicines discontinued, to day. Sep 24/95. Slept 7 hours, last night. Condition seems about same as yesterday. Sep 25/95 Restless 1 hour, but slept 7 hours, last night. Appetite good. He is steadily improving, both physically & mentally. (See attached Nurses' records)

Summary: Patient lay in bed, the first day, in a stupid condition & became very ugly.

Personal and Medical History of *Ray Corzette*

Aug 12 '95 and obstinate, toward night: was out of bed, a great many times, during the 3 days following; but was unable to stand up, this being due to weakness. He had a very bad Cough, for first week, and also found it Considerable of an effort to swallow the milk & light food, of which his diet Consists. Appetite steadily improved, from day to day. Was somewhat Constipated at times of coming, but, prior to that time, he claims bowels were fairly regular. Has passed urine regularly, in normal quantities, & color. He gained Strength, to such an extent, the second week, that he is now able to walk quite firmly and steadily. His ideas, up to the past few days, have been of a delusive nature, and his speech quite incoherent; also, had hallucinations for several days, but he is, at present, in a quite rational state of mind, and pleasant and agreeable, withal.

Sep 23/95 to 27 Sep 25/95 Visited by mother, daily. Is on regular & extra diet. Appetite good. Sep 26/95 Sleeps well. Was up, in roller-chair, two hours, to day. Sep 27/95. Patient upon ward, the greater part of the day: bowels costive. P.M. was given Enema of soapsuds & glycerine & bowels afterward moved.
" 28 Sep 28/95. Slept well, during the night. Mother has been to see him, daily. He has been about 99: but pulse about normal. Was allowed to go home, with mother, this evening.

Discharged

From folio 205 — John Roeder — 4187.

Aug/95 Wt. 137½ lbs. Pulse 70. Appetite good. Bowels constipated. Sleeps fairly well. Talks freely & quite intelligently. Restless at times & walks around apparently in deep thought. Is inclined to be suicidal at times; makes he were dead. Given cascara 3 x day.
19 Visited by daughter. Sept 1 Wt. 129½ lbs. Sept 10 Has been more restless & sleeps very poorly of late. Sept 30 Restless & at times noisy during night. Oct 1 Wt. 120 lbs. Nov 1 Wt. 119 lbs. Sleeps poorly. Does not talk much but answers questions fairly intelligently. Seems quite confused. Is always well behaved, but at times restless. Dec 6 Seems to have been gradually failing of late. Appetite light. Takes cathartics. Dec 8 Put to bed on Infirmary list & ankles somewhat swollen. Quiet in bed, slept most of afternoon. Waits to die
10 Put on Emulsion, is quite emaciated. Is quiet in bed. Temp 98° P 68 R. 20.
14 Dr Herzog Notes. Was allowed to go home with his daughter. She was very decided about taking him. She feared that he would die. She agreed to have a nurse for him & to keep him abed as much as possible. Nurse Tyler accompanied patient. Patient had slight oedema & pallor of Brights' disease. Mentally was very melancholy, slightly agitated. Thinks he should be dead.

Discharged.

Personal and Medical History of Griffith G. Roberts

LOBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4195.
Residence, Preston, Fillmore County
Date Admission, 10th September 1895.
Admitted by, Dr. Phelps — Hour, 7 PM
How Sent, John H. Steele, Jo P. Hennepin Coy
Sex, Male
Age, 72
Civil Condition, married
Children, has children
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common School
Profession Religion, Welsh Presbyterian —
Habits, not intemperate
Nativity, Wales; (parents also born there) —
Physicians Committing, D. O. Thomas and W. A. Jones.
Correspondents, John G. Roberts (Son), 1209 E. 22d Street (and see slip attached)
Family Phys. Dr. D. O. Thomas, Masonic Temple. Mpls

No. for Year
Insane Relat
Cause Exciti
Cause Predis
Form,
Accompanyi
Suicidal or
Date of this
Duration,
No. of Atta
No. of Adm
Age First A
Time of Lea
Time in Hospital, — yrs.
Result, Died Dysentery.

D. E. Roberts
#1209 - E 22 St
Minneapolis
Son Telegraph

J. G. Roberts, Son Telegraph
Lime Springs
Iowa

3

G. G. Roberts
Res. on farm So. West of
Preston

Return in 10 days to
PROBATE COURT,
ALASKA, - MINN.

Exd'ly Dr. Herzog. Sep 11/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } very much impaired
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Correct in the main
REASONING POWER:
Ordinary Subjects, Poor
Own Mental State, realizes that he is not right
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm~~,
Indifferent, And slightly Exalted
Exalted,
~~Depressed~~,
DELUSIONS:
Systematized or Not,
Special Subjects, } no definite ones brought out
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent slightly
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is senile, with a very weak memory. He is not strong but shows no definite lesion. He does not understand where he is, but makes no complaints. Dementia is very considerable.

Personal and Medical History of Griffith G. Roberts

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 139 pds. NUTRITION, weak & not well nourished
WOUNDS OR ABNORMALITIES, mark of a recent blow, over left eye.
TONGUE, Tremors, fibrillary twitching & coarse tremors Coatings, yellowish on Dorsum Promptness Movement, slow
PUPILS, Equality, Yes Size, slightly contracted
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Impaired
HEARING, " "
COORDINATION, Arms, Considerable impairment: finger to nose, eyes shut, uncertainty & hesitation —
Legs, — Ditto — Standing on foot, impossible: Standing eyes shut, sways considerably.
TREMORS, Hands, Yes Tongue, yes
Facial Muscles, no General, no
REFLEXES, Patellar, right 5: left 7:
Other —
ARTICULATION,
Slurred,
Hesitating, Yes, slightly
FACIAL EXPRESSION,
—
SENSIBILITY,
—
HEART, rapid & weak: radial arteries
Diff: temporals small: quite a distinct murmur 1st sound at apex. —
LUNGS,
all sounds harsh & rough.



TAKEN,

~~EXAM. URINE~~,
Treatment
No Especial treatment indicated beyond rest & diet.
Exam. Urine - Jan. 25th 97 2 30 PM
Passed. Jan. 25th 2 PM
Color Light yellow.
Sp. gr. 1019
Character Clear.
Reaction Acid
Sugar & Albumen None.

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,

Records kept

Personal and Medical History of Griffith G. Roberts

LEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4195.
Residence, Preston, Fillmore County –
Date Admission, 10th September 1895.
Admitted by, Dr. Phelps – Hour, 7 P.M.
How Sent, John H. Steele, Jo. P. Hennepin Coy
Sex, Male.
Age, – 72 –
Civil Condition, married
Children, has children
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common School.
Profession Religion, Welsh Presbyterian –
Habits, not intemperate
Nativity, Wales; (parents also born there). –
Physicians Committing, D. O. Thomas and W. A. Jones.
Correspondents, John G. Roberts (Son), 1209 E. 22d Street (and see slip attached)
Family Phyn Dr. D. O. Thomas, Masonic Temple. Mpls

No. for Year, 23.
Insane Relatives, one sister insane
Cause Exciting, Senile changes –
Cause Predisposing, probably some heredity –
Form,
Accompanying Bodily Disorder, weakness &c.
Suicidal or Not, – not.
Date of this Attack, 2 years ago
Duration, – 2 years –
No. of Attack, 1st –
No. of Admissions, 1st –
Age First Attack, about 70.
Time of Leaving, Nov. 15. 1897
Time in Hospital, 2 yrs. 2 mo 5d.
Result, Died Dysentery.

Exd'ly Dr. Herzog. Sep 11/95 –

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } very much impaired
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, correct in the main
REASONING POWER:
Ordinary Subjects, Poor
Own Mental State, realizes that he is not right
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm,~~
Indifferent, and slightly Exalted
Exalted,
~~Depressed,~~
DELUSIONS:
Systematized or Not,
Special Subjects, } no definite ones brought out
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent slightly
Voluble or Reticent, fairly voluble

GENERAL DESCRIPTIVE REMARKS:
Patient is senile, with a very weak memory. He is not strong but shows no definite lesion. He does not understand where he is, but makes no complaints. Dementia is very considerable.

Personal and Medical History of Griffith G. Roberts

TION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

WEIGHT, 139 pds. NUTRITION, weak & not well nourished
...of a recent blow, over left eye.
...se tremors Coatings, yellowish on Dorsum Promptness Movement, slow
Size, slightly contracted
...ggish Accommodation, sluggish
...impairment: finger to nose, eyes shut, uncertainty & hesitation –
...o – standing on foot, impossible: standing eyes shut, sways considerably
Tongue, yes
General, no

Other
ARTICULATION,
Slurred,
Hesitating, Yes, slightly
FACIAL EXPRESSION,
—
SENSIBILITY,
—
HEART, rapid & weak: radial arteries
Diff: temporals small: quite a distinct murmur 1st sound at apex. —
LUNGS,
all sounds harsh & rough.



TAKEN,

~~EXAM. URINE,~~
Treatment
No Especial treatment indicated beyond rest & diet.
Exam. Urine – Jan. 25th 97 2.30 PM
Passed. Jan. 25th 2 PM.
Color Light yellow.
Sp. gr. 1019
Character Clear.
Reaction Acid
Sugar & Albumen None.

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 *Griffith. G. Roberts.*

1895

This patient was brought here by Deputy Sheriff L.S Peterson, with following history of case. Patient is in aged, but fair, condition. There is no history of Consanguinity: one sister insane: This is 1st attack: has not been in hospital. First symptoms of this attack manifested 2 years ago; by loss of memory, headaches continuous; sleepless: disease appears to be increasing: for a few days, answered questions & talks rationally. Derangement now shown in that he thought he was near death; fears violence from his family. Patient is not disposed to injure others nor suicidal, nor filthy nor destructive in habits. No peculiarities previously shown, except that he was shy & diffident. There is no history of intemperance in self or parents. He was thrown from a load of lumber 15 Years ago; no definite result. Has not been restrained or confined. Supposed cause of the disease is senile Changes. Treatment given has been sedatives, change of residence &c. On personal examination, he is found to have failed physically, is quiet, depressed, & could not remember his age or residence: sat quietly: is demented. During past week, was noisy; deluded by fears & injury.

Sep 10 On admission, was put on B2 (S.R. Complexion light; hair gray: eyes blue; condition of skin
" 11 good; vaccination marks on left arm; no scars noticed; is clean; behavior good) Sep 11/95. Restless
4 hours & slept only 4 hours, last night. Am. Pulse 90 R 22 T 98.2 Appetite fair: bowels do not seem
to have moved, as yet: no cough noted: Is quiet: talks very little: makes no complaints. Pm. Pulse 88.
" 12 R 20 T 99. Sep 12/95. Rested & slept poorly, last night. Transferred to A4 East. (at 9 am) Pulse 90
" 18 " 99.8 Quite restless all day. Talks very little. Calls for Minneapolis & his children" -
" 13 appetite good: no movement of bowels noted. Sep 13/95. Restless & disturbed & slept only 2 hours,
during the night. Am. Pulse 110 R 21 T 101 100.4 Transferred to B3 last, (as he was continuously
troublesome in this hall, trying to get out). Refused dinner: ate a very little supper, afterwards
" 14 urging. Has delusions: "talks about his Son being Killed &c". Sep 14/95. Restless 2 hours, but
slept 6 hours, last night. Transferred to "Infirmary Ward" at 9.30 am. Appeared feeble and
somewhat Confused. Pm. Has been quite restless, all day. Talked very little. Appetite poor.
" 15 Sep 15/95. Was very restless, all night & slept poorly: Also restless & troublesome during the day.
Talks of wife & Children. Appetite not good: will eat only after considerable urging.
" 16 Sep 16/95. Was troublesome during the night. Restless, today, walking from the greater part
of the time. Would do nothing he was asked to. Talked some. Appetite better: bowels fairly regular.
" 17 Patient has Restless 4 hours & slept only 4 hours, last night. Sep 17/95. Rested better than on
previous nights, and is, this morning, in a quite jovial State of mind. Appetite improving.
" 18 Has been on his feet all day. Friendly with everybody. Sep 18/95. Restless 2 hours but slept 6
hours, last night. Refused breakfast & dinner, but ate a little supper. He has been very obstinate,
" 19 all day; also, somewhat destructive. Sep 19/95. Restless 3 hours, sleeping 5 hours. Refused breakfast;
asked for glass of milk at 10 Am. Has been acting somewhat better, than yesterday: says "head aches".
" 20 Slept about an hour, this afternoon. Sep 20/95. Quite restful. Sleeping 7 hours, last night. Appe-
tite good. Has been well behaved, today, sitting down almost all the time. Slept about 2 hours, this PM.
" 21 Sep 21/95. Restless 2 hours, but slept 6 hours, last night. He has been very stubborn & disagreeable, all
day. Would not sit down & did persist in taking off his shoes &c & walking barefooted". Appetite fair.
" 22 Slept 22/95. Slept 6 hours, restless 2 hours, last night. Patient had a "Crying Spell" today. He

Personal and Medical History of *Griffith. G. Roberts*

1895

Sept cont'd imagines his wife is being murdered"; talks of having money stolen by parties in Town". Refuses food.
" 23 Sep 23/95. Slept 7 hours; restless an hour or so, last night. Patient refuses to eat, today, saying "he cannot
" 24 pay for it" and "does not wish to eat anything which is not paid for". Sept 24/95 Noisy 2 hours, restless 4
hours & slept but 2 hours, last night. He has been cranky and disagreeable, all day. Tried to make the
patients do as he said; would not keep his coat on. Very troublesome. Summary: Physically, patient
appears weak & feeble. Appetite not extra Good: sometimes refuses food; bowels fairly regular; passes
urine regularly; of normal quantity and Color: no cough noticed; no complaints made; except of an
occasional headache; breath, as a rule, offensive. Mentally, patient shows delusions. He
imagines everyone is working against him; then at other times, is very pleasant & agreeable.
" 28/ Sep 28/95. Restless 2 hours, but slept 6 hours, last night. Sep 30/95. About as described in "Summary".
Oct 30 Oct 4/95. Wt (dressed) 138 lbs. Restless, occasionally noisy, sleeping only 4 & 5 hours nightly. Quite restless
" 10 and troublesome to new patients, during the day. Appetite fair: bowels regular. Oct 10/95. Very restless,
Sometimes noisy & sleeping only from 2 to 5 hours, (Since last noted) at night. Very mischievous
" 15 by day, of late. Will break dishes, while eating, if not watched. Oct 15/95. Still sleeps very poorly.
Patient has been very troublesome, all day; would not keep his clothes on. Ate very little, during
" 16 the day. Oct 16/95. Slept none, during the night. Quite noisy all day, and would eat nothing.
" 18 Oct 18/95. Has been resting & sleeping poorly: has been quiet, all day. Took no nourishment voluntarily
" 29/ Oct 29/95. Eats poorly; eats nothing but light food: bowels are regular. Oct 31/95. Has been restless;
31 and sleeping poorly, the past week: some nights, won't at all: appetite poor: some days, refuses all food,
and he has to be fed. Mentally, no change noticeable. (See attached Nurses' record) -
Nov 7/ Nov 2/95. Slept none, last night: was very restless & somewhat noisy: Nov 4/95. Restless troublesome and
" 8 pugnacious today. Nov 8/95. Restless & troublesome during the day: restless at night and sleeps poorly.
" 9/10 Nov 9/95. Fell out of bed at 1 am, receiving slight cut on head. Nov 10/95: Has been more quiet, today.
" 13/ Nov 13/95. Still very restless, at night & sleeps only 2 to 3 hours, the past 4 nights. Nov 17/95. Slept none, on
17 nights of 14th to 16th. Restless & troublesome, also noisy, by day. Appetite is quite good: bowels regular.
" 18/ Nov 18/95. Fairly quiet, today. Nov 27/95. Since last noted, he has been sleeping about 5 to 6 hours, nights,
27 and has been quiet, by day. Was visited by a friend, today. Nov 30/95: Again sleeping poorly, at night.
" 30 Continues quiet, by day. Condition does not change) any: (See nurse's record on file in the office).
Dec 11 Dec 11/95. Wt (dressed) 138 lbs. Continues restless, each night, and, on the whole, sleeps rather poorly.
Is quite mischievous, at times. Is obstinate: will not use vessel, at night. Urinates on radiator.
" 18/ Dec 18/95. Still restless at night, but he has been sleeping somewhat better, of late. Dec 19/95. Unusually quiet all day.
19 " 31/ Dec 31/95. Sleeps, on the average, about 6 hours, nightly. Seems improving, physically. Otherwise no change.
96 Occasionally refuses a meal - Jan 1/96. Quarrelsome & pugnacious, today. Attacked J. Burgess
Jan 1 & struck him, several times, about the head. Is also very mischievous & requires watching. Habits dirty.
" 10/ Jan 10/96. On some nights, he sleeps well: on others, restless & sleeps very poorly. Jan 11/96. Wt (dressed) 140 1/2 lbs.
" 31 Jan 31/96. Of late, quite often restless at night & sleeping very poorly. No noticeable Change in patient's Condition.
Feb 6 Feb 6/96. Appetite good: is irregular & picky as to diet: bowels regular: habits clean, but untidy in dress. Quiet, as a
rule, but occasionally becomes active & displaces furniture &c. Says "there are parties trying to steal
his money, but "they Can't get a cent". He sleeps quite well. Feb 13/96. Wt 137 1/2 lbs. Feb 29/96 More
" 13 quiet, of late, & has appeared better, generally. March 6/96. Wt 135 lbs. March 31/96 No special change.
March 6/ Still holds to the Delusion about his money. Quite troublesome at times & requires constant watching.

Personal and Medical History of Frank Schwartz

Whole No. 4197

Residence, St. Paul. Minnesota

Date Admission, 14th September 1895.

Admitted by, Dr. Herzog — Hour, 6 45 P.M.

How Sent, G. Willrich, Jo. P. Ramsey County

Sex, Male

Age, 20 years

Civil Condition, single

Children,

Age Youngest Child,

Occupation, Laborer

Degree Education, fair: ordinary school education.

Profession Religion, Yes: German Catholic.

Habits, not intemperate.

Nativity, Germany (parents Do. Do.)

Physicians Committing, John. B. Brimhall and G. Stamm

Correspondents, none given in papers

Jan 19/96. Frank Schwartz — father 984 Marion St. St Paul
John — Do — brother

No. for Year, 25.

Insane Relatives, None

Cause Exciting, Probably Influenza

Cause Predisposing, not given

Form,

Accompanying Bodily Disorder, none mentioned.

Suicidal or Not, attempted to drown himself in lake —

Date of this Attack, about 6 months ago —

Duration, since 6 months' duration

No. of Attack, 1st

No. of Admissions, 1st

Age First Attack, 19 +

Time of Leaving, June 19. 1896

Time in Hospital, 9 mo. 5 da

Result, Improved. Discharged Nov. 10 '96.

Exam by R. M. Phelps 9/18/95.

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 Frank Schwartz

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 134 lbs. NUTRITION, fair.

WOUNDS OR ABNORMALITIES, Condition of skin — Somewhat anaemic

TONGUE, Tremors, No. Coatings, None. Promptness Movement, Fairly so.

PUPILS, Equality, Equal Size, Somewhat dilated.

Response Light, Yes. Accommodation,

Eyes — SIGHT, Good.

HEARING, Good.

COORDINATION, Arms, Good

Legs,

TREMORS, Hands, Not notable. Tongue,

Facial Muscles, General,

REFLEXES, Patellar, Eq. 7 EXAM. URINE,

Other

ARTICULATION, Good.

Slurred,

Hesitating,

FACIAL EXPRESSION, Lips compressed usually at times angry. Quite intelligent

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 Schwartz.

1895

This patient was brought here by Deputy Sheriff M. N. Goss, with following history. Patient is in fair physical condition. There is no history of insanity in heredity. This is 1st attack, of some 6 months' duration; has not been in hospital before: attack followed upon influenza; with hallucinations. Disease seems to be stationary. Derangement now shown in that he believes that relatives and friends have stolen pictures from Church & mutilated them and the mutilators have been made into devils. Patient is not disposed to injure others but is suicidal; he attempted drowning in lake, at one time. Is not filthy & destructive in habits. Before the accession of the disease, he manifested religious impressions. There is no history of intemperance in self or parents: has had no severe disease & no head injury: has not been restrained or confined. Cause of the disease is probably influenza: has been treated by tonics. On a general examination, there are observed a jerking of head & quick movement of hands.

Sep 14 On admission, was put on B³ (S.R. Complexion light, hair dark brown; eyes brown; condition of skin good: some vaccination scars on left arm: no eruptions noticed. Is clean. Behavior good. Patient is dull & stupid). Pulse 88. Sep 13/95. Restless 2 hours, but slept 6 hours, last night: Ann. P 78. Appetite poor: ate no breakfast: very light dinner & supper. Bowels have not moved today. Remarks no complaints: no cough noticed: is quiet: talks scarcely any; only in monosyllables. O.M. P 88. Sep 15/95. Restless 6 hours. Sleeping only 2 hours, last night. Ann Pulse 84. Behaves well: talks none, but mumbles something to himself occasionally: is quite restless during day.

" 17 Sep 17/95. Restless 3 hours, slept only 5 hours, last night. AM. P 78. PM. P 88. Does not walking, very

" 18 day. Still continues restless by day. Sep 18/95. Noisy 1 hours, restless & slept only 5 hours, last night.

" 19 Behaves quietly. Talks a good deal to himself. Sep 19/95. Restless 11 hours. Sleeping only 4 hours.

" 20 last night. Appetite good: bowels in good condition. Sep 20/95. Slept poorly, last night. Is quiet, but very nervous. Continually "twitching" muscles of face & fingers & talking to himself.

" 21 Sep 21/95. Restless 1 hour, but slept 7 hours, last night. Behavior fairly good: Talk very little:

" 25 will answer questions only in monosyllables. Sep 25/95. Has been sleeping quite well, the past few nights. Patient Complains frequently of headache: feels sick today: says he ate too many blackberries & they made him sick": he expectorates a good deal: (probably a habit): very restless, by day: talks much to himself: habits not very neat. Goes out, in grounds, daily. Bowels seem normal.

" 26 Sep 26/95. Continually talking to himself today: quite restless: walking the hall much.

" 27/[illegible] Sep 27/95. About the same, from day to day. Sep 29/95. Has continued to sleep well, nightly: behavior as usual: restless, talking to himself: habits untidy. Appetite good: bowels regular.

Summary: Patient has been quite restless, every day, for the past 2 weeks: running restlessly about, from place to place, on hall. While out of doors, is generally more quiet, though is continually talking to himself. Physically, patient is, apparently, run down some, but has remained about the same, since admission. He has numerous delusions; all of them very unique; "thinks he is picking blackberries & has been accused of eating more than he ought" & is frequently overheard denying the charge. Sep 30/95. Very noisy, loud & quite restless. Otherwise, about as lastly described.

Oct 1/95 Oct 1/95. Wt 128 pds. Pulse 86. Oct 6/95. Tem 99⁴. Sleeps well, at night, & sleeps much, during the day.

" 13/20 Oct 13/95. Noisy & very restless, at times. Oct 20/95. Has frequent "crying spells", is more dependent, of late, than usual. Is on medicine, 3 times a day, before meal. Rests & sleeps quite well, at night.

Personal and Medical History of Frank Schwartz

1895

Oct 23/30 Oct 23/95. Still cries much: also sleeps much, during day. Oct 30/95. No change. Specially & Note. Generally very restless, though he does not cry so much as he did. Sleeps much by day: Still on medicine

Nov 2/6/8 Nov 2/95. Wt 134 pds. Pulse 90. Nov 6/95. Habits not neat at times: Expectorates on floor and carpet. Nov 8/95: Was

" 30 transferred to B³. Nov 30/95. Behavior same: keeps much to himself: does not speak to anyone, unless spoken to. Habits filthy & slouchy. Does not work. Mentally, no change. Specially not noticeable.

Dec 2/9 Dec 2/95. Wt 133 pds. Pulse 108. Dec 9/95. Habits of late growing very filthy & dirty: wetting his bed, during

" 30 night & occasionally his clothing, during day. Dec 30/95. No change to note. (Dirty 2 days during month).

1896 Jan 1/ Jan 1/96. Wt 143 pds: is gaining in flesh: Pulse 92. Jan 18/96. Visited by brother. Jan 19/96. Again visited

" 18/19 by brother. Jan 21/96. Transferred to B¹ (on account of a general change of wards). Jan 31/96. No special change

" 21/31 Feb 1/96 Wt 135 pds. P 86. Feb 29/96. Behavior fairly good, but he is inclined to be pugnacious: slouchy in

Feb 1/29 appearance: habits clean: does not work. March 1/96. Wt 133 pds. P 82. Mar 31/96. No change noted.

Mar 1/31 behavior has been fairly good, tho' he will still strike other patients. Is violent: does not work.

Apl 1 Apl 1/96. Wt 129 pds. Pulse 90. (Wt notes. Slouchy; very quiet: seldom speaks: holds head down.

" 30 occasionally mutters to himself: will strike, if provoked). Apl 30/96. No change noticeable. Behavior about the same: mutters to himself, at times. Habits clean, but he is untidy.

May 1 May 1/96. Wt 127 pds. P 92. June 1/96. Wt 134 pds. P 90. Appetite good: June 15/96. Bowels regular: appetite

June 1/ good: behavior quiet: sits around, in a stupid condition. Very abusive to himself. Does not speak

" 15 English, but will mutter away in his own language. Actions very silly, at times. Will drop on his

" 19 knees, rise in rage: habits slouchy & filthy: does no work. June 19/96. Was called for by relatives, at 7⁴⁵ PM & taken & home & went home. (Wt notes removed against the advice of Physician. Improvement since coming, slight, & only in behavior. Depressed, religious, mystical. Power of attention poor: Self absorbed).

Discharged

Personal and Medical History of Louis Heares

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4198.
Residence, Vermillion, Minn.
Date Admission, 17th September 1895
Admitted by, Dr. Herzog — Hour, 6 (45) PM
How Sent, Thos. P. Moran Jos. P. Dakota County
Sex, Male —
Age, 65
Civil Condition, Widowed
Children, not Stated
Age Youngest Child, not given
Occupation, Laborer
Degree Education, Common School
Profession Religion, Yes: Roman Catholic.
Habits, Intemperate
Nativity, Germany (parents also born there).
Physicians Committing, H. VanBeeck and J. C. Fitch
Correspondents, none given in papers

No. for Year, 26.
Insane Relatives, none
Cause Exciting, not known
Cause Predisposing, probably Intemperance & age
Form,
Accompanying Bodily Disorder, Denies any
Suicidal or Not, not known
Date of this Attack, from report, several years ago
Duration, " for several years
No. of Attack, not known
No. of Admissions, 1st
Age First Attack, (?)
Time of Leaving, 11th December 1901
Time in Hospital, 6 yrs 2 mos 24 DS
Result, Transferred to Hastings Asylum
OK pm

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exam. 9/20/95 by R.M. Phelps

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

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, slightly.
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, Thinks is President — on religion
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, ready to explain — Owing to his talking German all tests not complete.

Personal and Medical History of Louis Heares

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2½ in WEIGHT, 117½ pds NUTRITION, fair.
WOUNDS OR ABNORMALITIES, 1st finger left hand gone.
TONGUE, Tremors, None. Coatings, None. Promptness Movement, Fairly so.
PUPILS, Equality, Equal. Size, small.
Response Light, Respond not very well. Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms, Fair
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Fair
Slurred,
Hesitating,
FACIAL EXPRESSION,
Not very poor.
SENSIBILITY,
HEART, Impulse quite strong +
LUNGS,
Good.



TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS, C.(h) 21 (v.m) 38½ N.oc.a. 23. Bin.a 13.
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,

1895

This patient was brought here by Deputy Sheriff O. Shepherd, with following history. Patient is in fair physical condition. As to any consanguinity, not known: no insane relatives. No. of attack is not known: it is reported he has been acting in a peculiar manner for a few days. Disease is increasing probably: if variable & with rational intervals not known. Derangement now shown by his claiming to be president of all American Railroads; claims the possession of large sums of money; also claims private connection with the Virgin Mary; also the remains of "Napoleon". If disposed to injure others or suicidal, is not known. No filthy or destructive habits. Patient indulges in spirituous liquors: he denies ever having any disease. If any peculiarities were previously shown, is not known. He has not been restrained or confined. Cause of disease is not known. He has had no medical treatment. On personal examination, he answers questions in a very incoherent manner, so it is almost impossible to gain any information from him: is very restless and irritable when spoken to.

Sep 17 On admission, was put on T3rd G.H.N. Dpt. Complexion dark; hair gray; eyes gray; condition of skin good: index finger on left hand crooked: no scars or bruises noticed. Is dirty. Behavior good.

" 18 Pulse 80. Sep 18/95. Restless 2 hours, but slept 6 hours last night. Am. P.M. Appetite good & he ate heartily: bowels have moved: no coughs noted. Quiet: seems quite contented: talks some in German, but speaks no English. P.M. P 75. No complaints or injuries to report.

" 19 Sep 19/95. Restless 4 hours & slept only 4 hours last night. He is quite cranky; talks much in German.

" 20 Sep 20/95. Slept 5 hours, restless 5 hours. Appetite good: bowels been unusual: behavior fairly good: Goes out walking. Sep 21/95. Slept 7 hours. Quite restless & cranky today; says "he is going home". Sep 22/95. Slept 8 hours. Shows delusions. Says "he is President of the Minneapolis R.R. Co. and that he has considerable money in certain Banks". Sep 23/95. Eats well. Bowels in good condition.

" 24 Habits fairly clean. Talks some in German. Sept 24/95. Has slept well since last noted. Goes out on grounds every day. Talks some about his money & his R.R. Stock: Also says "he was put in the hospital by his enemies and false testimony". Sep 25/95. Is a little better-tempered of late: not so cranky: more contented & quiet. Sep 26/95. No special change to note.

" 27 Sep 27/95. Quiet: does not express his delusions so often as before. Sep 28/95. No change noted.

" 29/30 Sep 29/95. Appetite very good: bowels in good condition: makes no complaints. Sleeps well, each night. Sep 30/95. Remains in about the same condition, day after day: Still holds delusions.

Oct 1 Oct 1/95. Somewhat restless last night, yet slept fairly well. He seems quite cheerful today.

Summary: During 1st week, patient was quite cranky & fretted much, also scolded: of late, more agreeable & contented. Apparently in good condition physically. Holds delusions as above noted (President of the Heares R.R.Co. etc), being sent him by interested parties, so that they could obtain control of the R.R. etc: but of late, does not talk so much of these. Seems somewhat improved. Oct 3/95. Wt 115 pds. D.S. Oct 7/95. Sleeps fairly well. Quiet & well-behaved: makes no complaints: appears contented. Appetite good: bowels normal.

" 22 Oct 22/95. Has been sleeping well, since last noted. Quiet & well-behaved: Goes walking: Generally is

" 31 bright & cheerful. Oct 31/95. No special change: Speaks now of his grandiose delusions (D.T.H.)

Nov 2/30 Nov 2/95. Wt 122 pds. Pulse 92. Nov 30/95. Patient, at times, becomes noisy & excited. Still holds delusions & talks occasionally about his Railroad Stock & says "he is president of the Heares R.R. Co."

1895

Dec 2/ 15th 31 Dec 2/95. Wt 131 pds. Pulse 104. Dec 31/95: Keeps about the same, mentally. Goes out walking, every day.

Jan 2/96 Jan 1/96. Wt 130 " " 68: (Patient has been gaining in flesh. Jan 15/96. No noticeable change.

" 21/31 Jan 21/96. Transferred to D.B.3: (on account of a general change of wards). Jan 31/96. No change: he is

Feb 1 quite noisy, at times. Still holds to his delusions. Feby 1/96. Wt 132 pds. Pulse 80. —

Mar 2 March 1/96. Wt 132 pds. Pulse 96. Apl 1/96. Wt 134 pds. P 90. Apl 30/96. Appetite good: bowels in

Apl 1/30 good condition, apparently. Has delusions, same as before mentioned. Has frequent likes & dislikes of patients & nurses on the ward. Becomes very angry & excited, at times, towards anyone whom he has taken a sudden aversion to. Will announce him to everyone else on ward & gets quite loud and excited. Says "he is going to have everyone sent to Stillwater".

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. A chronic case: Very quiet & well behaved usually. Says that he is president of the United States. Has a few quiet delusions of that character which are rarely prominent. July 96 Complained of bowel trouble with rise of temperature. Was in bed several days - recovered fairly well: Since that time his physical condition has been quite good: In behavior has also caused little trouble: Wt. at end of period 128 lbs. Aug 31/97 Wt. 124 lbs Oct 31/97 Health good: Talks quite freely, but rather irritable at times Feb. 27/98 Inmates to annex.

Jan 31/99 Intervening notes show no change of importance during period

Feb 1- - July 31/99. (Dr. Crawford) Feb. Wt. 122. Appetite good: Sleeps well: Behavior good: Has oc-

to casional noisy spells: Does no work. Aug 1- Jan 31/1900 Dr Chapple. Wt. 114. No change

1900 Jan 31. Physical condition good: Habits cleanly: Does nothing: Is quite senile & demented:

Feb 1 Talks much to himself in an incoherent manner. Feby 1/1900. Wt 116 lbs Pulse 80.

July 20/31 Vaccinated (July 20). Result negative. July 31. No change. Is in reasonably good health. Behavior good, but has "noisy spells". Is cleanly: does no work. Is quite senile & demented. Talks only in German.

Aug 1 Is childish in manner. Aug 1. Wt 116 lbs. Sep 10. Transferred to D.B.3. Oct 30. No change noticeable.

1901 Jan 31 No change noted: health good. Talks a great deal & irrationally. Does nothing. Feby 1. Wt 114 lbs

Mays Wt 115 lbs. Augs. Wt 113 lbs. Nov 1 Wt 117 lbs. Dec 1. No change. Lazy & well-behaved: talkative

Dec 11 & noisy, at times: Senile & childish: Health very good.

Today. Transferred to Hastings State asylum

Personal and Medical History of Clarence Cole

LIBBEY, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4202.
Residence, Inver-Grove, Dakota County
Date Admission, 20th September 1895.
Admitted by, D. Phelps Hour, 6 45 P.M.
How Sent, Thos. P. Morgan Jopl. Dakota County
Sex, Male.
Age, 30 (about)
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Farm-laborer
Degree Education, Common School-
Profession Religion, Not a Church-member
Habits, Intemperate-
Nativity, Rutland, Vermont; (Parents-born in U.S.)
Physicians Committing, A. VanBeeck & J.C. Fitch
Correspondents, Mrs Laura Cole, Invergrove, Minn

No. for Year, 30.
Insane Relatives, not known
Cause
Cause
Form,
Accon
Suicic
Date
Dura
No.
No.
Age
Time
Time
Rest

In case of death of Clarence Cole - Telegraph Mrs Geo. Hoxe, 424 No. Owen St. Stillwater, Minn

July 29/96 —

Pulmonary Gangrene

July 29/96. In case of death of Clarence Cole telegraph Mrs Geo. Hoxe — 424 No. Owen St. Stillwater Minn

Exam. R. M. Phelps

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, rather.
Quick or Sluggish, Quite Quick.
MEMORY:
Past Events,
Recent Events, } Says not as well as might be.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, } Poor.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Poor.
Own Mental State, "
Special Subjects, "

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Silly
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, Quite Systematized with
Special Subjects, general feebleness of mind.
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS: One idea seems to be that he has been drugged + that it made him dizzy - made him so he couldnt learn at school etc. Suggestion of defectiveness in his face

Personal and Medical History of Clarence Cole

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6in WEIGHT, 145 lbs. NUTRITION,
WOUNDS OR ABNORMALITIES, Cut 2 toes on foot
TONGUE, Tremors, no special Coatings, none Promptness Movement, fairly so
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good.
HEARING, "
COORDINATION, Arms, Good
Legs,
TREMORS, Hands, None Tongue, None
Facial Muscles, " General, "
REFLEXES, Patellar, 8-9 Equal. EXAM. URINE,
Other
ARTICULATION, Normal.
Slurred,
Hesitating,
FACIAL EXPRESSION,
Trifle silly in manner.
SENSIBILITY,
HEART,
Normal
LUNGS,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS, C.(R)22½ Cm)25¼ F.ae.a. 14 F.bas.a. 5¾ Bi.a. 12½ Ant-p.d. 7½ Fron.d. 5½ Biz d 5½ Fac. L. 4½
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, Dead. } Statements all unreliable - Doubts identity of father + mother.
Brothers or Sisters,

Personal and Medical History of Clarence Cole

LEIGHEY, PICKLER & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4202.
Residence, Inver-Grove, Dakota County
Date Admission, 20th September 1895.
Admitted by, Dr Phelps Hour, 6 1/2 P.M.
How Sent, Thos P. Mozaw Jo P. Dakota County
Sex, Male.
Age, 30 (about)
Civil Condition, single
Children,
Age Youngest Child,
Occupation, Farm-laborer
Degree Education, Common School -
Profession Religion, Not a Church-member
Habits, Intemperate -
Nativity, Rutland, Vermont; (Parents born in US).
Physicians Committing, A. VanBeeck & J.C. Fitch
Correspondents, Mrs Laura Cole, Inversgrove, Minn

No. for Year, 30.
Insane Relatives, not known
Cause Exciting, not known
Cause Predisposing, Chronic
Form,
Accompanying Bodily Disorder, None known of
Suicidal or Not, not known -
Date of this Attack, Some 12 years ago, he says
Duration, Some 12 years -
No. of Attack, 1st (Continuous)
No. of Admissions, 1st
Age First Attack, about 18
Time of Leaving, Aug. 30. 1896
Time in Hospital, 11 mo. 10 da.
Result, Died -
Pulmonary Gangrene

July 29/96. In case of death of Clarence Cole telegraph Mrs Geo. Stord — 424 Minn. Aven St. Stillwater Minn
Exam. R. M. Phelps

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, rather.
Quick or Sluggish, Quite Quick.
MEMORY:
Past Events,
Recent Events, } Says not as well as might be.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, } Poor.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Poor.
Own Mental State, "
Special Subjects, "

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Silly
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, Quite Systematized with
Special Subjects, General feebleness of mind
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS: One idea seems to be that he has been drugged + that it made him dizzy - made him so he couldnt learn at school etc. Suggestion of deformities in his face

...al History of Clarence Cole

...INATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

WEIGHT, 145 lbs. NUTRITION,
...ES, Cut 2 toes on foot
...ecial Coatings, Clean Promptness Movement, Fairly so
Size,
Accommodation,
...rms, Good
Legs,
TREMORS, H...ds, None Tongue, None
Facial Muscles, " General, "
REFLEXES, Patellar, 8-9 Equal. EXAM. URINE,
Other
ARTICULATION, Normal.
Slurred,
Hesitating,
FACIAL EXPRESSION,
Triffle silly in manner.
SENSIBILITY,
HEART, Normal
LUNGS,

TAKEN,

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS, C.(B)22½ Ex(E)25½ H.ae.a. 14 H.bas.a. 5¾ Bi.a. 12½ Ant-p.d. 7½ Fronto.d. 5⅞ Bi.d 5½ Fac. L. 4½
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, Dead. } Statements all unreliable - Doubts identity of father + mother.
Brothers or Sisters,

Personal and Medical History of *Clarence Cole*

1895

This patient was brought here by Deputy-Sheriff John Highler, with following history of case. Patient is in fair physical condition. No history of consanguinity: no issue relatives known of: this is 1st attack, symptoms first manifested, according to patient's statements. 12 years ago. If increasing, decreasing, stationary, variable or with rational intervals, not known. Derangement now shown by the positive idea of being drugged and pursued by other people, for purpose of injury. If he is disposed to injure others, or suicidal, don't know: has no filthy or destructive habits: no previous peculiarities known of. Patient admits the use of intoxicating liquors; has not been subject to any severe diseases &c or head injury, that are known of. Probably, has not been restrained or confined. Cause of disease not known: no treatment known of: As a personal examination, he is found to be decidedly feeble-minded and memory defective: is inclined to make light of his condition: easily confused.

Sep 20 On admission, was put on B² (G.H.N. Rpt. Complexion dark; hair black: eyes blue; condition of skin good. Some scars on back of head & right foot. Seclean. Behavior good.) P 88 R 20 T 99 2/5

" 21 Sep 21/95. Restless 5 hours & slept only 3 hours, last night. Am. Pulse 78 R 18 T 98 4/5. appetite good: makes no complaints: no cough noted: is quiet: talks little: no delusions or hallucinations noticed.

" 22 PM. Pulse 96 R 20 T 98.6. Sep 22/95. slept 5 hours; restless 2 hours. Behavior good: is rather quiet:

" 23 talks very little. Sep 23/95. Restless 2 hours: Slept 6 hours. Am. P 70. PM. P 68. Patient talks

" 24 rationally; appears quite contented. works in dining room. Sep 24/95. Restless 2 hours; slept 5 hours appetite good; bowels seem normal: behavior good. No delusions or hallucinations noticeable.

" 25 Sep 25/95. Slept fairly well: Habits neat & clean: works on ward. Goes walking. Am. P 90 R 18 T 98.4.

" 26 PM - P 96 R 20 T 98 4/5. Sep 26/95. Restless 6 hours & slept only 2 hours. Am " 68 " 18 " 99

" 27 Quietly behaved: talks rationally: no delusions apparent. Sep 27/95. Slept quite well, this morn'g a couple of hours. Am. P 80. R 20 T 99. Eats very well: makes no complaints. Sep 30/95. Hospital duty.

Oct 1 Oct 1/95. Wt 147 lbs. Appears contented & is quite interested in the ward & in his surroundings.

" 4 Oct 4/95. Though still somewhat restless yet he has been sleeping 6 & 7 hours, nightly. Appetite good bowels regular. Behavior as usual, quiet & orderly. Works on ward: goes walking: is on medicine, 3 times a day, also at bed-time. Summary: Patient has been quiet & very well-behaved, during past 2 weeks; doing considerable work on ward & in dining-room & taking interest in his surroundings. Makes no complaints & is apparently in good condition, physically; muscles being large & well-formed. Talks rationally & well: no delusions or hallucinations noticed.

" 6/18 Oct 6/95. Is on medicine, 3 times a day: also at bed-time. Oct 18/95. Since last noted, patient has continued restless, at night, but usually sleeping 6 to 7 hours, at each. Is quiet & well-behaved, tidy, appears contented & cheerful. Eats very well: bowels in good condition. Works on ward & in dining-room: still on medicine: (Complains of confused & dull-feeling in head: Dft). Oct 31/95: Still

" 31 complains of this "feeling". Otherwise no special change to note. Nov 1/95. Wt 154 lbs. Pulse 84.

Nov 1 Nov 5/95. Still complains of this "dull & muddled feeling in head". Lies down much of the day: dislikes

" 5 to go out walking. Writes numerous long letters, which he generally destroys afterwards, because they do not suit him. Is on medicine, 3 times a day. Nov 12/95. Found a case-knife concealed in patient, this PM. Nov 30/95. No special change. Still complains of "feeling in head".

" 12

" 30

Dec 1/15 Dec 1/95. Wt 165 lbs. Pulse 106. Dec 15/95. Patient is troublesome & mean; bothering other patients frequently.

Personal and Medical History of *Clarence Cole*

1895

Dec 19 Habi

" 29/31 Imm

1896 Jan 1 trau

" 18 Pulse

" 21/31 Jan

Feb 1/5 Feb

" 18 no

" 29 Detr

Mar 18 fr

don

he

Ja

" 19 Re

tear

" 21 Ma

" 22 son

" 23 Non

" 26 bre

Ju

" 30 in

" 31 Is

Apr 1/8 Ap

" 12 Dre

" 23/Ma Cl

wo

May 1/96 D

to tro

Oct 30/96 Lu

Fre

Ex

ro

Ab

10

+

ing, largely because he was [illegible] & died Aug. 30/96 at 9:30 Am. This patient was exceedingly demented in appearance for a while after coming, being more like an animal which would snap at anyone without reason. & the contrast of the almost complete rational manner at the last was very great.

Died August 30' 97.

CLINICAL REPORT.

Patient's Name *Cole Clarence* Case Number ..... Record Commences *March - 96*

DATE.

Mar-27. Apparently the same this morning. Mitts taken off 6.30 a.m. Put in seclusion on C-hall. 1½ pt. milk Brkfast the same for dinner & Supper. Mitts put on 8.30 p.m.

" 28. No change this morning 6.30 a.m. Mitts off, gave bath. Into seclusion on C-1. 1½ pt milk Brk 10.30 a.m. Gave Enema soap-suds & glycerine. Bowels moved freely 2.00 p.m. Destructive towards clothing & also room floor. Mitts put on. Slept good.

" 29 6.30 a.m. Gave bath. Put in seclusion & Restraint. Was more destructive this morning 1 qt. milk Brk. Dinner 1 qt. Supper the same. Was in seclusion & restraint all day. 7.30 p.m. Mitts taken off. Bed was a tidy. destructive tore his blanket. 8.30 p.m. Mitts put on.

" 30 6.30 a.m. Gave bath & put in seclusion & restraint. Still very destructive. 1 qt. milk Brkfast. Slept none. Was restless nine hrs. the 29th 9.00 p.m. to 6.30 a.m. End of restraint & seclusion. Was out walking twice during day by C-hall nurses. the exercise was beneficial as he slept good all night.

" 31st Put in C-hall gave qt. milk for brkfast. Dinner the same. 5 p.m. Transfered to C-1-E.

April

1st Weight 145 lbs. Pulse 80. Behavior not good. habits dirty & destructive on milk diet.

29 Struck by patient over both eyes causing same to become disfigured. received cathartic. bowels moved.

Personal and Medical History of *Clarence Cole*

1895

6. Struck by patient over eye, causing same to become disfigured
On Medicine, on milk diet

7th Not no changes still distructive.

8th Seems to be improving in behavior does not tear his clothes as much.

12th Regular diet, is some distructive yet, has to be watched over close

23. Destructive during night, 24 same. Patient has a swollen foot, caused by shoe nail, entering toe, applied vaseline

26. Poultices applied to foot.

27. Patient eats & sleeps well, bowels regular behavior quiet,

1030 No change.

Nov 5/95. Still complains of this dull & muddled feeling in head. [illegible] day: dislikes to go out walking. Writes numerous long letters, which he generally destroys afterwards, because they do not suit him. Is on medicine, 3 times a day. Nov 12/95. Found a case-knife concealed on patient, this P.M. Nov 30/95. No special change. Still complains of "feeling in head". Dec 2/95. Wt 165 pds. Pulse 106. Dec 15/95. Patient is troublesome & mean; bothering other patients frequently.

Personal and Medical History of *Clarence Cole*

1895

Dec 19 habits not neat or tidy: lying down on benches, most of the day. Dec 19/95. Complains of soreness in chest. Mustard-plaster applied. Dec 29/95. About as usual: very dirty: spitting on floor &c. Dec 31/95. Was, today, transferred to B³ E. Jan 1/96. Weight 164 pds. (has gained 19 pounds in flesh, since coming here). Pulse 88. Jan 18/96. Apparently, growing worse: filthy, dirty & destructive: always looking slouchy: Jan 21/96. Transferred to B¹: (on account of a general change of wards). Jan 31/96. No change for the better. Feb 1/96. Wt 165 pds. P 80. Feb 15/96. Is slow to respond, slovenly in dress, inclined to be filthy: does no work. Feby 18/96. Transferred to Annex. Feb 29/96. Patient requires constant watching: is destructive to clothing & ward furnishings: untidy in dress: mouth always filled with "quid", composed of rags, dirt, sticks, buttons & whatever he can get his hands on. Mar 18/96. Patient got hold of some chloride of lime & night-nurse caught him with his mouth full. (Don't know whether he swallowed any or not). Received a slight cut on left eye-lid in scuffle with one of the other patients: right hand also cut & bruised, from having driven his fist through a pane of glass. Transferred to B¹. Mar 19/96. Destructive & filthy: has to be watched closely to prevent him from tearing his clothes, or some one else's: puts everything in his mouth that he can possibly get in it. Mar 21/96. Broke a rocking chair, this am; tore up some of his bedding & clothing during night; & also some clothing this morning. Struck attendant. Was put in restraint (mittens) at 10 am. Mar 22/96. Noisy, ugly, excited & fighting attendants, while holding him. Secluded at 10.45 am. March 23/96. Tried to break a gas chandelier, while being put to bed - broke a globe. Mar 26/96. Bowels constipated: Is given enemata. Patient is restless & noisy at night & sleeps very poorly. Is in frequent restraint, also in seclusion. Is on mostly a milk diet. Is still destructive - Mar 30/96. No change noticed. Is in both restraint & seclusion. (attached record gives further details). Mar 31/96. Transferred to C¹ E. Apl 1/96. Wt 145 pds. (has lost considerably in flesh). P 80. Apl 8/96. Seems improving in behavior: does not tear his clothes so much. Apl 12/96. Somewhat destructive yet: has to be watched very closely. Apl 23/96. Has a sore foot: dame treated. Apl 30/96. Of late, has been eating & sleeping well: bowels regular: behavior quiet.

May 1/96 to Oct 30/96 Summary Nurses Notes by Dr. Phelps. Patient's physical condition reported good during May 96. being troubled with nothing more serious than a sore foot. Wt. 141 lbs. June 1st Wt. 129 lbs. becoming emaciated does not eat & sleep well. So demented as to cover up symptoms. Had an ulcerated tooth: stomach washed out several times: during month failed somewhat rapidly: fed with tube during latter half of month. July 1 Wt. 127 lbs. pulse 72 - quite emaciated: was fed with tube quite steadily during month. Aug 1 Wt 108 lbs. was fed & given salt injections frequently: stomach washed out occasionally. It is doubtful if salt injections had any effect. About this time commenced to cough a good deal. Aug. 10 Trans. to Infirmary. Temp. ranging from 100 to 103. pulse usually high. Soon after this he became quite rational in appearance & manner & continued quite sane during the rest of his life. Cough & other symptoms continued & quite distressing, largely because he was sane enough to complain of each of them. Failed quite rapidly & died Aug. 30/96 at 9:30 a.m. This patient was exceedingly demented in appearance for a while after coming, being more like an animal which would snap at anyone without reason. & the contrast of the almost complete rational manner at the last was very great.

Died August 30/97.

Personal and Medical History of Andrew Olson #4

LOBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4205.
Residence, not stated — "Transient"
Date Admission, 24th September 1895.
Admitted by, D. Phelps Hour, 6 45 P.M.
How Sent, G. Willrich, Jos P. Ramsey County
Sex, Male
Age, not given (about 35).
Civil Condition, not stated
Children, not stated
Age Youngest Child, —
Occupation, not stated
Degree Education, not stated
Profession Religion, not stated
Habits, not stated
Nativity, Norway — (that of parents not stated).
Physicians Committing, G. J. Hanley and Olof Sohlberg
Correspondents, none given in papers

No. for Year, 33
Insane Relatives, not stated
Cause Exciting, not known
Cause Predisposing, not known
Form,
Accompanying Bodily Disorder, N
Suicidal or Not, not
Date of this Attack, not k
Duration, not k
No. of Attack, not stated
No. of Admissions, 1st (here)
Age First Attack, (?)
Time of Leaving, 1st October 1895 5 30 Pm
Time in Hospital, 7 Day
Result, Died. Exhaustion in General paresis

THREE CASES OF INSANITY.

Andrew Olson, Joseph Lasckar and Agnes Knair Committed.

Judge Willrich heard three insanity cases in the probate court yesterday. Andrew Olson appeared on the scene first. He was in a very dilapidated condition, and was brought in by Deputy Sheriff Picha from the county jail, where he had spent the night. Olson gave his name to the examining doctors, and having done so he confined his answers to "yes." By answering thus he claimed to have come from Portland, Or., from New York city, from heaven and from the county jail. He was found Monday morning at 9 o'clock at the corner of Seventh and Locust streets. There were no papers or other means for identification, and Andrew Olson, age twenty-nine, was committed.

EXAMINATION ON ADMISSION

Exdy Dr Herzog Sep 25/95.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } very poor
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, } None
Own Mental State, }
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent, and exalted.
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, } None noted
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent.
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Patient is slow about understanding & mutters to himself & attempts to speak, but the articulation is so poor that it is impossible to understand him. He seems to be exalted. Tries to stand & walk & smiles & laughs readily. The dementia is profound. He seems to have been a drinking man as he has acne rosacea well marked & his clothes were ragged & dirty. He was strangely free from bruises, considering the extreme incoordination. He has several unpigmented small suspicious looking scars over the tibiae & the bridge of the nose is sunk in, whether from violence or syphilis is unknown. There is some difficulty in swallowing: seems to be bulbar in origin. appears like a man is last stage of general paresis.

Personal and Medical History of Andrew Olson #4

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, not taken NUTRITION, very considerably impaired.
WOUNDS OR ABNORMALITIES, see "G. H. N. Rpt": partial paralysis of left side of face. —
TONGUE, Tremors, quite marked Coatings, clean Promptness Movement, hardly protrudes.
PUPILS, Equality, right slightly larger Size, about normal
Response Light, right responds sluggishly Accommodation,
SIGHT, left eye blind: Left does not respond: seemingly cataract.
HEARING, seems impaired
COORDINATION, Arms, } usual tests not made, but incoordination of arms & legs is gross: can
Legs, } scarcely stand & feed himself. —
TREMORS, Hands, Decided Tongue, Yes
Facial Muscles, of mouth & lips General, considerable on standing.
REFLEXES, Patellar, 10 - equal
Other marked ankle clonus
ARTICULATION,
Slurred, Yes
Hesitating, Yes
FACIAL EXPRESSION, blank: on attempting to speak, the paralysis shows itself
SENSIBILITY,
HEART, sounds very weak: no distinct murmurs: pulse rapid circulation poor —
LUNGS,
some consolidation of right apex.

TAKEN,

~~EXAM. URINE~~,
Treatment
Put to bed: feed and strengthen heart.

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 Andrew Olson #4

LEBERT, PIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4205.
Residence, not stated — "Transient"
Date Admission, 24th September 1895.
Admitted by, D. Phelps Hour, 6 (45) P.M.
How Sent, G. Willrich, Jos P. Ramsey County
Sex, Male
Age, not given (about 35).
Civil Condition, not stated
Children, not stated
Age Youngest Child, —
Occupation, not stated
Degree Education, not stated
Profession Religion, not stated
Habits, not stated
Nativity, Norway — (that of parents not stated).
Physicians Committing, G. J. Hanley and Olof Sohlberg
Correspondents, none given in papers

No. for Year, 33
Insane Relatives, not stated
Cause Exciting, not known
Cause Predisposing, not known
Form,
Accompanying Bodily Disorder, Weak heart.
Suicidal or Not, not
Date of this Attack, not known
Duration, not known.
No. of Attack, not stated
No. of Admissions, 1st (here)
Age First Attack, (?)
Time of Leaving, 1st October 1895 5 pm
Time in Hospital, — 7 Day —
Result, Died. Exhaustion in General paresis

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ex'ly Dr. Herzog Sep 25/95.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, } very poor
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, } None
Own Mental State,
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent, and exalted.
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, } None noted
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent.
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:
Patient is slow about understanding & mutters to himself & attempts to speak, but the articulation is so poor that it is impossible to understand him. He seems to be exalted. Tries to stand & walk & smiles & laughs readily. The dementia is profound. He seems to have been a drinking man as he has acne rosacea well marked & his clothes were ragged & dirty. He was strangely free from bruises, considering the extreme incoordination. He has several unpigmented small suspicious looking scars over the tibiae & the bridge of the nose is sunk in, whether from violence or syphilis is unknown. There is some difficulty in swallowing: seems to be bulbar in origin. Appears like a man is last stage of general paresis.

Personal and Medical History of Andrew Olson #4

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, not taken NUTRITION, very considerably impaired.
WOUNDS OR ABNORMALITIES, see "G. H. N. Rpt": partial paralysis of left side of face. —
...mors, quite marked Coatings, clean Promptness Movement, hardly protrudes.
...ity, right slightly larger Size, about normal
...nse Light, right responds sluggishly Accommodation, } left does not respond
...ft eye blind: seemingly cataract.
seems impaired
...N, Arms, } usual tests not made, but incoordination of arms & legs is gross: can
Legs, } scarcely stand & feed himself. —
TREMORS, Hands, Decided Tongue, Yes
Facial Muscles, of mouth & lips General, considerable on standing.
REFLEXES, Patellar, 10 - equal
Other marked ankle clonus
ARTICULATION,
Slurred, Yes
Hesitating, Yes
FACIAL EXPRESSION, blank: on attempting to speak, the paralysis shows itself
SENSIBILITY, —
HEART, sounds very weak: no distinct murmurs: pulse rapid circulation poor —
LUNGS,
some consolidation of right apex.

TAKEN,

~~EXAM. URINE~~,
Treatment
Put to bed: feed and strengthen heart.

...aching the old world markets with our ...us food and manufactured products. ...he last two or three decades there has ... a decided awakening to the study of ...sportation problem in a broader degree ... has characterized public attention at ... previous period in our history." ...ter reciting the great interest mani... ...d in canals in all directions and the ...ssity for cheaper freight rates, Mr. ...h demonstrated the urgent necessity ...eeper water and larger freight vessels. ...ching our marine grain traffic Mr. ...h said: "The maximum capacity on lake vessels ...nty years ago was 50,000 bushels of ...at, or 1,500 tons, while the present ...imum cargo is more than 100,000 bush... of wheat, ore more than 3,000 tons. ... this cargo of 3,000 tons can be con...rably and profitably increased by the ...e vessels when our lake connections and

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 Andrew Olson #21

1895

This patient was brought here by Deputy Sheriff Kinney. The following history, which is very meagre, comes with him. Patient is in fair physical condition. He was found on the corner of E 4th and Locusts Streets by police (Officer Lynch) yesterday. Dementia appears to be increasing; but variable: no rational intervals: there is dementia. Patient is not disposed to injure others nor suicidal, nor filthy nor destructive in habits. Has no insane relatives, nothing known. Patient has a weak heart. Cause of disease not known. On personal examination, there are found general enfeeblement of intellect and inability to answer coherently. ——

Sep 24 On admission, was put on B³ (D.T.K.Kpt. Complexion dark: hair brown; eyes blue: condition of skin good. no marks, scars or bruises noted: is dirty: behavior good: Surgery dull & stupid — very weak & acted like a drunken man). Pulse 82. T. 99. R 22. Sep 25/95. Restless 3 hours, sleeping but 5 hours, last night. Transferred to Infirmary Ward at 11th am: P 82 R 22 T. 98.2. Appeared quite weak: cannot walk without help: was put to bed. Given liquid diet. 7 PM. Patient has taken no nourishment, today. PM. Pulse 96. R 22. T. 99.8. Sep 26/95. Slept all night. 7 AM. Pulse 108 R 32 T. 101.8. 7¹⁰ Am. Apparently had a convulsion. Refused eggnogs, today Patient has been in a comatose condition, the greater part of the day. Is on medicines — Sep 27/95. Restless 2 hours, sleeping but 4 hours, last night. 7 am. took ½ glass of eggnog. Bowels have been costive: was given an enema of soap suds & glycerine: bowels then moved slightly: patient appears some brighter, this morning. Sep 28/95. Noisy 2 hours, restless 8 hours, slept nine, last night. Patient has been restless, the greater part of the day. Drank some eggnog today. Patient did not seem to realize anything that was going on. Sep 29/95. Restless 3 hours, noisy 8 hours & slept only 2 hours, last night — Refused eggnog at breakfast but took a pint at dinner; again refused it at supper. Patient is very stubborn, today: also requires considerable persuasion in order to have him take medicine. Sep 30/95. Noisy 8 hours, but slept 6 hours, last night. Took sparingly of Eggnog, today. Medicines discontinued. Patient continues to be very stubborn & reckless in a stupid & speechless condition all day. Oct 1/95. Slept only 4 hours, restless 3 hours, noisy 1 hour, last night. 7 Am. Took 1 Glass of eggnog. No change in patients' Condition, this morning. 12 M. Took ½ glass eggnog. 1 PM. Patient has begun to fail rapidly: Given hypodermics of whiskey at 1.30 & 4.45 PM and same again, later. 2.30 PM. Condition still continues to grow worse. 4.45 PM the nurse find it a great effort to breathe; is very weak & rapidly sinking. ——
3.20 PM. Continued to fail rapidly & died at this hour.

— Died.

Personal and Medical History of John Condon.

From 196

Dec 3 Dec 1/95. Wt 114 pds (undressed): some slight gain in flesh. Dec 4/95. Very hard to keep him in bed: is given frequent enemata. vomits his food. Still in bed: is quite weak: reluctant talk above a whisper. Expression on face is that of discontent: he cannot be satisfied. Attempts were today made to obtain specimen of Stomach's Contents, but these failed: then tried to wash out stomach: no collapse of patient: piece of bread found in tube upon washing. Says "he tries to keep from vomiting, but finds it impossible to do so". " 6 Dec 6/95. Still given to vomiting: stomach washed out quite often. Bowels kept open by enemata. " 8 Dec 8/95. Patient seems to be gaining: appetite is good, tho' he still vomits small portion of his meals. Have attempted, several times, to obtain specimens of stomach contents, but without success: but by introducing a little water & syphoning, some specimens were obtained which showed no free acid - Patient " 10/14 sleeps fairly well (5 to 6 hours), nightly. Dec 10/95. Up in roller chair, for 2 hours. Dec 12/95: Again up, in roller-chair, for 1 hour, today. Cannot retain any nourishment & still given to vomiting. " 14 Dec 14/95. Says "it is impossible to retain the nutriment injected". Eats all on tray at each meal, but " 16 vomits within 15 minutes after Eating. Dec 16/95: Ate a fair breakfast and did not vomit. but vomited part of Dinner & supper - Dec 17/95. Up in roller-chair this P.M. Dec 18/95. Still not " 17/18 Stay in bed. Condition remains about the same. Still vomits his food. Is sleeping quite well, each night. " 27/31 Dec 27/95. No change noticeable & above notes still hold good. Dec 31/95: Still no change noted. Still vomits the greater part of his meals. Sleeps quite well: requires enema for bowels. Is at times up in roller chair. 1896 Jan 6 Jan 6/96. Sleeps about 8 hours, nightly. No change in Condition noticed, tho' he is very weak. Still vomits " 10 the greater part of what he eats: bowels move about once in 3 or 4 days. Jan 10/96. Condition unchanged. Eats all on a tray at meals, but seems impossible to keep anything on his Stomach. Still sleeps quite well " 17 Jan 17/96. Is able to retain some food: he eats ravenously & vomits shortly after eating. Up in chair " 18 some days, for a while. Jan 18/96. Retained his meals today. Seems improving. Talks more than usual. " 23 Jan 23/96. Retains food better of late, tho' still given to vomiting. Seems improving quite rapidly. " 27 Jan 27/96. Sleeps & rests well: more willing to talk: has not vomited for several days. Kept up in " 28/31 roller chair, a portion of each Day. Jan 29/96. Up & dressed, for part of afternoon. Jan 31/96. Still quite weak, but improving: says "he feels much stronger" - Continually asking for his clothes. Is up & dressed, a part of the day - seems to relish what he eats. Sleeps well: Answers questions quite rationally. Feb 3 Feb 3/96. Seems improving daily: finds no difficulty in retaining food. Is on regular & extra diet. " 7 Sleeps well. Up & dressed, during afternoon. Feb 7/96 - Has remained up, each afternoon: Up & " 10 Dressed, today. Behavior very good: talks quite rationally. Is gaining flesh, rapidly. Feb 10/96. His " 14 weight today, 125½ pds. (a gain of 17 pds. over last month). Feb 14/96. Has been sleeping 7 to 8 hours, nightly, of late. Keeps up on ward & is doing well. Is rapidly gaining flesh & strength. " 24 Feb 24/96. Sleeps well, each night. Is still improving, in every way. Works some on ward. Mar 6/31 Mar 6/96. Wt 148 pds (a very marked increase in weight). Mar 31/96. Patient's physical Condition appears quite good. Talks very little but seems quite rational. Appetite good; bowels regular. Habit clean. He sleeps well. Works on ward. (See nurses' records on file B) Apl 2 Apl 1/96. Wt 155½ pds. (a gain of 10½ pds. over March and 33 pds. over February Weights) " 15 Apl 15/96. Physical appearance is fair. appetite good: bowels regular. Habit clean. Sleeps well. Quiet " 19 & well-behaved. Talks very little, but quite rationally. Works on ward. Apl 19/96. Transferred to A¹. " 30 April 30/96. Sleeps well: behavior very quiet. Works in Dining-room. Improvement seems to continue.

Personal and Medical History of Joseph Lasacker

LAMBERT, FISLAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 4206,
Residence, 321, Martin Street, St Paul
Date Admission, 25th September 1895
Admitted by, Dr Phelps Hour, 5 45 P.M.
How Sent, G Willrick, Jo P. Ramsey County
Sex, Male
Age, 51 years
Civil Condition, married
Children, 9
Age Youngest Child,
Occupation, Brick-layer
Degree Education, pretty well educated: Common School.
Profession Religion, Yes: Catholic
Habits, Not intemperate.
Nativity, Germany: (parents also born there)
Physicians Committing, G. Stamm and L. S. Bate
Correspondents, Mrs Mary Lasacker 321 Martin St. St Paul

No. for Year, 314.
Insane Relatives, not known
Cause Exciting, Not Known
Cause Predisposing, "chronic"
Form,
Accompanying Bodily Disorder,
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 51.
Time of Leaving, October 14 – 1902
Time in Hospital,
Result, Transferred to Hastings Asylum

Joseph Lasckar, sixty-three years old, maintained that the various members of his family were spoiling the good name of the family, which he said was a very eminent one. The physicians thought special care would benefit him and he was also consigned to Rochester.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Ex'd by Dr. Herzog Sept 25/95 –

MENTAL ACTIVITY:
Clear or Confused, Considerably Confused
Quick or Sluggish, somewhat sluggish
MEMORY:
Past Events, } no accurate, but still not very
Recent Events, } markedly impaired.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, somewhat dull
Correct or Illusive, occasionally illusive
REASONING POWER:
Ordinary Subjects, } is unable to reason connectedly
Own Mental State, } or to concentrate the mind.
Special Subjects, }

EMOTIONAL STATE:
Normal, ~~Calm~~,
Indifferent, Yes
~~Exalted~~,
Depressed,
DELUSIONS:
Systematized or Not, } no delusions brought out: re-
Special Subjects, } fuses to speak about his
Transitory or Not, } family. Says he had no
HALLUCINATIONS: } trouble with anyone" –
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent somewhat
Voluble or Reticent, fairly voluble.

GENERAL DESCRIPTIVE REMARKS:
There is present a considerable Dementia, which seems to be symmetrical. Does not seem to see why he was brought here. Says he has not worked for 2 years past. Doesn't know why. Answers questions, but often irrelevantly – No indication for special treatment.

Personal and Medical History of Joseph Lasacker

ION ON ADMISSION, CONTINUED.
SICAL CHARACTERISTICS.

Specimen of Hand writing
Joseph Lasacker Sept 26/95 –

Joseph Lasacker

107 lbs.
NUTRITION, fairly well nourished but short of stature —
to remarkably; some asymmetry of head from behind; narrow forehead: back of head broad.
; bright clouds – with much dullness in
s, brownish coating on base Promptness Movement, fairly
Size, somewhat contracted
Accommodation, very sluggish

SIGHT, some impairment –
HEARING, Good
COORDINATION, Arms, good: finger to nose, eyes shut, good;
Legs, good: standing on foot, good: Standing, eyes shut, good.
TREMORS, Hands, Slight Tongue, yes
Facial Muscles, No General, No
REFLEXES, Patellar, q – equal
Other Slight ankle clonus.
ARTICULATION,
Slurred, ✓
Hesitating, ✓
FACIAL EXPRESSION,
✓
SENSIBILITY,
✓
HEART, somewhat rapid; all sounds sharp; tendency to atheromatous arteries.
LUNGS, narrow-chested; seem good on casual examination –

~~EXAM. URINE~~,

Treatment

No indication for special treatment.

TAKEN,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	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 Joseph Lasacker

LIBBEY, PUSLEY & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4206

Residence, 321, Maxtin Street, St Paul

Date Admission, 25th September 1895

Admitted by, D. Phelps Hour, 5 15 P.M.

How Sent, G Willrick, Jo P. Ramsey County

Sex, Male

Age, 54 years

Civil Condition, married

Children, 9

Age Youngest Child,

Occupation, Brick-layer

Degree Education, pretty well educated: Common School.

Profession Religion, Yes: Catholic

Habits, Not intemperate.

Nativity, Germany: (Parents also born there)

Physicians Committing, G. Stamm M.D. L. S. Bale

Correspondents, Mrs Mary Lasacker 321 St Martin St. St Paul

No. for Year, 314.

Insane Relatives, not known

Cause Exciting, Not Known

Cause Predisposing, "chronic"

Form,

Accompanying Bodily Disorder, None mentioned

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 51.

Time of Leaving, October 14 — 1902

Time in Hospital,

Result, Transferred to Hastings Asylum

O.K. pm

EXAMINATION ON ADMISSION

Ex'd by D. Herzog. Dec 26/95 — MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Considerably Confused

Quick or Sluggish, somewhat sluggish

MEMORY:

Past Events, } no accurate, but still not very

Recent Events, } markedly impaired.

Special Subjects,

PERCEPTIVITY:

Alert or Dull, somewhat dull

Correct or Illusive, occasionally illusive

REASONING POWER:

Ordinary Subjects, } is unable to reason connectedly

Own Mental State, } or to concentrate the mind.

Special Subjects, }

EMOTIONAL STATE:

Normal, ~~Calm~~,

Indifferent, Yes

~~Exalted~~,

~~Depressed~~,

DELUSIONS:

Systematized or Not, } no delusions brought out: re-

Special Subjects, } fuses to speak about his

Transitory or Not, } family: says "he had no

HALLUCINATIONS: } trouble with anyone".

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent somewhat

Voluble or Reticent, fairly voluble.

GENERAL DESCRIPTIVE REMARKS:

There is present a considerable Dementia, which seems to be symmetrical. Does not seem to care why he was brought here. Says he has not worked for 2 years past. Doesn't know why. Answers questions, but often irrelevantly — No indication for special treatment.

Personal and Medical History of Joseph Lasacker

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

Specimen of Hand writing
Joseph Lasacker Sept 26/95

Lasacker

Pulse 107 pst. NUTRITION, Fairly well nourished but short of flesh

Head broad. ... to remarkably: some asymmetry of head from behind; narrow forehead: back of ... of right clavicle - with much S.C. for ... s, tongue's coating over base Promptness Movement, fairly

Size, somewhat contracted

Accommodation, very sluggish

SIGHT, some impairment -

HEARING, Good

COORDINATION, Arms, good: fingers to nose, eyes shut, good;

Legs, good: standing on foot, good: standing, eyes shut, good.

TREMORS, Hands, Slight Tongue, Yes

Facial Muscles, No General, No

REFLEXES, Patellar, 9 — equal

Other Slight ankle clonus.

ARTICULATION,

Slurred, ✓

Hesitating, ✓

FACIAL EXPRESSION,

✓

SENSIBILITY,

✓

HEART, somewhat rapid; all sounds Sharp; tendency to atheromatous arteries.

LUNGS, narrow-chested; seem good on casual examination -

TAKEN,

~~EXAM. URINE~~,

Treatment

No indication for special treatment.

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,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Joseph Lasacker

LEBERT, PIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4206.
Residence, 321, Martin Street, St Paul
Date Admission, 25th September 1895.
Admitted by, Dr Phelps Hour, 6 45 P.M.
How Sent, G. Willrich, J of P. Ramsey County
Sex, Male
Age, 54 years
Civil Condition, married
Children, 9
Age Youngest Child, —
Occupation, Brick-layer
Degree Education, pretty well educated: Common School.
Profession Religion, Yes: Catholic
Habits, Not intemperate.
Nativity, Germany: (parents also born there)
Physicians Committing, G. Stamm and R. S. Bole
Correspondents, Mrs Mary Lasacker 321 Martin St. St Paul

No. for Year, 34.
Insane Relatives,
Cause Exciting
Cause Predispos
Form,
Accompanying
Suicidal or Not,
signed to Rochester.
Date of this Attack, about 3 years ago
Duration, about 3 years —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 51.
Time of Leaving, October 14 – 1902
Time in Hospital,
Result, Transferred to Hastings Asylum

OK pm

EXAMINATION ON ADMISSION

Ex'd by Dr Herzog Sep 26/95 =

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Considerably Confused
Quick or Sluggish, somewhat sluggish

MEMORY:
Past Events, } no accurate, but still not very
Recent Events, } markedly impaired.
Special Subjects,

PERCEPTIVITY:
Alert or Dull, somewhat dull
Correct or Illusive, occasionally illusive

REASONING POWER:
Ordinary Subjects, } is unable to reason correctly
Own Mental State, } or to concentrate the mind.
Special Subjects,

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

DELUSIONS:
Systematized or Not, } no delusions brought out: re-
Special Subjects, } fuses to speak about his
Transitory or Not, } family; says "he had no
HALLUCINATIONS: } trouble with any one" –
ILLUSIONS:

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

GENERAL DESCRIPTIVE REMARKS:
There is present, a considerable Dementia, which seems to be symmetrical. Does not seem to care why he was brought here" – Says "he has not worked for 2 years past; Doesn't know why": Answers questions, but often irrelevantly – No indication for special treatment.

Personal and Medical History of Joseph Lasacker

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. ½ in WEIGHT, 107 pds. NUTRITION, fairly well nourished but short of stature —
WOUNDS OR ABNORMALITIES, occipital bone projects remarkably; some asymmetry of head from behind; narrow forehead: back of head broad. 1 year old fracture of right clavicle – with much deformity
TONGUE, Tremors, Some Coatings, brownish coating over base Promptness Movement, fairly
PUPILS, Equality, Yes Size, somewhat contracted
Response Light, very sluggish Accommodation, very sluggish
SIGHT, Some impairment –
HEARING, Good
COORDINATION, Arms, good: finger to nose, eyes shut, good;
Legs, good: standing on foot, good: standing, eyes shut, good.
TREMORS, Hands, Slight Tongue, Yes
Facial Muscles, No General, No
REFLEXES, Patellar, 9 – equal
Other slight ankle clonus.
ARTICULATION,
Slurred, ✓
Hesitating, ✓
FACIAL EXPRESSION, ✓
SENSIBILITY, ✓
HEART, somewhat rapid; all sounds sharp; tendency to atheromatous arteries.
LUNGS, narrow-chested; seem good on casual examination.

TAKEN,

~~EXAM. URINE,~~
Treatment
No indication for special treatment.

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,

Records kept

Personal and Medical History of Joseph Lasacker

1895

This patient was brought here by Deputy Sheriff Kinney, with following history. Patient is in fair physical condition. This is 1st attack; first symptoms manifested about 2 years ago, by delusions; disease seems increasing, but variable with rational intervals. Derangement now shown by delusions in regard to a good conduct of his family, &c. Patient has shown some disposition to injure others, but is not suicidal, nor filthy nor destructive in habits. As to any insane relatives not known. Previously, he showed a bad temper. There is no history of intemperance in self or family, nor of any severe illness or bad injury. Has never been partially or confined. Cause of disease not known. (The whole case not sufficiently developed: looks as a commencing dementia) — On admission, was put on B 3 (Gth N. Hpt. Complexion dark; hair brown, eyes blue: Condition of skin good. No marks scars or bruises noticed: is clean. Behavior good: is quiet). Pulse 128 R 28 Te 100 2. Sep 26/95. Restless and turns, but slept 7 hours, last night. Am. " 98 " 20 " 99. Appetite good: bowels seem regular: no coughs noticed: is quiet, but rather stubborn: talks a little & will answer questions: PM. P 100 R 20. Te 98 4. Sep 27/95. Slept 6 hours: restless 2 hours, last night. Am. P 72. R 18. Te 98 2. Quiet & well-behaved: walks, leisurely, up & down hall, when in doors. No change, otherwise. Sep 28/95. restless 2 hours, slept 6 hours. (Pulse. R & Te last evening, about normal): Am. P 76 R 20. Te 98. PM. Pulse 80 R 20 Te 98.4. Appetite good: bowels in good condition. No Complaints. Sep 29/95. Slept well (8 hours) last night. Quiet: appears interested in his surroundings: stubborn, at times. Sep 30/95. No special change. Goes out on grounds every day: — walks about much, while out of doors. Has been sleeping well. P. R & Te continue about normal. Oct 1 Oct 1/95. Wt, today, 107 pds. Pulse 80. Seems contented: makes no complaints. Habits clean. " 9 Oct 9/95. Since last noted, he has been occasionally restless but sleeps 6 to 8 hours, nightly. T. R & Ry when taken, have been about normal. Is quietly behaved, outward, though quite cranky, at times: somewhat restless, when out side. No delusions have been noted. Summary: patient has been generally, quiet & well-behaved, though inclined to be cranky & stubborn. Apparently, in good physical condition; muscles quite large, & well formed. Not much can be ascertained as to mental condition, as patient scarcely ever talks to nurses. Habits are clean. " 15 Oct 15/95. Has been restless now for several nights, sleeping only 5 to 6 hours, at a stretch. Behavior has been good, tho' somewhat cranky at times. Talks to himself some, in the German tongue: makes no complaints: seems contented. " 23 Oct 23/95. Less restless & sleeping better, the past week or so. Oct 31/95: No special Change: D-H notes: "Has considerable simple dementia, but no definite delusions." Appetite good: habits clean. 31 Nov 7/10 Nov 7/95. Wt 110 lbs. Pulse 80. Nov 16/95. Left eye appears sore & inflamed: probably from cold. " 18 30 Nov 18/95. Eye treated, 4 times a day, by doctor. Nov 30/95. No change & specially noticeable. Dec 1 31 Dec 1/95. Wt 110 lbs. Pulse 80. Dec 31/95. No change noted. Is quite noisy, at times: also cranky. 1896 Jan 2 29 Sleeps well: habits neat & clean. Jan 1/96. Wt 113 lbs. Pulse 86. Jan 1/96. Transferred to B 3 " 31 (on account of General Change of wards). Jany 31/96. No change is noticeable. Feb 4 Feb 4/96. Wt 116 lbs. Pulse 80. Mar 3/96. Wt 118 lbs. P 76. Apl 2/96. Wt 119 lbs. P 88. Apl 30/96. Appetite good: bowels in good condition. Behavior good. Talks much to himself in the German tongue Mar 2 and quite loudly; is quite cranky, at times; also noisy. Habits neat & clean. No complaints: goes walking Apl 2/30

Personal and Medical History of Joseph Lasacker.

May 96 to Aug 1/97 Summary Nurses Notes by Dr Phelps. May '96 wt. 121 lbs. was noisy, rather talkative during day, talked to himself a good deal: continued rather restless. In manner & general ability no change to date. Still talks to himself & is restless & aimless. 1st Aug/97 121½ lbs. Aug 31/97 121 2 Oct 31/97 Walks floor a good deal: Has an inflamed eye: Talks to himself: Does no work: Is rather dull. Feb 28/99 Trans. to Annex. Jan 31/99 Intervening notes show no change in behavior, is at times somewhat noisy in talk. At times walks about restlessly but is generally quiet & dull.

Feb July 31/99. (Dr. Wanous) Wt. 127 Appetite fair: Behavior fairly good: Noisy at times: Talks to himself a great deal: Aug 1 Jan 31/1900 Wt. 131½. No change or improvement. Physical 1900 Jan 31 condition very cleanly but does nothing: Has behaved except that he is noisy at times: Talks to himself unintelligibly: Has hallucinations. — Feby 1 Wt 125 Pos - Jaundice. Visited by friends. July 20. Vaccinated: result negative. July 31. No change noted. July 30/31 Health good: well behaved: a regular worker in kitchen. Is cleanly in habits: talks very little: somewhat senile in appearance. Aug 1 Wt 118. Sep 10. Transferred to D 3. — Nov 30. No special change noted. 1901 Jan 31 Quiet, cleanly & demented patient: works in Kitchen: occasionally talks to himself, noisily. Feby 1 Wt 120: May 1 115½: July 4. Visited by daughter. Augs. Wt 115. Nov. 116. Jany 31/02 Feby 31 Treatment for eyes (ulcerated): no mental change: usually very quiet: sullen & stubborn: lazy: works, at odd times in Kitchen: refuses to talk much & scolds & talks incoherently, when addressed: health good.

Oct 15 Oct 15/02. Summary by Dr Chaffee (at time of patients transfer to Hastings State Asylum) - Form of Insanity "Chronic mania". Duration, about 3 years previous to Commitment. History, since admission, has been without special incidents. Shows considerable dementia & is still very delusional irritable in manner, but never causes any trouble. Talks much to himself: Habits quite tidy: has shown little change during past 3 years or more. For a long time, did nothing & was stubborn, but for past years, has been doing some work in kitchen. Has shown no disposition to run away. Health quite good.

Oct 14/02. Transferred to Hastings State Asylum —

Personal and Medical History of Jeddion St. Onge

LOBERT, FIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4209.
Residence, Faribault, Minn.
Date Admission, 27th September 1895
Admitted by, Dr Linton-Phelps Hour, 3.30 P.M.
How Sent, R. A. Mott, J of P. Rice County
Sex, Male
Age, — 24 —
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Plumber
Degree Education, Public School
Profession Religion, Catholic
Habits, Drank hard, some years ago. has not drank for 3 years.
Nativity, Faribault, Minn; (Parents born in Canada).
Physicians Committing, G. W. Wood and J. S. Seeley
Correspondents, Mrs Max Desmarais, Faribault, Minn

No. for Year, 37.
Insane Relatives, none
Cause Exciting, Hot weather, overwork & excitement
Cause Predisposing, not stated
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not, but will injure others.
Date of this Attack, one week ago
Duration, one week
No. of Attack, 1st —
No. of Admissions, 1st
Age First Attack, — 24 —
Time of Leaving, Apl. 7th. 1897
Time in Hospital, 1 yr. 6 mo. 11 da.
Result, Discharged Aug. 11. 1897 Improved.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exam. by R. M. Phelps.

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

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

GENERAL DESCRIPTIVE REMARKS: Young man - half hysterical & doubtful in all his movements tho' apparently straight & intelligent - Answers rather feebly - Says drank some. Out nights - worked too hard - In conversation keeps up superficially fair talk Has hesitation & queer actions however.

Personal and Medical History of Jeddion St. Onge

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, 145 3/4 pds. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement, Good.
PUPILS, Equality, Equal Size, normal.
Response Light, Accommodation,
SIGHT,
HEARING, Good.
COORDINATION, Arms, Good
Legs, "
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Good. EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
Some palpitation only.
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 *Jeddion St. Onge*

1895

This patient was brought here by Sheriff's Deputy Wm Geiger Jr, Chief of Police, with the following history. Patient is in Good physical condition. There is no history of consanguinity or heredity: this is first attack & has not previously been in hospital. First symptoms manifested one week ago, by insomnia: disease seems stationary; variable with rational intervals, at regular periods. Derangement now shown in regard to personal trouble about his affianced: he suspected that she was "loose". Patient is disposed to injure others, but is not suicidal: has no filthy or destructive habits. No peculiarities of were previously known. No history of intemperance in case of parents; but he drank hard, some years ago, but has drunk nothing for 3 years. Has not been subject to any severe disease & no head injury. Has not been restrained or confined until now. Causes of disease is supposed to be hot weather, overwork and unusual excitement: has been given hyoscyamia (bromidia). On personal exam., there is found to be acute mental aberration; probably excited by the labor he has been performing.

Sep 27 On admission, was put on Bx (G.H.N. Kpt. Complexion dark; hair black; eyes blue; condition of skin good; some scars on small of back; 8 clean: behavior good. P 80 R 18 Tp 98.5.

" 28 Sep 28/95. Restless an hour, but slept 7 hours, last night. AM. P 80 R 18 Tp 98.2. Appetite good. no cough noticed: is quiet & melancholy: talks very little: no delusions noticed: makes no complaints.

" 29 PM. P 84. R 20. Tp 98.6. Sep 29/95. Slept 8 hours. AM. P 76. R 18. Tp 98 PM. P 80 R 18 Tp 98.4

" 30 Behavior quiet: is very dejected: crying some: "Wants to go home". Sep 30/95. Slept 6 hours; restless 2 hours. AM. P 76. R 18 Tp 98.2. PM. P 72 R 20 Tp 98.6: he eats very well: bowels in good condition: is more bright today: goes out on grounds, daily. Habits are neat and clean.

Oct 1 Oct 1/95. Slept 8 hours, last night. AM. P 80. R 20. Tp 98.8. Seems contented, today, than before. Is on medicine, 3 times a day. Oct 2/95. Slept 7 hours, restless an hour or so. Has been quite restless, today: crying some & much depressed. Shows delusions: says "he will get the fever & die in a few days". Oct 3/95. Apparently slept quite well, last night. Patient was transferred to Infirmary Ward, this morning. Was quiet all day; seemed to like the place. Said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular: is well quiet. Talks some; yet, at times, he appears very discontented & restless; then, continually walking the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a little more than yesterday: speech being quite rational: behavior has been very good.

" 6 Oct 6/95. Patient seems to be brightening up some: converses considerably with other patients & the nurses. Works voluntarily on ward. Chews tobacco excessively. Oct 7/95: Has not been feeling well, today: Complains of severe headache: says "his medicine is causing it": he

" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better, today" & appears so. Plays games & reads, when not otherwise busy: also has written a few

" 9 letters, (see samples attached). Appetite good: bowels regular. Oct 9/95: Has been quite jovial,

" 10 all day: singing & whistling a great deal. Visited by friends in PM. Oct 10/95. Patient seems to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a

" 11 great deal: sleeps & rests well. Oct 11/95. Has seemed quite restless, today: walking the floor almost continually: always ready to converse with associates. Habits neat & tidy. —

Summary: Patient's behavior has been exceptionally good, & he has caused no trouble.

Personal and Medical History of *Jeddion St. Onge*

Mr Bill Belchure
Faribault
Minn.

Dear (illegible)

with me. you are mine
my health is failing but
I am not Choaped yet so
but I will have Courage and
live for Justice do you
remember the last suit
of close you wore the
night of the murder
and the white purse you
had the money in with
red tape around it and the
two men you are not coming
back. I am also corresponding
with Mr. Kelley of St. Paul
You Black Haired Son
of a B.C. you had Close

Physical Condition is good; from the fact that he is become. Mentally, he appears quite sound; no delusions a certain restraint, in the beginning. —
quite rational: he seems in the best of spirits, at - Oct 26/95. 10 Am. Is not feeling well. —
this morning. Oct 31/95. General notes, above. Still - Nov 5/95. Wt (dressed) 154½ lbs. Behaves well: works
ive to go home. no delusions noticed. Nov 10/95. Became
guage & made several threats to do bodily harm to
/95. Has been quiet & well-behaved on this ward. Con-
ell. Physical health seems good. Talk some: no delusions
s heart. Docts summoned, who treated him for trouble.
ed medicine: patient has "spells" of melancholy.
9/95. D. A. notes, as follows: "His frequent complaints
the evening, seem to be rather hypochondriacal,
avor toward physicians & endeavors to impress
& has occasional "crying spells". He is difficult to
nefully conceals his delusions, but his general behavior
ds. Dyr. Dec 5/95. Complained of being weak and
complained in a similar manner: Pt. T. normal
works in dining-room. Eats and sleeps well. -
good deal in flesh). Pills &c. Jan 31/96. Behavior
Talks some: no delusions &c noticeable. No complaints
neral change to ward). Feby 1/96. Wt 172 lbs: P 76.
[illegible] passes as usual, since coming). Feb 5/96. Commenced to work out at the Laundry, today.

" 15 Feb 15/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' Dances &c and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much. Works daily & intelligently at the Laundry. Make no complaints. Would like to go home soon.

" 24 Feby 24/96. Was allowed to go home to day, alone

June 3/96 Returned to B.C. E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first sight at least, about the same at all times, however, while appearing rather rational during first part of stay he would at times accuse persons of trying to poison him & had vague delusions. Also on several occasions struck persons with no apparent reason. Was kept for most part upon violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not seem to show any prominent delusion ideas. Upon urgent request of wife who came down with a new old infant he was allowed to go home on Apr. 7/97. He claimed that he was all right then but acknowledged that he was not all right before.

Discharged.

Personal and Medical History of *Jeddion St. Onge*

1895

This patient was brought here by Sheriff's Deputy Wm Geiger Jr, Chief following) history. Patient is in good physical condition. There is no history of heredity: this is first attack, has not previously been in hospital: first symptoms one week ago, by insomnia: disease seems stationary; variable with rational inter- regular periods. Derangement now shown in regard to personal trouble about his affiance suspected that she was "love". Patient is disposed to injure others, but is not suicidal: has filthy & destructive habits. No peculiarities were previously shown: No history of intem- perance in case of parents; but he drank hard, some years ago, but has drunk nothing for 3 years. Has not been subject to any severe disease & no head injury. Has not been restrained or confined until now. Cause of disease is supposed to be hot weather, overwork and unusual excitement: has been given hyoscyamia (bromidia). On personal exam., there is found to be acute mental aberration; probably excited by the labor he has been performing.

Sep 27 On admission, was put on B² (G.H.N. Kpt. Complexion dark; hair black; eyes blue; con- dition of skin good; some scars & small of back; tongue clean: behavior good. P 80 R 18 T 98.6.

" 28 Sep 28/95. Restless an hour, but slept 7 hours, last night. A.M. P 80 R 18 T 98.2. Appetite good. no cough noticed. Is quiet & melancholy: talks very little; no delusions noticed: makes no complaints.

" 29 P.M. P 84. R 20. T 98.6. Sep 29/95. Slept 8 hours. A.M. P 76. R 18. T 98. P.M. P 80 R 18 T 98.4

" 30 Behavior quiet: is very dejected: crying some: "Wants to go home". Sep 30/95. Slept 6 hours; restless 2 hours. A.M. P 76. R 18 T 98½. P.M. P 72 R 20 T 98°: he eats very well: bowels in good condition: is more bright today: goes out on grounds, daily. Habits are neat and clean.

Oct 1 Oct 1/95. Slept 8 hours, last night. A.M. P 80. R 20. T 98.8. More contented today, than before. Is on medicine, 3 times a day. Oct 2/95. Slept 7 hours, restless an hour or so. Has been quite restless, today: crying some & much depressed. Shows delusions: says "he will get the fever & die in a few days". Oct 3/95. Apparently slept quite well, last night. Patient was transferred to Infirmary Ward, this morning. Was quiet all day: seemed to like the place.

" 4 said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular: is still quiet. talks some; yet, at times, he appears very discontented & restless; then, continually walking the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a

" 5 little more than yesterday: speech being quite rational: behavior has been very good.

" 6 Oct 6/95. Patient seems to be brightening up some: converses considerably with other

" 7 patients & the nurses. Works voluntarily on ward. Uses tobacco excessively. Oct 7/95: Has not been feeling well, today: Complains of severe headache: says "his medicine is causing it": He

" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better, today" & appears so. Plays games & reads, when not otherwise busy: also has written a few

" 9 letters. (See samples attached). Appetite good: bowels regular. Oct 9/95. Has been quite jovial

" 10 all day: singing & whistling a great deal. Visited by friends in P.M. Oct 10/95. Patient seems to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a

" 11 great deal. Sleeps & eats well. Oct 11/95. Has seemed quite restless, today: walking the floor almost continually: always ready & converses with associates. Habits neat & tidy. —

Summary: Patient's behavior has been exceptionally good, & he has caused no trouble,

Personal and Medical History of *Jeddion St. Onge*

Rochester

Sep. 28. 1895

Mr. Robinson

are you going to settle that with me. you are running my health to bring but I am not Charge you any thing but I will have Courage and live for Justice. Do you remember the like suit of close you wore the night of the murder and the white purse you had the money in with red tape around it and the two men you met coming back. I am also corresponding with Mrs. Kelley of St. Paul. You Black Haired Son of a Bitch you had Clara

Physical Condition is good; from the fact that he is be come. Mentally, he appears quite sound; no delusions a certain point, in the beginning. —

quite rational: he seems in the best of spirits, at - Oct 26/95: 10 Am. Is not feeling well. — this morning. Oct 31/95: General notes above. Still - Nov 5/95. Wt (dressed) 154½ pds. Behaves well: works vie to go home. no delusions noticed. Nov 10/95. Became guage & made several threats to do bodily harm to /95. Has been quiet & well-behaved on this ward. Con- ell. Physical health seems good: Talks some. no delusions s heart. Doctor summoned who treated him for trouble. ed medicine: patient has "spells" of melancholy. o/95. Dr. H- notes, as follows: "His present complaints the evening, seem to be rather hypochondriacal, avor toward physicians & endeavors to impress & has occasional "crying spells". He is difficult to nefully conceals his delusions, but his general behavior ds. Pgr. Dec 5/95. Complained of being weak and complained in a similar manner: Pt T. normal works in dining room. Eats and sleeps well. - good deal in flesh). Pulse 80. Jan 31/96. Behavior Talks some: no delusions & no noticeable hobby complaints neral change of wards). Feby 1/96. Wt 172 pds: P 76.

" 14 Feb 5/96. Commenced to work out at the laundry, today.

" 15 Feby 6/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' Dances & and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much. Works daily & intelligently at the Laundry. Makes no complaints. Would like to go home soon.

" 24 Feby 24/96. Was allowed to go home to-day, alone

June 3/99 Returned to Pt's E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first right at least, about the same at all times, however, while appearing rather rational during first part of stay he would at times accuse persons of trying to poison him & had vague delusions. Also on several occasions struck persons with no apparent reason. Was kept for most part upon violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not seem to show any prominent delusive ideas. Upon urgent request of wife who came down with a sick old infant he was allowed to go home on Apr. 7/97. He claimed that he was all right then but acknowledged that he was not all right before.

Discharged.

Personal and Medical History of *Jeddion St. Onge*

1895

This patient was brought here by Sheriff's Dep
following) history. Patient is in good physical c
heredity: this is first attack, has not previous
one week ago, by insomnia: disease seems ta
regular periods. Derangement now shown in rega
suspected that she was "loose". Patient is dis
filthy & destructive habits. No peculiarities
-pearance in case of parents; but he drankhard
3 years. Has not been subject to any severe dis
restrained or confined until now. Causes of
And unusual excitement: has been given by
There is found to be acute mental aberration; pro
Sep 27 On admission, was put on B.C. (G.H.N. Kpt.
-dition of skin good; some scars & small of bac
" 28 Sep 28 95. Restless & low, but slept 7 hours, last n
no cough noticed: is quiet & melancholy: talks re
" 29 P.M. P 84. R 20. T 101 9/5. Sep 29/95. Slept 8 hou
" 30 Behavior quiet: is very dejected: crying some:
2 hours. A.M. P 76. R 18. T 98 2/5. P.M. P 7
Oct 1 good condition: is more bright today: does not a
Oct 1/95. Slept 8 hours, last night. A.M. P 80.
" 2 before. Is on medicine, 3 times a day. Oct
been quite restless, today: crying some & muscle depr
" 3 fever & die in a few days". Oct 3/95. Apparently
transferred to Infirmary Ward", this morning. Was quiet, all day: seems more at peace.
" 4 said "it seems more like home, now". Oct 4/95. Appetite good: bowels regular: is rather quiet.
Talks some; yet, at times, he appears very discontented & restless: then, continually walking
" 5 the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a
little more than yesterday: speech being quite rational: behavior has been very good. —
" 6 Oct 6/95. Patient seems to be brightening up some: converses considerably with other
" 7 patients & the nurses. Walks voluntarily inward. Chews tobacco excessively. Oct 7/95: Has
not been feeling well, today: Complains of severe headache: says "his medicine is causing it": He
" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better,
today" & appears so. Plays games & reads, when not otherwise busy: also has written a few
" 9 letters, (see samples attached). Appetite good: bowels regular. Oct 9/95: Has been quite jovial,
" 10 all day: singing & whistling a great deal. Visited by friends in P.M. Oct 10/95. Patient seems
to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a
" 11 great deal. Sleeps & rests well. Oct 11/95. Has seemed quite restless, today: walking the floor
almost continually: always ready & converses with associates. Habits neat & tidy. —
Summary: Patient's behavior has been exceptionally good, & he has caused no trouble,

first with him and you had your little game all made up the same as you had with me but I am a little to smart for you. She went to a station place and just as he was to do business you and your wife walked in and went to St. Paul and got $800 from Felly. That is the way you got your money to buy that place where you live now. Bill you are every bit on the calendar but a man you aint. That you have murdered L. and you are trying to kill me but it wont work. If you dont settle with me at once I will have you hung in three months. What made me suspect that there was something wrong & told Lize that & was going to jail her and she beg of me not to and the Lawkens told her that I must join them. She asked me if a justice could be obliged to that today & that is one of the things that I spoke of. That is the tall good looking Grimm & suspicioned something was wrong and I took the money that I had saved

Personal and Medical History of *Jeddion St. Onge*

Physical Condition is good; from the fact that he is
be come. Mentally, he appears quite sound; no delusions
a certain extent, in the beginning. —
quite rational: he seems in the best of spirits, at
- Oct 26/95. 10 Am. Is not feeling well. —
this morning. Oct 31/95: General notes, show still
- Nov 5/95. Wt (dressed) 154½ lbs. Behaves well: wants
ive to go home. no delusions noticed. Nov 10/95. Became
guage & made several threats to do bodily harm to
/95. Has been quiet & well-behaved on this ward. Con-
well. Physical health seems good: Talk some: no delusions
is heart. Doctor summoned, who treated him for trouble.
ed medicine: patient has "spells" of melancholy.
9/95. D.A. notes, as follows: "His frequent complaints
the evening, seem to be rather hypochondriacal,
having in view physicians & endeavors to impress
& has occasional "crying spells". He is difficult to
carefully conceals his delusions, but his general behavior
lbs. Dec 9/95. Complained of being weak and
Complained in a similar manner: Pt. T. normal
works in dining room. Eats and sleeps well.
a good deal in flesh). Pulse 80. Jan 31/96. Behavior
Talks some: no delusions &c noticeable. No complaints
general change of ward). Feby 1/96. Wt 172 lbs. P 76.
Feb 5/96. Commenced to work out at the laundry, today.
" 15 Feb 15/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' dances &c
and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much.
Works daily & intelligently at the Laundry. Makes no complaints. Would like to go home soon.
" 24 Feby 24/96. Was allowed to go home to-day, alone
June 3/96 Returned to B.C. E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first right
at least, about the same at all times, however, while appearing rather rational during first part
of stay he would at times accuse persons of trying to poison him & had vague delusions. Also
on several occasions struck persons with no apparent reason. Was kept for most part upon
violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not
seem to show any prominent delusive ideas. Upon urgent request of wife who came
down with & who old infant he was allowed to go home on Apr. 7/97. He claimed that
he was all right then but acknowledged that he was not all right before.

Discharged.

Personal and Medi

1895

This patient [illegible] following) history: [illegible] heredity: this is f[illegible] one week ago, by us[illegible] regular periods. Derang[illegible] Suspected that she wa[illegible] filthy & destructive habi[illegible] -pearance in case of parents[illegible] 3 years. Has not been subjected [illegible] restrained or confined patients[illegible] And unusual excitement: has [illegible] There is found to be acute mental [illegible]

Sep 27 On admission, was put on B. [illegible] -dition of skin good; some scars on [illegible] of back; tongue clean; behavior good. P 80 R 18 Temp 98.5.

" 28 Sep 28/95. Restless an hour, but slept 7 hours, last night. AM. P 80 R 18 Temp 98.2. Appetite good. no cough noticed. Is quiet & melancholy; talks very little; no delusions noticed; makes no complaints. PM. P 84. R 20. Temp 98.6. Sep 29/95. Slept 8 hours. AM. P 76. R 18. Temp 98. PM. P 80 R 18 Temp 98.4

" 29 Behavior quiet; is very dejected; crying some: "Wants to go home". Sep 30/95. Slept 6 hours; restless 2 hours. AM. P 76. R 18 Temp 98.2. PM. P 72 R 20 Temp 98.6: he eats very well; bowels in

" 30 good condition; is more bright today; goes out on grounds, daily. Habits neat and clean.

Oct 1 Oct 1/95. Slept 8 hours, last night. AM. P 80. R 20. Temp 98.8. Seems contented, today, than before. Is on medicine, 3 times a day. Oct 2/95. Slept 7 hours, restless and hungry. Has

" 2 been quite restless, today; crying some & much depressed. Shows delusions; says "he will get the

" 3 fever & die in a few days". Oct 3/95. Apparently slept quite well, last night. Patient was transferred to Infirmary Ward, this morning. Was quiet all day; seemed to like the place.

" 4 Said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular; is still quiet. Talks some; yet, at times, he appears very discontented & restless; then, continually walking

" 5 the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a little more than yesterday: speech being quite rational: behavior has been very good. —

" 6 Oct 6/95. Patient seems to be brightening up some: converses considerably with other

" 7 patients & the nurses. Broke voluntarily to ward. Chews tobacco. Excessively. Oct 7/95: Has not been feeling well, today: Complains of severe headache: says "his medicine is causing it": He

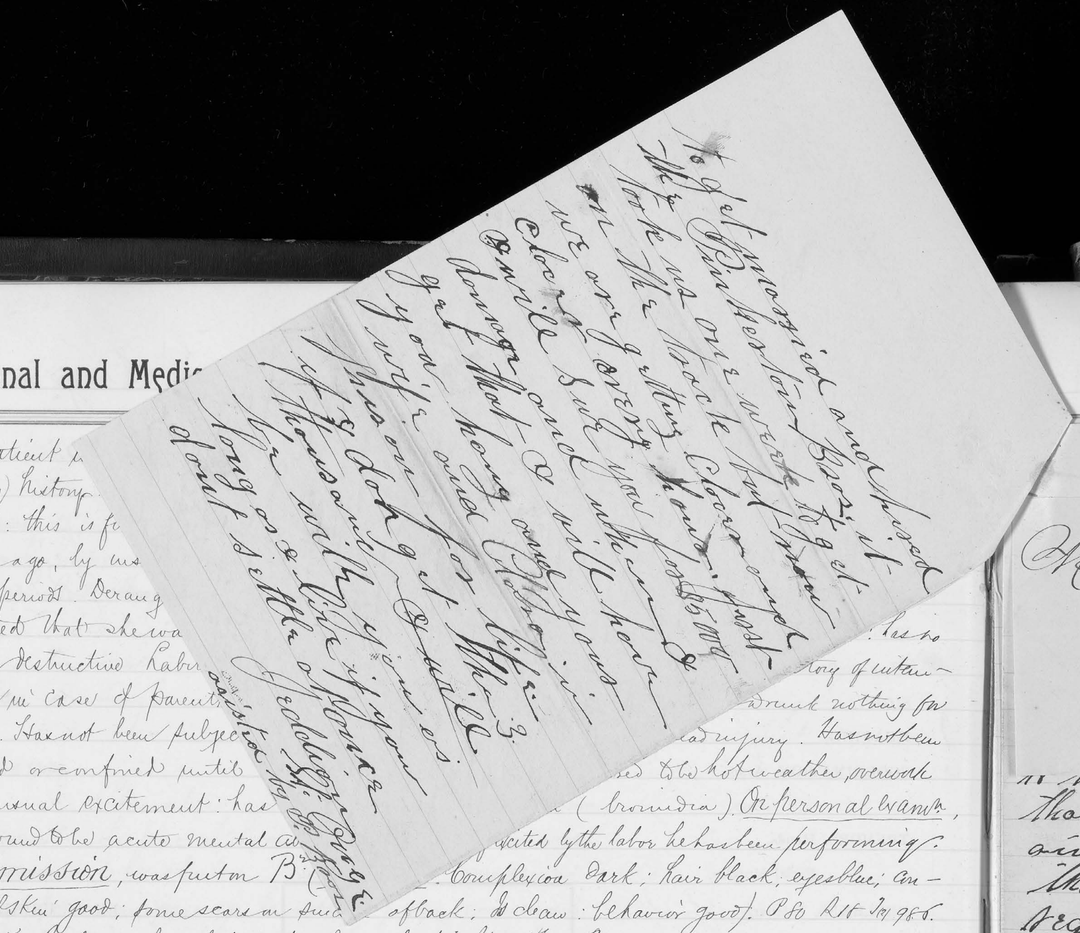
" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better, today" & appears so. Plays games & reads, when not otherwise busy: also has written a few

" 9 letters, (see samples attached). Appetite good: bowels regular. Oct 9/95: Has been quite jovial,

" 10 all day: singing & whistling a great deal. Visited by friends in PM. Oct 10/95. Patient seems to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a

" 11 great deal. Sleeps & rests well. Oct 11/95. Has seemed quite restless, today: walking the floor almost continually: always ready & converses with associates. Habits neat & tidy. —

Summary: Patient's behavior has been exceptionally good, & he has caused no trouble,


To get money from Dad Boston Bro's &
Take me out west Put down
Make Me Mans Clean
We are a merry band, [illegible]
Dear Bill Don't walk
Bill Don't walk
Dear Bill Don't walk
Dear Bill Don't walk
Dear

Personal and Medical [illegible]

1895

This patient wa[illegible] ... as no
following history [illegible] ... ory of intem-
heredity: this is [illegible] ... runk nothing for
one week ago, by [illegible] ... injury. Has not been
regular periods. Deran[illegible] ... to be hot weather, overwork
suspected that she w[illegible] ... (bromidia). On personal examn,
filthy or destructive habi[illegible] ... d by the labor he has been performing.
-perance in case of parent[illegible] ... nplexion dark; hair black; eyes blue; con-
3 years. Has not been subject[illegible] ... back; is clean: behavior good). P 80 R 18 T(o) 98.6.
restrained or confined until [illegible]
and unusual excitement: has [illegible]
there is found to be acute mental a[illegible]

Sep 27 On admission, was put on B[illegible] ... dark; hair black; eyes blue; con-
-dition of skin good; some scars on [illegible] ... back; is clean: behavior good). P 80 R 18 T(o) 98.6.

" 28 Sep 28/95. Restless an hour, but slept 7 hours, last night. AM. P 80 R 18 T(o) 98.2. Appetite good.
no cough noticed: is quiet & melancholy: talks very little; no delusions noticed: makes no complaints.

" 29 PM. P 84. R 20. T(o) 98.6. Sep 29/95. Slept 8 hours. AM. P 76. R 18. T(o) 98. PM. P 80 R 18 T(o) 98.4

" 30 Behavior quiet: is very dejected: crying some: "Wants to go home". Sep 30/95. Slept 6 hours; restless
2 hours. AM. P 76. R 18 T(o) 98.2. PM. P 72 R 20 T(o) 98.6: he eats very well: bowels in
good condition: is more bright today: goes out on grounds, daily. Habits are neat and clean.

Oct 1 Oct 1/95. Slept 8 hours, last night. AM. P 80. R 20. T(o) 98.8. More contented, today, than

" 2 before. Is on medicine, 3 times a day. Oct 2/95. Slept 7 hours, restless an hour, or so. Has
been quite restless, today: crying some & much depressed. Shows delusions; says "he will get the

" 3 fever & die in a few days". Oct 3/95. Apparently, slept quite well, last night. Patient was
transferred to "Infirmary Ward", this morning. Was quiet, all day; seemed to like the place.

" 4 said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular: is still quiet.
Talks some; yet, at times, he appears very discontented & restless; then, continually walking

" 5 the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a
little more than yesterday: speech being quite rational: behavior has been very good.—

" 6 Oct 6/95. Patient seems to be brightening up some: converses considerably with other

" 7 patients & the nurses. Works voluntarily on ward. Chews tobacco excessively. Oct 7/95: Has
not been feeling well, today: complains of severe headache: says "his medicine is causing it": He

" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better,
today" & appears so. Plays games & reads, when not otherwise busy: also has written a few

" 9 letters, (see samples attached). Appetite good: bowels regular. Oct 9/95. Has been quite jovial.

" 10 all day: singing & whistling a great deal. Visited by friends in P.M. Oct 10/95. Patient seems
to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a

" 11 great deal. Sleeps & rests well. Oct 11/95. Has seemed quite restless, today: walking the floor
almost continually: always ready to converse with associates. Habits neat & tidy.—

Summary: Patient's behavior has been exceptionally good, & he has caused no trouble.

[illegible] Clover and
we are getting [illegible] hand, first
Clover every [illegible] $5000
& will [illegible] when
damage and will have
get that & [illegible] and
you [illegible] for life
[illegible] & [illegible] 3.
[illegible] & [illegible]
[illegible] with you
[illegible] & [illegible]
[illegible] settle a [illegible]
[illegible] Jeddion Onge
[illegible] by [illegible]

Personal and Medical History of Jeddion St. Onge

Rochester
September 28, 1895,
Friend
Alex

this is a nice place Mr. Pelchure has sent me to Rochester he is trying to make the people belive that I am crazy but I ain't every thing that I have said in regard to Pelchure I can prove I rate him yesterday and told him what I wanted. Alex havent I allwaise told you the thorough then belive me. Mr. Pelchure also Blacked Mailed a man by the name of Kelly of St Paul for $810,

Physical condition is good; from the fact that he is
be done. Mentally, he appears quite sound; no delusions
a certain extent, in the beginning.—
quite rational: he seems in the best of spirits, at
— Oct 26/95. 10 Am. Is not feeling well.—
this morning. Oct 31/95: General notes above still
— Nov 5/95. Wt (dressed) 154½ pds. Behaves well: works
vie to go home. no delusions noticed. Nov 10/95. Became
guage & made several threats to do bodily harm to
/95. Has been quiet & well-behaved on this ward. Com-
well. Physical health seems good: Talk some: no delusions
is heart. Doctor summoned, who treated him for trouble.
ed medicine: patient has "spells" of melancholy.
30/95. Dr. H. notes, as follows: "his frequent complaints
the evening, seem to be rather hypochondriacal,
havior towards physicians & endeavors to impress
& has occasional "crying spells". It is difficult to
carefully conceals his delusions, but his general behavior
pds. P 92. Dec 5/95. Complained of being weak and
complained in a similar manner: P & T. normal
works in dining-room. Eats and sleeps well.—
a good deal in flesh). Pulse 80. Jan 31/96. Behavior
Talks some: no delusions & noticeable no complaints
general change of wards). Feby 1/96. Wt 172 pds. P 76.
Feb 5/96. Commenced to work out at the laundry, today.

" 15 Feb 15/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' dances &c
and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much.
Works daily & intelligently at the laundry. Makes no complaints. Would like to go home soon.

" 24 Feby 24/96. Was allowed to go home today, alone

June 27/96 Returned to B[illegible] E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first sight
at least, about the same at all times, however, while appearing rather rational during first part
of stay he would at times accuse persons of trying to poison him & had vague delusions. Also
on several occasions struck persons with no apparent reason: was kept for most part upon
violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not
seem to show any prominent delusive ideas. Upon urgent request of wife who came
down with 4 wks old infant he was allowed to go home on Apr. 7 '97. He claimed that
he was all right then but acknowledged that he was not all right before.

Discharged.

1895

This patient was brought here by Sheriff's Dep
following history. Patient is in good physical c
heredity: this is first attack, has not previous
one week ago, by insomnia: disease seems sta
regular periods. Derangement now shown in rega
suspected that she was "loose". Patient is dis
filthy or destructive habits. No peculiarities &c
-perance in case of parents; but he drankhard
3 years. Has not been subject to any severe dis
restrained or confined until now. Cause of
and unusual excitement: has been given hy
there is found to be acute mental aberration; pro

Sep 27 On admission, was put on B^r (G.H.N. Rpt.
-dition of skin good; some scars on small of ba

" 28 Sep 28/95. Restless an hour, but slept 7 hours, last
no cough noticed: Is quiet & melancholy: talks

" 29 P.M. P 84. R 20. T(e) 98.6. Sep 29/95. Slept 8 hou

" 30 Behavior quiet: is very dejected: crying some:
2 hours. A.M. P 76. R 18 T(e) 98^r. P.M. P
good condition: is more bright today: goes out

Oct 1 Oct 1/95. Slept 8 hours, last night. A.M. P 80

" 2 before. Is on medicine, 3 times a day. Oc
been quite restless, today: crying some & much dep

" 3 fever & die in a few days". Oct 3/95. Apparent
transferred to Infirmary Ward, this morning.

" 4 said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular: is still quiet.
Talks some; yet, at times, he appears very discontented & restless; then, continually walking

" 5 the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a
little more than yesterday: speech being quite rational: behavior has been very good.—

" 6 Oct 6/95. Patient seems to be brightening up some: Converses considerably with other

" 7 patients & the nurses. Works voluntarily on ward. Chews tobacco excessively. Oct 7/95: Has
not been feeling well, today: complains of severe headache: says "his medicine is causing it": He

" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better,
today" & appears so. Plays games & reads, when not otherwise busy: also has written a few

" 9 letters, (see samples attached). Appetite good: bowels regular. Oct 9/95. Has been quite jovial,

" 10 all day: singing & whistling a great deal. Visited by friends in P.M. Oct 10/95. Patient seems
to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a

" 11 great deal. Sleeps & rests well. Oct 11/95. Has seemed quite restless, today: walking the floor
almost continually: always ready to converse with associates. Habits neat & tidy.—

Summary: Patient's behavior has been exceptionally good, & he has caused no trouble,

he had Clara to flirt with
him and Clara went to
a sistin place and
when they were redy
to do buesness her
father and mother
came in on the
seen and got $800
from him he also w
told Dick Smith that
he got $800 without
doing a tap of work
that is the way he
gets his money and
about the murder &
can prove everythin
Alex for God sake
get me out of at once
it is killing me let
Norman know of this
and get together and me
out & am not crazy

they have got me in a room with
with a lot of crazy people and
& have to eat with them and
sleep with them & would
rather eat Brand with your cow and
sleep with your horses then
to be here my healt is
failing fast & am dying
by inches Mr Pelchure
has killed 2. and dont
let him kill me come
Alex and get me at once
dont put it off one
minute after you get
this letter & have
allwaised trusted in
you and & will till
& dye You above all
my sisters and brother
Mr Pelchure in not
only ruining my helt
but my reputaion

Physical Condition is good; from the fact that he is
be done. Mentally, he appears quite sound; no delusions
to a certain extent, in the beginning.—
quite rational: he seems in the best of spirits, at
— Oct 26/95. 10 Am. Is not feeling well.—
this morning. Oct 31/95. General notes above still
— Nov 5/95. Wt (dressed) 154½ pds. Behaves well: works
vie to go home. no delusions noticed. Nov 10/95. Became
guage & made several threats to do bodily harm to
/95. Has been quiet & well-behaved on this ward. Com-
well. Physical health seems good: Talks some: no delusions
is heart. Doctor summoned, who treated him for trouble.
ved medicine: patient has "spells" of melancholy.
30/95. Dr. H. notes, as follows: "his frequent complaints
the evening, seem to be rather hypochondriacal,
havior towards physicians & endeavors to impress
& has occasional "crying spells". It is difficult to
carefully conceals his delusions, but his general behavior
pds. P 92. Dec 5/95. Complained of being weak, and
complained in a similar manner: P & T. normal
works in dining-room. Eats and sleeps well.—
a good deal in flesh). Pulse 80. Jan 31/96. Behavior
Talks some: no delusions &c noticeable. No complaints
general change of wards). Feby 1/96. Wt 172 pds: P 76.
(has gained pounds in flesh, since coming). Feb 5/96. Commenced to work out at the laundry, today.

" 15 Feb 15/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' dances &c
and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much.
Works daily & intelligently at the laundry. Makes no complaints. Would like to go home soon.

" 24 Feby 24/96. Was allowed to go home to day, alone

June 27/96 Returned to B^3 E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first sight
at least, about the same at all times, however, while appearing rather rational during first part
of stay he would at times accuse persons of trying to poison him & had vague delusions. Also
on several occasions struck persons with no apparent reason: was kept for most part upon
violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not
seem to show any prominent delusive ideas: upon urgent resquest of wife who came
down with 4 wks old infant he was allowed to go home on Apr. 7 '97. He claimed that
he was all right then but acknowledged that he was not all right before.

Discharged.

Personal and Medi

1895

This patient [illegible] following history [illegible] heredity: this is f[illegible] one week ago, by m[illegible] regular periods. Deranged [illegible] suspected that she w[illegible] filthy & destructive habi[illegible] - presence in case of parox[illegible] 3 years. Has not been pulse[illegible] restrained or confined [illegible] and unusual excitement: has [illegible] there is found to be acute mental a[illegible]

Sep 27 On admission, was put on B[illegible] - dition of skin good; some scars on [illegible] of back; tongue clean: behavior good. P 80 R 18 Temp 98.

" 28 Sep 28/95. Restless an hour, but slept 7 hours, last night. Mm. P 80 R 18 Temp 98.2. Appetite good, no cough noticed: is quiet & melancholy: talks very little; no delusions noticed: makes no complaints.

" 29 Pm. P 84. R 20. Temp 98.6. Sep 29/95. Slept 8 hours. Mm. P 76. R 18. Temp 98 Pm. P 80 R 18 Temp 98.4

" 30 Behavior quiet: is very dejected: crying some: "Wants to go home". Sep 30/95. Slept 6 hours; restless 2 hours. Mm. P 76. R 18 Temp 98°. Pm. P 72 R 20 Temp 98°: he eats very well: bowels in good condition: is more bright today: goes out on grounds daily. Habits are neat and clean.

Oct 1 Oct 1/95. Slept 8 hours, last night. Mm. P 80. R 20. Temp 98.5. Never contented today, than before. Is on medicine, 3 times a day. Oct 2/95. Slept 7 hours, restless and moaning. Has been quite restless, today: crying some & much depressed. Shows delusions; says "he will get the

" 3 fever & die in a few days". Oct 3/95. Apparently slept quite well, last night. Patient was transferred to Infirmary Ward, this morning. Was quiet all day: seemed to like the place.

" 4 said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular: is still quiet. Talks some; yet, at times, he appears very discontented & restless: then, continually walking

" 5 the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a little more than yesterday: speech being quite rational: behavior has been very good. —

" 6 Oct 6/95. Patient seems to be brightening up some: converses considerably with other

" 7 patients & the nurses. Works voluntarily on ward. Chews tobacco excessively. Oct 7/95: Has not been feeling well, today: complains of severe headache: says "his medicine is causing it": he

" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better, today" & appears so. Plays games & reads, when not otherwise busy: also has written a few

" 9 letters, (see samples attached). Appetite good: bowels regular. Oct 9/95. Has been quite jovial,

" 10 all day: singing & whistling a great deal. Visited by friends in P.M. Oct 10/95. Patient seems to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a

" 11 great deal. Sleeps & rests well. Oct 11/95. Has seemed quite restless, today: walking the floor almost continually: always ready & converses with associates. Habits neat & tidy. —

Summary: Patient's behavior has been exceptionally good, & he has caused no trouble,

Personal and Medical History of Jeddion St. Onge

Physical Condition is good; from the fact that he is to be one. Mentally, he appears quite sound; no delusions a certain patient, in the beginning. —

quite rational: he seems in the best of spirits, at - Oct 6/95. 10 Am. Is not feeling well. — this morning. Oct 31/95: General notes, above. Still - Nov 5/95. Wt (dressed) 154½ lbs. Behaves well: works vice to go home. no delusions noticed. Nov 10/95. Became guage & made several threats to do bodily harm to 2/95. Has been quiet & well-behaved on this ward. Con- well. Physical health seems good: Talks some. no delusions his heart. Doctor summoned, who treated him for trouble. ved medicine: patient has "spells" of melancholy. 30/95. Dr. H - notes, as follows: "his frequent complaints the evening, seem to be rather hypochondriacal, haviour toward physicians & endeavors to impress & has occasional "crying spells". It is difficult to carefully conceals his delusions, but his general behavior for. Dec 9/95. Complained of being weak and complained in a similar manner: Pt T. normal works in dining room. Eats and sleeps well. a good deal in flesh). Pulse 80. Jan 31/96. Behavior Talks some: no delusions &c noticeable. No complaints general change of ward). Febry 1/96. Wt 172 lbs. P 76. (has gained 20 pounds in flesh, since coming). Feb 5/96. Commenced to work out at the laundry, today.

" 15 Feb 15/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' Dances &c and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much. Works daily & intelligently at the laundry. Make no complaints. Would like to go home soon.

" 24 Febry 24/96. Was allowed to go home to day, alone

June 27/96 Returned to P[illegible] E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first eight at least, about the same at all times, however, while appearing rather rational during first part of stay he would at times accuse persons of trying to poison him & had vague delusions. Also on several occasions struck persons with no apparent reason. Was kept for most part upon violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not seem to show any prominent delusive ideas. Upon urgent request of wife who came down with a sick old infant he was allowed to go home on Apr. 7/97. He claimed that he was all right then but acknowledged that he was not all right before.

Discharged.

don't forget to [illegible] of [illegible] on ice

[illegible] would want to hire it [illegible] Mr. Mason ask him [illegible] Mr. Hall [illegible] Mr. Hall [illegible] & can [illegible] & would [illegible] every [illegible] & would [illegible] mouth [illegible] of [illegible] Mr. [illegible] Dear [illegible] Get me [illegible] & [illegible] anyone [illegible] All [illegible] for ever

Miss Clara Pelchuse
Gentbault
Minn
Rice Co.

all of this when I get out of here you know what he has done as well as I do & am right and you know it if he had his a man he would let me have the key that I asked him for but he was found he would not let me have any thing but I must for all of you he forced me to this and now he must pay for this I am dying here by

Personal and Medical

1895

This patient ... following history ... heredity: this is ... one week ago, by ... regular periods. Deran... suspected that she ... filthy or destructive hab... -perance in case of parent... 3 years. Has not been subje... restrained or confined until ... and unusual excitement: has ... there is found to be acute mental a... ...ory ... drunk nothing for ... injury. Has not been ... to be hot weather, overwork ... (bromidia). On personal examn, ...d by the labor he has been performing.

Sep 27 On admission, was put on B... ...mplexion dark; hair black; eyes blue; condition of skin good; some scars on ... back; is clean: behavior good). P 80 R 18 T(o) 98.6.

" 28 Sep 28/95. Restless an hour, but slept 7 hours, last night. AM. P 80 R 18 T(o) 98.2. Appetite good. no cough noticed: Is quiet & melancholy: talks very little; no delusions noticed: makes no complaints.

" 29 PM. P 84. R 20. T(o) 98.6. Sep 29/95. Slept 8 hours. AM. P 76. R 18. T(o) 98. PM. P 80 R 18 T(o) 98.4

" 30 Behavior quiet: is very dejected: crying some: "Wants to go home". Sep 30/95. Slept 6 hours; restless 2 hours. AM. P 76. R 18 T(o) 98.2. PM. P 72 R 20 T(o) 98.6: he eats very well: bowels in good condition: is more bright today: goes out on grounds, daily. Habits are neat and clean.

Oct 1 Oct 1/95. Slept 8 hours, last night. AM. P 80. R 20. T(o) 98.8. More contented, today, than

" 2 before. Is on medicine, 3 times a day. Oct 2/95. Slept 7 hours, restless an hour, or so. Has been quite restless, today: crying some & much depressed. Shows delusions; says "he will get the

" 3 fever & die in a few days". Oct 3/95. Apparently, slept quite well, last night. Patient was transferred to Infirmary Ward", this morning. Was quiet, all day; seemed to like the place.

" 4 said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular: is still quiet. Talks some; yet, at times, he appears very discontented & restless; then, continually walking

" 5 the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a little more than yesterday: speech being quite rational: behavior has been very good. —

" 6 Oct 6/95. Patient seems to be brightening up some: converses considerably with other

" 7 patients & the nurses. Works voluntarily on ward. Chews tobacco excessively. Oct 7/95: Has not been feeling well, today: complains of severe headache: says "his medicine is causing it": He

" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better, today" & appears so. Plays games & reads, when not otherwise busy: also has written a few

" 9 letters, (see samples attached). Appetite good: bowels regular. Oct 9/95. Has been quite jovial,

" 10 all day: singing & whistling, a great deal. Visited by friends in PM. Oct 10/95. Patient seems to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a

" 11 great deal. Sleeps & rests well. Oct 11/95. Has seemed quite restless, today: walking the floor almost continually: always ready to converse with associates. Habits neat & tidy. —

Summary: Patient's behavior has been exceptionally good, & he has caused no trouble,

dont forget to come and get meat once

Rochester
Sep 28/895
Friend Clara

Your Father has sent me to a nice place & must say Clara you know & am not crazy but he shall pay for all of this when & get out of here. you know what he has done as well as & do & am right and you know it if he had bin a man he would let me have the Revo that & asked him for but he was bound he would not let me have any thing but & am to smart for all of you he forced me to this and now he must pay for this & am doing here by

Personal and Medical History of Jeddion St. Onge

Physical condition is good; from the fact that he is ... to be done. Mentally, he appears quite sound; no delusions ... to a certain extent, in the beginning. —

... quite rational: he seems in the best of spirits, at ... Oct 26/95. 10 Am. Is not feeling well. — ... this morning. Oct 31/95. General notes above still ... Nov 5/95. Wt (dressed) 154½ pds. Behaves well: works ... to go home. no delusions noticed. Nov 10/95. Became ... language & made several threats to do bodily harm to ... 2/95. Has been quiet & well-behaved on this ward. Com... well. Physical health seems good: Talks some: no delusions ... his heart. Doctor summoned, who treated him for trouble. ... medicine: patient has "spells" of melancholy. ... 30/95. Dr. H. notes, as follows: "his frequent complaints ... the evening, seem to be rather hypochondriacal, ... behavior towards physicians & endeavors to impress ... & has occasional "crying spells". His difficult to ... carefully conceals his delusions, but his general behavior ... pds. P 92. Dec 5/95. Complained of being weak, and ... complained in a similar manner: P & T. normal ... works in dining-room. Eats and sleeps well. — ... a good deal in flesh). Pulse 80. Jan 31/96. Behavior ... Talks some: no delusions & noticeable. No complaints ... general change of wards). Feby 1/96. Wt 172 pds. P 76.

... (has gained 20 pounds in flesh, since coming). Feb 5/96. Commenced to work out at the laundry, today.

" 15 Feb 15/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' dances &c and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much. Works daily & intelligently at the laundry. Makes no complaints. Would like to go home soon.

" 24 Feby 24/96. Was allowed to go home today, alone

June 27/96 Returned to B3 E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first sight at least, about the same at all times, however, while appearing rather rational during first part of stay he would at times accuse persons of trying to poison him & had vague delusions. Also on several occasions struck persons with no apparent reason: was kept for most part upon violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not seem to show any prominent delusive ideas: upon urgent resquest of wife who came down with 4 wks old infant he was allowed to go home on Apr. 7 '97. He claimed that he was all right then but acknowledged that he was not all right before.

Discharged.

Personal and Medical History of Jeddion St. Onge

1895

This patient was brought here by Sheriff's Dep
following history. Patient is in good physical
heredity: this is first attack, has not previous
one week ago, by insomnia: disease seems sta
regular periods. Derangement now shown in reg
suspected that she was "loose". Patient is dis
filthy or destructive habits. No peculiarities &
-perance in case of parents; but he drankhar
3 years. Has not been subject to any severe di
restrained or confined until now. Cause of
and unusual excitement: has been given h
there is found to be acute mental aberration; p

Sep 27 On admission, was put on B^r (G.H.N. Rp
-dition of skin good; some scars on small of
" 28 Sep 28/95. Restless an hour, but slept 7 hours, la
no cough noticed: Is quiet & melancholy: talks
" 29 P.M. P 84. R 20. T(e) 98.6. Sep 29/95. Slept 8 h
" 30 Behavior quiet: is very dejected: crying some
2 hours. A.M. P 76. R 18 T(e) 98^2. P.M. P
good condition: is more bright today: goes on
Oct 1 Oct 1/95. Slept 8 hours, last night. A.M. P
" 2 before. Is on medicine, 3 times a day. O
been quite restless, today: crying some & much
" 3 fever & die in a few days". Oct 3/95. Appar
transferred to Infirmary Ward", this morning. Was quiet, all day: seems [illegible]
" 4 said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular: is still quiet.
Talks some; yet, at times, he appears very discontented & restless; then, continually walking
" 5 the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a
little more than yesterday: speech being quite rational: behavior has been very good. —
" 6 Oct 6/95. Patient seems to be brightening up some: Converses considerably with other
" 7 patients & the nurses. Works voluntarily on ward. Chews tobacco excessively. Oct 7/95: Has
not been feeling well, today: complains of severe headache: says "his medicine is causing it": He
" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better,
today" & appears so. Plays games & reads, when not otherwise busy: also has written a few
" 9 letters, (see samples attached). Appetite good: bowels regular. Oct 9/95. Has been quite jovial,
" 10 all day: singing & whistling a great deal. Visited by friends in P.M. Oct 10/95. Patient seems
to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a
" 11 great deal. Sleeps & rests well. Oct 11/95. Has seemed quite restless, today: walking the floor
almost continually: always ready to converse with associates. Habits neat & tidy. —
Summary: Patient's behavior has been exceptionally good, & he has caused no trouble,

incher but I will try and
live for revenge and justice
I am here in a room with
a lot of crazy people I
have to eat with them and
sleep with them I would
rather eat with with the pigs
and sleep in the pen then
to be here Clara I wont
write you a long letter
this time as I am to weak
keep that ring that I gave
you that might bring
you happiness some day
Clara join the ones that
love you as for myself
I dont care what becomes
of me now I must have
justice

Good Bye
Your Friend
Jeddion St Onge

excuse poor writing as I am [illegible]

This is Sunday and
a very dull one indeed
Clara be honest and live
a new life and God will
reward you
ans of you wish

Personal and Medical History of Jeddion St. Onge

Physical Condition is good; from the fact that he is
to be done. Mentally, he appears quite sound; no delusions
to a certain extent, in the beginning. —
quite rational: he seems in the best of spirits, at
d. Oct 26/95. 10 Am. Is not feeling well. —
, this morning. Oct 31/95. General notes above still
d. Nov 5/95. Wt (dressed) 154½ pds. Behaves well: works
sire to go home. No delusions noticed. Nov 10/95. Became
uguage & made several threats to do bodily harm to
2/95. Has been quiet & well-behaved on this ward. Com-
well. Physical health seems good: Talks some: no delusions
his heart. Doctor summoned, who treated him for trouble.
ived medicine: patient has "spells" of melancholy.
30/95. Dr. H. notes, as follows: "his frequent complaints
, the evening, seem to be rather hypochondriacal,
behavior towards physicians & endeavors to impress
ed & has occasional "crying spells". It is difficult to
carefully conceals his delusions, but his general behavior
½ pds. P 92. Dec 5/95. Complained of being weak, and
in complained in a similar manner: P & T. normal
: works in dining-room. Eats and sleeps well. —
a good deal in flesh). Pulse 80. Jan 31/96. Behavior
. Talks some: no delusions &c noticeable. No complaints
general change of wards). Feby 1/96. Wt 172 pds. P 76.
5 (has gained 20 pounds in flesh, since coming). Feb 5/96. Commenced to work out at the laundry, today.
" 15 Feb 15/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' dances &c
and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much.
Works daily & intelligently at the laundry. Makes no complaints. Would like to go home soon.
" 24 Feby 24/96. Was allowed to go home today, alone
June 27/96 Returned to B^s E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first sight
at least, about the same at all times, however, while appearing rather rational during first part
of stay he would at times accuse persons of trying to poison him & had vague delusions. Also
on several occasions struck persons with no apparent reason: was kept for most part upon
violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not
seem to show any prominent delusive ideas: Upon urgent request of wife who came
down with 4 wks old infant he was allowed to go home on Apr. 7 '97. He claimed that
he was all right then but acknowledged that he was not all right before.

Discharged.

Personal and Medical History of Je... St Onge

1895

This patient was brought here by Sheriff's De... following history. Patient is in good physical ... heredity: this is first attack, has not previou... one week ago, by insomnia: disease seems ... regular periods. Derangement now shown in re... Suspected that she was "love". Patient is ... filthy & destructive habits. No peculiarities ... -pearance in case of parents; but he drank h... 3 years. Has not been subject to any severe ... restrained or confined until now. Cause ... and unusual excitement: has been given ... there is found to be acute mental aberration;

Sep 27 On admission, was put on B^z (G.H.N. ... dition of skin good; some scars & small ...

" 28 Sep 28/95. Restless an hour, but slept 7 hours, ... no cough noticed: is quiet & melancholy: ta...

" 29 PM. P St. R 20. T 101 4/5. Sep 29/95. Slept ...

" 30 Behavior quiet: is very dejected. Crying fo... 2 hours. A.M. P 76. R 18 T 98 1/2. PM ... good condition: is more bright today: goe...

Oct 1 Oct 1/95. Slept 8 hours, last night. A.M. ...

" 2 before. Is on medicine, 3 times a day ... been quite restless, today: Crying & mu...

" 3 fever & die in a few days". Oct 3/95. Appear... ... Transferred to Infirmary Ward", this morning. Was quiet, all day: seemed to like the place. ...

" 4 said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular: is still quiet. Talks some; yet, at times, he appears very discontented & restless: then, continually walking the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a ...

" 5 little more than yesterday: speech being quite rational: behavior has been very good. —

" 6 Oct 6/95. Patient seems to be brightening up some: converses considerably with other ...

" 7 patients & the nurses. Works voluntarily onward. Chews tobacco excessively. Oct 7/95: Has not been feeling well, today: Complains of severe headache: says "his medicine is causing it": He ...

" 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better, today" & appears so. Plays games & reads, when not otherwise busy: also has written a few ...

" 9 letters, (See samples attached). Appetite good: bowels regular. Oct 9/95. Has been quite jovial, ...

" 10 all day: singing & whistling a great deal. Visited by friends in PM. Oct 10/95. Patient seems to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a ...

" 11 great deal. Sleeps & rests well. Oct 11/95. Has seemed quite restless, today: walking the floor almost continually: always ready & converse with associates. Habits neat & tidy. —

Summary: Patient's behavior has been exceptionally good, & he has caused no trouble,

Personal and Medical History of Jedelion St. Onge

whatever & has been pleasant, at all times. Physical Condition is good; from the fact that he is ... is any thing to be done. Mentally, he appears quite sound, no delusions ... seen noticeable to a certain extent, in the beginning. —

No. 4209.
Vol. 31.
Folio 245.

CASE

Patient's Name St. Onge, Jedelion 27/95.

1895 Date.	Temp.	Pulse.	Resp.
Oct 12 am	98.6	100	24
" 4 pm	99.2	92	18
" 12 am	98.5	70	19
" 4 am	98	80	18
" 10 am			

... ly. Speech is quite rational: he seems in the best of spirits, at ... well behaved. Oct 26/95. 10 Am. Is not feeling well. — Oct 31/95. General notes show still ... Seems much improved. Nov 5/95. Wt (dressed) 154½ pds. Behaves well: works ... at times. Expresses a desire to go home. No delusions noticed. Nov 10/95. Became ... right: used abusive language & made several threats to do bodily harm to ... Transferred to C^3. Nov 22/95. Has been quiet & well-behaved in this ward. Con- ... eration "fair". Eats & sleeps well. Physical health seems good. Talks some: no delusions ... Complained of pains in his heart. Docts summoned, who treated him for trouble. ... 6/95. Complains of pains in his head: received medicine: patient has "spells" of melancholy. Nov 27/95. Complains of pain in his lungs. Nov 30/95. Dr. H. - notes, as follows: "His frequent complaints of pain and summoning physicians, during the evening, seem to be rather hypochondriacal, than otherwise. His conduct, while best behavior toward physicians & endeavors to impress them with his sanity. At times, he is depressed & has occasional "crying spells". It is difficult to point out instances showing insanity, as he carefully conceals his delusions, but his general behavior and talk are paranoiac." Dec 5/95. Wt 156½ pds. Pgr. Dec 5/95. Complained of being weak and sick: pulse & temp. normal. Dec 6/95. Again complains in a similar manner: Pt. T. normal ... Dec 31/95. No complaints, of late: behavior quiet: works in dining room. Eats and sleeps well. - Jan 1/96. Wt 165 pounds (has been gaining a good deal in flesh). Pulse &c. Jan 31/96. Behavior very good: more pleasant & agreeable in manner. Talks some: no delusions or noticeable hobby. Complaints (Transferred to C^1. 1/4/96 - "on account of a general change of wards"). Feby 1/96. Wt 172 pds. P 76. ... (has gained 26½ pounds in flesh, since coming). Feb 5/96. Commenced to work out at the laundry, today. ... Feby 15/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' Dances &c and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much. Works daily & intelligently at the laundry. Makes no complaints. Would like to go home from ... Feby 24/96. Was allowed to go home to-day, alone

June 2/96 Returned to B^3 E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first sight at least, about the same at all times, however, while appearing rather rational during first part of stay he would at times accuse persons of trying to poison him & had vague delusions - also on several occasions struck persons with no apparent reason. Was kept for most part upon violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not seem to show any prominent delusive ideas. Upon urgent request of wife who came down with a sick infant he was allowed to go home on Apr. 7/97. He claimed that he was all right then but acknowledged that he was not all right before.

Discharged.

Personal and Medical History of J[illegible]

1895

This patient was brought here by Sheriff's De[illegible] following) history. Patient is in good physical [illegible] heredity: this is first attack, has not previou[illegible] one week ago, by insomnia: disease seems [illegible] regular periods. Derangement now shown in re[illegible] suspected that she was "loose". Patient is [illegible] filthy or destructive habits. No peculiarities [illegible] - penance in case of parents; but he drank h[illegible] 3 years. Has not been subject to any severe [illegible] restrained or confined until now. Causes [illegible] And unusual excitement: has been given [illegible] there is found to be acute mental aberration,

Sep 27 On admission, was put on B[illegible] (G.H.N. [illegible]
- dition of skin good; some scars on small [illegible]
- 28 Sep 28/95. Restless an hour, but slept 7 hours, [illegible] no cough noticed: Is quiet & melancholy: ta[illegible]
- 29 PM. P St. R 20. T 97.6. Sep 29/95. Slept [illegible]
- 30 Behavior quiet: is very dejected: crying fo[illegible] 2 hours. A.M. P 76. R 18 T 98½°. PM [illegible] good condition: is more bright today: goe[illegible]

Oct 1 Oct 1/95. Slept 8 hours, last night. AM [illegible]
- 2 before. Is on medicine, 3 times a day [illegible] been quite restless, today: crying some & mu[illegible]
- 3 fever & die in a few days". Oct 3/95. Apparently [illegible] transferred to Infirmary Ward, this morning. Was quiet all day: seemed to like the place.
- 4 Said "it seemed more like home, now". Oct 4/95. Appetite good: bowels regular: is still quiet. Talks some; yet, at times, he appears very discontented & restless; then, continually walking the floor. Is on medicine, 3 times a day. Oct 5/95. Condition about the same: has been talking a little more than yesterday: speech being quite rational: behavior has been very good. —
- 6 Oct 6/95. Patient seems to be brightening up some: converses considerably with other
- 7 patients & the nurses. Works voluntarily in ward. Uses tobacco excessively. Oct 7/95: Has not been feeling well, today: Complains of severe headache: says "his medicine is causing it": He
- 8 is very anxious to go home. Oct 8/95. Sleeps well, each night: says "he feels much better, today" & appears so. Plays games & reads, when not otherwise busy: also has written a few
- 9 letters, (See samples attached). Appetite good: bowels regular. Oct 9/95: Has been quite jovial,
- 10 all day: singing & whistling a great deal. Visited by friends in PM. Oct 10/95. Patient seems to be making himself more at home, than usual. Talks considerably & is always pleasant: sings a
- 11 great deal: sleeps & eats well. Oct 11/95. Has seemed quite restless, today: walking the floor almost continually: always ready to converse with associates. Habits neat & tidy. —

Summary: Patient's behavior has been exceptionally good, & he has caused no trouble,

Personal and Medical History of Jedidiah St. Onge

whatever & has been pleasant, at all times. Physical Condition is good; from the fact that he is anxious & work, whenever there is anything to be done. Mentally, he appears quite sound, no delusions noticed, of late, although they were noticeable to a certain extent, in the beginning. —

- 22 Oct 22/95. Seems to be doing nicely. Speech is quite rational: he seems in the best of spirits, at
- " 26 all times. Works around is well behaved. Oct 26/95. 10 Am. Is not feeling well. —
- " 27/ 7:30 PM. Went to bed. Oct 27/95. Ups around, this morning. Oct 31/95: General notes above still
- Nov 3/5 hold good. Condition seems much improved. Nov 5/95. Wt (dressed) 154½ pds. Behaves well: walks
- " 10 some: quite restless, at times, & express a desire to go home. no delusions noticed. Nov 10/95. Became very unruly, toward night: used abusive language & made several threats to do bodily harm to
- " 22 nurses & others. Transferred to C[illegible]. Nov 22/95. Has been quiet & well-behaved in this ward. Com-plains of his "incarceration" here. Eats & sleeps well. Physical health seems good. Talk some: no delusions & c noticed. Nov 24/95. Complained of pains in his heart. Doctor summoned who treated him for trouble.
- " 26 Nov 26/95. Complains of pains in his head: received medicine. Patient has "spells" of melancholy.
- " 27/30 Nov 27/95. Complains of pain in his lungs. Nov 30/95. Dr. H. - notes, as follows: "His frequent complaints of pain and summoning physicians, during the evening, seem to be rather hypochondriacal, than otherwise. His conduct, as his best behavior toward physicians & endeavors to impress them with his sanity. At times, he is depressed & has occasional "crying spells". It is difficult to point out instances showing insanity, as he carefully conceals his delusions, but his general behavior
- Dec 1/ and talk are paranoiac." Dec 1/95. Wt 156½ pds. Pgr. Dec 5/95. Complained of being weak and
- " 6 tired: Pulse & Temp. normal. Dec 6/95. Again complained in a similar manner: Rt T. normal
- " 31 1895 Dec 31/95. No complaints, of late: behavior quiet: works in dining-room. Eats and sleeps well. -
- Jan 1/ 3/ Jan 1/96. Wt 165 pounds (has been gaining a good deal in flesh). Pulse &c. Jan 31/96. Behavior very good: more pleasant & agreeable in manner. Talks some: no delusions & no noticeable hobby. Complaints
- Feby 1 (Transferred to C[illegible]. 1/4/96 - "account of a general change of wards"). Feby 1/96. Wt 172 pds. P 76.
- " 5 (has gained 26½ pounds in flesh, since coming). Feb 5/96 Commenced to work out at the laundry, today.
- " 15 Feb 15/96. Behaves very well. Eats & sleeps well: bowels regular. Takes part in patients' Dances &c and card-parties & recently was at the "Masked-Ball" in costume & enjoyed himself much. Works daily & intelligently at the Laundry. Makes no complaints. Would like to go home soon.
- " 24 Feby 24/96. Was allowed to go home to day, alone

June 3/96 Returned to Ward E. Summary Nurses Notes by Dr. Phelps. Patient during stay here was, at first sight at least, about the same at all times, however, while appearing rather rational during first part of stay he would at times accuse persons of trying to poison him & had vague delusions - also on several occasions struck persons with no apparent reason. Was kept for most part upon violent ward. During latter part of his stay, however, altho somewhat peculiar & quiet did not seem to show any prominent delusion ideas. Upon urgent request of wife who came down with & his old infant he was allowed to go home on Apr. 7/97. He claimed that he was all right then but acknowledged that he was not all right before.

Discharged.

Personal and Medical History of Thomas Burgess

LEBERT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4213.
Residence, Highland. Minn.
Date Admission, 1st October 1895. —
Admitted by, Dr. A. F. Kilbourne Hour, 4 P.M.
How Sent, Malcolm Kennedy. J. of P. Wabasha Co.
Sex, — Male —
Age, — 22 —
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common School education
Profession Religion, not a church member
Habits, not intemperate
Nativity, Highland, Minn. (father's Belfast Ireland: mother Ireland)
Physicians Committing, J. P. Waste and Edwin S. Muir
Correspondents, Andrew Burgess (father) Plainview. Minn

No. for Year, 41.
Insane Relatives, one full
Cause Exciting, mast
Cause Predisposing, her
Form,
Accompanying Bodily Disorder, Non
Suicidal or Not, Threaten
Date of this Attack, some
Duration, some 4 yrs.
No. of Attack, not 1st (Note: probably 1st Continuous)
No. of Admissions, 1st —
Age First Attack, about 18.
Time of Leaving, July 22. 1900
Time in Hospital, 4 yr. 9 m. 24 d.
Result, Died. Tuberculosis Pul.

~~Wabasha Democrat~~ Oct 4/95

Sent to Rochester.

Judge Kennedy and Assistant County Attorney Bowditch were at Plainview Tuesday inquiring into the sanity of Thomas Burgess, son of William Burgess of Highland. It has been known for some time that he was not right in his mind and Monday he became violent and attacked Edward Hewett with a knife and stabbed him three times, once in the lumbar region and twice in the back, but the injuries are not dangerous. The Judge considered it was best to confine him therefore committed him to Rochester.

EXAMINATION ON ADMISSION

Exd by Dr. Herzog, Oct 2/95.

MENTAL CHARACTERISTICS.

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

MEMORY:
Past Events,
Recent Events, } unknown
Special Subjects,

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

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

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

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

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, very reticent.

GENERAL DESCRIPTIVE REMARKS:
During examination he seemed to understand slowly & it was necessary to speak to him several times before he would do what was wanted. He spoke but a few words & then only in response to frequently repeated questions. At times, he would struggle violently with the nurses, apparently with no object in view & would, later, confess that he did not know why he struggled thus. He seemed to be moved by some insistent idea. He appeared fairly good-humored during the struggle, smiling most of the time, but putting forth great strength. His breath is foul, and skin of face disfigured by severe acne.

Personal and Medical History of Thomas Burgess

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 in WEIGHT, 150 lbs (142. clothes off) NUTRITION, fairly good: muscles large & firm.
WOUNDS OR ABNORMALITIES, bruised & marked by hand cuffs & see S.R. in next page.
TONGUE, Tremors, decided large tremors Coatings, tongue large: heavy yellow coating Promptness Movement, slow —
PUPILS, Equality, Yes Size, somewhat dilated
Response Light, sluggish Accommodation, sluggish.
SIGHT, apparently good
HEARING, " "
COORDINATION, Arms, Legs, } apparently fairly good: usual tests could not be applied.
TREMORS, Hands, None Tongue, yes
Facial Muscles, None General, none
REFLEXES, Patellar, exaggerated. EXAM. URINE,
Other apparently equal.
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION, stolid & immobile but not stupid: eyes glittering & restless
SENSIBILITY,
HEART, rapid: all sounds rough. Somewhat weak.
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, } see history
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Thomas Burgess

LEIGHT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4213.
Residence, Highland. Minn.
Date Admission, 1st October 1895. —
Admitted by, D. K. Kilgour Hour, 4 P.M.
How Sent, Malcolm Kennedy. J of P. Wabasha Co.
Sex, Male.
Age, 22.
Civil Condition, single
Children, none
Age Youngest Child,
Occupation, Farmer
Degree Education, Common School Education
Profession Religion, not a church Membe
Habits, not intemperate
Nativity, Highland, Minn (father's Belfast Ireland: mother Ireland)
Physicians Committing, J. P. Waste and Edwin S. Muir
Correspondents, Andrew Burgess (father) Plainview. Minn

No. for Year, 41.
Insane Relatives, one full Cousin
Cause Exciting, masturbation
Cause Predisposing, heredity.
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Threatened Suicide: homicidal.
Date of this Attack, some 4 years ago.
Duration, some 4 years.
No. of Attack, not 1st. (Note: probably 1st Continuous)
No. of Admissions, 1st —
Age First Attack, about 18
Time of Leaving, July 2nd. 1900
Time in Hospital, 4 yr. 9 m. 24 d.
Result, Died. Tuberculosis Pul.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr. Herzog, Oct 3/95.

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

MEMORY:
Past Events, } unknown
Recent Events, }
Special Subjects,

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

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

EMOTIONAL STATE:
Normal, Calm,
Indifferent, and }
Exalted, Slightly }
Depressed,

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

CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, very reticent.

GENERAL DESCRIPTIVE REMARKS:
During examination he seemed to understand slowly & it was necessary to speak to him several times before he would do what was wanted. He spoke but a few words & then only in response to frequently repeated questions. At times, he would struggle violently with the nurses, apparently with no object in view & would, later, confess that he did not know why he struggled thus. He seemed to be moved by some incoherent idea. He appeared fairly good-humored during the struggle, smiling most of the time but putting forth great strength. His breath is foul and skin of face disfigured by acne.

Personal and Medical History of Thomas Burgess

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

WEIGHT, 150 lbs (142. clothes off) NUTRITION, fairly good: muscles large & firm.
FORMALITIES, pinned & marked by hand cuffs & see S.K. in next pge.
Tremors, Decided large tremors Coatings, tongue large: heavy yellow coating Promptness Movement, Slow —
Equality, Yes Size, somewhat dilated
Response Light, Sluggish Accommodation, Sluggish.
SIGHT, apparently Good
HEARING, " "
COORDINATION, Arms, } apparently fairly good: mental tests could not be applied
Legs, }
TREMORS, Hands, None Tongue, Yes
Facial Muscles, None General, None
REFLEXES, Patellar, Exaggerated EXAM. URINE,
Other apparently Equal.
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION, Stolid & immobile but at times: eyes flittering restless
SENSIBILITY,
HEART, Rapid: all sound rough. Somewhat weak.
LUNGS, Nothing Definite

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,") } see history
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Thomas Burgess

1895

This patient was brought here Deputy Sheriffs R. W. Carpenter and C. A. Seedhoff, with the following history. Patient is in apparently good physical condition. Parents are 2nd cousins. His full cousin is insane; this is not 1st attack; for past 4 years, he has not been right: continuously melancholy & gloomy: has not been in hospital: no treatment except bromides &c. First symptoms of this attack were manifested, about 4 years ago; he became melancholy & gloomy and brooded constantly; was obstinate & headstrong; suffered from insomnia. Disease appears to be increasing, not variable; no rational intervals: at no time, is his intellect clear. Derangement now shown by his having threatened suicide; is inclined to be morose & cross: he also attacked a neighbor boy, with a knife yesterday. Suicide has not been attempted, but propensity is active. Is not filthy or destructive in habits. Previously, was very passionate. There is no history of intemperance in self or parents, nor of any severe disease &c or head-injury. He has been confined since 30th Sept 1895. Cause of disease supposed to be masturbation. Physical condition is good

Oct 1 **On admission**, was put on C3 (2 H. N. Kpt. (52). Complexion dark: hair dark; eyes hazel; condition of skin pimply; scars around wrists, caused by hand cuffs & a number of scars on back, caused by Electric belt (?); bruises on shoulder, hip & leg: no hernia noticed; is dirty: no bodily peculiarities noted; is stubborn: had on hand-cuffs, when brought here. P 90 R 28 T 98/100.2.

" 2 Oct 2/95. Quiet all night & slept 6 hours. Am. Pulse 90 R 28 T 98 6. Appetite very fair: had 2 passages of bowels during night: no cough observed: behavior quiet: has delusions: makes no complaints. 9 Am Transferred to "Infirmary ward". Mental condition very nervous. Put to bed: quite obstinate; will not talk: became quite troublesome about noon, which necessitated holding him in bed: 7 30 Pm. Was

" 3 given Enema of Soap-suds & glycerine: Wt today 142 pds. Appetite fair. Oct 3/95. Restless 4 hours, sleeping only 4 hours, last night. Bowels moved. He has been very unruly, the greater part of the day;

" 4 and required constant watching. Saw medicine, 3 times a day: Oct 4/95. Restless 7 hours & slept only 1 hour, last night. Pm. Patient has been very wild & troublesome, all day: refused supper:

" 5 became quite unmanageable at night & was placed in restraint. Oct 5/95. Restless 5 hours, sleeping but 3 hours, last night. 9 Am. Taken out of restraint & remained quiet for a short time, when he again required steady holding by 4 nurses. Was again placed in restraint. -

" 6 Oct 6/95. Restless, excited & disturbed; slept none, last night. 7 Am. Was given Sponge-bath: was taken out of restraint at 8 30 Am and kept out about 1 1/2 hours; when it became necessary to replace him. Appetite quite good, but bowels not regular. Oct 7/95. Restless 3 hours, but slept 8 hours

" 7 last night. Pm. Patient was in restraint all day; has remained so since yesterday. Does not talk.

" 8 Oct 8/95. Restless 4 hours, sleeping only 4 hours, last night. Was taken out of restraint at 9 Am and remained so, all Day: required constant watching but holding was unnecessary. 5 30 Pm Given Enema:

" 9 bowels then moved. Oct 9/95. Slept 5 hours, restless 5 hours, last night. Pm. Patient has been Comparatively

" 10 quiet, to day: talks some: Appetite good: but bowels irregular: Oct 10/95 Restless 5 hours, slept 5 hours.

" 11 Pm. Was somewhat troublesome, during day. Placed in restraint, at night. Oct 11/95. Restless 5 hours, but slept 6 hours. 8 30 Am. Taken out of restraint: replaced in restraint at 9 30 Am: having become unmanageable: 4 30 Pm. Again given Enema: bowels moved. Oct 12/95. Restless 5 hours, sleeping

" 12 only 3 hours, last night. Pm. Patient has been kept in restraint all day: Talks more than usual, and speech seems quite rational; appetite good: but bowels still irregular. A regular extra Dose

Personal and Medical History of Thomas Burgess

1895

Oct 13/95. Restless, hour, but slept 7 hours, last night. Am. Pulse 60 R 19 T 98 4. Medicine discontinued. Patient was taken out of restraint at 8 30 Am, but immediately became generally troublesome.

" 14 Was held in bed until 10 Am & again restrained. Oct 14/95. Slept 6 hours, restless 2 hours, last night.

" 15 9 Am. Taken out of restraint & held until 11 30 Am & then again placed in restraint. Oct 15/95. Restless 5 hours & slept only 3 hours: Pm. He has been in restraint, all day. Appetite good, but bowels irregular: was given dose of salts. **Summary**: patient's behavior, in general, for these past 2 weeks, has been bad: became quiet on 4th day & remained so for a few hours, when it was necessary to resort once more, to measures of restraint. He was kept in restraint, except when it was possible to control him without, until the 7th day, when it was removed & kept off till the evening of the 9th day. It was then replaced, & save the few hours which were occupied in taking him, was allowed to remain unchanged. Physically, patient is very strong, requiring the power of several nurses to subdue his struggles: his appetite has been quite good, from the first, but bowels have been irregular & would not move without the aid of an enema. Mentally, patient was quite melancholy up to the 8th day, & would not talk upon any subject. There was a very noticeable change in his Condition & appearance, upon the evening of the 8th, & on the 9th was considerably brighter & would talk quite freely. Except at times, when he becomes quite stubborn, he will talk

" 17 quite rationally. - Oct 17/95: Still sleeps poorly. Remains very stubborn: talks very little. Was in restraint

" 18 all day with exception of 1/2 hour. Oct 18/95. In restraint, all day. Still rests & sleeps poorly.

" 20 Oct 20/95. Was taken out of restraint, this forenoon: became unmanageable & was replaced. Still

" 21 sleeps very poorly. Oct 21/95. Was dressed & taken out doors. Had difficulty in getting him to walk.

" 22 Oct 22/95. Taken out in roller-chair, as he would not walk. Placed in restraint, upon return. Oct 23/95: In restraint

" 23 all day of 23d & 24th. Taken out of restraint for a short while, this forenoon. Oct 26/95: Taken out was

" 29 was somewhat troublesome. Oct 29/95. In restraint all day, 29th & 28th. Lies quietly. Refused his

" 31 breakfast & supper on 29th. Am. Transferred to C3 to-day. Oct 31/95. Very stubborn & uneasy through

Nov 1 the day: will not speak, when spoken to. Eats & sleeps well. Physical Condition emaciated. He

" 10 makes no complaints. Mentally, no change. Specially to note. Nov 1/95. Wt 114 pds. Pulse 76.

" 12 Nov 10/95. Still of a very stubborn disposition. Has a "crimped-ear" which he is constantly picking. Phy-

" 16/17 -sical Condition still emaciated. Talks but little & only when spoken to. Complains of pain in head. Nov 15/95. Ear

" 30 seems improving: no change noticed, mentally. Nov 16/95. Ate "merely & well" to-day. Nov 17/95: Again quiet.

Dec 1/95 Nov 30/95. Very slight improvement noticed in mental condition. Otherwise, he is about the same.

Dec 1/95. Wt 114 pds. Pulse 84. Dec 8/95. Behavior quiet: never speaks, unless spoken to, & then, in a very indistinct tone of voice. Ear healed: he continually picks his nose: very stubborn: untidy: bowels obstinately

" 16 Constipated & require frequent Cathartics, or enemata. Dec 16/95. Stupid: habits dirty: soils his clothes.

" 30 Transferred to C3. Dec 30/95. Was determined to go in to C3 during the night: when Night-watch requested him to go to bed, he refused: attacked Night-watch, who called his mate (N.W. Keifer) to help him: a hard

" 31 struggle ensued, before patient was got under control. Dec 31/95. Bowels still require enemata or cathartics, quite often. Behavior dull & stupid: never speaking, but will answer questions, at times. Habits filthy, wanting about clothing. Dresses & undresses himself, if given plenty of time. Mentally, condition about same.

1896 Jany 1/96. Jany 1/96. Wt 160 pds. Pulse 102 (has gained in flesh). Jan 11/96. Seems growing worse: will not do anything he is asked: has to be dressed & undressed by force; will not go to meals, unless almost carried: when trying to

(Carried to 268)

Personal and Medical History of Lorenz Gravold

LAGERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4217.
Residence, Burnside, Goodhue County, Minn
Date Admission, 4th October 1895.
Admitted by, Dr Linton - Phelps Hour, 2 30 P.M.
How Sent, Axel Haller, Jo P. Goodhue County
Sex, Male
Age, about 60 years
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Laborer
Degree Education, Common school education
Profession Religion, not a church member
Habits, — not known —
Nativity, Norway; parents also born there —
Physicians Committing, J. V. Anderson and G. C. Wellner
Correspondents, (?) Hans Johnson, Redwing Overseer Poor Farm

No. for Year, 45.
Insane Relatives, not known
Cause Exciting, not known
Cause Predisposing, previous attacks
Form,
Accompanying Bodily Disorder, weakness
Suicidal or Not, not known.
Date of this Attack, Some 2 years ago.
Duration, — Some 2 years —
No. of Attack, not 1st —
No. of Admissions, 1st " —
Age First Attack, not stated
Time of Leaving, Oct. 31. 1896.
Time in Hospital, 1 yr. 27 da.
Result, Died - Dilation of Stomach.

Exam. R. M. Phelps 10/16/96

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,

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,

GENERAL DESCRIPTIVE REMARKS: Patient is a quiet rather imbecile appearing case. His talk is all norwegian, in a low tone & seems silly - not much examination of mental condition was made. Physically he seems feeble & declining. Has varicose ulcers lower part of left leg which troubles a good deal. Has been in bed for some time. Symptoms of other obscure trouble at times also on pain in abdomen & high temperature.

Personal and Medical History of Lorenz Gravold

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 121 pds. NUTRITION, Rather poor.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Normal.
Response Light, Accommodation,
SIGHT,
HEARING, Good
COORDINATION, Arms,
Legs,
TREMORS, Hands, None notable. Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Blurred.
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Somewhat weak - no murmurs noted.
LUNGS, Fair

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS, C.(h) 54 (v.m) 65 N.oc.a. 33½ Bin.a. 32½ Ant.p.d. 18 Transv.d. 15½ Bin.d. 12. F.L. 11.2
HISTORICAL, Cant get historical particulars from him.
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 Lorenz Gravold.

1895

This patient was brought here by Stans Nelson, Superintendent of Poor Farm, with the following History. Patient is in weak physical condition. As to consanguinity & heredity, not known; this is not 1st attack; mental derangement has continued for years with periodical attacks of maniacal excitement; duration of these from one or 2 days; has never been in hospital. First symptoms of this attack manifested about 2 years ago, in a mild degree: he would become excited & talk incoherently & strike at imaginary objects. Disease appears to be increasing. variable; rational periods at irregular intervals, as described above. Derangement now shown by ideas of persecution; he is constantly engaged, during an attack, in fighting an imaginary woman, at whom he talks & gesticulates. Patient is disposed to injure others. If suicidal, not known: is filthy in habits: he has always been weak-minded & quick tempered; has always, as far as known, talked to himself: nothing further is known: As to intemperance, not known. Has had no severe disease or head injury, as far as known. He has been confined in a cell, 18 hours. Cause of Disease, Not Known: no treatment has been given. On personal Examination, he is found to be stupid; (there is dementia); does not answer questions intelligently; says "he saw an imaginary person (woman), last night". Has a silly laugh. No further particulars.

Oct 4 On admission, was put on 13 oz (S.B. Complexion dark: hair black: eyes gray; condition of skin good: bruises on left leg above ankle: is clean: little finger, on left hand, crooked & stiff: behavior good). Pulse 100. R 22. Tc/ 99.2. Oct 5/95. Slept 6 hours, restless 2 hours, last night. Am. Pulse 90 R 20 Tc/ 98.4°. Pm. Pulse 78 R 20. Tc/ 99. Appetite fair; bowels seem free: no cough noticed. Is quietly behaved: talks none: makes no complaints: leg dressed with boracic acid wet-dress": Oct 6/95. Slept 6 hours, last night. Am. Pulse 80 R 20 Tc/ 98.6°. Pm. Pulse 88 R 20 Tc/ 98.8: behavior good: cannot speak English: leg dressed as before.
" 7 Oct 7/95. Restless 5 hours. Sleeping 3 hours, last night. Am. Pulse 80 R 20 Tc/ 98.4°. Pm. Pulse
" 8 R 20. Tc/ 99. Appetite good: bowels in good condition: he makes no complaints. Oct 8/95. Restless 3 hours, sleeping 5 hours. Am. P 78 R 20 Tc/ 99: Pm. P 82 R 18 Tc/ 99.2 leg dressed with
" 9 iodoform gauze dressing: looks well: Oct 9/95. Slept apparently well (8 hours), last night. Pm. P 76 R 20 Tc/ 99.2°. Behavior good: Goes out walking every day: is rather feeble: probably
" 10 due to ulcers on legs. Oct 10/95. Am. Pulse 80. R 18. Tc/ 99.2°. Patient very quiet, though not melancholy: leg dressed with iodoform gauze dressing and appears to be doing well.
" 11 Oct 11/95. Restless 1 hour, but slept 7 hours, last night: AM. P 76 R 20 Tc/ 98.6° Pm. P 80
" 18 R 20 Tc/ 99°. Eats well: bowels in good condition: leg dressed as before: Oct 18/95. During this the second week, nothing special noticeable. Patient has been resting & sleeping quite well, 6 to 7 hours, nightly, tho' still somewhat restless. Pulse R & Tc have been about normal. He has been quiet & well-behaved: making no complaints: appears contented here: goes out on the grounds occasionally, but cannot walk well: seems weak: appetite good: bowels regular. leg dressed, as usual & seems to be doing well. Summary: Patient is rather run-down and weak: does not talk much & cannot speak English, & on this account it is difficult to ascertain anything definite as to his mental state. Oct 21/95. Somewhat restless,
" 23 but sleeps 6 to 7 hours, nightly. leg dressed daily & is doing well. Oct 23/95. Dr Hunter. Simple
" 31 dementia. Varicose ulcers clean & granulating slowly. Oct 31/95. Sleeping better, since last

Personal and Medical History of Lorenz Gravold.

1895

Oct 31 noted. Leg dressed regularly. General condition does not change much. Behaves well.
Nov 1/10 Nov 1/95. Ult 121 pds. Pulse 70. Nov 10/95. Leg dressed daily & is doing well. Left eye was swollen this Am.
" 12 appeared to have been struck: nothing could be learned about it. Nov 12/95. Leg dressed: does not improve much, of late.
" 13/20 Nov 13/95. Transferred to Ath, at 11 Am. Nov 30/95. Appetite good: bowels regular. He sleeps well: behaves good:
goes out walking. Is rather foolish in talk & behavior, at times: leg dressed every other Day & is doing quite well.
Dec 1/ 10/ 20 Dec 1/95. Ult 121 pds. Pulse 80. Dec 31/95. No change noted. Sleeps well. Goes walking. Does no work.
Jan 3 Jan 3/96. Ult 123 " " 88. Jan 8/96. Complains of being sick, this Am: Ate but little breakfast. Pulse 84
- 9 Temp 102.5 (taken at 9 Am): Refused Dinner & supper. Was in bed. all day. Jan 9/96. Somewhat better this Am.
- 10 Slept fairly well, during night. (6 hours). Ate very little breakfast Pulse 80. Temp. 99.6. Jan 10/96. Up, and was
- 31 went out walking. Jan 31/96. About the same as last month. Up & about Daily. Does not do any work.
Feb 3/ 19/ 29 Feb 3/96. Ult 122 pds. P 76. Complains of pain in his leg, today. Feb 19/96. Put on medicine, 3 times a
Day, after meals. Feb 29/96. medicine discontinued. Has an open sore on left leg: is treated, every other
day & is doing nicely. Patient is very active, at times: then, again, seems to be quiet: sitting in one place
sleeping or melancholy. Talks very little & in Swedish language. Does not go walking: no work.
Mar 3/ Apl 1/ 30 Mar 3/96. Ult 124 pds. P 72. Put on medicine, again. Mar 31/96. No change noted. Has been very quiet:
seldom speaking: Clean in habits. Apl 1/96. Ult 126 pds. P 60. Apl 30/96. Continues quiet & well behaved.
talks Considerably to himself. Makes no Complaints. Goes walking - at present is working in dining-room -
Is on medicine.

May 9/ 8 Summary Nurses Notes by Dr. Phelps. Patient seems to combine the symptoms of senility & imbecility
Oct 31/ 96 wt. May 9/96 126 lbs. Troubled somewhat with a sore leg. Sept 3 Commenced to feel sick: was
put to bed: vomited some: Temp. 97.8. got up next day. Was in bed again on the 6th. Gradually grew worse, chiefly inability to retain things on stomach: ate little. Sept 9 Temp 101:
Transferred to Infirmary: Was on Infirmary during September: Kept about same from day to day:
was rather quiet: symptoms not prominent: Leg dressed daily. During October condition continued same for a few days - On Oct 4 vomited several times: next day
temp. was up & he complained of stomach. by the 6th was better & he continued
lying quietly in bed until the 25th when he again vomited & seemed to be in
considerable pain: Oct 26 Temp. 102.8 pulse hard & full. So unable to give an accurate idea of location of pain. Abdomen tender: right side more rigid than left:
slight jaundice. Visited in afternoon by Dr. C.H. Mayo: Hot applications applied steadily
Oct 27 Temp. 101, Vomited frequently. Oct 28 Patient seems easier: Temp. more nearly normal:
had a regular bath: Oct 29 So about same, vomited some: Oct 30 Operated upon at
4:30 PM. by Dr. C.H. Mayo, No appendicitis was found but stomach was enormously
dilated reaching a hands breadth below umbilicus & containing about 2 cupfuls
of fluid: pyloric obstruction. Patient failed & died at 1.35 Oct. 31/97.
Post mortem showed pylorus thickened but would readily admit finger.
Cause of death. Dilatation of Stomach

Died.

Personal and Medical History of Ole Hanson Sather

LEBERT, FIDLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4218.
Residence, Cannon City, Rice County, Minn
Date Admission, 4th October 1895
Admitted by, Dr. Luther Phelps Hour, 3:00 P.M.
How Sent, R.A. Mott, Jo. P. Rice County
Sex, Male.
Age, — 66 —
Civil Condition, married
Children, — Eight —
Age Youngest Child,
Occupation, Farmer
Degree Education, very limited
Profession Religion, Lutheran
Habits, Not intemperate
Nativity, Norway; parents also born there.
Physicians Committing, G. W. Wood and A. N. Dale
Correspondents, name given in papers —

No. for Year, 46.
Insane Relatives, Brother, daughter & niece
Cause Exciting, Reconstruction
Cause Predisposing, Heredity & previous attack
Form,
Accompanying Bodily Disorder, great feeblenges -
Suicidal or Not, Suicidal; cut his throat.
Date of this Attack, about 4 weeks ago
Duration, about 4 weeks
No. of Attack, 3rd (probably more)
No. of Admissions, 3d here
Age First Attack, about 54.
Time of Leaving, Sept. 15. 1896.
Time in Hospital, 11 mos. 11 da.
Result, Discharged Feb. 3'97. 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 Ole Hanson Sather

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7½ WEIGHT, 134½ 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 Ole Hanson Sather.

1895

This patient was brought here by Sheriff C. N. Stewart, with following history. Patient is in feeble physical condition. There is no consanguinity in the case. Mother, daughter and niece have been insane. This is not 1st attack; he had them in '93 and '94 & has been already twice committed here. Patient became worse, about 12 weeks ago: disease is rather intermittent: it is variable & with rational intervals, but these have no regularity. Derangement now shown in that he refuses to eat: wanders, and is full of hallucinations: sullen. Is disposed to injure others: also attempted suicide, by cutting his throat, propensity not markedly active, now. Habits not neat. Previously, was passionate, avaricious & odd. There is no history of intemperance in self or family. Patient claims to have been pre-struck. Has only been confined here, as above stated. Supposed cause of the disease is predestination. The only treatment given has been rest & confinement. On personal Examination, it is learned that he has not been in condition to run at large, since his first commitment. Note. As stated, patient has been here twice before: 1st time, from June 23/93 to July 27/93. (Vol 23 page 377 No 3359) and 2nd time from Oct 11/94 to Dec 10/94 (Vol 29 - page 61 No 3868); on each of these occasions, attack was similar in character: was rather restless & excited for some time, after each coming; sleeping poorly; showed delusions of grandeur &c; but he soon commenced to improve; rested well; talked sensibly & rationally: was visited quite often by relatives and friends: improvement kept up, each time, until he was taken home by relatives. —

Note

Oct 14 On admission, was put on I W. (S.R. Complexion dark; hair gray; eyes blue; condition of skin good: 2 small scars on right leg, above knee & he is slightly cut in left cheek; no eruptions &c noticed: is dirty & has vermin on him: no bodily peculiarities noted; behavior good: is dull & stupid). Is apparently run-down. Put to bed. P 72 R 18 T 98.2

" 5 Oct 5/95. Restless 6 hours, slept 2 hours, last night. PM. He has been quite restless, at times, during the day. Bowels moved: passes urine regularly. Is dull & stupid: does not talk. Appetite good.

" 6 5 PM. Bowels again moved. Oct 6/95. Quite restless & slept only 3 hours, last night. Has been restless

" 7 all day. Bowels moved. Oct 7/95. Restless 4 hours, sleeping only 4 hours: is continually tossing about

" 8 in bed, during the day. Appetite good: bowels regular. Oct 8/95. Restless 2 hours, but slept 6 hours, last night. PM. Patient has been somewhat restless, but seems to be brightening up.

" 9 Oct 9/95. Restless 6 hours & slept only 2 hours, last night. AM. Pulse 64 R 20 T 98.4 — Patient has been quite restless, getting out of bed often, during the day. Talks some. Appetite good.

" 10 Oct 10/95. Restless 2 hours, noisy one hour & slept 5 hours, last night. No change to note in the

" 11 patient's condition. Oct 11/95. Restless 6 hours & slept only 2 hours, last night. He appears to be

" 12 improving some. Oct 12/95. Restless 2 hours, noisy one hour but slept 5 hours. Talks considerably:

" 13 says he will be able to get up in a few days". Oct 13/95. Slept 5 hours, restless 3 hours, last night.

" 14 Condition about the same. Lies in bed & makes no complaints. Oct 14/95. Slept 6 hours, restless 4 hours. PM. Has been out of bed, several times, today. Wishes to come out on ward & talk. Appetite good: bowels regular.

" 15 Oct 15/95. Restless 3 hours, noisy 1 hour & slept only 4 hours, last night. PM. Says he is tired playing

" 16 in bed: is continually asking for his clothes. Oct 16/95. Restless 4 hours & slept but 2 hours, last night

" 17 appetite good: bowels regular. No special change & otherwise. Oct 17/95. Slept only 4 hours, restless 4 hours, last night. PM. Patient seems quite contented, today: has been reading a great deal.

Personal and Medical History of Ole Hanson Sather.

1895

Oct 18 Oct 18/95. Restless 3 hours, slept only 5 hours, last night. Appetite very good: bowels regular. Patient wishes to get up & dress. Summary: Patient's behavior has been good, throughout the entire 7 weeks. Physically, he is not very strong: (was quite weak when received). Did not eat very well, the first day, but appetite improved the second day & remained so. Bowels have been regular & sleep fairly good. Mentally, patient has been quite rational, excepting during first four days, when he would not talk. No delusions noticed, at any time. (See attached nurse's record on file.

" 24 Oct 24/95. Sleeps 4 to 6 hours, nightly: is restless. Appetite good: bowels regular. Patient becoming

" 26 very contrary. Have considerable trouble in making him mind. Oct 28/95. Patient's condition decidedly worse; he will break dishes & do all things that are wrong, if he is not watched.

" 31 Oct 31/95. Condition about same, as last noted. Appetite is good and bowels are regular.

Nov 1/6 Nov 1/95. Visited by a relative in PM. Nov 6/95. Restless & very noisy at night & sleeping only 2 & 4 hours, at each. Becomes excited & noisy, at times, by day: requires continual watching to keep him out

" 13 of mischief. Wt today, 136½ lbs. (Dressed). Nov 13/95. Still restless & noisy at night & sleeps very poorly.

" 14/30 Nov 14/95. Visited by relative today. Nov 30/95. Is resting & sleeping better, lately. Restless &, at times, noisy

Dec 2 by day. Condition remains about the same, from day to day. Dec 2/95. Continually restless & somewhat noisy still: requires continual watching, to keep him out of mischief. Transferred to A4 today (Mar)

" 4 Dec 4/95. Appeared onward, this am, with left eye & face bruised & also somewhat hurt on left side of body. Night-Nurse reports him falling on the floor, at night, while going to closet. Slept but little, during

" 5 the night: was quite noisy. Dec 5/95. Very restless & continually into mischief: requires close watching: Is tearing his clothes: extremely noisy: tried, twice, to open the windows. Transferred to W3, East.

" 9 Dec 9/95. Has been restless & extremely noisy, at night; sleeping only 1 or 2 hours, on each. Soiled his bed & clothing: bowels require enemata to move them. Extremely noisy, today. Struck back of head against

" 17 the ventilator, cutting his head slightly. Dec 17/95. Has continued about as above. Transferred to I.W.

" 19 Appeared considerably run-down: was put to bed. Dec 19/95. No special change: has continued restless,

" 20 noisy & destructive. 7.30 PM. Restrained by mitts. Dec 20/95: Restless & noisy & sleeps only 4 to 5 hours,

" 21 nightly. PM. Has been very quiet, all day. Refused 2 meals, today. Dec 21/95. Visited by friends.

" 24 Quite noisy, at times, during the day. Dec 24/95: 4 PM. Mitts removed. Quiet, most of day.

" 27 Refuses breakfast & quite often. Dec 27/95. 4.30 PM. Mitts were replaced. Dec 28/95: Very restless,

" 31/Jan 1 all day: tried various methods for destroying bedding. Dec 31/95. No change noticeable. Restless; noisy,

1896 Jan 1 at times & destructive: habits have been quite filthy. Jan 1/96. In bed, today. Restless & noisy.

" 7 appetite poor. Jan 7/96. Has been quite well-behaved: sleeping well, nightly: bowels require cathartics

quite often. Seems quite strong. 2.30 PM. Up & dressed. Has been quiet, during the day. Appetite good.

" 10 Jan 10/96. Behavior bad: requires constant watching: is very mischievous: Wt (dressed) 139 lbs. -

" 11/15 Jan 11/96. Transferred to W3. Jan 15/96. Has been restless & noisy at night: Sleeping very

" 16 poorly: at times, destructive. Jan 16/96. Transferred to I.W. Received there in an excited

" 21 condition. Given bath & put to bed. Jan 21/96. Restless & noisy at night: Sleeping poorly.

" 22 noisy & restless, by day: destructive. Jan 22/96. 1 PM. Up & dressed. Went out walking.

" 26 4.30 PM. again put to bed. Jan 26/96. Has required very close watching: 10 am. Up dressed.

" 30 Is very mischievous: quite destructive. Jan 30/96. Very noisy & destructive. Tore his

" 31 trowsers into shreds. 8 AM. Restrained by mitts. Jan 31/96. Very restless & noisy. No change otherwise

Carried To Transfer Book A. Page 24

Personal and Medical History of Herman Lent

LEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4220.
Residence, Owatonna, Minn
Date Admission, 8th October 1895. —
Admitted by, Dr. Phelps Hour, 11 30 am
How Sent, M. B. Chadwick, Jof P. Steele County.
Sex, — Male —
Age, 32 years
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Painter.
Degree Education, Good common school
Profession Religion, not a church member
Habits, Intemperate &c
Nativity, N. Y. State: (parents also born there):
Physicians Committing, E. E. Biglow & A. B. Stewart
Correspondents, D. D. Howe
Owatonna

No. for Year, 48.
Insane Relatives, none as known (maternal grand father inebriate) —
Cause Exciting, Intemperate habits & masturbation
Cause Predisposing, previous attacks — heredity (?)
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, threatened suicide: homicidal.
Date of this Attack, about 2 months ago.
Duration, about 2 months.
No. of Attack, 2nd probably
No. of Admissions, 1st here (was at Oshkosh)
Age First Attack, about 27.
Time of Leaving, May 2' 96.
Time in Hospital, 6 mo. 26 da.
Result, Rec. Disc. July. 30' 96

Exd. by Dr. Herzog, Oct 9/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Fairly clear
Quick or Sluggish, Quick
MEMORY:
Past Events, Fairly good
Recent Events, " "
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, correct in the main
REASONING POWER:
Ordinary Subjects, quick; slightly inaccurate
Own Mental State, appreciates condition.
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm,~~
~~Indifferent,~~
Exalted, Yes
~~Depressed,~~
DELUSIONS:
Systematized or Not,
Special Subjects, None noted
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent, slightly
Voluble or Reticent, voluble.

GENERAL DESCRIPTIVE REMARKS:
Patient is in good health: says "he has been drinking": says "he was in Oskkosh, 3 years ago for 3 months: was worse then, than now". Shows simple exaltation, expressed in quick motions, at times purposeless. Says "feels first-rate; that he is all right; only too full of 'ginger': Inclined to be mischievous & imprudent.

Personal and Medical History of Herman Lent

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 132 ½ lbs. NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, see "S.R." on next page: nose broken
TONGUE, Tremors, none marked Coatings, clean bright red Promptness Movement, prompt
PUPILS, Equality, yes Size, normal
Response Light, somewhat excessive Accommodation, somewhat excessive
SIGHT, slightly impaired
HEARING, — Good —
COORDINATION, Arms, good: usual tests
Legs, Good: " "
TREMORS, Hands, slight Tongue, none
Facial Muscles, none General, none
REFLEXES, Patellar, 7-8 = equal
Other —
ARTICULATION,
Slurred, —
Hesitating,
FACIAL EXPRESSION,
changeable & vivacious
SENSIBILITY,
—
HEART, impulse forcible.
No murmurs.
LUNGS,
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,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Norman Lent

1895

This patient was brought here by Sheriff Bancard, attended by J. Jorson, with following history. Patient is in fair physical condition. No history of consanguinity or heredity, so far as known, but his maternal grand-father was an inebriate. This is not 1st attack; he had one 5 years ago; duration 5 months; was at Oshkosh, Wis, hospital; recovered. First symptoms of this attack manifested about 2 months ago, by insomnia & deranged condition of mind. Disease seems increasing: tho' variable & with rational intervals, but these, not at regular periods: the "spells" come on him at most any time of day. Derangement is now shown by his being apt to wander about & he has struck one person without any cause & threatened to kill several persons: disposed to injure others; threatened to kill himself, but, in what way, did not say: propensity not active, for a few days. Not filthy or destructive. Previously, he showed many peculiarities. Has had no severe disease or head-injury. He has been locked up, the past 48 hours. Supposed cause of the disease is his intemperate habits & masturbation: has had no treatment, only what he got at Oshkosh, Wis. On personal examination, he is found to be irritable in disposition, with a spasmodic desire to attack parties in the street: at times, has the delusion believing he owns property, not his own.

Oct 8 On admission, was put on B^3 (S.R. Complexion light: hair dark brown: eyes gray: condition of skin good: vaccination marks on left arm: is clean: no bodily peculiarities noted: behavior fair). Pulse 108 R 20 T(o) 99.2. Oct 9/95. Restless 5 hours, slept only 3 hours, last night. Am P 88 R 20 T(o) 99. Appetite good: bowels in good condition: no cough noticed: behavior good, though, at times, rather noisy & active: speech incoherent but no delusions noticeable. Pm. P 92 R 20 T(o) 99.2

" 10 Makes no complaints. Oct 10/95. Restless 1 hour, but slept 7 hours. Am " 84 " 18 " 98.8 Pm P 90 R 20 T(o) 99.2. Has been noisy & restless today. Plays violin a good deal. Habits clean.

" 11 Oct 11/95. Restless 3 hours, sleeping 4 hours. Am P 90 R 20 T(o) 99: Pm. P 94. R 20 T(o) 99.2

" 12 Eat very well: bowels are normal. Oct 12/95. Slept 7 hours; restless 1 hour: Am. P 78 R 20 T(o) 98.8: Pm. P 84 R 20 T(o) 99. Restless, most of the day, also quite troublesome.

" 13 Oct 13/95. Restless 1 hour, slept 7 hours. Am. P 84 R 20 T(o) 99: Pm. P 88 R 18 T(o) 99.

" 14 Quite restless, again, today. Plays his violin, a good deal. Oct 14/95. Slept quite well, last night. Am. P 80 R 20 T(o) 99.2 appetite, good: makes no complaints. Soiled on ground, very day.

" 15 Oct 15/95. Restless 2 hours, but slept 6 hours. Pm. Pulse 80 R 20 T(o) 98.8 Patient is saucy,

" 21 and impudent, at times; also, quite troublesome. Oct 21/95. During this the 2nd week, patient has been quite frequently restless, at night & sleeping only from 3 to 4 & 5 hours, at each. Pulse has been about normal. Appetite has been good: bowels in good condition: has been restlessly active, most of the time, & at times, troublesome, but is less impudent & more respectful in behavior toward nurses. Spends his time by playing violin &c & goes out in grounds: has had a cold, the past few days, but is now better. Behavior made no complaints, but says that "he want to go home"

Summary: Patient seems to take pleasure in annoying & tantalizing nurses. His behavior is detailed above. Physical condition seems quite good: muscles are large & well-formed. He talk rationally, but tries to be somewhat "fresh or smart": no delusions or hallucinations noticable, (though speech somewhat incoherent, at times). Oct 24/95. Has been noisy & troublesome

" 24 at night: cranky & stubborn; also saucy & impudent toward nurses, by day. Has been sleeping poorly.

Personal and Medical History of Norman Lent

1895 Cont'd

Oct 24 Became very mischievous, while at walking. this Pm: had some trouble with him & had to hold

" 25 him on the ground, for a that while. Transferred to B^3. Oct 25/95. Was given sleeping-powder,

" 26 but slept only 3 hours, last night. Oct 26/95. Attacked Martin Judge (nurse) & during the struggle,

" 31 patient's eye was discolored. Oct 31/95. Has been resting & sleeping better, the past few nights, and his behavior, also, has somewhat improved, tho' at times, he is very restless. Otherwise, no change to note.

Nov 1/15 Nov 1/95. Wt 129½ lbs. Pulse 96. Nov 15/95. Occasionally restless at night & sleeping poorly. Struck attendant Judge, today, who requested him to take a seat: patient afterward clinched Judge: attendant Schwartz came to help, when patient Peter Rondeau came to assistance of Lent: these patients fought desperately: attendants Briet & Olsen also came & after a time patients were got under control: some scratches were given and all to had their clothing somewhat torn: Lent was transferred to C^3. Nov 18/95. Taken back to B^3 again.

" 18

" 29/30 Nov 29/95. Visited by friend. Nov 30/95. Occasionally restless at night & sleeping very poorly. Appetite good: bowels regular: behavior mean & saucy: cannot be spoken to, unless he abuse the nurses: frequencies will fight, when he thinks there is not enough help on ward to control him & when he think he can do as he pleases.

Dec 1/15 Habits clean: but he is touchy in mess. Dec 2/95. Wt 134 lbs. Pulse 124. Dec 11/95. Quite often make an

" 15 attack upon the attendant & also strike patients. Dec 15/95. Attacked attendant Olsen this am (when assisting him in Dressing): fought vigorously but was by assistance of the attendant, subdued. Taken to C^3.

" 16/Dec 31/95 Dec 16/95. Transferred to C^3: (number of days dirty to date 6). Dec 31/95. Behavior somewhat improved, of late. Otherwise, condition remains about the same. Jan 1/96. Wt 132½ lbs. Pyr. Jan 9/96. Behavior of late, fairly good, tho' toward officials he is very surly. Complained some of sore foot which was treated:

" 13 Eats & sleeps well: works on ward: has an occasional "ugly spell". Jan 13/96. Patient smells very bad:

" 16 masturbates & is very quarrelsome. Jan 16/96. "Ugly spells" today & will fight at slightest provocation

" 31 Jan 31/96. No special change noted. Behaves fairly well, tho' has "ugly spells". Eats well: bowels regular.

Feb 1/10 Feb 1/96. Wt 138 lbs. Pulse 96. Feb 10/96. Behavior not good, of late: gets into quarrels with other

" 12 patients & receives some bruises: plays thro' delusions. Feb 12/96. Some slight improvement in behavior.

" 18 Feb 18/96. Mischievous, of late & quarrelsome; also has "ugly spells" & gets into fights. Habits not clean at times.

" 24 Feb 24/96. Quiet & behavior has improved again, of late. Makes no complaints. Eats & sleeps well.

Mar 1/15 Mar 1/96. Wt 136 lbs. Pulse 88. Mar 5/96. Is under medicine. Mar 9/96. Struck by a patient on ward.

" 15/18 Causing same to bleed. Mar 15/96. Behavior good, of late. Mar 18/96. Went to work with painters.

" 27/28 Mar 27/96. Complains of cold & did not work with painters, today. Mar 28/96. Again at this work.

" 31 Mar 31/96. Behavior has continued very good. Eats & sleeps well: no complaints. Transf'd to C^3.

Apl 1/30 April 1/96. Wt 135½ lbs. April 30/96. Has worked with painter, nearly all month. Seems very

May 1/12 much improved. Quiet & well-behaved. Talks rationally: no delusions noticed. No complaints

May 12/96. Went home, today, Alone.

Discharged

Personal and Medical History of Frank King

LABERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4221.
Residence, St. Paul, Minnesota
Date Admission, 8th October 1895.
Admitted by, Dr. C.B. Eby Hour, 6 45 P.M.
How Sent, G. Willrich, J.P. Ramsey County
Sex, Male
Age, 42
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Engineer
Degree Education, not educated
Profession Religion, not a church member
Habits, not intemperate
Nativity, Whelling, Va. (parents also born there)
Physicians Committing, J.P. Canac Marquis and C.E. Riggs
Correspondents, — wife —

No. for Year, 49.
Insane Relatives, Brother; also an uncle
Cause Exciting, not stated
Cause Predisposing, heredity probably.
Form,
Accompanying Bodily Disor
Suicidal or Not, n
Date of this Attack, 8
Duration,
No. of Attack, 1
No. of Admissions,
Age First Attack,
Time of Leaving, Oct
Time in Hospital, 9
Result,

ROCHESTER STATE HOSPITAL.
Name Oct 9/95
R
Frank King
specimen of land writing of Frank King
Dr
189

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exd by Dr. Herzog, Oct 9/95.

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

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

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

REASONING POWER:
Ordinary Subjects, } very slow & weak
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
There is a marked dementia, with slight Exaltation; says "he feels first-rate". No delusions: apparently paretic dement.

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, coherent
Voluble or Reticent, reticent.

Personal and Medical History of Frank King

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ WEIGHT, 170 pds. NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, see "S.R." on next page.
TONGUE, Tremors, yes: large & fine Coatings, quite clean Promptness Movement, slow
PUPILS, Equality, right slightly larger Size, both dilated
Response Light, somewhat excessive. Accommodation, somewhat excessive.
SIGHT, seems good.
HEARING, seems good.
COORDINATION, Arms, much impaired: finger to nose, eyes shut — test refused.
Legs, much impaired: stands on foot with difficulty: standing, eyes shut, sways much.
TREMORS, Hands, some Tongue, yes
Facial Muscles, of lips General, None
REFLEXES, Patellar, — 0 — EXAM. URINE,
Other ✓
ARTICULATION,
Slurred, yes
Hesitating, yes
FACIAL EXPRESSION,
dull & blank
SENSIBILITY,
✓
HEART,
no murmurs: somewhat weak.
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.,
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, } see "history" on opposite page.
Brothers or Sisters,

Personal and Medical History of Frank King

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4221.
Residence, St Paul, Minnesota
Date Admission, 8th October 1895.
Admitted by, Dr. C.B. Eby Hour, 6 45 P.M.
How Sent, G. Willrich, J of P. Ramsey County
Sex, Male
Age, 42
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Engineer
Degree Education, not educated
Profession Religion, not a church member
Habits, not intemperate
Nativity, Whelling, Va. (parents also born there)
Physicians Committing, J. P. Canac Marquis and C. E. Riggs.
Correspondents, — wife —

No. for Year, 49.
Insane Relatives, Brother; also an uncle
Cause Exciting, not stated
Cause Predisposing, heredity probably
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not.
Date of this Attack, 8 months ago
Duration, 8 months —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 41 (past)
Time of Leaving, Oct 17th '95
Time in Hospital, 9 dar.
Result, — 2/5/96.

EXAMINATION ON ADMISSION

Exd by Dr. Herzog, Oct 9/95.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, — Confused —
Quick or Sluggish, Sluggish
MEMORY:
Past Events,
Recent Events, } very poor
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, in the main correct
REASONING POWER:
Ordinary Subjects, } very slow & weak
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
There is a marked dementia, with slight Exaltation; says "he feels first-rate". No delusions: apparently paretic dement.

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, coherent
Voluble or Reticent, reticent.

Personal and Medical History of Frank King

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

WEIGHT, 170 pds. NUTRITION, Fairly good.
...ES, see "S.R." on next page.
...line Coatings, quite clean Promptness Movement, slow
...ger Size, both dilated
...at excessive. Accommodation, somewhat excessive.

...ed: finger to nose, eyes shut — test refused.
...paired: stands on foot with difficulty: standing, eyes shut, sways much.
TRE... Tongue, yes
...of lips General, None
REFLEXES, — O — EXAM. URINE,
Other ✓
ARTICULATION,
Slurred, yes
Hesitating, yes
FACIAL EXPRESSION,
dull & blank
SENSIBILITY,
✓
HEART,
no murmurs: somewhat weak.
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.,
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, } see "history" on opposite page.
Brothers or Sisters,

Personal and Medical History of Frank King

1895

This patient was brought hereby Deputy Sheriff M. N. Goss, attended by wife of patient, with following history. Patient is in weak condition. As to consanguinity, not known: this is 1st attack; symptoms first manifested 8 months ago. Disease appears to be stationary: not variable: no rational intervals. Derangement now shown by Dementia, probably Specific: Patient is not disposed to injure others, nor suicidal: at present, no filthy or destructive habits. A brother became insane following Typhoid fever; also an uncle, after death of his wife, became insane. As to any previous peculiarities, not known. There is no history of intemperance in self or family, nor of any severe disease or head injury to patient. He has not been restrained or confined. Cause of the disease not given. There are no delusions: A case of simple dementia, following Specific fever. ——— ——— ———

Oct 8 On admission, was put on T.B.[2] (S.R. Complexion light; hair sandy; eyes blue; under skin good; vaccination marks on left arm: clean; behavior good: is quiet.) ———

" 9 Pulse 84 R 20. - T.(o) 99.8. Oct 9/95. Restless 3 hours; Slept only 5 hours, last night. Am. Pulse 80 R 20. T.(o) 99.4. Appetite fair: bowels have moved: no cough noticed: behaves well & is quiet and stupid: talks but little, in a unsteady & faltering manner: makes no complaints. Pm. Pulse 84 R 20. T.(o) 99.8. Oct 10/95. Slept 5 hours, restless 3 hours, last night. Am. P 76 R 18. T.(o) 99- Pm. P 84. R 18. T.(o) 99.6. very quiet & demented. Talk but little. Habits are cleanly.

" 11 Oct 11/95. Slept 7 hours, last night: Slightly restless 1 hour. Am. P 76. R 18. T.(o) 99. Went out walking today; gait unsteady: he cannot walk well. P.m. Pulse 74 " 20 " 99.4. Habits clean.

" 12 Oct 12/95. Restless 2 hours, but slept 6 hours; last night. Am. " 72 " 18 " 99. Pm. P 75.

" 13 R 18 T.(o) 99.2. Is well-behaved: very quiet & dull: eats poorly. Oct 13/95. Restless 3 times, sleeping 5 hours. Am. P 74 R 20 T.(o) 98.8. Appetite improved: bowels in good condition: Quiet & he makes no complaints. Oct 14/95. Slept 5 hours, restless 3 hours, last night. Is again Eating poorly: Am. Pulse 76 R 20 T.(o) 99: Pm. Pulse 88 R 20 T.(o) 99.2. appears to

" 15 be doing well. Oct 15/95. Restless 2 hours, but slept 6 hours, last night. Am. 98. Pm. 98. He is very quiet & dull: talks very little: memory very poor: can scarcely recollect anything.

" 16 Oct 16/95. Slept 8 hours, last night. Bowels moved this Am. He has been eating very little, of late. Am. P 84. Pm. P 88. Is very quiet, dull & stupid: reticent: out walking every

" 17 day, but gait is unsteady: Oct 17/95. Is more restless, but slept 6 hours, last night. Am. Pulse 80. Summary. Patient, since his admission, has not changed in any respect. He has been quiet, dull & stupid: reticent & retiring. On Examination here, the following points were noted: coordination, both of arms & legs, much impaired: patellar reflexes 0 - facial Expression, dull & blank: memory very poor: reasoning power, slow & weak: marked dementia, with slight exaltation: no delusions noted. ———

Patient was today visited by his wife: he sat quietly in a chair: stupid & dull: talking but little: She desired to take him home with her, as she thought she could take care of him. Was allowed to go home, with wife, this evening.

Discharged

Personal and Medical History of Thomas Burgess

from 257.

1896

Jan 15 head him, he will pull back & want to go: will show fight: will not sit down. very seldom speaks. Jan 20/96. No change.

" 21/ Jan 21/96. Transferred to B1 (on account of a General change of wards). Jan 31/96. Will now go to his meals, if

Feb 1/ 30 coaxed: otherwise no change noted. Feb 1/96. Wt 162 lbs. P 74. Feb 5/96. Visited by friend. Feb 5/96. Has to be

" 11 dressed & undressed, every day & usually by force. Feb 14/96. Bowels costive. Was given an enema: fought against it, but was overpowered. Bowels moved slightly. Feb 19/96. No change noted: bowels frequently require enema or

" 29 medicine, which generally has to be given him by force. Is very stubborn about dressing & undressing, and moving about in hall, except when working, which he will do, whenever asked to. Habits clean. Health seems good.

Mar 1/ Mar 1/96. Wt 163 lbs. P 76. Mar 30/96. about the same - Stubborn: has to be made go to dining-room: slow

Apl 1 30 to comprehend. Works fairly well in hall: habits clean, but he is finicky & untidy in dress. Apl 1/96. Wt 158½ lbs. P 76.

" 6 Apl 6/96. This morning, when nurses were in room trying to subdue T. Simpson, he came in & took Simpson's

" 17 part, striking right & left. Apl 17/96. (Dr. H notes. Skin greasy & acne eruption over forehead.)-

" 30 Apl 30/96. Appetite good: bowels somewhat irregular. Behavior very quiet. Talks but little. Stubborn; will sit all day in one place. Has to be made go to his meals, most of the time. Nurse has to dress and undress him. Works on ward & is fairly good: habits clean but untidy.

May 1/95 Wt. 155. Summary Nurses Notes by Dr. Phelps. Behavior rather obstinate & cranky: rather irritable altho

To not considered very violent usually. If a patient resists, he, he usually goes & helps the

Aug 1/97 patient: Kept upon the violent ward. Is rather slow to talk & appears dull & demented. At times refuses to go out walking. Wt July 31/97 167 lbs - has become rather silly, habits rather dirty.

Aug 1/97 Summary Notes by Dr Herzog Aug 4 Wt. 171 - Quite demented - seldom speaks but will answer questions. Has no

To ambition. Slightly childish. Walks a little on ward. Aug 13 Rather better: wants home. Aug 18 Appetite poor. Refused to

Jan 31/99 go to dining room, required force. 19-20 ate nothing. Sept 2 Wt. 163 lbs Stubborn, irritable, refused to speak. Visited by his brother in law. Would only say that he wanted to go home & insisted upon being allowed to go. 28 Slightly improved but still dull & demented, stubborn. Bowels inclined to be constipated: takes salts daily. Oct 6 Crawled under bed & hacked at his throat with a piece of tin: made quite a deep gash on both sides & must have made numerous attempts. Wound dressed & stitched by Dr Herzog. Dressing left on until Oct 9 reduced & stitches removed. Wound healed beautifully by primary intention. Oct 15 Dressing removed - wound healed: patient lay quietly in bed during this time: Is sullen, refuses to speak: sleeps & appetite good. Oct 16 Trans. to B1. Oct 17 Put to sleep on floor in sight of night nurse. Oct 21 Refused to go to bed or to be undressed. 23 Asked for a knife - taken from dining room & put on tray. Eloped while out walking - nurse had a long chase & he resisted stubbornly when caught Oct 27 Filthy. 28 Had been insisting on going home for some time & became pugnacious & violent attempting to fight his way out. Four nurses required to hold him. Cut hand on sink while striking at nurse: injury slight. Nov 1 Wt 160 lbs Had to be led while out walking. Is constipated - requires occasional laxatives. Kept in bay & watched closely. Sleeps on floor in sight of night watch. Still suicidal. 20 Violent & pugnacious. While out walking. Nurse Dorr was alone on ward attached Dorr, a severe scuffle ensued - Nurse Ayer coming in & help Dorr. Patient received slight bruise over eye. Dec 1 Wt. 161 lbs. Dec. 8 Visited by friends - refused to speak to them. Jany 31 Wt. 167 lbs. Still refuses to go walking. Kept in bay, requires constant watching - Attempts to get out when door is open - Jan. 31 Little change. Bowels irregular - requires laxatives - Acne of face. Feb. 21 Wt 165

See folio 316.

Personal and Medical History of John Gay

LOBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4224.
Residence, St. Paul, Minnesota.
Date Admission, 10th October 1895.
Admitted by, Dr. C. B. Eby Hour, 6 45 P.M.
How Sent, G. Willrich, Jof P. Ramsey County.
Sex, — Male —
Age, — 23 —
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Had none (father, merchandise when living)
Degree Education, not educated
Profession Religion, Catholic
Habits, not good
Nativity, St. Paul, Minn. (father's N. Y. State: mother's Ireland)
Physicians Committing, A. W. Dunning and C. E. Riggs
Correspondents, Dr. Arons (see)

No. for Year, 52.
Insane Relatives, none
Cause Exciting, masturbation
Cause Predisposing, bad habits & "chronic"
Form,
Accompanying Bodily Disorder, probably some
Suicidal or Not, not stated.
Date of this Attack, probably long ago
Duration, probably long —
No. of Attack, not stated
No. of Admissions, 1st
Age First Attack, not stated
Time of Leaving, May 31. 1897
Time in Hospital, 1 yr. 7 mo. 21 d.
Result, Discharged Nov. 3. 1897 Improved.

Exd by Dr. Eby, Oct 13/95.

EXAMINATION ON ADMISSION
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, Good
Special Subjects, —

EMOTIONAL STATE:
Normal, Calm, yes
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, no delusions shown, unless
Special Subjects, of a hypochondriacal
Transitory or Not, nature
HALLUCINATIONS: none noticed
ILLUSIONS: " "
CONVERSATION:
Coherent or Incoherent, coherent
Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:
Patient gives a long account of himself & ascribes all his troubles to a pain in his abdomen, which, at times, interferes with his breathing. Patient is of that type of feeble-minded, that show considerable brightness.
He describes some "nervous spells" that seem some like chorea.

Personal and Medical History of John Gay

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 3/4 WEIGHT, 125 3/4 pds NUTRITION, Fair
WOUNDS OR ABNORMALITIES, see "S. R." on next page —
TONGUE, Tremors, slight Coatings, light coating Promptness Movement, Prompt
PUPILS, Equality, equal Size, normal.
Response Light, yes Accommodation, yes
SIGHT, Good
HEARING, Good
COORDINATION, Arms, finger to nose, eyes shut, some incoordination.
Legs, standing, eyes shut, sways some —
TREMORS, Hands, slight Tongue, slight
Facial Muscles, none General, none
REFLEXES, Patellar, equal — about 8. EXAM. URINE,
Other
ARTICULATION, Good
Slurred, not
Hesitating, —
FACIAL EXPRESSION, —
SENSIBILITY, normal
HEART, Good: pulse about 70
LUNGS, Good

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, mother, from patient's description, is of a rather nervous type: other members of
Father or Pat. Relations, family healthy — Father had a stroke of paralysis before death.
Brothers or Sisters,

Personal and Medical History of John Gay.

1895

This patient was brought here by Dr. Arcous, with following history. Patient is in fair condition. History is rather meagre. There is no heredity or consanguinity. Number of attack (?) Patient has masturbated since he was 3 years of age; disease seems increasing: how deranged is now manifested is not stated: he has threatened & injured others: if suicidal, or of filthy or destructive habits is not stated. Patient was hurt in a pine-accident, 3 years ago. He has not been restrained or confined, nor under medical treatment. Supposed cause of the disease is masturbation. On examination, on personal examination, that he has a most violent temper; has threatened his relatives; loses all control of himself whenever crossed.

Oct 10 **On admission**, was put on Bl. (S.R. Complexion light: hair black: eyes gray: condition of skin good: scars on left leg & back of head: also one on penis: has eczema or Eruptions: no ulcers noticed: is clean; no bodily peculiarities, behavior good: is quiet. Oct 11/95. Slept 6 hours, restless 2 hours, last night. Am. Pulse 82 R 20 T 98. Appetite very good: bowels slightly constipated: no cough noticed: behaves well: talks freely, but rather foolishly: no delusions noticed.
" 12 Complains of pain in Stomach, at times. Oct 12/95. Restless an hour, but slept 7 hours, last night. Am. Pulse 84 R 20 T. 99. Was given dose of Salts: bowels then moved. Behavior good: keeps very neat
" 13 in dress & habits: works a little on ward. Oct 13/95. Slept 8 hours. Am. Pulse 88 R 22 T 99. — Appetite good: bowels now regular: still complains of pain in stomach: Otherwise, no Change.
" 14 Oct 14/95. Restless 6 hours, sleeping but 2 hours, last night. He appeared all right, during day, but, at 10^00 Pm. was taken with a "Spell"; in which he acted as if in a Convulsion: attended by
" 15 physician (D.E.): was given hypodermic & hot applications to feet. Oct 15/95. Slept 6 hours, restless 2 hours. Patient up on ward this Am. Ate a good breakfast, but feels somewhat weak;
" 16 takes medicine: bowels seem regular. Pulse 70. R 20. T 99. Oct 16/95. Restless 2 hours, but slept 6 hours. Am. Pulse 70. R 20. T 98.8. Up on ward: walks out daily. Talk foolishly
" 17 and simply, but no delusions noticeable. Oct 17/95. Slept 8 hours, last night. Am. P 80 R 21 T 98.2
" 24 no change noted, in patients' Condition. Oct 24/95. During this, the 2^d week of his stay here, nothing has been specially noticeable; As a rule, he has been sleeping well, each night: only occasionally being restless. Pulse & R — have been about normal: T. a slightly above. Appetite has been good: bowels quite regular. Behaves well: reads, plays games, goes walking. habits very neat & clean: Works some on the ward. Talks about as usual: no delusions noted. Occasionally, still complains of pain in stomach. **Summary**: Patient's behavior has been very good: he has been quiet & agreeable in manner. Says "he has been troubled with this pain in his stomach for about a year". As stated, he talks foolishly, at times, & in a simple way, yet has manifested no delusions or hallucinations. Is very agreeable with other patients. Goes out walking daily: physical condition has improved some. (See "Remarks" made at examination).
" 31 Oct 31/95 — no change, since last note. Behaves well. No delusions noted. Very neat in dress & habits.
Nov 2/95 Nov 2/95. Wt 129 pds. P 96. Nov 30/95. No change noted. Appears somewhat feeble minded: is a great talker.
Dec 1/95 Works some on ward. Dec 1/95. Wt 137 pds. Pulse 100. Dec 31/95. Patient keeps about same, all the time.
Jany 3/96 Jany 3/96. Keeps in good physical condition. Jany 31/96. appetite good: bowels regular: he sleeps well.
(1896) No change noticeable, mentally. Makes no complaints. Works on ward: attends patients' entertainments &c.
Feb 1/96 Feb 1/96. Wt 137 pds. P 88. Feb 15/96. Works with Mattress-maker. Physical condition good.

Personal and Medical History of John Gay.

1896

Feb 15/96. Condition remains about same, from month to month. Keeps working with Mattress-maker & Feby
Mar 20 went to work in barn. Mar 30/96. Wt 136 pds. P 82. Mar 20/96. Quit working with Mattress-maker &
" 30 went to work in barn. Mar 30/96. No change noted in his Condition, either mentally or physically
Apl 1/96 Apl 1/96. Wt 137½ pds. P 88. Apl 10/96. Works in barn, every day. Apl 17/96. Went to work out on the farm.
" 17/19 Apl 19/96. Not all right, in morning, went to work with farmer. About 10 Am, came back onward & com-
-plained of severe pain in testicles. Was put to bed & hot applications made. Testicles swollen.
" 20 Apl 20/96. Patient was taken to "Infirmary Ward" & treated by Dr. Eby: afterwards, was taken back onward,
" 21/22 & put to bed. Apl 21/96. Remains in bed: feeling much better. Apl 22/96. Sat up, most all of the day.
" 23/24 Slept well. appetite good: bowels regular. Apl 23/96. Remains up, onward, all day. Apl 24/96. Took about milk.
" 25/30 Apl 25/96. Walks out, every day, with other patients. Apl 30/96. Has about recovered from this attack. No delusions noticeable, though he still talks & acts simple.

May 4/96 to May 31/96 **Summary** Nurses Notes by Dr. Phelps. Patient evidently an imbecile altho. with considerable mental ability. After being here a while was allowed to work at barn & had some minor liberties. Was always, however, rather silly & his talk indicated feebleminedness. Physical condition good. During stay here he seemed to improve somewhat in mental state. May 31 sent home on trial. Had during latter part of stay been upon parole ward & seemed to get along better than seemed probable during early part of stay.

Discharged

Room 188.

Henry Beusse

1901 Nov 1 / 1902 Jan 31 Wt 158#. Jany 31/02. Health good: usually quiet, even to dullness: at times, rather depressed. answers questions well: is neat & well-behaved. Reads a good many
Oct 9 Library books. Oct 9. Patient has been rather quiet & dull, during the past year. Up to the last day or two has seemed much depressed. (Parole taken away, 10 days).
Nov 8 / 1903 Jan 31 Eloped today. Nov 11. Was returned. (Patient seems to have been somewhat dazed: too much so, to get home. Jany 31/03. Has been somewhat depressed & melancholy, since that time.

Personal and Medical History of Charles Helson

LAGERT, FIELAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4225.
Residence, Anoka County, Minn
Date Admission, 10th October 1895.
Admitted by, D.C.B. Eby. Hour, 6.45 P.M.
How Sent, G. Willrich. J of P. Ramsey County
Sex, Male.
Age, 44 years
Civil Condition, married
Children, — four —
Age Youngest Child, 15 days
Occupation, Farmer & Soldier (father in English Navy)
Degree Education, ordinary Common School
Profession Religion, Church of England
Habits, no history of intemperance known
Nativity, England (parents also born there)
Physicians Committing, J.B. Brimhall — Mrs J Ohage
Correspondents, James Helson, 298 E. Congress St. St. Paul.

No. for Year, 53.
Insane Relatives, not known
Cause Exciting, "Business reverses"
Cause Predisposing, previous attacks
Form,
Accompanying Bodily Disorder, — none mentioned —
Suicidal or Not, — not
Date of this Attack, several months ago
Duration, — several months —
No. of Attack, 3rd probably
No. of Admissions, 2nd here — (was in Washington D.C.)
Age First Attack, — 41 — (?) — 25 —
Time of Leaving, Aug. 24. 1896.
Time in Hospital, 10 mo. 14 da.
Result, Discharged Jan. 5 '97. Rec.

EXAMINATION ON ADMISSION

Exam. by 7/13 R.M. Phelps.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused.
Quick or Sluggish, Quick.
MEMORY:
Past Events,
Recent Events, } Confused.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, } Dull & incorrect.
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, } Rather poor
Own Mental State, } Poor mixed.
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, usually - easily excited always.
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, Not.
Special Subjects, Merely confused - mixed
Transitory or Not, ideas about wife etc.
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS: Patient here before - Now slightly maniacal & incoherent - Recurrent in sense of similar attack.

Personal and Medical History of Charles Helson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 140 pds. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Some Coatings, Promptness Movement, Fairly Ro.
PUPILS, Equality, Eq. Size,
Response Light, Respond. Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms, Fairly good - Some excitement & tremulousness.
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 7-8 EXAM. URINE,
Other
ARTICULATION, Good
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 Nelson

1895

Patient was brought here by Deputy Sheriff Kinney. The following is the history of the case. He is in good physical condition. As to any consanguinity of insanity, not known. This is not 1st attack: (probably 3rd): others having occurred in 1876 & 1890; duration, 6 months each: he has been in Washington D.C. and this (Rochester) Hospitals, before: & discharged, cured. First symptoms of this attack were manifested several months ago, by confusion: does not attend to business. Disease seems stationary; not variable: no rational intervals. Derangement now shown by confusion; does not follow any one subject: "American-Citizenship" is uppermost in mind, today. Patient is not disposed to injure others, nor suicidal. No offensive or destructive habits. Previously, he manifested religious impressions. As to any history of intemperance, nothing stated. Had an injury to head, when young. Has been confined as above stated. Supposed cause of the disease is "business reverses." He has had no medical treatment, this time. There are observed scar on forehead, wandering glance & uneasiness

Oct 10 — On admission was pulse 82 (S.R. Complexion dark; hair brown; eyes gray; condition of skin good: small scar on forehead & one on forefinger of left hand: no eruptions noticed. Is dirty

Note — behavior good: is quite talkative) * Note. Patient, as stated, was here before from Oct 1/92 to May 6/93. At that time, was brought here, suffering from an attack of acute mania; the "spell" lasted some 2 weeks, when he became much calmer, more rational & better-behaved, and was moved from C 4 to B1. Again, he had a "maniacal spell" for 3 days, Dec 1st – 4th: seemed to know it was coming on, as he asked the cook, with whom he was working, to take him back to the hall. Then again, he had a "spell" of maniacal excitement Jany 10th – 13th: this was the last of such "spells" noted, while there here. Yet he behaved rather oddly; seeming depressed & somewhat unstable. Brother asked to give him a trial & patient was allowed to go with him. (Vol 20 p 189 No 31582)

" 11 Pulse 90. R 22. T 99.8. Oct 11/95. Restless 14 hours, sleeping only 4 hours, last night. Am. P 76. R 20. T 99.4: Appetite good: bowels have moved: no cough noticed. Behaves well: talks rationally: makes no complaints.

" 12 Pm. Pulse 76 R 18. T 99.8. Oct 12/95. Restless 3 hours. Slept 5 hours. Am. Pulse 72 R 18 T 99 – Pm " 72 " 18 " 99.2. Quiet & well-behaved: talks rationally: no delusions or hallucinations noticed.

" 13 Oct 13/95. Restless 2 hours, slept 6 hours. Am. Pulse 72 R 18 T 99.8. Pm. Pulse 72 R 18 T 99.

" 14 Behavior good: he appears contented & cheerful. Habits clean & tidy. Oct 14/95. Slept 6 hours: restless 4 hours, last night. Am. P 88 R 20 T 99: Pm. P 76 R 20 T 99.2. Eats heartily: works on the ward, every day. Oct 15/95. Slept 5 hours, restless 3 hours. Pm. Pulse 70 R 20 T 98.8. Walks much of the

" 16 time, while in doors. Goes out on grounds, every day. Oct 16/95. Slept 6 hours: restless 2 hours, last night. Pm. Pulse 72 R 20 T 99. Appetite good: bowels in good condition. Habits are clean & tidy. –

" 17 Oct 17/95. Slept well, 8 hours, last night. Am. Pulse 68: Pm. Pulse 84. Quiet & well-behaved: worked in "Centre" today. Oct 24/95. Nothing special has occurred during this, the 2nd week of his stay. Behavior has been pleasing. Abt 8 hours, nightly. Up & about daily; clean, tidy & well-behaved.

" 24 Pulse somewhat accelerated. Has been restless, at times very much so, by day; talks a great deal but no delusions or hallucinations have been noticeable: Talks of his family affairs, a great deal: (The last day or so he has been so noisy & restless): Works all the time, when on hall: Goes out walking. (Transferred to C2 on 19th inst). Summary. Patient has been quiet and well-behaved, since coming, tho' at times was restless & very noisily-talkative. Since coming on

Personal and Medical History of Charles Nelson

1895

Summary — this (B2) ward, he appears to have improved. Does not talk so much & is not nearly so restless. He sleeps & eats well. Never causes any trouble on ward. Talks quite sensibly and rationally. No "spells" like those he had when here before, have occurred. Oct 25/95. Is very nervous and restless, today. Eats and

Oct 25 — sleeps well: no delusions yet noticed. He works willingly on the ward. Habits are neat and clean.

" 31 Oct 31/95. Patient is not so restless & nervous as he was. Talks a great deal. Continues to improve. No delusions have yet been noticed. Works well & willingly. Nov 1/95. Wt 147 pds. Pulse 78.

Nov 1 — Nov 7/95. Appetite good, bowels regular. Patient is very talkative & restless & seems to be getting worse.

" 7 Nov 14/95. Is very noisy: walks up & down ward, talking & shouting (was taken worse the 13th & moved to B2 for the night) Was restless 4 hours & sleepless 4 hours. While on ward, this morning, he grew so noisy & unruly

" 14 that he was taken to B3 for the day: slept 11/2 in the floor: noisy 3 hours: slept 4 hours. Nov 15/95. Restless & slept

" 15 poorly. Has been noisy all day. Nov 16/95. Slept very poorly: very restless: talks incessantly and is very violent, today.

" 16 Nov 20/95. Slept better, past 2 nights – seems improving. Not so noisy, as day time, or at night. Does not walk the

" 20 floor so much, now. Is becoming pre-occupied & appetite not very good. Bowels constipated. Nov 30/95. About as last

" 30 described, tho' he does not seem actively over his "spell" as yet. Dec 1/95. Wt 147 pds. Pulse 100. –

Dec 1 — Dec 4/95. Transferred to B3 E. Dec 16/95. Noisy & restless all day & part of the nights. Is on no medicine.

" 2/16 Dec 31/95. Appetite good: bowels in good condition. Goes out walking: noisy & restless all day. Inclined to be rough

" 31 1896

Jan 2/96 — Jan 6/96. Wt 143 pds. Pulse 72. Jan 16/96. Sleeps fairly well. Very noisy during day. Still a nuisance.

" 6/16 Jan 21/96. Transferred to B3. (as a case of general change of ward). Jan 22/96. It was found necessary

" 21/22 to transfer him to B3 today. Jan 27/96. Attacked attendant J.W. Schwartz, when trying to quiet him.

" 24 Jan 31/96 Patient is quieter, that when first brought to this ward & apparently is improving some.

" 31 Feb 1/96. Wt 141/2 pds. Pulse 78. Feb 29/96. Behavior good. Talks rationally. Habits clean. Works on ward.

Feb 1/29 Mar 1/96. Transferred to B3. March 29/96. Wt 156 pds. P 80. Mar 29/96. Continues quiet & well-behaved.

Mar 1/29 Habits clean: is much improved. April 29/96. Wt 162 pds. P 76. Apl 30/96. Patient has been

Apl 2/30 doing very well during past few months: Well-behaved. Talks rationally & well. Seems quite

forgetful mentally. Works on ward & in dining room: no complaints.

May 1/96 Summary Nurses Notes by Dr. Phelps. Patient here before. at beginning of period wt 156 lbs.

to Is working in dining room & on ward: very quiet, talks rationally, has

Aug 24/96 fairly recovered but seems a little quiet & diffident. Sent Home Aug 24/96. on trial having improved somewhat during latter part of stay.

Discharged

Personal and Medical History of Robert Kunstlier (Kunstler)

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4227.
Residence, St. Paul. Minn.
Date Admission, 17th October 1895.
Admitted by, Dr. Eby — Hour, 6.45 P.M.
How Sent, G. Willrich, Jof P. Ramsey County
Sex, Male.
Age, 35 (about) -
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Giant-Powder maker
Degree Education, Common School
Profession Religion, Lutheran -
Habits, not given: (father was intemperate)
Nativity, Germany: (parents also born there).
Physicians Committing, John B. Darling and R. S. Bole.
Correspondents, none given in papers

No. for Year, 55.
Insane Relatives, Father & mother both insane
Cause Exciting, not known
Cause Predisposing, heredity & previous attack
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not
Date of this Attack, 1 yea
Duration, — a
No. of Attack, 2nd (o
No. of Admissions, 1st here (
Age First Attack, about
Time of Leaving,
Time in Hospital,
Result,

OLD WOMAN IN THE SHOE

Had Fewer Children Than Robert Kunstler Claims.

Robert Kunstler, a gunpowder maker, aged thirty-five, was adjudged insane by the probate court and a jury of two physicians yesterday afternoon and sent to the state hospital at Rochester.

Kunstler has a peculiar mania. He says a package containing $36,000 has been sent by express to him and that some of his children have received this package from the express office and defrauded him of his money. He claims to have 100 children that are just four years old, and that recently fifty of them were killed by a street car on the corner of Fifth and Wabasha streets. It transpired in the examination that Kunstler has spent two years at the Ohio insane asylum, and that he was discharged on the belief that he had overcome his delusions.

Exd by Dr. Herzog Oct 18/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, } Not accurate
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct, in the main
REASONING POWER:
Ordinary Subjects, }
Own Mental State, } Slightly & disconnected
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Patient states he has been confined in an Ohio Asylum: says "he was worse then than now". He is now considerably emaciated & in a mild maniacal condition. He can be led on to express almost any sort of an opinion, but it is difficult to hold his attention & his answers are often irrelevant & impudent.

Personal and Medical History of Robert Kunstlier

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in. WEIGHT, 121½ pds (usual Wt 140 pds) NUTRITION, Considerably impaired —
WOUNDS OR ABNORMALITIES, hair long & unkempt and see "S.R." on next page —
TONGUE, Tremors, some fine Coatings, quite clean Promptness Movement, slowly protrudes and then withdraws.
PUPILS, Equality, yes Size, slightly contracted
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, slight Tongue, some
Facial Muscles, none General, none
REFLEXES, Patellar, equal: 8-9.
~~Other~~ response slow but large
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
eyes shifting
SENSIBILITY, ✓
HEART, 1st mitral bound rough: 2d pulmonic sharp - Epigastric pulsation - Temporal arteries stiff -
LUNGS,
slight evidence of consolidation, left apex. —



TAKEN,

EXAM. URINE,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, rapid; somewhat weak Resp., Temp.,
Records kept
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") } Patient says that both father & mother, also sister were insane but statements may be questioned
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Robert Kunstlier (Kunstler)

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4227.
Residence, St. Paul. Minn.
Date Admission, 17th October 1895.
Admitted by, Dr. Eby — Hour, 6.45 P.M.
How Sent, G. Willrich, Jo P. Ramsey County
Sex, Male.
Age, 35 (about) -
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Giant-Powder maker
Degree Education, Common School
Profession Religion, Lutheran -
Habits, not given: (father was intemperate)
Nativity, Germany: (parents also born there).
Physicians Committing, John B. Darling and R. S. Bole.
Correspondents, none given in papers

No. for Year, 55.
Insane Relatives, Father & mother both insane
Cause Exciting, not known
Cause Predisposing, heredity & previous attack
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not —
Date of this Attack, 1 year ago
Duration, — one year -
No. of Attack, 2nd (one, 8 years ago)
No. of Admissions, 1st here (was in Newburg, Ohio N.Y.)
Age First Attack, about 27 (?)
Time of Leaving,
Time in Hospital,
Result,

Exd by Dr. Herzog Oct 18/95

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, } Not accurate
Recent Events, }
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct, in the main
REASONING POWER:
Ordinary Subjects, }
Own Mental State, } Slightly & disconnected
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Patient states he has been confined in an Ohio Asylum: says "he was worse then than now". He is now considerably emaciated & in a mild maniacal condition. He can be led on to express almost any sort of an opinion, but it is difficult to hold his attention & his answers are often irrelevant & impudent.

Personal and Medical History of Robert Kunstlier

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in. WEIGHT, 121½ pds (usual wt 140 pds) NUTRITION, Considerably impaired —
[illegible]UNDS OR ABNORMALITIES, hair long & unkempt and see "S.R." on next page -
[illegible] Tremors, some fine Coatings, quite clean Promptness Movement, slowly protruded and then withdrawn
[illegible] Equality, yes Size, slightly contracted
[illegible] Response Light, normal Accommodation, normal
[illegible], good —
[illegible]RING, good -
[illegible]RDINATION, Arms, good; finger to nose, eyes shut, good.
Legs, Good: standing on foot, good: standing, eyes shut, good.
TREMORS, Hands, slight Tongue, some
Facial Muscles, none General, none
REFLEXES, Patellar, equal: 8-9.
~~Other~~ response slow but large
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
eyes shifting
SENSIBILITY,
✓
HEART, 1st mitral sound rough: 2d pulmonic sharp - Epigastric pulsation - Temporal arteries stiff -
LUNGS,
slight evidence of consolidation, left apex. —

EXAM. URINE,



TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, rapid; somewhat weak Resp., Temp.,
Records kept
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") } Patient says that both father & mother, also sister were insane but statements may be questioned
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Robert Kunstler

1895

This patient was brought here by Deputy Sheriff M. R. Goss, with following history. — Patient is in fair physical condition. There is no history of consanguinity, but there is of heredity: father & mother both insane. This is not 1st attack: a previous one occurred 8 years ago, when he was sent to Newburg Hospital (Ohio) N.Y.: was confined there 8 months & discharged cured: first symptoms of this attack were manifested one year ago, by delusions re many subjects. Disease appears to be increasing; not variable: nor rational intervals: Derangement was shown by delusions in regard to home money packages sent him, & many other subjects (had 106 children). Patient is disposed to give others, but not suicidal, nor filthy nor destructive in habits. No peculiarities were previously shown: father was also intemperate. There is no history of any severe disease &c in patient's case (except as above): Cause of the disease is not known: has had no treatment, except as above. On Personal Examination, it is found he has delusions on many subjects; appears insane in every way.

Oct 17 On admission, was put on B2. (G.H.M. Ref. Complexion light: hair light: eyes gray: condition of skin good: bone scars on right shin: is dirty. Behavior a little cranky & obstinate).
" 18 Pulse 100 R 22 T@ 99.6. Oct 18/95. Restless 2 hours, but slept 6 hours, last night. Am. Pulse 96. R 20. T@ 99.2. Appetite good: bowels have moved: no cough noticed. Behavior good: he shows delusions. PM. Pulse 100 R 20 T@ 99.5 no complaints or injuries to report. Oct 19/95. Restless 3 hours, but slept 5 hours, last night. Am. Pulse 80. R 20. T@ 98.8 PM. P 88 R 20 T@ 99.2.
" 19 Behaves well: shows various delusions: "talk about how much he is worth": "imagines he is a great inventor". Oct 20/95. Slept 6 hours: restless 2 hours: Am. P 80 R 14 T@ 98.5: behavior
" 20 quiet: still has many delusions: PM. P 80 R 20 T@ 99. Goes out walking every day. —
" 21 Oct 21/95. Slept 7 hours; restless 1 hour: Am. " 80 " 20 " 98.5. appetite good: bowels in good
" 22 condition: he makes no complaints. PM. " 80 " 20 " 99. Oct 22/95. Restless 2 hours, sleeping 6 hours. Behavior quiet. He shows incoherency of speech. Am. P 72. R 20. T@ 98.4. —
PM. P 76 R 20 T@ 98.8. Patient is on medicine (Cod-liver oil mul. 3 times a day). —
" 23 Oct 23/95. Slept 6 hours. Am. P 80 R 20 T@ 98.4 PM. P 82 R 20 T@ 99. Still has
" 24 delusions, many & various: says "he is worth a million Dollars". Oct 24/95. Slept 6 hours. He makes no complaints: is cranky & stubborn: still has delusions: says "different inmates
" 31 here are murderers". Oct 31/95. During this, the 2nd week, there has been little or no change: He has been sleeping well (7 to 8 hours), nightly: has been cranky & stubborn. Has various many delusions. Will answer questions, but cannot carry on a conversation: appetite good: bowels in good condition: patient is run-down & somewhat emaciated & does not gain, apparently. Is still on medicine (Cod liver oil Emulsion), 3 times a day. He goes out on grounds, every day.

Summary: Patient has been, generally, very quiet, but cranky & stubborn, at times. He still holds many & various delusions, as mentioned above, also shows hallucinations, and talk incoherently. Habits have been clean & tidy. Nov 3/95. Wt 131 #s. Pulse 60
Nov 3 to 10 (has gained 2 one in flesh). Nov 10/95. Occasionally restless, but sleeping, as a rule, quite well, each night (6 to 8 hours). Behavior good. On medicine, 3 times a day. Appears to have improved some, both
" 30 mentally & physically, of late. Works in Dining-room. Nov 30/95. about as last reported —
Dec 2/6 Dec 2/95. Wt 131 #s. Pulse 60. Dec 6/95. Frequently complains of Constipation. Dec 23/95. On. Complained

1895 cont'd

Dec 23 of feeling weak & dizzy. Temp 102. Transferred to I.W. at 8 P.M.: has a slight cough: somewhat feverish & has occasional chills. Was put to bed, 9 P.M. Given enema. Bowels afterward moved freely.
" 25 Dec 25/95. Restless & sleeps poorly. Patient complains of his head aching & of pains in knees: said "her left ear bothered him": tongue coated evenly: whitish yellow: herpes on lip: rales over chest: nothing definite.
" 27 Temp & range high. Dec 27/95. Sleeps some better. Appetite good: bowels still costive: given glycerine suppository which moved them. Condition of patient apparently the same. Chest has a slight cough.
" 31 Dec 31/95. Sleeps fairly well: appetite not very good. Bowels still constipated. Otherwise no special change.
1896 Jan 2 Jan 2/96. Appetite still poor: constipation persists. Bowels massaged. Was given sponge-bath.
" 4 He complains of pain in stomach & over entire body. Jan 4/96. Seems much better this morning.
" 5/6 Appetite slightly improved. Makes no complaints. Jan 5/96. Lip dressed. Jan 6/96. Still complains of his bowels being out of order, yet he seems to feel very well, today. Appetite good & he sleeps very well.
" 14 1 P.M. Transferred to B2. Jan 14/96. On medicine at bed time, daily. Complains steadily of costiveness.
" 21 Is given salts & to move bowels. Jan 21/96. Transferred to B3 (on account of general change of ward).
" 31 Jan 31/96. No special change. Still complains frequently of costiveness. Still on medicine.
Feb 1/96 Feb 1/96. Wt 147 #s. Pulse 66. Feb 3/96. Complains of Chronic constipation. Is given salts often.
Mar 5/31 Behavior good, though, at times, quite noisy. Mar 5/96. Wt 156 #s. P 80. Mar 31/96. About the same.
Apr 2 Frequently complains of Constipation. Is on medicine (cascara). He talks incoherently & has delusions. Says "that he is a great inventor & the father of over a hundred children". Apl 2/96. Wt 150 #s. Bo
" 20 Apl 20/96. No change noticeable, from month to month. Very incoherent, at times. Cannot carry on a
" 26 rational Conversation. Behavior good. Works in yard. Out, on ground, daily. Apl 26/96. Moved to B3.
" 30 Apl 30/96. No change noted. Talks incoherently & has delusions. Complains constantly of Constipation (Is on medicine, 3 times a day). Habits clean.

May 1/96 to Aug 1/96 **Summary Nurses Notes by Dr. Phelps** - Patient a chronic case: usually quiet: fairly well behaved. Has delusions & behaves queerly. Complains of bodily symptoms which usually do not amount to much. Remained about the same during all of period: Wt. 126 lbs.

Aug 1/96 to Jan 31/97 **Summary Nurses Notes by Dr. Herpy.** Wt. (Aug 1) 131# Works in dining room. Fairly quiet on ward: Careless in dress. Sept 1 Wt. 129# Pulse 90. Remained on ward all day, did not go out. Complained of headache & to bed up to Sept 4th - Trans. to Infirmary - Sept 2 Temp 99° 3rd 100°. Sept 4-16 Remained in bed. Temperature has been slightly elevated - from 99° to 100. Appetite good: bowels constipated. Complains of pain in left ear: ear inflamed: syringed out daily with hot water & hot applications applied. Considerable suppuration - 17th up - ear seems quite well: Temp. Normal. Physical condition improved but is confined in bed. Answers simple questions fairly intelligently. Oct 1/97 Wt. 131 lbs. appetite good: fairly quiet & well-behaved - Nov 1 Has numerous delusions: Claims that his body is full of saltpetre & phosphates & says that these things eat the buttons off his clothes, which, in fact, he pulls off himself. Much more irrational, cannot get him to answer questions rationally - Wt. 138. Nov 15 Trans. to B3. Nov 18 Must to work in dining room. Dec 1 Wt. 134. Jan 1/97 31½# Feb 1. 130# Still working in dining room: rather more untidy in dress & personal appearance. Has the same delusions as before: Conversation quite incoherent - appetite failing: Mch 1 Wt. 131# Apr. 1 132. mental condition quite unchanged. May 1 Wt. 133. June 1/98 135 July 137. Still works in Congregate dining room - rather more noisy there than on Ward: Fairly quiet on Ward.

See Transfer Book page 318.

Personal and Medical History of Robert Kunstler

Personal and Medical History of Michael Beichel

LAMBERT, FISLAR & SCARBERG, DAVENPORT, IOWA.

Whole No. 4228.
Residence, South St. Paul. Minn
Date Admission, 17th October 1895
Admitted by, Dr. Eby — Hour, 6th PM
How Sent, Thos P. Moran. Jail. Dakota Co.
Sex, Male
Age, — 41 —
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Bartender & Baker
Degree Education, Common School.
Profession Religion, Catholic
Habits, probably intemperate
Nativity, Germany: (Parents also born there)
Physicians Committing, J.C. Ditch and H. VanBeeck
Correspondents, None given in "Papers"

No. for Year, 56
Insane Relatives, none, he claims
Cause Exciting, want of nutrition & loss of sleep.
Cause Predisposing, probably intemperance
Form,
Accompanying Bodily Disorder, none mentioned —
Suicidal or Not, not
Date of this Attack, one week ago
Duration, — one week —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 41 —
Time of Leaving, Nov. 12' 95.
Time in Hospital, 25 days.
Result, Recovered 2/5/96

Nov 14/95 George Braun - Box 32 So. St. Paul visits patient today

Exd by Dr. Herzog, Oct 1895.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear
Quick or Sluggish, slightly sluggish
MEMORY:
Past Events, a trifle cloudy —
Recent Events, but still fairly good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, Correct in the main
REASONING POWER:
Ordinary Subjects,
Own Mental State, seems good, but slow.
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, slightly —
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, none noted.
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, fairly voluble.

GENERAL DESCRIPTIVE REMARKS:
Patient denies Syphilis or having ever had any symptoms. Says "he had been Drinking hard before brought here & was a little wild but was all right now". The mental state is fairly good, but he feels a little too well, for his physical condition. There is some incoordination and he is anaemic, with face puffed & swollen. Symptoms point somewhat towards paresis.

Personal and Medical History of Michael Beichel

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

Michael Reichel
Handwriting Michael Beichel
Oct 1895

NUTRITION, Considerably impaired
...no pot... all, when drunk: + see G. & N. Kpt. notepaper.
...ear Promptness Movement, fairly
..., right Contracted
...mmodation, left normal: right immobile.

...ight impairment: Standing at foot: Considerable Difficulty: walking backward, good: Standing Perpendicular, Eyes Tightly: Turning Quickly, good —
Legs,
TREMORS, Hands, None — Tongue, Yes —
Facial Muscles, None General, None
REFLEXES, Patellar, Equal: + — +. EXAM. URINE,
Other
ARTICULATION,
Slurred, /
Hesitating,
FACIAL EXPRESSION,
/
SENSIBILITY,
/
HEART, regular: No murmurs. Sound strong —
LUNGS, Seem 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,
} No history

Personal and Medical History of [illegible]

LEBERT, PISCAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4228.
Residence, South St. Paul. Minn.
Date Admission, 17th October 1895
Admitted by, Dr. Eby — Hour, 6.45 P.M.
How Sent, Thos. P. Moran. Jef. P. Dakota Co.
Sex, Male
Age, — 41 —
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Bartender & Baker
Degree Education, Common School.
Profession Religion, Catholic
Habits, probably intemperate
Nativity, Germany: (Parents also born there)
Physicians Committing, J. C. Fitch and H. Van Beeck
Correspondents, none given in "Papers"

Cause Pr[illegible]
Form,
Accompanying Bodily Disord[illegible]
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, about 41 —
Time of Leaving, Nov. 12 '95.
Time in Hospital, 25 days.
Result, Recovered 2/5/96

Nov 12/95 George Braun — Box 32 So. St. Paul visited patient today

Exd by Dr. Herzog, Oct 18/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, fairly clear
Quick or Sluggish, slightly sluggish

MEMORY:
Past Events, } a trifle cloudy —
Recent Events, } but still fairly good
Special Subjects,

PERCEPTIVITY:
Alert or Dull, fairly alert
Correct or Illusive, Correct in the main

REASONING POWER:
Ordinary Subjects, } seems good, but slow.
Own Mental State,
Special Subjects,

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

DELUSIONS:
Systematized or Not,
Special Subjects, } none noted
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:

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

GENERAL DESCRIPTIVE REMARKS:
Patient denies syphilis or having ever had any symptoms. Says "he had been drinking hard before brought here & was a little wild but was all right now". The mental state is fairly good, but he feels a little too well, for his physical condition — there is some incoordination and he is anaemic, with face puffed & swollen. Symptoms point somewhat toward paresis.

Personal and Medical History of Michael Beichel

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3¼ WEIGHT, 133⅓ pds usual weight 150 pds NUTRITION, Considerably impaired.
WOUNDS OR ABNORMALITIES, bruise over right eye from fall, when drunk: & see G. A. N. Rpt. next page.
TONGUE, Tremors, small fine Coatings, quite clean: white scar on left side — Promptness Movement, fairly
PUPILS, Equality, no. Size, right contracted
Response Light, left normal: right immobile Accommodation, left normal: right immobile.
SIGHT, says "good"
HEARING, good —
COORDINATION, Arms, slight impairment: finger to nose, eyes shut, some hesitancy & uncertainty.
Legs, slight impairment: standing on foot, considerable difficulty: walking backward, good: standing, eyes shut, always slightly: turning quickly good —
TREMORS, Hands, some — Tongue, yes —
Facial Muscles, none General, none
REFLEXES, Patellar, Equal: 8 — 9.
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION, ✓
SENSIBILITY, ✓
HEART, regular: no murmurs: sounds strong —
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.,
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,

Records kept

Personal and Medical History of Michael Beichel

1895

This patient was brought here by Deputy-Sheriff J. J. Trisin, with following history. Patient was in fair physical condition. No consanguinity, and, he claims, no hereditary. This is the 1st attack; symptoms firstly manifested one week since, by confusion & dullness of mind, with loss of memory. Disease appears to be stationary: not variable: no rational intervals. Derangement shown now in the same way, as above stated. Patient is not disposed to injure other nor to be suicidal, nor filthy nor destructive. As to habits not known (possibly he has been intemperate); he has recently had an injury to his head. He has not been restrained or confined. Supposed cause of the disease is want of nutrition & loss of sleep. If under medical treatment, not known.

On Personal Examination, patient looks weak & feeble, tongue furred; poor appetite; dullness of mind: says "he is charged with being too familiar with a young girl, but does not realize anything wrong about it, or take any responsibility in the matter."—

Oct 17 On admission, was put in B3 (G. A. N. Ward). Complexion dark; hair brown; eyes brown; Condition of skin good: some black & blue spots on upper part of right arm; cut over right eye: is dirty: behavior good. Pulse 76. R 24. T(o) 100. Oct 18/95. Slept 6 hours, restless 2 hours, last night. Am. Pulse 84 R 24 T(o) 99.5. Appetite good: bowels have moved: no cough noticed.

" 19 behavior is good & quiet: he talks rationally. Pm. Pulse 70. R 22. T(o) 100. Oct 19/95. Slept 8 hours. Am. Pulse 84 R 18 T(o) 99: Pm. Pulse 88 R 20 T(o) 99.5. Behavior good: no delusions

" 20 or hallucinations noticeable. Works on ward some. Oct 20/95. Restless 2 hours, but slept 6 hours last night. Am. P 84 R 18 T(o) 99: Pm. P 84 R 20. T(o) 99.4. Quiet and talks rationally.

" 21 Oct 21/95. Slept 6 hours, restless 2 hours. Am. " 60 " 18 " 98⅖ Pm. P 64 R 18 T(o) 99.2. Appetite

" 22 good: bowels move every day: he makes no complaints. Oct 22/95. Restless 2 hours, slept 6 hours. Behavior very good: works on ward some: cut over eye doing nicely. P. R & T(o) remain nearly normal.

" 23 (The T(o) somewhat high, in evening). Oct 23/95. Restless 4 hours, sleeping only 2 hours, last night. Am. P 70 R 20 T(o) 98⅘: Pm. P 72 R 20 T(o) 98.8. Behavior as usual. Talks sensibly;

" 24 no delusions or hallucinations yet noticed. Oct 24/95. Slept well. Is anxious he be "discharged". Complains of bowels being Costive; also of headache. 1 P.m. Gave seidlitz powder, but without effect.

" 31 Oct 31/95. During this, the 2nd week, patient has still been somewhat restless, at night, but sleeping from 5 to 7 hours, at a stretch. Bowels still quite often constipated, for which he is given salts. His behavior has been very good. He talks rationally & sensibly & no delusions or hallucinations have, as yet, been noticed. He converses well & quite freely. He has been quiet & cheerful; making no complaints, except that he wants to return home. Works some. Goes out on grounds, daily.

Summary: Patient has been quiet, cheerful & well-behaved, during past two weeks working some & taking considerable interest in the ward & in his surroundings. Apparently, in good condition, physically; muscles large & well-formed. Talked rationally & sensibly & no irrational actions have been noticed. Nov 3/95. Ht 146 pds: P. 68. Sleeps well, at night. Patient has gained considerably, in flesh, since coming. Physical condition has improved.

Nov 4

" 10 Nov 10/95. Has been resting & sleeping well, each night, since last noted. Has been quiet & well-behaved. Talks rationally & well: no delusions or hallucinations noted. Plays games & reads some. Works on ward, taking considerable interest in the work & in his surroundings.

" 12 Nov 14/95. Visited by a friend & allowed to go home with him, today.

—Discharged—

Personal and Medical History of R. M. S. Pease

31/1901/4181.

CASE RECORD.

Patient's Name R. M. S. Pease Name Disease Name Physician

1896 Date.	Temp	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Feb. 1				On regular diet	Patient's physical appearance quite good. Has been improving steadily. Has had no nervous spells of late. Appetite good. Bowels regular. Habits very clean. Behavior good. Talks rationally. Has liberty of grounds. Sleeps well.
" " 7 30/ pm					Bath.
" 8 "					
" 10					Weight 138½ lbs
" 15 "					Bath. No change noticed.
" 22					No change. Transferred to 6³.
" 28					Patient is improving every day - Good appetite. Bowels regular. Sleeps well.
Mch 1					Weight 139. Pulse 74.
" 13					Up to today patient has been very well, but this morning complains of pain in side, is very nervous and trembly.
" 28.					No change of late. Went home.

Recorded by Infirmary Nurse.

Nov 6 1901 Seems some improved: goes out for exercise, with ward. Jany 31/1901. No change to report to this date.

Jan 31 Is quiet: clean and neat in habits. Febys. Wt 172 lbs. P76. May 31 Quietly disposed: seldom

May 31 talks: rather depressed & melancholy: is not interested in any amusements or entertainments.

June 15 Visited by brother. July 29. Seems more depressed & somewhat Confused. July 31. Patient

July 31 is still melancholy & depressed.

Go 15²

Personal and Medical History of R. M. S. Pease

CASE RECORD.

Patient's Name R. M. S. Pease. Name Disease ..... Name Physician .....

1895 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Jan. 17				Ate light breakfast.	Complained of dizziness this morning. Vomited before breakfast. Felt better during day. Appetite fair.
" " 6 pm				Glass eggnog.	Slept 8 hrs.
" 18-					Patient feeling much better. Still coughs some.
" "					Appetite quite fair. Bowels regular.
" " 9 pm				Medicine	Slept 7- R.I.
" 19- am					Still quite nervous, but appears much improved- up and dressed.
" " 7 am					
" 21-					Appetite good. Bowels regular. Coughs very little. Still somewhat nervous.
" 26- 7 30 pm					Bath. Is greatly improved. Hallucinations drawing. Appetite good.
" 31-					Is feeling quite well.

Recorded by ..... Nurse.

" 18 [illegible] ...state); ...pized tongue ...ut, otherwise ...appetite; dull— ...a young girl, but ...ality in the matter.—

" 19 ...ark; hair brown; eyes brown; ...of right arm; cut over right eye: ...1/95. Slept 6 hours, restless 2 hours, ...o: bowels have moved: no cough noticed. ...M. Pulse 70. R 22. Tc 100. Oct 19/95. Slept 8 hours. ...ulse 68 R 20 Tc 99.6. Behavior good: no delusions or hallu...ward some. Oct 20/95. Restless 2 hours, but slept 6 hours last night. ...M. P 64 R 20. Tc 99.4. Quiet and talks rationally.

" 21 Oct 21/95. ...2 hours. Am. 60 " 18 " 98⅖ Pm. P 64 R 18 Tc 99.2. Appetite

" 22 good: bowels re...y: speaks no complaints. Oct 22/95. Restless 2 hours, slept 6 hours. Behavior very g...works onward some: cut over eye doing nicely. P. R & Tc, remarkably normal.

" 23 (Thr Tc) somewhat high, in evening). Oct 23/95. Restless 4 hours, sleeping only 2 hours, last night. Am. P 70 R 20 Tc 98⅘. Pm. P 72 R 20 Tc 98.8. Behavior as usual. Talks sensibly;

" 24 no delusions or hallucinations yet noticed. Oct 24/95. Slept well. Is anxious he be discharged: Complains of bowels being Gatred; also of headache. 1 Pm. Gave Seidlitz powder, but without effect.

" 31 Oct 31/95. During this, the 2nd week, patient has still been somewhat restless, at night, but sleeping from 4 to 7 hours, at each. Bowels still quite often constipated, for which he is given salts. His behavior has been very good. He talks rationally & sensibly & no delusions or hallucinations have, as yet, been noticed. He converses well & quite freely. He has been quiet & cheerful; making no complaints, except that he wants to return home. Works some. Goes out on grounds, daily.

Summary: Patient has been quiet, cheerful & well-behaved, during past two weeks working some & taking considerable interest in the ward & in his surroundings. Apparently, in good condition, physically; muscles large & well-formed. Talked rationally & sensibly & no irrational actions have been noticed. Nov 3/95. Wt 146 lbs: P. 68. Sleeps well, at night.

Nov 4 Patient has gained considerably, in flesh, since coming. Physical condition has improved.

" 10 Nov 10/95 Has been resting & sleeping well, each night, since last noted. Has been quiet & well-behaved. Talks rationally, well: no delusions or hallucinations noted. Plays games & reads some. Works on ward, taking considerable interest in the work & in his surroundings. ———

" 12 Nov 12/95. Visited by a friend & allowed to go home with him, today.

—Discharged—

Nov 6 1901 Seems some improved: goes out for exercise, with ward. Jany 31/1901. No change & report 5th this date.

Jan 31 Is quiet: clean and neat in habits. Feby 1. Wt 172 lbs. P 76. May 31. Quietly disposed. Seldom

May 31 talks: rather depressed & melancholy: is not interested in any amusements or entertainments.

June 15 Visited by brother. July 29. Seems more depressed & somewhat confused. July 31. Patient

July 31 is still melancholy & depressed.

Jo 152

...liberty of grounds"— ...be suffering from ...ous. Jan 16/96. S ...he complained some ...& quite well, now". ...improving steadily. ...behavior good. ...ed to C³— ...eks not quite often— ...ng well, but this ...letter, today—

...very dull & quiet ...ng has seemed to ...little more ...rifts along very ...but at odors ...during interv... ...an intelligent way. ...is M. 177th. ...Complained of ...has strange expressions ...dicine prior to regu... ...d of rheumatic pain ...complained of ...out with crowd. ...ind of hemorrhoids ...ward. ...uses to take out door ...ful. July 29 Assists ...: takes but little ...96. Patient is quiet:

Personal and Medical History of R. M. S. Pease

From 204

3/201/4181.

CASE RECORD.

Patient's Name R. M. S. Pease. Name Disease ..... Name Physician .....

1896. Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Jan. 1				On regular and extra diet.	Of late, there has been a marked improvement in patient's condition in general. Appetite good. Bowels regular. Sleeps well. Talks rationally. Nerves seem quite steady. Has liberty of grounds
" 4 - 7.30 pm					Bath.
" 10					Weight 138 3/4
" 11 - 7.30 pm					Bath.
" 12					Complains of very bad cold. Coughs some.
" 13 - am					Condition seems some worse this morning. Appetite poor.
" " 1 pm				Gave powder.	(Night) Slept 8 hrs.
" " 4 "				" "	
" " 7 "				" "	
" 14 - 8 am				" "	Patient quite nervous during day. Coughed some.
" " - 11 "				" "	Appetite poor.
" " - 2 pm				" "	Slept 6 - R. 2 - Coughed considerably
" " - 5 pm				" "	during night
" " - 8 "				" "	Remained in bed this morning.
" 15 - 8 am				" "	Seems a trifle better today.
" " - 11 "				" "	Is very nervous.
" " - 2 pm				" "	Appetite some better.
" " - 5 pm				" "	Slept 6 - R. 2. Coughed
" " - 8 "				" "	some during night.
" 16 -					Appears much better today. Appetite fair. Bowels regular. Slept 6 - R. 2.

Recorded by Infirmary. Nurse.

Nov 6 1901 Jan 31 May 31 June 15 July 31

Seems some improved: goes out for exercise, with ward. Jan 31/1901. No change to report to this date. Is quiet: clean and neat in habits. Feby 1. Wt 172#. P 76. May 31. Quietly disposed: seldom talks: rather depressed & melancholy: is not interested in any amusements or entertainments. Visited by brother. July 29. Seems more depressed & somewhat confused. July 31. Patient is still melancholy & depressed.

To 152

liberty of grounds" - Is suffering from ...ous. Jan 16/96. Is ...has complained some ...g quite well, now". ...improving steadily. ...n: behavior good: ...ed to C3 - ...lks out quite often - ...ery well, but, this ...better, today -

...very dull & quiet ...'97 has seemed to ...a little more ...drifts along very ...but at others ...during intervention ...an intelligent way. ...ons: Wt. 177#. ...11 Complained of ...has strange expression ...edicine given to regu... ...ed of rheumatic pain ...complained of ...out with crowd. ...med of haemorrhoids ...ward. ...refuses to take out door ...rful. July 20 Assists ...ed: takes but little ...Nov 6. Patient is quiet:

...ate); ...used cause ...t, not known. ...petite; dull - ...ung girl, but ...in the matter. - ...in brown; eyes brown; ...arm; cut over right eye: ...6 hours, restless 2 hours, ...have moved: no cough noticed. ...70. R 22. T(c) 100. Oct 19/95. Slept 8 ...T(c) 99.6. Behavior good: no delusions ...Oct 20/95. Restless 2 hours, but slept 6 hours, last ...o. T(c) 99.4. Quiet and talks rationally. ...18 " 98.6 P.m. P 64 R 18 T(c) 99.2. Appetite good: bowe... ...plaints. Oct 22/95. Restless 2 hours, slept 6 hours. Behavior very ...cut over eye doing nicely. P. R & T(c) more nearly normal. ...Oct 23/95. Restless 4 hours, sleeping only 4 hours, last night. Am. P 70 R 20 T(c) ... R 20 T(c) 98.8. Behavior as usual. Talks sensibly; no delusions or hallucina... noticed. Oct 24/95. Slept well. Is anxious be be discharged. Complains of bowels being cos...; also of headache. 1.50 pm. Gave seidlitz powder, but without effect. Oct 31/95. During this, the 2nd week, patient has still been somewhat restless, at night, but sleeping from 5 to 7 hours, on each. Bowels still quite often constipated, for which he is given salts. His behavior has been very good. He talks rationally & sensibly & no delusions or hallucinations have, as yet, been noticed. He converses well & quite freely. He has been quiet & cheerful; making no complaints, except that he wants to return home. Works some. Goes out on grounds, daily.

Summary: Patient has been quiet, cheerful & well-behaved, during past two weeks working some & taking considerable interest in the ward & in his surroundings - Apparently, in good condition, physically; muscles large & well-formed - Talked rationally & sensibly & no irrational actions have been noticed. Nov 2/95. Wt 146 pds: P. 68. Sleeps well, at night. Patient has gained considerably, in flesh, since coming. Physical condition has improved. Nov 10/95. Has been resting & sleeping well, each night, since last noted. Has been quiet & well-behaved. Talks rationally & well: no delusions or hallucinations noted. Plays games & reads some. Works on ward, taking considerable interest in the work & in his surroundings. —

" 12 Nov 12/95. Visited by a friend & allowed to go home with him, today.

— Discharged —

Personal and Medical History of R. M. S. Pease

From 204

Appetite good: bowels regular: sleeps well: talks rationally: nerves seem quite steady. Has "liberty of grounds" –
10/13 Jan 10/96. Wt 138¾ pds. (a gain of 27¼ pds in weight, since admission). Jan 13/96. Is suffering from
15/16 a bad cold: Coughs some. Jan 15/96. Has been in bed some: Coughs & is very nervous. Jan 16/96. Is
26 much better, today, tho' he still has some cough. Jan 26/96. Is greatly improved. (Has complained some
31 of dizziness & has been quite nervous). Nervousness is leaving him. Jan 31/96. "Feeling quite well, now".
Feb 10/15 Feb 10/96. Wt 138½ pds. Feb 15/96. Physical appearance quite good: he has been improving steadily:
has had no "nervous spells", of late. Appetite good: bowels regular: habits very clean: behavior good:
22 talks rationally: sleeps well: has "liberty of the grounds". Feb 22/96. Transferred to C³ –
29 Feb 29/96. Improvement keeps up. He eats & sleeps well. Has "parole" & walks out quite often –
Mar 1/13 Mar 1/96. Wt 139 pds. Pulse 74. Mar 13/96. Up to today, patient has been very well, but, this
14 morning, complains of pain in side: is very nervous & "trembly". March 14/96. Better, today –
28 March 28/96. Was allowed to go home, this morning.

Discharged

From Folio 240 — John Condon — 4178

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. During latter half of '96 patient was very dull & quiet
sitting in a bent & melancholy position: Wt 163–164 lbs. During '97 has seemed to
brighten up somewhat altho behavior is practically the same: Takes a little more
interest in things about him. Aug 31 '97 Wt. 164# Oct 30 '97 Patient drifts along very
quietly: Is rather dull in appearance: At times seems quite despondent but at others
helps with ward work some. Jan 31 '99 Has changed comparatively little during interven-
ing time. At times is quite agreeably helping on ward & talking in an intelligent way.
Feb 1 – July 31 '99 – (Dr Wanson) Eats & sleeps well: General condition good: Continues in delusions: Wt. 177#.
Mch 23. Complained of severe headache & dizziness: Put on treatment; improved. Apr 1 Complained of
Aug 1 pain in one side of head: Tooth Extracted Aug 1 – July 31 '1900 Aug 1. Wt. 171. At times has strange expression
no delusions apparent. Aug 20 Complained of tooth ache: tooth extracted: Medicine given to regu-
To late bowels: Sept 12 Complained of toothache: Treated medicinally. Oct 21 Complained of rheumatic pain
in knee. Nov 11 Visited by friend: would not talk to him: Jan. 23 '1900. Has complained of
1900 tooth ache occasionally: Mch 15 Complained of sore foot. did not go out with crowd.
Mch 22 Appears fearful: Imagines people talk about him: May 20 Complained of haemorrhoids
Trans. to Infirmary for operation. May 22 Operation performed. 29 Up on ward:
June 4. Trans. to A². June 11 Complained of being weak – Trans. to Inf. Refuses to take outdoor
July 31 exercise: June 23. Trans. to A². Appears much brighter & more cheerful. July 20 Assists
Aug 6 with ward work: July 21 Vaccinated. Aug 6 Patient appears depressed: takes but little
Sep 25 interest in surroundings. Sep 25. Visited by friend: seems somewhat brighter: Nov 6. Patient is quiet:
Nov 6 seems some improved: goes out for exercise, with ward. Jany 31/1901. No change to report to this date.
1901 Jan 31 Is quiet: clean and neat in habits. Feby 1. Wt 172#. P 76. May 31. Quietly disposed: seldom
May 31 talks: rather depressed & melancholy: is not interested in any amusements or entertainments.
June 15 Visited by brother. July 29. Seems more depressed & somewhat confused. July 31. Patient
July 31 is still melancholy & depressed.

To 152

...te);
...ed cause
...not known.
...petite; dull –
...ing girl, but
...the matter. –
...brown; eyes brown;
...rm; cut over right eye:
...hours, restless 2 hours,
...ve moved: no cough noticed.
... R 22. T(c) 100. Oct 19/95. Slept 8
...(c) 99.6. Behavior good: no delusions
20 ... Oct 20/95. Restless 2 hours, but slept 6 hours.
las. ... T(c) 99.4. Quiet and talks rationally.
21 Oct 2... 18 " 98⁶ P.M. P 64 R 18 T(c) 99.2. Appetite
22 good: bow... laints. Oct 22/95. Restless 2 hours, slept 6 hours.
Behavior very ... over eye doing nicely. P. R & T(c) more nearly normal.
23 (Tho' T(c) some wha... 23/95. Restless 4 hours, sleeping only 4 hours, last night.
Am. P 70 R 20 ... R 20 T(c) 98.8. Behavior as usual. Talks sensibly;
24 no delusions or hallucina... noticed. Oct 24/95. Slept well. Is anxious to be "discharged".
Complains of bowels being co... also of headache. 5⁵⁰ P.M. Gave seidlitz powder, but without effect.
31 Oct 31/95. During this, the 2nd week, patient has still been somewhat restless, at night, but
sleeping from 5 to 7 hours, on each. Bowels still quite often constipated, for which he is given salts.
His behavior has been very good. He talks rationally & sensibly & no delusions or hallucinations
have, as yet, been noticed. He converses well & quite freely. He has been quiet & cheerful; making
no complaints, except that he wants to return home. Works some. Goes out on grounds, daily.
Summary: Patient has been quiet, cheerful & well-behaved, during past two weeks
working some & taking considerable interest in the ward & in his surroundings – Apparently, in
good condition, physically; muscles large & well-formed – Talked rationally & sensibly &
Nov 2 no irrational actions have been noticed. Nov 2/95. Wt 146 pds: P. 68. Sleeps well, at night.
Patient has gained considerably, in flesh, since coming. Physical condition has improved.
10 Nov 10/95. Has been resting & sleeping well, each night, since last noted. Has been quiet & well-
behaved. Talks rationally & well: no delusions or hallucinations noted. Plays games & reads some.
Works on ward, taking considerable interest in the work & in his surroundings. ——
12 Nov 12/95. Visited by a friend & allowed to go home with him, today.

— Discharged —

Personal and Medical History of William P. Morton.

LAIRD, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4235.
Residence, Stillwater, Minnesota
Date Admission, 25th October 1895.
Admitted by, D. C. B. Fry Hour, 8 40
How Sent, E. G. Butts. Jo. P. Washington County
Sex, Male
Age, 49
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Veterinary Surgeon
Degree Education, Common School
Profession Religion, not a church member
Habits, Intemperate
Nativity, Buffalo N.Y. (father, England; mother, Ireland).
Physicians Committing, W. H. Pratt & T. C. Clark.
Correspondents, none given in papers

No. for Year, 63.
Insane Relatives, not so far as known
Cause Exciting, Drink
Cause Predisposing, Intemperance & previous attack.
Form, Acute mania
Accompanying Bodily Disorder, None known
Suicidal or Not, not
Date of this Attack, about 3 days ago
Duration, about 3 Days
No. of Attack, 2nd (one, 2 years ago).
No. of Admissions, 1st here (Coaxum Ark. Asst. Asylum)
Age First Attack, about 47
Time of Leaving, Nov. 1. 1900
Time in Hospital, 4 yr. 4 m. 4 da.
Result, Died. Acute Lobar pneumonia

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Dr. D. C. Fry 8 Oct 25/95.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, very Poor
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, much impaired
Own Mental State,
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Patient in typical acute maniacal Condition; restless, active, incoherent, profane & obscene. There is a tendency to rhyme & new ideas are called up which have very slight connection with the preceding one, being suggested mainly by similarity of sound of the word, alliteration a rhyme.

Personal and Medical History of William P. Morton

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 1/4 WEIGHT, 167 lbs NUTRITION, Fairly good.
WOUNDS OR ABNORMALITIES, See "G. A. N. Rpt." on next page.
TONGUE, Tremors, Lary tremor: inability to keep still. Coatings, heavy yellow coating: tongue pasty. Promptness Movement, slow & jerky
PUPILS, Equality, Yes Size, Slightly Contracted.
Response Light, very sluggish, if at all Accommodation, very sluggish, if at all.
SIGHT,
HEARING,
COORDINATION, Arms, Legs, Considerable incoordination of both arms & legs, but usual tests could not be applied.
TREMORS, Hands, None Tongue, Yes
Facial Muscles, None General, None
REFLEXES, Patellar, much exaggerated
Other - ratio: apparently equal.
ARTICULATION,
Slurred, Voice hoarse from much talking:
Hesitating, None Scanning Speech.
FACIAL EXPRESSION, much Mobility of features
SENSIBILITY,
HEART, rapid: sounds Could not be made out on account of activity & nervousness of patient.
LUNGS,

TAKEN,

EXAM. URINE,

Treatment

Purge: restricted Large quantities of liquid diet. Hypnotics.

11/21/95 Exam. Urine.
Sp. gr. 1018.
Color. Pale yellow. Cloudy.
Reaction Alkaline

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,

1895

This patient was brought here by Deputy Sheriff John Lund, attended by F. J. Underhill with following history. Patient is in fair physical condition: As to any Consanguinity or heredity nothing known. This is not 1st attack; he had one 2 years ago; duration 3 months: was at Oshkosh, Wis: recovery made: first symptoms of this attack were manifested 3 days ago, (about): disease seems increasing; not variable: no rational interval. Derangement is now shown by patient being violent, irrational, destructive in his habits. Is not disposed to injure others, nor suicidal, but destructive. No peculiarities as to mind shown, before he commenced drinking, about 2 weeks ago. Patient is very intemperate. No previous disease as is known of. He has been confined in City & County Jail, last 3 days. Supposed cause of the disease is drink. Has had no medical treatment. On personal Examination, patient is found to be wild, active & violent: strips himself of clothing: strikes walls of cell, violently. —

Oct 25 On admission, was put on B2 (G. H. N. Rpt. Complexion dark: hair black & a little gray: eyes gray: condition of skin good: some bruises on right leg: is dirty: behavior good: quite talkative; says he is a clown). Oct 26/95. Restless 3 hours, slept but 5 hours, last night. Appetite poor: Complains of sore throat: no cough noticed: behavior bad: is violent & pugnacious: shows incoherency of speech. Transferred to C3 this morning. Towards noon (11.30 am) Transferred to I.W. on account of his being so restless noisy, excited & pugnacious. Showed many delusions: Continued somewhat excited, after coming to this ward. Was put to bed & in restraint. 3 Pm. Has been very noisy since being restrained. 4 Pm. Taken out of restraint & at 4.30 Pm. given hot bath with cold applications to head. 7 Pm. became very wild & again put in restraint. 11 Pm. Given bath: bowels moved freely. Oct 27/95. Slept none during night; noisy 3 hours, restless 5 hours: was fed by tube: is very excited this a.m. 1.30 Pm. Got out of restraint. Fed at 2 Pm & 5 Pm. Placed in restraint (5 Pm). Talks quite rationally, this evening. 9.30 Pm. Broke out of restraint: was not replaced. Oct 28/95. Restless 4 hours, noisy 4 hours, sleeping but 2 hours, last night. Is given sedative. 8.30 am. Somewhat destructive, and talk almost continually. Is fed Hot Mellin's food. Oct 29/95. Restless 5 hours, and slept only 2 hours. Has been restless all morning, asking to get up. 4.30 Pm. Bowels moved freely: 5 Pm. Upon ward, all Pm: out on grounds for 1 hour. 10 Pm. Given hypo. of morph & hyoscin. Oct 30 11.50 Pm. Put in restraint. Oct 30/95. 1.45 am. Broke out of restraint, but was replaced, at 3.30 am. Noisy 3 hours, restless 3 hours, slept only 2 hours, during night. Is still given Hot Mellin's food: is also on regular & extra diet. Appetite good: bowels moved freely; 7 Pm. patient very ill. 8 Pm. Put in restraint. 9.20 Pm. given hypo. morph. Oct 31/95. Restless 5 hours, noisy 2 hours & slept only 1 hour, last night. Am. Given bath. Pm. Has been restless. Nov 1 11.30 Pm. Placed in restraint. Nov 1/95. Slept none, during night: Restless 3 hours, noisy 5 hours. Destructive, at times. Patient has required Continual watching, today. Has been quite " 2 Destructive, at times. Nov 2/95. Restless 4 hours, noisy 1 hour, slept 3 hours. Pm. Patient has " 3 been quite noisy, today. 7.30 Pm. was given hot bath, with cold applications to head. Nov 3/95. Was restless 2 hours, noisy 3 hours, slept only 3 hours. Pm. Noisy & destructive, all day. Was out " 4 for a walk, this Pm. Nov 4/95. Noisy 1 hour, restless 5 hours, slept but 2 hours. Behavior was very bad, during night. Removed bedstead from room & gave him bed, on the floor. Bowels moved " 5 Is on regular & extra diet. Nov 5/95. Restless 4 hours, noisy 1 hour, slept only 3 hours, last night.

(Page 5 Cont'd)

Mrs Eva M Morton
Kittredge
Mental Ward
223
mm

Insane Wife of Morton

CORD.

Name Physician ...

Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.

... room and gave
bed on the floor
rels moved.

3- R. 4- N. 1.
born fairly well
ved today. Packed
Currently and in
rediem lower of
the greater
of the day.
Dank for walk this
n.

4- R. 3- N. 1.
vior has been today
ually bad. Is
ually plugging radiators
Mago and others
lers. Appetite good.
s regular.
x- R. 6.
ls moved.

Had considerable trouble today in keeping him dressed. Had destructive and very noisy.
Slept 2 & R. 5- N. 1.
Is destructive and noisy today.
Kept in room all day.
Appetite good. Bowels regular

" " am.	98+	80	18		
" 8 am	98+	76	18		
" " pm	98+	68	18	Sleeping door	

Recorded by ... Nurse.

Dec 31 (Case referred by Dr. H.). Dec 31/95: Condition, conduct & behavior does not special change, at this date.
1896 Jan 1/96 Wt 159 lbs. Pulse 64. Jan 3/96. Urine backed & the drawn from patient up to Jan 2 — No change noted.
Jan 31/96 (See above note). No improvement noted, either mentally or physically, in patient's condition.
(Was transferred to C1 (1/31/96), on account of a general change of wards)

Carried to 292

1895

This patient was brought here by Deputy Sheri[illegible] attended by F. J. Underhill with following history. Patient is in fair phys[illegible] heredity, nothing known. This is not 1st attack; at Oshkosh, Wis: recovery made: first sympt[illegible] ago, (about): disease seems increasing; not varia[illegible] now shown by patient being violent, irrationa[illegible] to injure others, nor suicidal, but destructive. No pe[illegible] drinking, about 2 weeks ago. Patient is very [illegible] He has been confined in City & County Jail [illegible] drink. Has had no medical treatment. On [illegible] be wild, active & violent: strips himself of c[illegible]

Oct 25 On admission, was put on B2 (G. H. N. Rpt [illegible] gray: condition of skin good: some bruises on [illegible]

" 26 says "he is a clown"). Oct 26/95. Restless 3 hou[illegible] - plains of sore-throat: no cough noticed: behavior [illegible] of speech. Transferred to C3 this morning. Towar[illegible] his being so restless noisy, excited & pugnacious. [illegible] after coming to this ward. Was put to bed & in restr[illegible] 4 P.M. Taken out of restraint & at 4.30 P.M. given [illegible]

" 27 very wild & again put in restraint. 11 P.M. Given [illegible] during night; noisy 3 hours, restless 5 hours: was [illegible] out of restraint. Fed at 2 P.M. & 5 P.M. Placed [illegible]

" 28 evening. 9.30 P.M. Broke out of restraint: wa[illegible] hours, sleeping but 2 hours, last night. Is given [illegible]

" 29 talks almost continually. Is fed Hot Me[illegible] only 2 hours. Has been restless all morning, a[illegible] 5 P.M. Up on ward, all P.M.: out on grounds for 1 hour. 10 P.M. Given hypo. of morph & hyoscin.

" 30 11.50 P.M. Put in restraint. Oct 30/95. 1.45 am. Broke out of restraint, but was replaced, at 3.30 am. Noisy 3 hours, restless 3 hours, slept only 2 hours, during night. Is still given hot Mellins' food: is also on regular & extra diet. Appetite good: bowels moved freely; 7 P.M. patient

" 31 very wild. 8 P.M. Put in restraint. 9.20 P.M. given hypo. morph. Oct 31/95. Restless 5 hours, noisy 2 hours & slept only 1 hour, last night. Am. given bath. P.M. Has been restless.

Nov 1 11.30 P.M. Placed in restraint. Nov 1/95. Slept now, during night: Restless 3 hours, noisy 5 hours. Destructive, at times. Patient has required continual watching, today. Has been quite

" 2 destructive, at times. Nov 2/95. Restless 4 hours, noisy 1 hour, slept 3 hours. P.M. Patient has

" 3 been quite noisy, today. 7.30 P.M. was given hot bath, with cold applications to head. Nov 3/95. Was restless 2 hours, noisy 3 hours, slept only 3 hours. P.M. Noisy & destructive, all day. Was out

" 4 for a walk, this P.M. Nov 4/95. Noisy 1 hour, restless 5 hours, slept but 2 hours. Behavior was very bad, during night. Removed bedstead from room & gave him bed, on the floor. Bowels moved.

" 5 Is on regular & extra diet. Nov 5/95. Restless 4 hours, noisy 1 hour, slept only 3 hours, last night.

[illegible] Wall Old Wammond Sepsis that [illegible] Wall Old So So Wall Wil Call it Jenesing [illegible] Phone about 800 pacients hear man [illegible] Jennie Old Amelyong Somes Thenn [illegible] Fair Vere Melcomer Other Wall Callow [illegible] Doing and Other get 5 days So Jendendering [illegible] Call for Eight days and for Hospital [illegible] Will be Home

Dec 17th 1895 Sick in Omsted Co Minn like the Osheash Hell like Manomonie Dunn Co Wis go to Fonk with [illegible] and Rochester Minn Hospital 4 the insane or a nice place 4 a man that [illegible] but for [illegible] you or me Veorze near Where Le Comery did not Wim tell him that I will soon be home and then him and Agent Gore Wonte be a lone and I will be all OK When I Come home Tatz Eva M. Morton Lewis Hope We Will Be and On Milk and Honey 2 day is Sunday We have been Out Walking it Was Veorz Plesant this is true for Wohe is the barb Bill View he was not on a Spree So I let him Shoue me Mr Lockman of La Crosse the livy Man is hear he tell me tho' his Wif is dead and I [illegible] on [illegible] head

288 Personal and Medical History of William P. Morton

1895 Cont'd

Nov 5 Am Pulse [illegible] R. 18 [illegible]

[illegible] incoherently [illegible] 98 F. Out for a [illegible] restless 3 hours, [illegible] ing radiators, [illegible] even hypo. of [illegible] considerable trouble, [illegible] Restless 5 hours, [illegible] tive and noisy, [illegible] been bad: it was [illegible] in loosening [illegible] throughout the [illegible] in getting him [illegible] Sleep has been [illegible] ort times, would [illegible] plainly that [illegible] tment &c). [illegible] has his urine [illegible] very night. [illegible] tive and filthy. [illegible] but sleeps poorly. [illegible] Had a convulsion [illegible] Behavior is [illegible] & over the eye. [illegible] Slept very poorly. [illegible] not known. [illegible] Had an ugly [illegible] 28/95: Car woollen [illegible] 96: error of Nurse) - [illegible] noisily talkative: [illegible] of the time [illegible] & not quite [illegible] readily suggested [illegible] bearing and [illegible] dirty: soils his room, [illegible] Has been [illegible] ated for these.

CORD.

Name Physician A.A.N.

Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.

[illegible] room and gave [illegible] bed on the floor [illegible] wels moved.

[illegible] 3-R. 4-N. 1.

[illegible] been fairly well [illegible] ved today. Talked [illegible] herently and in [illegible] medium tone of [illegible] the greater [illegible] of the day. [illegible] out for walk this [illegible] m.

[illegible] 4-R. 3-N. 1.

[illegible] vior has been today [illegible] ually bad. Is [illegible] inually plugging radiator [illegible] h rags and other [illegible] cles. Appetite good. [illegible] ls regular.

[illegible] 2-R. 6.

[illegible] els moved.

Had considerable trouble today in keeping him dressed. Was destructive and very noisy.

Slept 2 R. 5-N. 1.

Is destructive and noisy today. Kept in room all day. Appetite good. Bowels regular

" " pm	98.4	80	18	
" 8 am	98.2	76	18	
" " pm	98.4	68	18	Sleeping dose

Recorded by ..... Nurse.

31 (Same set back by Dr. H). Dec 31/95. Condition, conduct & behavior show no special change, at this date.

1896 Jan 1/3 Jan 1/96. Wt 159 lbs. Pulse 64. Jan 3/96. Urine has had to be drawn from patient up to Jan 2. No change noted.

31 Jan 31/96 (see above note). No improvement noted, either mentally or physically, in patient's condition. (Was transferred to C1 (1/4/96), on account of a general change of wards) —

Carried to 292

Personal and Medical Histo[illegible]

1895

This patient was brought [illegible]
with following hist[illegible]
heredity, nothin[illegible]
at Oshkosh [illegible]
ago, (about): [illegible]
now shown by [illegible]
to injure others, no[illegible] [illegible]amined
drinking, about 2 [illegible] [illegible]norm of.
He has been confined [illegible] [illegible] of the disease is
drink. Has had no me[illegible] [illegible] patient is found to
be wild, active & violent [illegible] of cell, violently. —
Oct 25 On admission, was put [illegible] hair black & a little gray; eyes
gray: condition of skin good: [illegible]rty: behavior good: quite talkative;
" 26 says "he is a clown"). Oct 26/95. [illegible] but 5 hours, last night. Appetite poor: Com-
-plains of sore-throat: no cough notic[illegible] [illegible]ad: is violent & pugnacious: shows incoherency
of speech. Transferred to C³ this morn[illegible] [illegible]wards noon (11³⁰ am) Transferred to I.W., on account of
his being so restless noisy, excited & pugnacious. Showed many delusions: Continued somewhat excited,
after coming to this ward. Was put to bed & in restraint. 3 P.M. Has been very noisy since being restrained.
4 P.M. Taken out of restraint & at 4³⁰ P.M. given hot bath with cold applications to head. 7 P.M. became
" 27 very wild & again put in restraint. 11 P.M. Given bath: bowels moved freely. Oct 27/95. Slept none,
during night; noisy 3 hours, restless 5 hours: was fed by tube: is very excited this am. 1³⁰ P.M. Got
out of restraint. Fed at 2 P.M. & 5 P.M. Placed in restraint (5 P.M.). Talks quite rationally, this
" 28 evening. 9³⁰ P.M. Broke out of restraint: was not replaced. Oct 28/95. Restless 4 hours, noisy 4
hours, sleeping but 2 hours, last night. Is given sedatives. 8³⁰ am. Somewhat destructive, and
" 29 talks almost continually. Is fed Hot Mellin's food. Oct 29/95. Restless 5 hours, and slept
only 2 hours. Has been restless all morning, asking to get up. 4.30 P.M. Bowels moved freely:
5 P.M. Up on ward, all P.M.: out on grounds for 1 hour. 10 P.M. Given hypo. of morph & hyoscin.
" 30 11⁵⁰ P.M. Put in restraint. Oct 30/95. 1⁴⁵ am. Broke out of restraint, but was replaced,
at 3³⁰ am. Noisy 3 hours, restless 3 hours, slept only 2 hours, during night. Is still given hot
Mellin's food: is also on regular & extra diet. Appetite good: bowels moved freely; 7 P.M. patient
" 31 very wild. 8 P.M. Put in restraint. 9²⁰ P.M. given hypo. morph. Oct 31/95. Restless 5 hours,
noisy 2 hours & slept only 1 hour, last night. Am. given bath. P.M. Has been restless.
Nov 1 11³⁰ P.M. Placed in restraint. Nov 1/95. Slept none, during night: Restless 3 hours, noisy 5 hours.
Destructive, at times. Patient has required continual watching, today. Has been quite
" 2 destructive, at times. Nov 2/95. Restless 4 hours, noisy 1 hour, slept 3 hours. P.M. Patient has
" 3 been quite noisy, today. 7³⁰ P.M. was given hot bath, with cold applications to head. Nov 3/95. Was
restless 2 hours, noisy 3 hours, slept only 3 hours. P.M. Noisy & destructive, all day. Was out
" 4 for a walk, this P.M. Nov 4/95. Noisy 1 hour, restless 5 hours, slept but 2 hours. Behavior was
very bad, during night. Removed bedstead from room & gave him bed, on the floor. Bowels moved.
" 5 Is on regular & extra diet. Nov 5/95. Restless 4 hours, noisy 1 hour, slept only 3 hours, last night.

Page 3
Ward 6
Wall St Will Class
Good by Eva
The Lord Will Take Care
You if Your Love is True
A Big Kiss
Shakespeare
Hot Mellin's

Personal and Medical History of William P. Morton

1895 P.

Am. Pulse 86 R. 18 Tel. 98 [illegible] incoherently
[illegible] 98. Out for a
[illegible] restless 3 hours,
[illegible] ing radiators,
[illegible] given hypo. of
[illegible] considerable trouble,
[illegible] Restless 5 hours,
[illegible] tive and noisy,
[illegible] been bad: it was
[illegible] in loosening
[illegible] throughout the
[illegible] in getting him
[illegible] Sleep has been
[illegible] short times, would
[illegible] plainly that
[illegible] tment &c).
[illegible] has his urine
[illegible] every night.
[illegible] tive and filthy.
[illegible] but sleeps poorly.
[illegible] Had a convulsion
[illegible] nd. Behavior is
[illegible] ad & over the eye.
[illegible] Slept very poorly.
[illegible] not known.
[illegible] Had an ugly
[illegible] 28/95: Car swollen
[illegible] /96: error of Nurse) ⊗
[illegible] : noisily talkative:
[illegible] all of the time.
[illegible] ly & not quite
[illegible] re readily suggested
[illegible] overbearing and
[illegible] dirty: sails his room,
[illegible] tion. Has been
[illegible] treated for these.

CASE RECORD.

Patient's Name W. P. Morton Name Disease Name Physician A.A.N.

Date. 1895.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Nov. 4 - pm.	99.2	98	19	On regular and extra diet.	from room and gave him bed on the floor.
" " 12 pm					Bowels moved.
" 5 am	98	86	18		Slept 3 - R. 4 - N. 1. Has been fairly well behaved today. Talked incoherently and in a medium tone of voice the greater part of the day.
" " pm.	98.8	72	17		
" " 8³⁰				Hypo. Morph. gr. 1/8 & Hyoscine " 1/100.	Was out for walk this p.m.
" 6 am.	98.4	68	18		Slept 4 - R. 3 - N. 1. Behavior has been today unusually bad. Is continually plugging radiator with rags and other articles. Appetite good.
" " pm.	98.6	72	18		
" 7 - 1⁰⁰ am				Hypo. morph. 1/8 &	Bowels regular.
" 7 am	98.2	72	17	Hyoscine gr. 1/100	Slept 2 - R. 6. Bowels moved. Had considerable trouble today in keeping him dressed. Was destructive and very noisy.
" " pm.	98.4	80	18		
" 8 am	98.2	76	18		Slept 2 - R. 5 - N. 1. Is destructive and noisy today. Kept in room all day.
" " pm	98.4	68	18	Sleeping dose	Appetite good. Bowels regular

Recorded by ..... Nurse.

31 (Same set back by Dr. H). Dec 31/95: Condition, conduct & behavior show no special change, at this date.
1896 Jan 1/3 Jan 1/96. Wt 159 lbs. Pulse 64. Jan 3/96. Urine has had to be drawn from patient up to Jan 2. — No change noted.
31 Jan 31/96 (see above note) ⊗. No improvement noted, either mentally or physically, in patient's condition.
(Was transferred to C¹ (1/4/96), on account of a general change of wards) —

Carried to 292

... sease is
... found to
... lently. —
... little gray; eyes
... good: quite talkative;
... ught. Appetite poor: Com-
... ugnacious: Shows incoherency
... nsferred to I.W., on account of
... delusions: Continued somewhat excited,
... m. Has been very noisy since being restrained.
4 ... bath with cold applications to head. 7 P.M. became
" 27 very w... th: bowels moved freely. Oct 27/95. Slept none,
during ni... as fed by tube: is very excited this A.M. 1.30 P.M. Got
out of restrain... Placed in restraint (5 P.M.) — Talks quite rationally, this
" 28 evening. 9.30 P.M. ... aint: was not replaced. Oct 28/95. Restless 4 hours, noisy 4
hours, sleeping but ... t. Is given sedatives. 8.30 A.M. Somewhat destructive, and
" 29 talks almost contin... s fed Hot Mellin's food. Oct 29/95. Restless 5 hours, and slept
only 2 hours. Has been restless all morning, asking to get up. 4.30 P.M. Bowels moved freely:
5 P.M. Up on ward, all P.M.: out on grounds for 1 hour. 10 P.M. Given hypo. of morph & hyoscin.
" 30 11.50 P.M. Put in restraint. Oct 30/95. 1.45 A.M. Broke out of restraint, but was replaced,
at 3.30 A.M. Noisy 3 hours, restless 3 hours, slept only 2 hours, during night. Is still given hot
Mellin's food: is also on regular & extra diet. Appetite good: bowels moved freely; 7 P.M. patient
" 31 very wild. 8 P.M. Put in restraint. 9.20 P.M. Given hypo. morph. Oct 31/95. Restless 5 hours,
noisy 2 hours & slept only 1 hour, last night. A.M. given bath. P.M. Has been restless.
Nov 1 11.30 P.M. Placed in restraint. Nov 1/95. Slept none, during night: Restless 3 hours, noisy 5 hours.
Destructive, at times. Patient has required continual watching, today. Has been quite
" 2 destructive, at times. Nov 2/95. Restless 4 hours, noisy 1 hour, slept 3 hours. P.M. Patient has
" 3 been quite noisy, today. 7.30 P.M. was given hot bath, with cold applications to head. Nov 3/95. Was
restless 2 hours, noisy 3 hours, slept only 3 hours. P.M. Noisy & destructive, all day. Was out
" 4 for a walk, this P.M. Nov 4/95. Noisy 1 hour, restless 5 hours, slept but 2 hours. Behavior was
very bad, during night. Removed bedstead from room & gave him bed, on the floor. Bowels moved.
" 5 Is on regular & extra diet. Nov 5/95. Restless 4 hours, noisy 1 hour, slept only 3 hours, last night.

Personal and Medical History of William P. Morton

CASE RECORD.

Patient's Name W. P. Morton. Name Disease ..... Name Physician H.H.H.

Date. 1895.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Oct 31 - am	98.2	80	19	On regular and extra diet, except meat.	Was given bath. Patient slept none during night. Restless 3 - Noisy 5. Was destructive at times.
" " pm.	99.2	84	22		
" " 11.30 pm					Was placed in restraint.
Nov. 1st am	98.4	76	22		Slept 3 - R. 4 - N. 1. Patient has required continual watching today. Has been quite destructive at times.
" " pm.	98.8	80	24		
" 2 am	100	104	28		Slept 3 - R. 2 - N. 3. Patient has been quite noisy today.
" " pm.	100.8	120	25		
" 7.30					Was given hot bath with cold applications to head.
" 3 am.	99.4	98	21		Slept 2 - R. 5 - N. 1. Patient has been noisy and destructive all day. Was out for walk this p.m.
" " pm.	99	108	18		
" 4 am.	98.5	100	18		Slept 4 - R. 1 - N. 3. Behavior was very bad during night. Removed bedstead

Recorded by ..... Nurse.

... d incoherently
... 98.8. Out for a
... restless 3 hours,
... ing radiators,
... even hypo. of
... nsiderable trouble,
... Restless 5 hours,
... tive and noisy,
... been bad: it was
... in loosening
... throughout the
... in getting him
... Sleep has been
... ort times, would
... plainly that
... tment so).
... has his urine
... very night.
... tive and filthy.
... but sleeps poorly.
... Had a convulsion
... nd. Behavior is
... d & over the eye.
... Slept very poorly.
... not known.
... Had an ugly
... ar 28/95: Car swollen
... /96: error of Nurse) (*)
... : noisily talkative:
... ll of the time.
... ly & not quite
... re readily suggested
... verbearing and
... dirty: soils his room,
... tion. Has been
... ated for these.

31 (Same set back by Dr. H). Dec 31/95. Condition, conduct & behavior show no special change, at this date.
1896 Jan 1/3 Jan 1/96. Wt 159 lbs. Pulse 64. Jan 3/96. Urine has had to be drawn from patient up to Jan 2. — No change noted.
31 Jan 31/96 (see above note) (*). No improvement noted, either mentally or physically, in patient's condition.
(Was transferred to C. (1/4/96), on account of a general change of wards) —

Carried to 292

Personal and Medical History of William P. Morton.

CASE RECORD.

Patient's Name W. P. Morton. Name Disease ____ Name Physician M.H.S.

Date. 1895.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Oct 27- 9[45] p				Hypo. Hyoscine. Hydro. Bromath. gr. 1/100 ℥ Morph. Sulph. gr. 1/8.	
" 28- am	99?	76	22		Patient somewhat destructive this a.m.
" " 8[30] "				1 gr. Hot Mellin's Food	Talks almost continually.
" " 1 "				" " " "	Slept 2 - R. 6.
" " 4[30] "	99.6	8?	21		
" " 9[30] "				Hypo. Morph. gr. 1/8 ℥ Hyoscine " 1/100	
" 29- 8 am	98.6	6?	20	1 gt. Hot Mellin's Food.	Patient restless all a. m., asking to get up. Up on ward all p. m.
" " 12 m				" " " "	
" " 4[30] p.					Bowels moved freely.
" " 5[--] "	100	90	18		Was out on grounds 1 hr. this p. m.
" " 10 "				Hypo. Morph. gr. 1/8 Hyoscine gr. 1/100	Slept 2 - R. 3 - R. 3 hrs.
" " 11[50] "					Patient was put in restraint.
" 30- 1[45] am					Broke out of restraint.
" " 3[30] "					Was replaced.
" " 8[00] "	98.4	64	17	1 gt. Hot Mellin's Food.	
" " 5[--] pm.	99?	98	24	On regular and extra diet.	Appetite good. Bowels moved freely.
" " 7 pm.					Patient very wild.
" " 8 "					Put in restraint.
" " 9[20] "				Hypo. Morph. gr. 1/8	Slept 1 - R. 5 - R. 7

Recorded by ____ Nurse.

...Pulse 80 R 18 Tel of Stockbridge Sanit. well Labs 2 ft. ...ished incoherently ...198[lbs]. Out of a ...restless 5 hours, ...ing radiators, ...even hypo. of ...considerable trouble, ...restless 5 hours, ...tive and noisy, ...been bad: it was ...in loosening ...throughout the ...in getting him ...sleep has been ...last twice, would ...plainly that ...ment etc). ...has his urine ...every night ...tive and filthy. ...but sleeps poorly. ...: Had a convulsion ...ward. Behavior is ...and over the eye. ...Slept very poorly. ...not known. ...Had an hypo ...Chas Spr. Sar Surgeon ...46: Ward of Nurse) ⊗ ...: mainly tentative: ...all of the time ...only not quite ...are ready suggested ...overbearing and ...duty: calls his room, ...time. Has been ...treated for these.

4
" 27 very ...
during ni...
out of rest...
" 28 evening. 9[30] p. ...raint: was not replaced. Oct 28/95. Restless 4 hours, noisy 4 hours, sleeping but ...t. Is given sedatives. 8[30] am. Somewhat destructive, and
" 29 talk almost contin... ...ed Hot Mellin's food. Oct 29/95. Restless 6 hours, and slept only 2 hours. Has been restless all morning, asking to get up. 4.30 Pm. Bowels moved freely: 5 Pm. Up on ward, all Pm: out on grounds for 1 hour. 10 Pm. Given hypo. of morph & hyoscine.
" 30 11[50] Pm. Put in restraint. Oct 30/95. 1[45] am. Broke out of restraint, but was replaced, at 3[30] am. Noisy 3 hours, restless 3 hours, slept only 2 hours during night. Is still given Hot Mellins' food: is also on regular & extra diet. Appetite good: bowels moved freely; 7 Pm. Patient
" 31 required. 8 Pm. Put in restraint. 9[20] Pm. Given hypo. Morph. Oct 31/95. Restless 5 hours, noisy 2 hours & slept only 1 hour, last night. Am. Given bath. Pm. Has been restless.
Nov 1 11[30] Pm. Placed in restraint. Nov 1/95. Slept none, during night: Restless 3 hours, noisy 4 hours. Destructive, at times. Patient has required continual watching, today. Has been quite
" 2 destructive, at times. Nov 2/95. Restless 2 hours, noisy 1 hour, slept 3 hours. Pm. Patient has
" 3 been quite noisy, today. 7[30] Pm. was given hot bath, with cold applications to head. Nov 3/95. Was restless 2 hours, noisy 3 hours, slept only 3 hours. Pm. Noisy & destructive all day. Was out
" 4 for a walk, this Pm. Nov 4/95. Noisy 1 hour, restless 5 hours, slept but 2 hours. Behavior was very bad, during night. Removed bed-stead from room & gave him bed, on the floor. Bowels moved
" 5 3 am regular & extra diet. Nov 5/95. Restless 4 hours, noisy 1 hour, slept only 3 hours, last night.

(same set back by Dr. H). Dec 31/95. Condition, conduct & behavior does no special change, at this date.
Jan 1/96 Jan 1/96 Wt. 159 lbs. Pulse 64. Jan 3/96. Urine backed & to be drawn from patient up to Jan 2 - No change noted.
31 Jan 21/96 (see above note ⊗). No improvement noted, either mentally or physically, in patient's condition.
(Was transferred to 6 (1/4/96), on account of a general change of wards)

Carried to 292

Personal and Medical History of William P. Morton.

CASE RECORD.

Patient's Name William P. Morton Name Disease ____ Name Physician H.K.W.

Date 1895	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Oct. 26 - 11 30 am					Patient received on ward from C 3. appearing somewhat excited. It was put to bed in restraint.
" " 3 pm					Patient has been very noisy since being restrained.
" " 4 pm				Took Clr Figlr ii m.	Taken out of restraint.
" " 4 30 "				1 gt. Mellin's Food.	Hot bath with cold applications to head.
" " 7 "					Became very wild. Was again placed in restraint.
" " 11 "					Has given bath.
" " " "					Bowels moved freely.
					Slept none during
					night. Noisy 3 - Restless 5
" 27 - 7 am	100	92	28	Fed by tube.	Patient is very excited this a.m.
				1 gt. Mellin's Food.	
" " - 1 30 pm					Got out of restraint.
" " - 7 "				Fed 1 gt. Mellin's Food.	Bowels moved.
" " - 4 30 "	99.5	60	24		
" " - 5 "				" " Hot " "	Placed in restraint.
					Patient talks quite rationally this evening.
					Slept 7 - R. 4 - N. 7.
" " 9 30					Patient broke out of restraint. Has not replaced.

Recorded by ____ Nurse.

Pulse 86 R 18 Jel 98. She has been fairly well-behaved today: talked incoherently 98⅘. Out of a restless 5 hours, ing radiators, even hypo. of considerable trouble, restless 5 hours, tive and noisy, s been bad: it was in loosening throughout the in getting him. Sleep has been last times, woke family, tab atment &c) has his urine every night. tive and filthy. e but sleeps poorly. Had a convulsion ard. Behavior is ad & over the eye. Slept very poorly. s not known. Had an ugly Nov 4/95 (Error of Nurse) ⊗ es: noisily talkative: all of the time. dly not quite are ready suggestion, ab bearing and to duty. Sais his arm, ction. Has been treated for these.

31 (Same set back by Dr. H.). Nov 31/95: Condition, conduct & behavior show no special change, at this date.
Jan 1/96 Jan 1/96. Wt 159 lbs. Pulse 64. Jan 3/96. Urine backed & the drawn from patient up to Jan 2. - No change noted.
" 31 Jan 31/96. (See above note) ⊗ No improvement noted, either mentally or physically, in patient's condition.
(Was transferred to 6 (1/4/96), on account of a general change of wards)

Carried to 292

Personal and Medical History of William P. Morton.

of.
disease is
is found to
violently. —
a little gray; eyes
good: quite talkative;
night. Appetite poor: Can-
pugnacious: Shows incoherency
transferred to T.W., on account of
Delusions: Continued somewhat excited,
Am. Has been very noisy since being restrained.
bath with cold applications to head. 7 Pm. Became
very
with: bowels moved freely. Oct 27/95. Slept none,
during n
was fed by tube: is very excited this Am. 1:30 Pm. Got
out of restra
. Placed in restraint (5 Pm) - Talks quite rationally, this
" 28 evening. 9:30
raint: was not replaced. Oct 28/95. Restless 4 hours, noisy 4
hours, sleeping ho
ght. Is given sedatives. 8:30 Am. Somewhat destructive, and
" 29 talk almost cont
. Is fed Hot Mellin's food. Oct 29/95. Restless 6 hours, and slept
only 2 hours. Has been restless all morning, asking to get up. 4:30 Pm. Bowels moved freely:
5 Pm. Up on ward, all Pm: out on grounds for 1 hour. 10 Pm. Given hypo. of morph & hyoscin
" 30 11:50 Pm. Put in restraint. Oct 30/95. 1:45 Am. Broke out of restraint, but was replaced,
at 3:30 Am. Noisy 3 hours, restless 3 hours, slept only 2 hours, during night. Is still given Hot
Mellins' food: is also on regular + extra diet. Appetite good: bowels moved freely; 7 Pm. patient
recovered. 8 Pm. Put in restraint. 9:20 Pm - Given hypo. Morph. Oct 31/95. Restless 5 hours,
" 31 noisy 2 hours & slept only 1 hour, last night. Am - Given bath. Pm. Has been restless.
Nov 1 11:30 Pm. Placed in restraint. Nov 1/95. Slept none, during night: Restless 3 hours, noisy 4 hours.
Destructive, at times. Patient has required continual watching, today. Has been quite
" 2 destructive, at times. Nov 2/95. Restless 4 hours, noisy 1 hour, slept 3 hours. Pm. Patient has
" 3 been quite noisy, today. 7:30 Pm. was given hot bath, with cold applications to head. Nov 3/95. Has
restless 2 hours, noisy 3 hours, slept only 3 hours. Pm. Noisy & destructive, all day. Was out
" 4 for a walk, this Pm. Nov 4/95. Noisy 1 hour, restless 5 hours, slept but 2 hours. Behavior was
very bad, during night. Removed bed stead from room & gave him bed on the floor. Bowels moved.
" 5 Is on regular + extra diet. Nov 5/95. Restless 4 hours, noisy 1 hour, slept only 3 hours, last night.

" 7 Pulse 86 R 18 Jan 98. He has been fairly well-behaved, today; talked incoherently
in a medium tone of voice, the greater part of the day. P.M. Pulse 72 R 17 Jan 98°. Out for a
walk, this P.M. 8:30 was given hypo. Morph + Hyoscin. Nov 6/95. Noisy 1 hour, restless 5 hours,
slept but 2 hours. Behavior, today, unusually bad: he is continually plugging radiators,
with rags & other articles. Appetite good: bowels regular. Nov 7/95. 1 Am - given hypo. of
" 8 morph & hyoscin. Slept only 2 hours: restless 5 hours: bowels moved: P.M. Had considerable trouble,
today, in keeping him Dressed: was also destructive & very noisy. Nov 8/95. Restless 5 hours,
noisy 1 hour, & slept only 2 hours, last night. Am. Pulse 76 R 18 Jan 98°. - Destructive and noisy,
today: kept in room, all day. Summary: Patient's behavior, in general, has been bad: it was
necessary, for 1st five nights, to keep him in restraint, altho' he twice succeeded in loosening
himself & destroying restraint sheet. Has been very noisy & quite destructive, throughout the
few weeks. Physically, patient seems perfectly sound. Had considerable difficulty in getting him
to eat, until after 4th day; appetite, after that time, was good: bowels regular: sleep has been
poor, averaging about 2½ hours, nightly. Mentally, patient's speech, for short times, would
be quite rational, when it would change & become very incoherent; also showing plainly that
he possessed delusions. (See detached Case - record, for fuller details of treatment &c).
" 9 Nov 9/95. Patient has a swelling on jaw: (probably caused by ulcerated tooth). Still has his worse
Drawn from him: makes no complaint concerning pains: still takes mild Cathartics, every night.
He was very noisy, during night: kept nearly all the patients awake: also destructive and filthy.
" 10/11 Nov 10/95. Passed a quieter night. Nov 14/95. Behavior unruly, every day. Eat well but sleeps poorly.
" 15 no complaints: habits still dirty: is apparently becoming more emaciated. Nov 15/95. Had a convulsion
at 12 M.: of short duration: he was very "hazy" for about 15 or 20 minutes afterward. Behavior is
" 16 still mischievous, tho' some quieter. Nov 16/95. Struck by a fellow-patient & bruised on head & over the eye.
" 16/17 Nov 18/95. Vomited "Bile" this Am. Nov 20/95. Very noisy & destructive during night. Slept very poorly.
" 21 Nov 21/95. Has a "crimp-ear" coming on - also a lump behind the ear: causes not known.
" 23/24 Nov 23/95. Violent & destructive, during night. Nov 24/95. Noisy during night, 2 hours. Had an "ugly
" 24 spell" today. Seized attendant by arm & bit same: during the struggle his ear burst. Nov 25/95. Ear swollen
" 30 again. Nov 30/95. No change noted. Mentally or physically. (Note of last 4 lines belong to Jany 96 - error of Nurse) ⊗
Nov 14 Nov 14/95. Behavior not good. Is very troublesome & annoying; also destructive, at times: noisily talkative:
foolish in actions. Does not sleep well. (D.S.H. notes: Patient is in slight manical state, all of the time
" 30 untidy & destructive of clothing: has been wearing straight-coat, of late. Ideas flow readily but quite
Dec 1/10 incoherently. Difficulty of concentrating attention upon subject. New subjects of thought are readily suggested
by slight things). Dec 1/95. Wt 160 lbs. Pulse 84. Dec 10/95. Patient is very officious, overbearing and
" 10 tantalizing: gets into frequent quarrels & receives blows & bruises from other patients: habits dirty: eats his own
" 26 at times. Dec 27/95. No change to note in any way, in conduct, behavior or general condition. Has been
complaining of sore jaw: tooth extracted. Is troublesome, every day. Complains of piles: was treated for these.
" 31 (Same set back by Dr. H). Dec 31/95. Condition, conduct & behavior show no special change, at this date.
Jan 1/96 Jan 1/96. Wt 159 lbs. Pulse 64. Jan 3/96. Urine has had to be drawn from patient up to Jan 2nd - No change noted.
" 31 Jan 31/96. (See above note ⊗) No improvement noted, either mentally or physically, in patient's condition.
(Was transferred to C. (1/4/96), on account of a general change of wards) —

Carried to 292

Personal and Medical History of John S. Hinckley

LEBERT, PIOLAN & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4240.
Residence, Rice County, Minnesota
Date Admission, 4th November 1895. —
Admitted by, Dr. Phelps Hour, 3 PM
How Sent, R. A. Mott, Jeff. Rice County
Sex, — Male —
Age, — 47 —
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farmer
Degree Education, — very little —
Profession Religion, "Salvation Army"
Habits, not intemperate —
Nativity, Wisconsin (parents born in Vermont).
Physicians Committing, C. H. Wagner and W. A. Long
Correspondents, Rupert S. Hinckley Faribault, Minn.

No. for Year, 68.
Insane Relatives, Some insane relatives?
Cause Exciting, Masturbation
Cause Predisposing, probably heredity
Form,
Accompanying Bodily Disorder, Somewhat run-down
Suicidal or Not, Not
Date of this Attack, 4 weeks ago
Duration, — 4 weeks —
No. of Attack, 1st —
No. of Admissions, 1st
Age First Attack, — 47 —
Time of Leaving, Mar. 14 '96.
Time in Hospital, 4 mo. 10 da.
Result, Improved Disc. Aug 12 '96.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exly Dr. Herzog, Nov 4/95 =

MENTAL ACTIVITY:
Clear or Confused, Confused, at times
Quick or Sluggish, Sluggish Somewhat
MEMORY:
Past Events, not good, but better than for
Recent Events, —
~~Special Subjects,~~
PERCEPTIVITY:
Alert or Dull, Dull, slightly
Correct or Illusive, Illusive, at times
REASONING POWER:
Ordinary Subjects, Slow
Own Mental State, realizes that something is wrong
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm,~~
~~Indifferent,~~
Exalted,
Depressed, Slightly.
DELUSIONS:
Systematized or Not, unsystematized
Special Subjects, "of persecution"
Transitory or Not, apparently fixed
HALLUCINATIONS: "of hearing" —
ILLUSIONS:
CONVERSATION:
~~Coherent or~~ Incoherent, at times
~~Voluble or~~ Reticent, slightly —

GENERAL DESCRIPTIVE REMARKS:
Patient has, apparently, never been very bright. He has always lived at home on a little farm of 11 acres. & never done very well, in a financial sense. He became considerably confused, when asked "if he were married" at first, saying that he was, but couldn't remember when or where: that he had never lived with his wife; that he didn't believe he was married to her & became quite incoherent. By careful questioning, it was brought out that he had paid attentions to a girl near Faribault, but people had talked so scandalously about them, that he thought best to leave her. He complained of hearing people talking in a ravine near his house but could not understand what they said: He had heard the bass-drum of the Salvation Army in the bridge near his house & had heard people rapping in his door, at night, but could see no one. He knew of no reason why anyone should trouble him & admitted that the noises might be hallucinations. He complains of severe pain in the occipital region & sleeplessness.

Personal and Medical History of John S. Hinckley

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, not taken NUTRITION, Somewhat emaciated.
WOUNDS OR ABNORMALITIES, See "G. H. N. Rpt": Scar of osteomyelitis on left leg: upper jaw projects: central incisors large & prominent.
TONGUE, Tremors, large & fine Coatings, clean, bright red. Promptness Movement, prompt: deviates to right.
PUPILS, Equality, Yes Size, normal: left irregular in outline.
Response Light, yes Accommodation, yes.
SIGHT, seems good —
HEARING, good: but has a peculiar habit of saying "What?"
COORDINATION, Arms, some impairment; finger to nose, eyes shut, considerable tremulousness.
Legs, some impairment; standing on foot, with difficulty: standing, eyes shut, sways some —
TREMORS, Hands, Considerable Tongue, Yes
Facial Muscles, no General, no
REFLEXES, Patellar, 8 - 9; equal
Other slight ankle-clonus —
ARTICULATION,
Slurred,
Hesitating, has a drawling speech
FACIAL EXPRESSION, anxious and worried: forehead transversely corrugated
SENSIBILITY, —
HEART, rapid: no murmurs: temporal arteries stiff & tortuous.
LUNGS, seem good —

TAKEN,

~~EXAM. URINE,~~
Treatment
Tonic & sedative.

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, says "Recently regular" Constipated, Irregular,
APPETITE, Good, Medium, Poor, says poor
SLEEP, Good, Poor, says poor Irregular,
PULSE, small 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: 74: feeble
Father or Pat. Relations, father dead: paralysis agitans —
Brothers or Sisters, one brother, one sister living: one maternal cousin insane.

Personal and Medical History of John S. Hinckley

1895

This patient was brought here by Sheriff Stewart, with following history. Patient is in fair physical condition. No history of consanguinity. Some relatives have been insane, but no definite information given at this time. This is first attack: Has not been in hospital before. First symptoms of this attack were manifested 4 weeks ago; had delusion of persecution. Disease seems increasing; variable, with rational intervals, at any time. Derangement now shown in that he imagines persons are going to injure him. He is disposed to injure others, at times. Is not suicidal, nor filthy nor destructive. No peculiarities had been previously shown: There is no history of intemperance in self or parents, nor of any severe disease &c. He has not been confined or confined. Supposed cause of disease, masturbation. No medical treatment. He is found to have pain in head, dazed 2/person, dilapidation. —

Nov 4 On admission, was put on B.3 (G.H.N. Rpt: Complexion light: hair gray: eyes gray: Condition of skin dirty: scars on calf of left leg & arm: patient is dirty: behavior good). P 90 R 22 T 99 2.

" 5 Nov 5/95. Restless 8 hours; Slept none last night. HM Pulse 80. R 20 T 98[4] appetite is poor. Behavior good & quiet: has delusions: PM. P 84. R 22. T 99.2. No complaints: No cough noticed.

" 6 Nov 6/95. Restless 2 hours, Slept 6 hours. AM " 80 " 20 " 98[4] PM. Pulse 84 R 20 T 98.6.

" 7 Behavior good: is very quiet: says: he is going to convert everyone here". Nov 7/95. Slept 6 hours, restless 2 hours, last night. AM. P 80. R 20. T 98[4] Appetite poor: makes no complaints: behavior still quiet.

" 8 he goes out walking. Nov 8/95. Slept 7 hours: appetite some better, today: bowels in good condition. Talks very little.

" 9 Nov 9/95. Restless 2 hours, Slept 6 hours. Saw medicine 3 times today: Is quiet & well behaved. No complaints.

" 10/11 Nov 10/95 Slept 7 hours. Eats better of late: out walking every day. Nov 11/95. Slept 7 hours: quiet: talks very little: behaves well: appetite good. Goes walking, regularly. Nov 12/95. Slept 8 hours. Can converse Connectedly & rationally. Talks some of the "Salvation Army". Nov 13/95. Slept well. Transferred to C[2] today.

" 14 Nov 14/95. Quiet: had a "Crying & spell" this AM. Reads some: talks rationally. P 76. Works on ward.

" 18 Nov 18/95. Patients conduct, behavior & condition remain about the same. Laughs & is quite simple & childish at times, though he talks quite rationally when spoken to. P. Normal. Works. Goes walking.

Summary. There is some improvement noted in patients Condition, since coming on ward. He is not so melancholy: talks rationally: reads the papers: physical Condition quite good & he is getting fat. Sleeps & eats well. Works on ward. Rather simple, at times, in his talk: No delusions noted.

" 30 Is a very clean, orderly patient. Nov 30/95. Appetite good: bowels rather loose: at times, complains of cramps in stomach. Has shown no delusions: but is simple & foolish: yet he appears to be improving some.

Dec 1/95 Dec 1/95. Wt 150 pds. Pulse 94. Dec 31/95 Condition remains about the same: he is very quiet: talks rationally.

1896 Jany 1 Eats & sleeps well: no delusions noticeable: physically, seems very well. Jan 1/96. Wt 151 pds. Pulse 86.

" 20/21 Jan 20/96. No change noted: works on ward: Goes walking. Jan 21/96. Transferred to C[3] E. (on account of a general change Ward). Jan 31/96. about the same, in every way. Grows smooth & smooth. Appetite good: bowels regular.

Feb 1/29 Feb 1/96. Wt 155 pds. Pulse 78. Feb 29/96. No complaints. Appetite good: is quiet: neat & orderly. No delusions noticed: Physical Condition good, but he seems a little foolish and childish.

Mar 1/10 Works on ward: goes out walking. Mar 1/96. Wt 157½ pds. Pulse 80. Mar 10/96 No change specially noticeable. Mar 14/96. Sent home, alone, 8 days.

Discharged

Personal and Medical History of William P. Horton

From 288.

Feb 29/96 Feb 29/96. Wt 152 pds. Pulse. Feb 29/96. Restless & disturbed at night & does not sleep well: Behavior not good. also dirty & untidy in habits. Suffers from a "Crimp" ear: this now seems somewhat improved. Physical condition slightly improved but no mental improvement noticed. Occasionally receives scars from the patients.

Mar 2/31 March 2/96. Wt 152 pds. Pulse. Mar 31/96. No change noticeable. Behavior not good: Very troublesome: destructive during night: has been wearing mittens (at night): Habits still dirty & he soils his room, every night: has a swollen ear, caused by blow from a fellow patient. April 1/96. Wt 152 pds. Pulse 84.

Apl 1 April 5/96. Called upon by friend. Apl 6/96 struck by patient in the ear, causing same to become swollen.

" 5/6 Apl 15/96. Was thrown against bed by another patient & received a cut on left: (treated by Dr Herzog).

" 15 Apl 30/96. No change noted. Dirty & destructive, every night. Still wears mittens, at night. Now has a swollen jaw, caused by blow from another patient.

" 30 May 1/96 Summary Nurses Notes by Dr. Phelps. Patient has been kept on violent ward most of time. Is rather active, altho is able for the most part to talk in a rather intelligent manner with only slight incoherence: Has been exceedingly dirty & filthy in habits at times & very violent at times. In May 96 had a swollen ear. Has had for a long time a habit stuffing buttons etc into his ears. During latter part of 96 was very destructive of furnishings & bedding. During early part of 97 behaved slightly better - Still wears mitts at night. Continued by Dr Herzog Aug 1/97 Very troublesome, destructive, pugnacious & obstinate, mischievous & has haemorrhoids & paralysis of rectum. Sleeps on floor. Wears mitts on account of being destructive. Fought with Mr Saunders a short time ago & struck him. 24 Struck Matt Peterson with a tin cup. Sept 1 Wt 167. 10 Violent & pugnacious Oct 2 Attacked by Dr Washburn - discoloration & swelling of eye. Dental state remains same. Nov 5 - 12 Troubled considerably with stone bruise on foot, lanced & pus evacuated, healed.

Nov 1/98 Wt 180#. Very abusive, cursing nurses & physicians & uses extremely filthy language. Very destructive of clothing: Has delusion of persecution by poisoning: Delusions of having supreme power: Thinks he can influence the weather. Sleeps generally 4-5 hrs a night. Feb 1 Wt 168#. Very dirty in habits - Still has paranoiac delusions - imagines that his companions are people he ran previous to coming here. Is extremely destructive of clothing: puts buttons, tobacco & all sorts of filthy things into his ears - April Wt 165#. Condition the same. Is abusive, has frequent fights with patients: Still extremely destructive: dirty in dress & filthy in habits: Conceals all sorts of articles in clothing when out - Continually puts foreign matter in ears: Ties up clothing with strings, after having torn off buttons. Makes peculiar contortions of face - says he is freezing people - he does not like. Is kept in bay - Takes meals in dining room. Dresses rather more pugnacious than usual. Struck patients Keegan & Fredrickson. 21 Improving slightly but still very troublesome: Aug 98 Wt. 172. Not so destructive of clothing nor so filthy: Still troublesome & occasionally pugnacious. Had fights on Aug 4-9 & 16 - On last date with nurses because they would not allow him to wander off - when out. 21 Fought A. Fredrickson - Sept 3 Rather more pugnacious 12 Fought Dr. Washburn Oct Wt. 180½#. Very much improved: Fairly neat & tidy; quiet & well behaved. Oct 10 Trans. to B.3. Has been quiet & agreeable on B.3 Complains some of the noise. 25 Trans. to A. Nov 16 Wt. 179½ Inclined to be slightly Melancholic: bowels irregular & constipated. Does a little work on ward. Is slightly confused: realizes that he has been very seriously demented & complains about being unable to concentrate his mind - afraid he will never be able to do any work. Sleep poor - Takes hypnotics. Dec 8 Seems depressed: Wants to be killed instead of suffering the suspense - Trans. to B.3 11 More depressed. Took no medicine - Soiled clothing. Trans. to Semp 98. Appetite very poor. Took only ½ glass eggnog during day. Very closely watched as he is suicidal. Sleep fairly good. Up to 16th Appetite very poor: Took scarcely any nourishment occasionally one good meal a day. Appetite improving.

See Folio 6 B.

Personal and Medical History of John Hatchel

LIBBEY, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 42142.
Residence, County Alms-House, Town Buncombe, Goodhue Co.
Date Admission, 6th November 1895.
Admitted by, D. C. B. Coy Hour, 6.50 P.M.
How Sent, Axel Haller, Asst. Goodhue County
Sex, Male
Age, 76.
Civil Condition, Married
Children, Three
Age Youngest Child,
Occupation, Blacksmith
Degree Education, Common School
Profession Religion, German Lutheran
Habits, not intemperate
Nativity, Germany: (Parents also born there).
Physicians Committing, N. Juell and A. W. Jones
Correspondents, none given in "Papers"

No. for Year, 70.
Insane Relatives, None
Cause Exciting, Senile Changes
Cause Predisposing, Probably age
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, not attempted, but propensity active
Date of this Attack, Last Winter
Duration, Some 10 months.
No. of Attack, 1st.
No. of Admissions, 1st.
Age First Attack, 75.
Time of Leaving, May 19. 1897.
Time in Hospital, 1 yr. 6 mo. 13 da.
Result, Died. May 19. '97.
Chronic Bright's Disease.

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 Hatchel

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ WEIGHT, not taken NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 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 Hatchel

1895

This patient was brought here by Sheriff's Deputy Adolph Grover, attended by John Stetzel with following History. Patient is in fair condition. He comes from the County Alms-House. There is no history of consanguinity or heredity. This is 1st attack; he has not been in any Hospital. First symptoms manifested last Winter, when he began to be ugly. Disease seems increasing; is variable & with rational intervals, but these not at regular periods. If he imagines any constraint is being placed upon him, he becomes ugly. Derangement now shown in that he cannot tolerate contradiction & manifests disarrangement also by attempts to injure persons & property. He has not attempted suicide, but propensity is now active. He also filthy & destructive in habits. Previously, showed an unusually amorous disposition. There is no history of intemperance, nor of any severe disease &c. He has had to be kept in a separate room & sometimes locked up. Supposed cause of disease is senile changes. He had no treatment. He now appears restless & excitable.

Nov 6 On admission, was put on B³ (G.H.N. Rpt. Complexion light: hair gray: eyes blue: condition of skin good: thumb, nail left hand, stiff. Is clean: behavior good & quiet). knuckles, in right hand bruised & sore. Pulse 84 R 22 T. 98.8. Nov 7/95. Slept 5 hours, restless 3 hours, last night. Am. P 80 R 20 T. 98.4. Appetite good: bowels in good condition: behavior good: is quite talkative, talk about the Alms-house. Pm. P 76. R 20. T. 98.8. Stands still & sways & stands: no cough noted. Nov 8/95. Restless 3 hours, but slept 5 hours. Am. " 76 " 20 " 98.2. Pm. P 80 R 20 T. 98.6. Behaves well: talks much: out walking, today. Nov 9/95. Sleeps about the same, nightly. P. R & T. are normal. He talks much and noisily. Nov 10/95. Restless 5 hours. Slept only 3 hours. No delusions or hallucinations noticeable. Nov 11/95. Restless 4 hours & slept only 4 hours. Still talks much & is cranky. Goes out walking, every day. Nov 12/95. Restless 7 hours, slept only 1 hour, last night. Behaves fairly well. Can converse rationally. Talk about Goodhue County Alms-house, much of the time. Nov 13/95. Slept 4 hours, restless 8 hours. Transferred to A⁴ at 11 Am. Is very talkative & noisy. Talk considerably about the poor-farm, seems rational. Nov 14/95. Passed a poor night, sleeping only 4 hours. Behavior about as usual. Nov 20/95. Very restless at night, since last noted & sleeping only 2 to 4 hours, at each. Appetite very good: bowels regular: child-like in talk & action: continually talking, and bothering somebody. Complains of Dropsy(?).

Summary: Appetite very good: bowels regular: he is in good physical condition. Neat in dress & habits: very willing to help with work: at present works in dining-room: when in hall, is restless & talkative, talk quite rationally, at times, but is rather foolish & childish. Talks mostly about the Alms-house. Seems happy & contented to stay here. Nov 30/95. No change especially noticeable. Appetite good: bowels are regular: Sleeps fairly well: very restless, by day: hardly ever sitting down. Talks continually & at times very rationally: at other times, foolish in talk & actions. Goes out walking. Dec 1/95. Wt 142½ lbs. Pulse 90.

Dec 31/95. No change noticeable in his condition. Works a little in dining-room. Goes out walking.

1896
Jan 1/96. Wt 145 lbs. Pulse 92. Jan 9/96. Has had a very bad diarrhoea: given medicine for it.

" 31 Jan 31/96. Sleeps poorly (about 4 hours, nightly) but sleeps some during day. Appetite good: bowels regular. Otherwise condition remains about the same in every way. Feby 3/96. Wt 146 lbs. Pulse 92.

Feby 29 Feby 29/96. Since 10th inst. patient, patient has had a sore on left leg: same looks like a fever-sore & has been dressed: has been doing well. Patient is very talkative & restless: hardly sits down, all day. Goes out walking with the crowd. Sleeps poorly, at night, but frequently sleeps during day. Is worried about some things he has in the alms-house. Mar 3/96. Wt 146½ lbs. Pulse 86. Mar 31/96. Cranky & quarrels

Personal and Medical History of John Hatchel

Cont'd

Mar 31 Apr 1/96 to 30 with everybody; patient & attendants. Very troublesome. Lately complained of toothache. Is very restless, pacing the floor: does no work: goes walking. Clean in habits. Apl 1/96. Wt 148 lbs. Pulse 70. Apl 12/96. Had what seemed to be an epileptic convulsion, at 8.30 Pm. Apl 30/96. No change noticeable. Very talkative, bothersome, restless, pacing floor continually. Foolish in manner. Appetite good: bowels regular. Sleep very poor. Goes out walking.

May 1/96 to May 19/97 Summary Nurses Notes by Dr Phelps. Patient rather senile yet during first part of stay of fair ability. Makes very many complaints: First part of stay complained of people who brought him here, later of the people about him & occasionally that nurses favored the other patients & got him into trouble. Transferred to annex & there became rather more noisy in talk & manner. Apr 28/97 having been failing somewhat & seeming to have bladder trouble was sent to Infirmary. Had to be catheterized frequently. Urine about normal but he appeared to be failing quite steadily in health & ability. Somewhat of oedema appeared. He failed somewhat mentally. During May he failed rather more rapidly having at no time a rise of temp. but increasing signs of heart impairment oedema being prominent. Died May 19/97 without any prominent symptoms appearing. Diagnosis Brights Disease.

Died.

John F. Conlin

1901 From 52.

May 1 1902 to Jany 31 Wt 186½ lbs. Augs. Wt 185 lbs: Nov 1. Wt 185 lbs — Jany 31/02. General condition about same during year. Has had occasional "epileptic seizures" & has developed a very spasmodic torticollis. During year, has dislocated right shoulder 20 or 25 times, during convulsions. General anaesthetic has been necessary to replace it. Lately, patient has worn a strap at night to prevent this accident. Is becoming more dull & demented: responds to enquiries slowly and is quite illusive, and incoherent. July 1/02. 20 lbs. July 23. 20 lbs. Jany 31/03. Has been in good physical

July 31/02 to Jany 31/03 health, during the year. At times, very ugly & complaining, but, as a rule, fairly content. Dislocated his shoulder, a number of times, during year, while in convulsions. (usually requiring anaesthetic for reduction). Shoulder now out of joint, permanently, but does not seem to cause him any pain or inconvenience. Also has considerable "Wryneck". —

Personal and Medical History of John Dore

LOBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4245.
Residence, Rochester, Minn.
Date Admission, 8th November 1895
Admitted by, Dr. Phelps Hour, 5 45 PM
How Sent, Thomas Fraser, J of P. Olmsted County
Sex, Male
Age, (28?) 37 years, more correct.
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, Common School.
Profession Religion, Roman Catholic
Habits, probably not very good
Nativity, Canada; parents born in Ireland
Physicians Committing, Christopher Graham & F. K. Mosse
Correspondents, none given in papers -

No. for Year, 73.
Insane Relatives, one brother (James Dore) here now.
Cause Exciting, overwork
Cause Predisposing, previous attacks
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Not
Date of this Attack, from Sep 15/95 -
Duration, nearly 2 months
No. of Attack, not 1st: has had many.
No. of Admissions, 4th here
Age First Attack, — 21 years -
Time of Leaving, Mar 3/4 1898
Time in Hospital, 2 yr. 3 m. 24 d.
Result, Discharged Nov. 8 '98 Recovered.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exam 9/26/96 R. M. Phelps

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

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

GENERAL DESCRIPTIVE REMARKS: Patient rather irritable + restless. Examination rather slight - Stands or sits about in a dull way - Health fairly good - Does no work - Answers in a moody, surly unsociable way

Personal and Medical History of John Dore

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 145 pds. NUTRITION, Normal.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Normal - Coatings, Promptness Movement,
PUPILS, Equality, Equal. Size, Normal.
Response Light, Normal. Accommodation,
SIGHT, Good
HEARING, "
COORDINATION, Arms, Good
Legs, "
TREMORS, Hands, None Tongue, None
Facial Muscles, " General, "
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Normal.
Slurred,
Hesitating,
FACIAL EXPRESSION,



SENSIBILITY,
HEART, Normal.
LUNGS, Normal -

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 Doe

1895

This patient was brought here by Sheriff Stewart, with the following history. Patient is in fair physical condition. There is no history of consanguinity. One brother, James Doe, has now insane. He has had many such attacks; left this Hospital, the last time, Aug 14/94. Recovered. First symptoms of this attack were manifested Sept 15/95: from that time, he has been failing & apathy is noticed. Disease seems increasing: not variable, no rational interval. Derangement is shown by melancholia. Patient is not disposed to injure others, nor suicidal, nor filthy nor destructive in habits. No eccentricities had been previously manifested. There is no history of intemperance in self or family. Has been 3 times before in Rochester State Hospital®. Supposed cause of the disease is overwork. Has had no medical treatment, outside of asylum. On personal examination, there is a disinclination to talk or be examined; apathetic condition. He is now sent here, because his disease is of such a nature as to require, for his recovery, care & treatment while under a legal restraint.

Nov 8 On admission, was put on B2 (G.S.& R. R.R. Complexion Dark; hair black, eyes black. Condition of skin good: no marks, scars, bruises, eruptions &c noticed. Is clean: stubborn, won't talk but very little).

® Note. Record of Patient's Commitments here may be found as follows: 1st time. Vol 2 of 104 No 284: from Aug 19/81 to April 29/82. 2nd time. Vol 4 of 152 No 692: from Sept 4/84 to Aug 13/85. and 3rd time, Vol 14 of 103 No 2443, from July 10/90 to Aug 14/94. On first 2 occasions, he suffered from acute melancholia; on last occasion, from Chronic melancholia.

" 9 Nov 9/95. Slept 6 hours, restless 2 hours, last night. Appetite fair: no cough noticed. Is cranky & stubborn;
" 10 very reticent - makes no complaints. Nov 10/95. Slept fairly well, last night. Am. Pulse 76 R 22 T 98 99.2. Eats well: behavior still cranky & stubborn: out walking, today. PM. P 88 R 20 T 98.4
" 11 Nov 11/95. Restless 1 hour, Slept 7 hours. Eats fairly well. very quiet: remains in same place, in hall, all the
" 12 time. Cranky, as usual. Nov 12/95: Slept 8 hours. Am. P 88. Quiet & melancholy. Out walking
" 13 every day. Is on medicine, 3 times a day & also at bed time. Nov 13/95. Slept 8 hours. Am. Pulse 80. On ward, all Day. Behavior good: very quiet: will not talk: answers questions only by "Yes" a "No".
" 14 Nov 14/95. Slept 8 hours. Appetite good: behavior, as usual, stubborn & sullen: melancholy & remains in the
" 15 upper end of hall, all day, generally gazing out of window. Nov 15/95. Slept 8 hours. Looks some better than when he came on ward. Behavior, as usual, stubborn & cranky. Pulse ranges 80 — 88.
" 16 Nov 16/95. Appears a little more lively, today, walking around hall some. Visited by mother, today.
" 17 Nov 17/95. Moves about more on hall; behavior does not change any. Is quiet and melancholy.
" 18 Nov 18/95. Sleeps well, every night: bowels regular: he makes no complaints. Is on medicines.
" 19 Nov 19/95. Talks very little. Answers questions sullenly "Yes or No". Will not converse any -
" 20/21 Nov 20/95. No change in behavior noted. Quiet & reticent. Nov 21/95. Eats well: behavior as usual.
" 22 Nov 22/95. Has been sleeping well, each night, the past week, tho' somewhat restless, last night. Pulse has been taken twice daily & has been about normal. Patient is as cranky & stubborn as ever.

Summary: Patient has been very quiet, though cranky, stubborn & sullen toward everyone. Has not responded or looked at his brother since he came: Was run-down & shaftly emaciated, when received on ward but has now improved some. Not much can be learned of mental state. Is still very melancholy & mental processes are slow & dull. Nov 30/95: Has been sleeping
Dec 1 well, since last noted. Otherwise, condition about the same. Dec 1/95. Wt 150 lbs. Pulse Sat.
" 31 Dec 31/95. Continues to sleep & rest well. Appetite Good: bowels in Good condition. Patient is sullen & cranky:

Personal and Medical History of John Doe

1896

Jan 1/96 Habits fairly neat & clean. Goes walking, every day. Jan 1/96. Wt 152 lbs. P 100. Jan 15/96. No change.
" 29/96 Jan 1/96. Transferred to W3: (on account of a general change of wards). Jan 31/96. Patient has been complaining of left knee bothering him & he is, at times, quite lame: liniment frequently applied: He continues about the same, from month to month: sullen, cranky & morose. Physical condition has improved.
Feby 14/96 Feby 1/96. Wt 150 lbs. Pulse 80. Complains of knee being painful: liniment applied. Feby 15/96. Visited by mother.
" 29/96 Feby 29/96. Is about the same all the time. Cranky & sullen: remains at ward, all day, as his knee will not permit
Mar 2/96 him to walk easily. Liniment applied to knee, frequently. March 1/96. Wt 153 lbs. P 88. Mar 29/96. Patient
" 30/96 dull & stupid: no change apparent, from day to day. Remains continually in one part of hall. Wants to
" 31/96 go to bed, right after supper, every evening: knee much better than usual. Mar 31/96. Visited by mother.
Apl 2/96 Apl 1/96. Wt 152 lbs. Pulse 90. Apl 15/96. Appetite fair, but bowels not in good condition. Out on ground daily.
" 30/96 Apl 30/96. No change noticeable, from month to month. Physical health apparently good. Is very cranky.
May/96 Summary Nurses Notes by Dr. Phelps. Wt. may 1st 150 lbs. Condition has continued during
to period covered by report with almost no variation. Sits quietly in one place,
Aug/97 is lazy, sluggish & usually surly. Aug 31/1897. Wt. 147 lbs. October 31/97. Will answer questions at times, usually by "yes" or "no". Surly in appearance; untidy in dress & habits. Jan 31/98 During last month appearance has improved very much: talks to keepers at times. but in conversation is more rational; plays billiards & seems brighter - Mch 3/98 Visited by sister. on 4th by brother & sister & went home with them on trial.

Discharged

Personal and Medical History of Michael Croffredi

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4247

Residence, 1104 East 7th Street St Paul. Minn

Date Admission, 11th November 1895.

Admitted by, Dr Phelps Hour, 6 45 P.M.

How Sent, G. Willrich, J of P. Ramsey County

Sex, Male

Age, - 60 -

Civil Condition, Married

Children, - one -

Age Youngest Child, —

Occupation, Brick - Layer

Degree Education, Common Education

Profession Religion, Catholic

Habits, not intemperate

Nativity, Italy: (parents also born there).

Physicians Committing, F. C. Spates and J. B. Brimhall

Correspondents, none given in papers

Nov 7/95. — J. Croffredi (son) 1104 - E 7th St. St Paul

No. for Year, 75.

Insane Relatives, none

Cause Exciti...

Cause Predis...

Form,

Accompanyi...

Suicidal or ...

Date of this ...

Duration,

No. of Atta...

No. of Adm...

Age First A...

Time of Lea...

Time in Ho...

Result,

gen...

for history

Michael Croffredi.

Was sent to Wards Island N.Y. Dec. 18 - '93 there diagnosed a paresis. Remained until July 18 - '95 when was removed by son to Minnesota.

Dec 3/95

Exd by Dr. Herzog, Nov 12/95 -

EXAMINATION ON AD...

MENTAL CHARACTERIS...

MENTAL ACTIVITY:

Clear or Confused, Somewhat Confused

Quick or Sluggish, Quick

MEMORY:

Past Events,

Recent Events, } unknown

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert, seemingly

Correct or Illusive, Correct, apparently

REASONING POWER:

Ordinary Subjects,

Own Mental State, } unknown

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Conversation is in Italian, although he speaks some English: very voluble & frequently gesticulates. Gestures seem to indicate idea of great strength. Says: "he feels good": "first rate". General appearance and behavior very suggestive of Paresis.

EMOTION...

~~Normal,~~

~~Indiffere...~~

Exalted,

~~Depressed,~~

DELUSIONS:

Systematized or Not,

Special Subjects, } none noted.

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent

Voluble or Reticent, Voluble

Personal and Medical History of Michael Croffredi

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 144½ pds NUTRITION, fairly well - nourished.

WOUNDS OR ABNORMALITIES, tongue bitten, on right side: testicles somewhat small & shrunken - See "H & N Rpt".

TONGUE, Tremors, large & fine Coatings, somewhat dry, light grayish coat Promptness Movement, slow & hesitating -

PUPILS, Equality, right larger & irregular Size, both contracted

...est not satisfactory. Accommodation,

Michael Croffredi

Taken at examination Nov 12/95

...oot, almost impossible: standing, eyes shut, sways considerably

Tongue, yes

Facial Muscles, of lips, when speaking General, no.

REFLEXES, Patellar, 9 - 10; equal EXAM. URINE,

Other Slight ankle - clonus

ARTICULATION,

Slurred, yes

Hesitating, yes

FACIAL EXPRESSION,

Suggestive of paresis

SENSIBILITY,

HEART, Examination unsatisfactory, but seems good.

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.,

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 Michael Croffredi

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4247

Residence, 1104 East 7th Street St Paul. Minn

Date Admission, 11th November 1895.

Admitted by, Dr Phelps Hour, 5 45 P.M.

How Sent, G. Willrich, J of P. Ramsey County

Sex, Male

Age, - 60 -

Civil Condition, Married

Children, - one -

Age Youngest Child, —

Occupation, Brick - Layer

Degree Education, Common Education

Profession Religion, Catholic

Habits, not intemperate

Nativity, Italy: (parents also born there).

Physicians Committing, F. C. Spates and J. B. Brimhall

Correspondents, none given in papers

Nov 7/95. — J. Croffredi (son) 1104 - E 7th St. St Paul

No. for Year, 75.

Insane Relatives, none

Cause Exciting, General Debility

Cause Predisposing, previous attack

Form,

Accompanying Bodily Disorder, Epilepsy

Suicidal or Not, not attempted, but propensity active.

Date of this Attack, Nov 10th 1895

Duration, — one Day —

No. of Attack, 2nd (one, 2 years ago).

No. of Admissions, here 1st — (was at Ward's Island NY)

Age First Attack, about 58.

Time of Leaving, 8th April 1896

Time in Hospital, 4 mos & 28 Days.

Result, Died: Epileptiform convulsions in general paresis

Exd by Dr. Herzog, Nov 12/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Somewhat Confused

Quick or Sluggish, Quick

MEMORY:

Past Events,

Recent Events, } unknown

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert, seemingly

Correct or Illusive, Correct, apparently

REASONING POWER:

Ordinary Subjects,

Own Mental State, } unknown

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Conversation is in Italian, although he speaks some English: very voluble & frequently gesticulates. Gestures seem to indicate idea of great strength. Says: "he feels good": "first rate". General appearance and behavior very suggestive of Paresis.

EMOTIONAL STATE:

~~Normal, Calm,~~

~~Indifferent,~~

Exalted, Yes

~~Depressed,~~

DELUSIONS:

Systematized or Not,

Special Subjects, } none noted.

Transitory or Not,

HALLUCINATIONS:

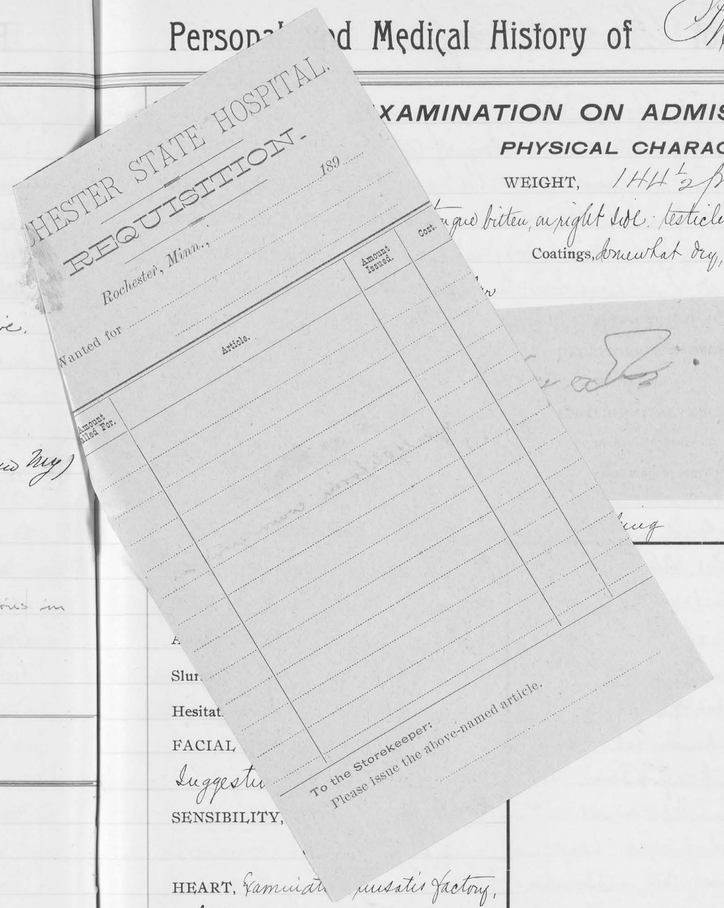
ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent

Voluble or Reticent, Voluble

Personal and Medical History of Michael Croffredi



CHESTER STATE HOSPITAL.
REQUISITION.
Rochester, Minn., 189
Wanted for
Amount Called For. | Article. | Amount Issued. | Cost.
To the Storekeeper:
Please issue the above-named article.

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

WEIGHT, 144½ pds NUTRITION, fairly well - nourished.

...gue bitten, on right side: testicles somewhat small & shrunken - See "H & Rpt".

Coatings, somewhat dry, light pay ish coat Promptness Movement, slow & hesitating -

Size, both contracted

Accommodation, not satisfactory.

...oot, almost impossible: standing, eyes shut, sways considerably.

Tongue, yes

General, no.

EXAM. URINE,

A...

Slur...

Hesitat...

FACIAL...

Suggestiv...

SENSIBILITY,

HEART, Examinati... unsatisfactory, but seems good.

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.,

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 Michael Croffredi

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4247

Residence, 1104 East 7th Street St Paul. Minn

Date Admission, 11th November 1895.

Admitted by, Dr Phelps Hour, 6 45 P.M.

How Sent, G. Willrich, J of P. Ramsey County

Sex, Male

Age, - 60 -

Civil Condition, Married

Children, - one -

Age Youngest Child, —

Occupation, Brick - Layer

Degree Education, Common Education

Profession Religion, Catholic

Habits, not intemperate

Nativity, Italy: (parents also born there).

Physicians Committing, F. C. Spates and J. B. Brimhall

Correspondents, none given in papers

Nov 7/95. — J. Croffredi (son) 1104 - E 7th St. St Paul

No. for Year, 75.

Insane Relatives, none

Cause Exciti...

Cause Predis...

Form,

Accompanyin...

Suicidal or ...

Time of Lea...

Time in Hos...

Result,

for history
Michael Croffredi

LEXES: Patellar reflex—amount and equality
Other reflexes
ICULATION: Hesitating
Slurred
IAL EXPRESSION
Special subjects
DELUSIONS: Systematize
Indifferent
EMOTIONAL STATE: N
Own mental state
Special subjects

Remained until
July 18 - '95
when was removed by
son to Minnesota.

Dec 3/95

Exd by Dr. Herzog, Nov 12/95 -

EXAMINATION ON AD...

MENTAL CHARACTERIS...

MENTAL ACTIVITY:

Clear or Confused, Somewhat Confused

Quick or Sluggish, Quick

MEMORY:

Past Events,

Recent Events, } unknown

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert, seemingly

Correct or Illusive, Correct, apparently

REASONING POWER:

Ordinary Subjects,

Own Mental State, } unknown

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Conversation is in Italian, although he speaks some English: very voluble & frequently gesticulates. Gestures seem to indicate idea of great strength. Says: "he feels good": "first rate". General appearance and behavior very suggestive of Paresis.

EMOTION...

~~Normal,~~

~~Indiffere...~~

Exalted,

~~Depresse...~~

DELUSIONS:

Systematized or Not,

Special Subjects, } none noted.

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent

Voluble or Reticent, Voluble

Personal and Medical History of Michael Croffredi

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 144½ pds NUTRITION, fairly well - nourished.

WOUNDS OR ABNORMALITIES, tongue bitten, on right side: testicles somewhat small & shrunken - See "GH Ukpt".

TONGUE, Tremors, large & fine Coatings, somewhat dry, light Pasty Coat Promptness Movement, slow & hesitating -

PUPILS, Equality, right larger & irregular Size, both contracted

Response Light, sluggish, owing to restlessness Accommodation, Test not satisfactory.

SIGHT, —

HEARING, seems good

COORDINATION, Arms, apparently impaired; see handwriting.

Legs, Considerably impaired; standing on foot, almost impossible: standing, eyes shut, sways considerably

TREMORS, Hands, Yes Tongue, yes

Facial Muscles, of lips, when speaking General, no.

REFLEXES, Patellar, 9 - 10; equal

Other Slight ankle - clonus

ARTICULATION,

Slurred, Yes

Hesitating, yes

FACIAL EXPRESSION,

Suggestive of Paresis

SENSIBILITY,

—

HEART, Examination unsatisfactory, but seems good.

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.,

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 Michael Croffredi

1895

This patient was brought here by Deputy Sheriff Kinney, attended by patient's son, first the following history. Patient is in feeble condition. No history of consanguinity, or of heredity. This is not 1st attack: he had one, 2 years ago; duration 19 months: was at "Ward's Island", New York, result of treatment good. First symptoms of this attack were manifested yesterday, Nov 10/95; he bit his son in the arm & was talking in a disconnected way. The Decease seems stationary - variable, with rational intervals, but these not at regular periods - Derangement is now shown in nothing in particular. Patient is disposed to injure others: has not attempted suicide, but propensity is now active. No filthy or destructive habits. Previously, he showed religious impressions - sions - No history of intemperance in self or parents. He is subject to Epilepsy - Has not been restrained or confined, except as above stated. Supposed cause of disease is Genial Debility. Has only been treated, as mentioned, at Hospital for Insane at "Ward Island", New York.

Nov 11 On admission, was put on T.W. (G.H.N.R.H.) Complexion dark; hair black; eyes brown: condition of skin clean: no marks, scars or bruises noticed: is dirty: behavior good). Came on ward in a somewhat excited condition. Given bath & put to bed. Ate a fair supper. Nov 12/95. Restless & noisy 4 hours & slept only 4 hours, last night. At 3 Am. patient became excited & noisy & was continually getting out of bed. Has been very wicked, all morning: slept 1 hour, during Am. Was noisy most of time. Drank 1 quart of milk: bowels moved freely. Refused dinner, but later, took 1 quart milk. P.M. Became very wicked & destructive & had to be held in bed from 4 to 5 P.M. Wants to be continually biting something: Pulse R & I. all range high - 8 P.M. Was given hot bath, with cold applications to head, & placed in
" 13 restraint. Nov 13/95. Slept none, during night: Noisy 4 hours, restless 4 hours. Bowels moved freely: Was taken out of restraint at 5 Am. & given bath: replaced, at 5 30 am - Seems fairly quiet, this Morning. 8 Am. Taken out of restraint. Drank 1 quart of milk. Very quiet all morning) - ate some cold food, for dinner. 5 30 P.M. Given hot bath with cold applications to head. Has been noisy the greater part
" 14 of the afternoon. Takes milk quite freely: also nutrene. Nov 14/95. Noisy all night: slept none. Is very wild & noisy, this morning (7 Am). 8 50 pm. Very quiet this evening. 10 00 P.M. Given 1/150 of hyoscin &
" 15 strychnia: slept only 2 hours, restless 5 hours, during night. Nov 15/95. appetite quite good & he ate a fair breakfast - bowels very free. Has been fairly quiet, today & slept some. 9 30 P.M. Given another hypo.
" 16 Nov 16/95. Restless 4 hours & slept only 4 hours, last night. 8 Am. Seems unwell & vomited his breakfast.
" 17 Destructive in afternoon, tearing bed-clothes. Nov 17/95. Restless 3 hours, but slept 5 hours. 5 P.M. Has been
" 18 fairly quiet, today. Appetite is quite good. Nov 18/95. Restless 2 hours, sleeping 6 hours, last night. -
" 19 Medicine discontinued. Low regular & extra diet. Was quiet all day. Nov 19/95. Slept none; restless all night. Destructive this morning, continually tearing sheets. Put mittens on patient.
" 20 Nov 20/95. Restless 2 hours, noisy 4 hours, & slept only 2 hours, last night. Bowels moved freely. He has been quiet
" 21 today: appetite quite good. Nov 21/95. Restless 5 hours, slept only 3 hours, last night. Seems more quiet,
" 22 & plate. Fed by nurse. Nov 22/95. Restless 6 hours, slept only 2 hours. Has been very quiet, today -
" 23 Nov 23/95. Slept 7 hours, restless 6 hours, last night. Lies quietly in bed: habits are filthy: bowels moved
" 24 freely. Nov 24/95. Restless 2 hours, noisy 3 hours, slept only 3 hours, last night. Remained quiet all day.
" 25 Nov 25/95. Restless 4 hours, noisy 2 hours, slept but 2 hours. Quiet all day. Nov 26/95. Restless 1 hour,
26 noisy 4 hours. Slept only 3 hours, last night. Summary: Patient, the first day, was wild and noisy, appearing frightened: would bite & scratch, if given the slightest chance. Placed in restraint

Personal and Medical History of Michael Croffredi.

8 P.M. Slept none, during night. Became quiet towards morning & was taken out of restraint at 8 Am. Caused no trouble until noon, when he again became very noisy & remained so until following night. Was quiet until afternoon of 5th day: was destructive during afternoon: Became quiet at night & remained so till morning of 8th day; again became destructive: Put on leather mitts at 9 Am. Patient being continually quiet, mitts were removed on 13th morning. He was quiet until the last night, when he became noisy & somewhat destructive. He has been quite nervous; much more so, during first few days, than at present: Had considerable difficulty in getting him to take any nourishment, until 4th day: appetite, from that time on, has been quite good (see attached record).

Note. Letter rec'd. today (Nov 27th) from Son: states: had 3 convulsions in Nov 1895 & had about 15
" 27 convulsions during 2 months, previous to coming here (D.H.). Nov 27/95. Noisy 2 hours, but slept 6
" 28 hours, last night: appetite good: bowels regular. Nov 28/95. Restless & noisy & slept none last night. Slept about 1 hour, this forenoon - bowels moved. Restless & noisy, greater part of afternoon: Continually getting
" 29/ out of bed. Nov 29/95. Restless 2 hours, slept 6 hours, last night. Has been quiet all day. Nov 30/95. Slept
30 only 4 hours, was restless 4 hours, last night. appetite good: bowels regular. Remained quiet all day.
Dec 1/ Dec 1/95. Restless 6 hours, sleeping but 2 hours, last night. Dec 2/95. Sleeps poorly: only 3 to 5 hours, nightly.
2 State subject to restless & noisy "spells" - again there are times when he is fairly quiet but only for short period.
" 9 appetite good: bowels quite regular. Dec 9/95. very noisy & quite destructive, this morning. Restrained by mitts.
" 11/ Dec 11/95. Wt (undressed) 135½ lbs. Mitts removed. Dec 12/95. Up in roller-chair, for a short time.
12
" 13/ Dec 13/95. Mitts replaced. Dec 14/95. Fairly quiet, today, but still has a desire to destroy things: vomited slightly.
14 Dec 15/95. Very excited today. Dec 16/95. Quiet nearly all day - Restless at night & sleeps poorly -
" 15/ Dec 17/95. Mitts removed. Dec 18/95. No noticeable change. Still destructive, requiring frequent restraint.
16
" 17/ Dec 31/95. Always, about the same. Sometimes, restless, excited, noisy & destructive: again, will be fairly
31 quiet & well behaved, for a time. Appetite good: bowels fairly regular. Quite frequently get out of bed. -
1896
Jan 6 Jan 6/96. Patient's Condition does not change to any extent, from day to day: restless & noisy, quite often, the greater part of each day: destructive, at times, requiring restraint (by mitts): Sometimes he will be quiet for a short period. Sleeps from 4 to 6 hours, nightly. Appetite good: bowels regular: habits are filthy.
" 10/ Jan 10/96. Wt (undressed) 137½ pds. Jan 18/96. Has been sleeping well (6 to 8 hours) for some nights past,
18 but, last night, he was restless 7 hours & slept but 1 hour - out of bed frequently during night. Otherwise, about same
" 29 Jan 29/96. No special change in any way: Quite often, restless & noisy "spells" seem: again will be quiet,
" 31 but only for a very short time. Jan 31/96. Still no change to note. He has mitts continued restraint since Jan 1st.
Feb 1 Feb 1/96. 9 30 am. Mitts taken off. Patient still becomes very noisy, at times: requires considerable
" 2/ watching. Feb 2/96. Behavior fairly good, today. Feb 3/96. Bowels very loose & patient very filthy,
3
" 4 this afternoon. Was somewhat noisy, toward night. Feb 4/96. Slept 8 hours: fairly quiet, all day.
" 5 Feb 5/96. Slept 7 hours. Bowels moved this morning: faeces somewhat hardened. Behavior fairly good.
" 6/ Feb 6/96. 10 am. Up & dressed - Behaved fairly well, while up. Feb 7/96. Restless 6 hours & slept
7 only 2 hours. Last night - appetite very good: is on regular & extra diet: bowels move quite frequently.
" 8 Behavior quite good, today. Feb 8/96. Restless 2 hours, sleeping only 4 hours. Condition unchanged today.
" 9 He struck G.G. Roberts a severe blow on the chest. Feb 9/96. Restless 6 hours & slept only 2 hours, last night. Seems cross & irritable, this morning. Tripped John Kveda, as he was passing, causing him to fall & strike head on floor. 11 35 am. Transferred to 2!

(Carried to page 395)

Personal and Medical History of Louis Thoreson

LOBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4249.
Residence, Albert Lea Township.
Date Admission, 16th November 1895. —
Admitted by, Dr. Phelps Hour, 6 50 P.M.
How Sent, Heman Blackmer, Jof P. Freeborn County.
Sex, Male
Age, — 23 —
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common School
Profession Religion, Lutheran
Habits, not intemperate —
Nativity, Norway; (parents also born there)
Physicians Committing, G. W. Barck & Henrik Nissen
Correspondents, Emma J. Thorson
(Office Register) 607 - 7th av So. Mpls

No. for Year, 77.
Insane Relatives, none
Cause Exciting, hardwork & disappointment in realizing on his crop. —
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, suicidal; jumped in the well.
Date of this Attack, about 5 or 6 Days ago
Duration, — about 5 or 6 Days —
No. of Attack, 1st —
No. of Admissions, 1st —
Age First Attack, — 23 —
Time of Leaving, Apr. 28 '96.
Time in Hospital, 5 mo. 12 da.
Result, Disc. Apr 30/96 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 Louis Thoreson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 153 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 *Louis Thoreson*

1895

This patient was brought here by Deputy Sheriff E.H. Ellickson, attended by Emma Thoreson with following history. Patient is in fair physical condition. There is no history of consanguinity or heredity. This is 1st attack. Symptoms manifested about 5 or 6 days ago; became despondent: disease seems increasing (?): not variable: no rational lucid intervals. Derangement now shown in that he thinks everything goes wrong: believes he has done some great sin, for which he deserves to die, and must die. Thinks people want to kill him, for his wrong-doing. He is not disposed to injure others, but has attempted suicide; jumped in the well: propensity now active. Is not filthy or destructive in his habits. No peculiarities were previously noticed. There is no history of intemperance in self or parents. Has not been subject to any severe disease &c nor had any head-injury. Patient has been watched since this attack. Supposed cause of the disease is hard work and disappointment in realizing on his crop. Has refused medicine. On personal examination he looks despondent: lays down: will not answer, except "Yes" and "No". ——

Nov 16 On admission, was put on B2. (G.H.N. Rpt. Complexion light: hair light: eyes blue: condition of skin good: no marks, scars or bruises noticed. Is clean: behavior good: stupid: would not talk)

" 17 Pulse 96. R 24. T. 99.2. Nov 17/95. Restless all night: slept none. Am P 88 R 24 T 99.4. Transferred to Infirmary Ward, at 10 Am: appeared quite depressed. Talks but little. Seems to think he is too wicked to live. Visited by sister today. 1 Pm. appetite seems to be quite good.

" 18 P.M. Pulse 84 R 20 T 100. Nov 18/95. Was given dose of medicine at bed time, but slept afterward, only 2 hours; was restless 6 hours. Bowels moved freely, at 5 Am. Remained in bed today. Was

" 19 again visited by sister. Nov 19/95. Was again given sleeping dose, last night, but was restless 4 hours, sleeping only 4 hours. Am. Pulse 100 R 20. T 98.8. PM. Pulse 98. Still in bed.

" 20 Visited by sister, today. Is on medicine, 3 times a day. Patient very quiet, all day. Nov 20/95. Restless 4 hours, sleeping only 4 hours, last night. Quite restless this morning. Given cathartic: bowels

" 21 then moved freely. Nov 21/95. Restless & passed a poor night. Am. Was given bath: appetite is good.

" 22 He is very restless & gets out of bed frequently. Nov 22/95. Restless 3 hours, sleeping 5 hours, last night.

" 23 Bowels moved quite freely. Nov 23/95. Slept poorly. No noticeable change in patient's condition. He

" 24 remains steadily in bed. Restless during the day. Is on regular & extra diet. Nov 24/95. Restless 5 hours, sleeping only 3 hours, last night. Will not stay in bed. Seldom speaks to any one.

" 25/26 Nov 25/95. Slept 5 hours, restless 3 hours. Lies steadily in bed. Nov 26/95. Restless 4 hours & slept only 4 hours last night. Appetite remains good: but bowels not very regular. Mental condition about the same.

" 27 Nov 27/95. Slept 6 hours, restless 2 hours, last night. Has been visited, each day, by his sister.

" 28 Nov 28/95. Restless 5 hours, slept 5 hours. Is on regular & extra diet, meat excepted. Bowels moved freely. Patient is very quiet: will seldom answer questions: mental condition somewhat "mingled". Continually in dread & fear of a serious out-come from his past deeds. Was quite restless this Pm. Is still in bed.

" 29 Nov 29/95. Restless 2 hours, but slept 6 hours, last night. Bowels moved freely at 10 Am, after cathartic given Am. Has been very restless. Pm. Somewhat noisy, at times; his sister has visited him quite often.

" 30 Medicine discontinued today. Nov 30/95. Restless 7 hours & slept only 1 hour, last night. Very restless, this morning. 9.30 Am: was got up & dressed. Appetite very good: but bowels irregular. Dec 1/95. Slept 5 hours,

Dec 1 restless 3 hours, last night. Patient sits in one place, for a certain time, & then, arising quickly, utters

Personal and Medical History of *Louis Thoreson*

1895 Continued

Dec 1 some short exclamation, accompanied by a gesture. Summary: Aside from the fact that patient has been somewhat stubborn & noisy, at times, his behavior has been quite good, throughout the 2 weeks. Mentally, patient is possessed of strong delusive ideas: his principal delusion being that of approaching punishment for past deeds: says "he wishes to be shot". Would lie quietly, for a considerable length of time, & then, with an outburst of profanity, would rise & pace the floor, laughing to himself. Appetite has been very good, throughout, but bowels have not been regular. He has averaged about 4 hours' sleep, nightly.

Dec 3 Was got up & dressed, yesterday. (see attached record). Dec 3/95. Restless 7 hours & slept only 1 hour, last night.

" 4 Dec 4/95. Somewhat destructive, this morning: As a rule, patient is quiet, though he swears, occasionally, in loud tones. Seems depressed, still & says "he wishes to be killed". Require enema, part time to time.

" 11/17 Dec 11/95. Has been sleeping better, of late. Was dressed 1147 pm. Dec 7/95. Extremely noisy, for a short time, in afternoon. Usually, behaves well: but, at times, very stubborn & objects to going to bed. Bowels fairly regular.

" 14 Dec 14/95. Restless & somewhat destructive, this morning. Pm. Fairly quiet, during day. Sleeps quite well.

" 29/31 Dec 29/95. Patient seems, at times, to be brightening up. Dec 31/95. Has appeared quite bright, of late. Converses freely with sister, who visits him daily. Seems quite improved. Does not walk. ——

1896

Jan 6 Jan 6/96. Has been sleeping fairly well. Usually well-behaved, but is very obstinate at times. Will not talk.

" 7/12 Jan 7/96. Out for a walk: gave no trouble. Jan 12/96. Wt (dressed) 156¼ pds. (Is gaining in flesh).

" 18 Still has an enormous appetite. (Sleeps on B3). Jan 18/96. Unusually bright, today: answers questions quite

" 21/23/31 rationally. Jan 21/96. Now sleeps on B3. Jan 23/96. Transferred to B3. Jan 31/96. Since coming on this ward, he has appeared dull & stupid. Sleeps & eats well. Habits not very neat & clean (to attached record).

Feb 1/5/10 Feb 1/96. Wt 163 pds. (Has gained 10 pounds in flesh, since coming). Pulse 90. Feb 10/96. Appetite good: bowels in good condition. Patient has improved much, of late. Talks quite rationally. Works in the

March ward & in dining-room. March 2/96. Wt 173 pds (Exercise gains in weight). Pulse 84. —

" 25 March 25/96. Patient doing nicely: Talks rationally. Habits neat & clean: Sleeps well:

" 28 creates no complaints. March 28/96. Transferred to C3: Keeps on improving. —

April April 6/96. Wt 182 pounds. (Patient has gained, in all, 29 pounds in flesh since coming).

" 27 Pulse 78. April 27/96. Patient has improved steadily, since coming on ward. Sleeps well: Appetite good: bowels regular: Goes out walking: Works in dining-room. Has been visited by sister the past two days. April 28/96. Went home with sister, today. ——

Discharged

Personal and Medical History of Halvor Erickson

LEBERT, FISCAR & SCHAMBERG, DAVENPORT, IOWA.

Whole No. 4250.
Residence, Bristol, Minnesota.
Date Admission, 18th November 1895.
Admitted by, Dr. Phelps Hour, 3.00 P.M.
How Sent, E. V. Farrington J.P. Fillmore County
Sex, Male
Age, 30 years
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Farmer
Degree Education, Common School.
Profession Religion, Yes: Lutheran
Habits, addicted to use of alcohol
Nativity, Minnesota: (parents born in Norway)
Physicians Committing, J. H. Phillips and G. A. Love.
Correspondents, Erasmus Erickson Bristol Fillmore Co. Minn.

No. for Year, 78.
Insane Relatives, none
Cause Exciting, Not known
Cause Predisposing, probab
Form,
Accompanying Bodily Disorder,
Suicidal or Not, has threaten
Date of this Attack, about
Duration, — abo
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 3
Time of Leaving, June 1
Time in Hospital, 6 mo.
Result, Discharged J

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,

St. Paul Dispatch Nov 19/95

ATTACKED IN A CELL

TURNKEY'S DESPERATE STRUGGLE WITH AN INFURIATED INSANE PATIENT.

OTHERS RUSH TO HIS RESCUE.

But the Madman Lays Them Out With a Single Blow and Renews His Attack on the Unfortunate Turnkey — Assistance Arrives From the Outside, But Five Men Can Scarcely Reduce the Maniac to Subjection.

Special to the Dispatch.

Preston, Minn., Nov. 19.—Halvor Erickson, of the town of Bristol, Fillmore county, was brought before Judge Farrington Saturday and adjudged insane. He was taken to jail until Monday when he was to be conveyed to Rochester. Sunday about 2 o'clock the turnkey took dinner to the inmates of the jail and upon entering the room the insane man ordered the turnkey to go into one of the cells, and on his refusing to do so the insane man commenced to throw cups, plates and, in fact, everything in his reach, and finally commenced a fist fight on the turnkey. Two prisoners came to the aid of the official and in an instant the insane man turned and kicked one and dealt the other a blow with his fist, completely prostrating both. Then he again turned on the turnkey, who had run to the outside door to let Sheriff Nupson enter. When the latter entered a fist fight was entered into, the insane man getting the best of both. Sheriff Nupson used a billy, but says it had no more effect than striking a stone. Two more men finally came to their assistance, and by main strength and force five men succeeded in putting on a pair of hand-cuffs. The sheriff had several teeth knocked loose and the turnkey had his face badly scratched and bruised.

A Lunatic Fighting For Liberty.

Last Saturday Helger Erickson an insane man, was taken from Bristol to Preston and placed in jail there, pending arrangements to commit him to the Rochester hospital. As he exhibited no symptoms of a violent disposition he was not confined to a cage, but by Sunday he had become tired of the jail and, when the turnkey entered it demanded his liberty. Upon his request being refused he attacked the officer, handled him pretty roughly and took the keys away from him. Three prisoners in the jail then came to the turnkeys relief and the entire force was engaged in an attempt to subdue the insane man when Sheriff Nupson made his appearance. His first greeting was a blow from Erickson which knocked out one of his teeth. The combat against the strength of madness finally prevailed, however, and the unfortunate man was secured. Monday morning Erickson was brought to this place by deputies Chas. Houck and Geo. Hopp, and they took him on the noon train to Rochester, to place him in the state hospital. Erickson is a single man abont thirty years old.

Personal and Medical History of Halvor Erickson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 6 feet WEIGHT, 15 y 3 pds. NUTRITION,

31/309

Halvor Erickson.

Mar.29th'96.--- Rasmus Erickson writes patient has had several attacks of rheumatism the past few uears but no insanity until this attack came on gradually last Fall. Complained first of headache and dull feeling seemingly rather melancholy. No other special symptoms noted.

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 Erickson

LOBERT, FOLKAR & SAUNDERS, DAVENPORT, IOWA.

Whole No. 4250.
Residence, Bristol, Minnesota.
Date Admission, 18th November 1895.
Admitted by, E. Phelps Hour, 3 oo P.M.
How Sent, C.V. Farrington J.P. Fillmore County
Sex, Male —
Age, 30 years
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Farmer
Degree Education, Common School.
Profession Religion, Yes: Lutheran
Habits, addicted to use of alcohol
Nativity, Minnesota: (Parents born in Norway)
Physicians Committing, J.A. Phillips and L.A. Love.
Correspondents, Erasmus Erickson Bristol Fillmore Co. Minn.

No. for Year, 78.
Insane Relatives, none
Cause Exciting, not known
Cause Predisposing, probably intemperance
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, has threatened suicide.
Date of this Attack, about 3 weeks ago
Duration, — about 2 weeks —
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, — 30 years
Time of Leaving, June 17. 1896
Time in Hospital, 6 mo. 25 da.
Result, Discharged Jan. 5, 1897. 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 Halvor Erickson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

6 feet WEIGHT, 154 lbs. NUTRITION,

Halvor Erickson.

Erickson writes patient has had several attacks of
rs but no insanity until this attack came on
first of headache and dull feeling seem-
cial symptoms noted.

TREMOR, Tongue,
Fac. General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

ALER & CO.
ION SALE brought about
COPARTNERSHIP
d importance. From an
e importance of this RE-
e overestimated. It is a
stock is
in the Northwest,
VERYTHING IS MARKED
ng.
MARKED DOWN!
d down to cost.
sold at less than cost.
Price and even Half-Cost.
KED DOWN.
15 pieces of our regular
85c quality Black Rustle
Taffetas, Lyons make, only
THE CZAR.
Russia, France and
Too Much.
special to
Union, of England Insists Too Much.
Germany, If England Insists Too Much.
A special to
Petersburg says:
an auto-
York Herald from St. Petersburg says:
grand duke Vladimir has an auto-
ter from the czar to the kaiser
to the situation in the Eastern
Turkey, the three powers
upon the Japanese question
LETTER FROM THE CZAR.
FEATED THE TURKISH TROOPS

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 Erickson

LIBBEY, PUSLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4250.

Residence, Bristol, Minnesota.

Date Admission, 18th November 1895.

Admitted by, E. Phelps Hour 3:00 P.M.

How Sent, Ed Farring

Sex, Male

Age, 30

Civil Condition, M

Children,

Age Youngest Child,

Occupation, F

Degree Education, Com

Profession Religion, Yes: Lutheran

Habits, addicted to use of alcohol

Nativity, Minnesota: (Parents born in Norway)

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

Correspondents, Erasmus Erickson Bristol Fillmore Co. Minn.

No. for Year, 78.

Insane Relatives, None

Cause Exciting, Not known

Age First Attack, —

Time of Leaving, June 1

Time in Hospital, 6 mo.

Result, Discharged Ja

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,

With a Single Blow and Renews His Attack on the Unfortunate Turnkey — Assistance Arrives From the Outside, But Five Men Can Scarcely Reduce the Maniac to Subjection.

Special to the Dispatch.

Preston, Minn., Nov. 19.—Halvor Erickson, of the town of Bristol, Fillmore county, was brought before Judge Farrington Saturday and adjudged insane. He was taken to jail until Monday when he was to be conveyed to Rochester. Sunday about 2 o'clock the turnkey took dinner to the inmates of the jail and upon entering the room the insane man ordered the turnkey to go into one of the cells, and on his refusing to do so the insane man commenced to throw cups, plates and, in fact, everything in his reach, and finally commenced a fist fight on the turnkey. Two prisoners came to the aid of the official and in an instant the insane man turned and kicked one and dealt the other a blow with his fist, completely prostrating both. Then he again turned on the turnkey, who had run to the outside door to let Sheriff Nupson enter. When the latter entered a fist fight was entered into, the insane man getting the best of both. Sheriff Nupson used a billy, but says it had no more effect than striking a stone. Two more men finally came to their assistance, and by main strength and force five men succeeded in putting on a pair of hand-cuffs. The sheriff had several teeth knocked loose and the turnkey had his face badly scratched and bruised.

A Lunatic Fighting For Liberty.

Last Saturday Helger Erickson an insane man, was taken from Bristol to Preston and placed in jail there, pending arrangements to commit him to the Rochester hospital. As he exhibited no symptoms of a violent disposition he was not confined to a cage, but by Sunday he had become tired of the jail and, when the turnkey entered it demanded his liberty. Upon his request being refused he attacked the officer, handled him pretty roughly and took the keys away from him. Three prisoners in the jail then came to the turnkeys relief and the entire force was engaged in an attempt to subdue the insane man when Sheriff Nupson made his appearance. His first greeting was a blow from Erickson which knocked out one of his teeth. The combat against the strength of madness finally prevailed, however, and the unfortunate man was secured. Monday morning Erickson was brought to this place by deputies Chas. Houck and Geo. Hopp, and they took him on the noon train to Rochester, to place him in the state hospital. Erickson is a single man abont thirty years old.

Personal and Medical History of Halvor Erickson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 6 feet WEIGHT, 154 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 Halvor Erickson

1895

This patient was brought here by Deputy Sheriff Hopp, attended by C. Storch, with the following history. Patient is in fair physical condition. Was in restraint, when brought here. There is no history of consanguinity or heredity. This is 1st attack: symptoms manifested about 3 weeks ago, by attempting to injure people. Disease seems increasing: not variable: no rational intervals. Derangement now shown by destroying property & attempting to injure people, by throwing anything at them, that he could lay his hands on. Has not attempted suicide, but has threatened it. Destructive & filthy in habits. No peculiarities were previously shown. There is history of intemperance (alcohol): has not been subject to any severe disease nor had any head-injury. He has not been confined. Don't know cause of disease. Has had no medical treatment. He is very restless & has the appearance of one with acute mania. -

Nov 18 On admission, was put in B3 (E. & H. Hosp.). Complexion light: hair light: eyes blue: condition of skin good: scars on left knee: quite a number of bruises on body: is dirty: behavior good: talks quite rationally: says that the bruises were caused in the fight: that he did not want to fight, but they made him mad / Pulse 96. R 28. Tm 100 3/5. Nov 19/95. Quiet all night though he slept only 5 hours. Am. Pulse 90 R 28 Tm 99.8. No cough noticed. He refused dinner: bowels moved once during the day. He talks quite rationally: makes no complaints. Nov 20/95. Slept quite well, last night. Am. Pulse 90. Tm 99.2. Bowels moved once. Is pugnacionsly inclined, fighting the nurses. " 20
" 21 Behavior, by spells not good. Mental condition "hazy". Habits dirty: he makes no complaints. Nov 21/95: Eats and sleeps well: bowels regular. Behavior quiet, today: talk rational: no complaints: no delusions or
" 22/23 illusions noticed. Nov 22/95. About as yesterday: is on Extra diet. Nov 23/95. No change: sleeps well.
" 24 works on ward. Is quiet. Nov 24/95. Behavior quiet: bowels regular: no complaints: patient
" 25 seemed surprised when told he was in hospital: "thought he was at school". Nov 25/95: Eats & sleeps well: no complaints: talks when spoken to: not unless: memory is good: dis his perception.
" 26/27 Nov 26/95. No special change. Is quiet & well-behaved. Nov 27/95: Quiet: talks rationally: is not
" 28 very bright, intellectually. - Nov 28/95: Seems to be in a "hazy" condition. Is on medicines.
" 29/30 Nov 29/95. No special change. Walks on ward, every day. Bowels regular. Nov 30/95. Behavior quiet: no change as yet noticeable in Mental Condition: Physical health not very good: seems emaciated.
Dec 1/2 Dec 1/95. Transferred to B3 East at 10 10 am. Dec 2/95. Wt 158 pds. P.M. Summary. Behavior has been good since transferred to B3. Habits clean. He works on ward. Appetite good: bowels regular.
" 4/31 Dec 4/95. Transferred to B3. Dec 31/95. Patient seems foolish & rather Childish. Appetite keeps good: bowels in good condition. In mind he lazy, lying about on benches or on bed, much of the day. Works
1896 on ward some. Goes out walking every day. Sleeps well, at night. Jany 1/96. Wt 171 pds. Pulse 64.
Jan 1 " 15/24 (has gained some in flesh). Jany 15/96. No other change noticeable. Jan 21/96. Transferred to B3;
" 31 (on account of general change of quarters). Jan 31/96. Keeps about same, from month to month.
Feby 1/ Feby 1/96. Wt 163 pds. Feb 6/96. Has been complaining of ill-feeling & of rheumatism, also.
" 6 Feby 7/96. Transferred to "Infirmary Ward" at 10 30 am: was somewhat run-down with rheumatism in his limbs. Given Shower-bath & put to bed. Is on regular & extra diet (roast). 9 15 pm. Ears washed
" 8 Complains of pain in hips. Feb 8/96. Complains of severe pain in ankles. Ears again washed. Has been restless,
" 9 most of day. Feby 9/96. Slept only 2 hours, last night. Seems some easier, this morning, but still complains of pain
" 10 in joints. Feb 10/96. 7 30 am. Vomited. Felt much improved during day. 7 20 pm. Slight nose bleed. Sleeps fairly well.

Personal and Medical History of Halvor Erickson

1896

Feb 11 Feb 11/96. Slept 5 hours. Complains of slight pain, this morning. Slept 9 - 11 am: very quiet, during the day/
" 12/13 Feb 12/96. Very quiet all day: says he feels much better, this evening. Feb 13/96. 7 00 pm. Complains of a chill.
" 14/15 Feb 14/96. Quite easy, this morning. Ears washed. 1 30 pm. Up, in chair. Feb 15/96. Slept quite well:
" 16 Complained of pain in Stomach (gas). Slept quite well, remainder of day. Feb 16/96. Complained of pains
" 20 in knees & hips; also of headache: pain became more severe, toward night. Feb 20/96. Has been sleeping & resting fairly, at night. Pains have extended to other parts of his body & have seemed quite severe. He has
" 24 been somewhat relieved by application of ointment & bandages. Feb 24/96 Has continued to suffer much pain:
" 25 but says he feels some better, this morning, but cannot find an easy position, in which to lie. Feb 25/96. Quite restless
" 26 last night & slept only 2 hours. Seems some easier today. Feb 26/96. Legs & arms much improved, but still has
" 27 considerable pain in shoulders. Feb 27/96 Appears much improved, generally, today - Bandages removed -
" 28/29 Febr 28/96. Still better, today. 1 00 pm. Up, in rolley-chair. Febr 29/96. Is improving daily. Much better,
Mar 1 today - Rests well. (See Nurses' Record, on file 9) = March 1/96. Has still complained of pains
" 5 and limbs & knees been pulled with liniment. He has been up, in chair, in afternoons. Sleeps quite well.
" 6 March 6/96. 1 00 pm. Up & Dressed. Ulst (Dressed) 156 yds. Talks rationally. Is still troubled with pains.
" 13 March 13/96. Has been up, onward: feeling better, though he still has some pains, in limbs, by spells. Talks and acts very rationally & seems getting along nicely. Reads a good deal of the time. Appetite good.
" 21 Mar 21/96. Keeps on improving, though still has some pains. Wants to go out walking: "thinks he's strong enough".
" 22/31 Mar 22/96. Transferred to A1. - Mar 31/96. Patient seems well, physically. Eats & sleeps well. Bowels free.
Apl 1 He seems rational, in every way. No delusions noticed. Works in Dining-room. Apl 1/96. Wt 159½ pounds.
" 28 Apl 28/96. Complains of not feeling well, for some days. Pains in back of neck & breast. Appetite fair.
" 30 Apl 30/96. Has some skin disease: broken out on neck & hands with red pimples. He sleeps well. Appetite good.
May 1/ Behavior good. Talks about going home. (See Nurses' record 9 7). May 1/96. Wt 161 pds. Pro. May 30/96. No
June 1 Change specially noticeable in Patients Condition. Behavior good. No complaints. June 1/96. Wt 159 3/4 pds. P/4.
" 10/11 June 10/96. Behavior good. Talks freely & sensibly. June 11/96. Visited by Father & Sister from home.

Discharged

Personal and Medical History of Christian Saethre (Sathre)

LIBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4251.
Residence, Goodhue County, Minn
Date Admission, 18th November 1895.
Admitted by, Dr. Herzog Hour, 6.50 P.M.
How Sent, Axel Haller, Jos P. Goodhue County
Sex, - Male -
Age, - about 40 -
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, "Tramping"
Degree Education, - none -
Profession Religion, not a church member
Habits, - Unknown -
Nativity, Norway; (parents also born there).
Physicians Committing, Galen Allen and A.W. Jones
Correspondents, none given in papers -

No. for Year, 79.
Insane Relatives, no knowledge of any
Cause Exciting, Unknown
Cause Predisposing, probably "tramping" habits
Form, Terminal Dementia
Accompanying Bodily Disorder, None specially mentioned
Suicidal or Not, not suicidal
Date of this Attack, 10 or 12 years ago
Duration, 10 or 12 years
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, 28 - 30 years
Time of Leaving, June 29. 1897
Time in Hospital, 1 yr. 7 mos 11 dys.
Result, Transferred to Fergus Falls

J.K. Pm

Exd'ly Dr. Herzog Nov 19/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, apparently Confused
Quick or Sluggish, Sluggish —
MEMORY:
Past Events,
Recent Events, } unknown
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State, } unknown
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm,~~
~~Indifferent,~~
~~Exalted,~~
Depressed, Yes
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not, } Unknown
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, None
Voluble or Reticent, " "

GENERAL DESCRIPTIVE REMARKS:
Patient refuses to speak or stand: will not open mouth: keeps head down & resists efforts to move him or examine him. Hair & beard are tangled & matted: general appearance betokens neglect. Is this morning, desquamating over entire surface of body in fine brawny scales. Last night, was covered over face, breast, abdomen & back with scarlatiniform eruption, which has now faded. Examination, last night, wasly lantern light & unsatisfactory: view of throat unsatisfactory, even with forcing jaws apart. Diagnosis of rotheln or measles probable. Seclusion advised, with separate tray for food: immediate washing of soiled bedding &c & destruction of clothing brought by patient —.

Personal and Medical History of Christian Saethre

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, not taken WEIGHT, not taken NUTRITION, Considerably Emaciated
WOUNDS OR ABNORMALITIES, see "G. H. N. Rpt" — very considerable asymmetry of face & head: right side more prominent
TONGUE, Tremors, yes Coatings, whitish over dorsum Promptness Movement, will not protrude -
PUPILS, Equality, Yes Size, slightly dilated
Response Light, Yes Accommodation, yes
SIGHT, Unknown
HEARING, " "
COORDINATION, Arms, } usual tests fail: gross incoordination apparent: refuses to stand: tremors
Legs, } apparently from fear -
TREMORS, Hands, Yes Tongue, Yes
Facial Muscles, Yes General, Marked on Excitement.
REFLEXES, Patellar, very considerably EXAM. URINE,
Other exaggerated - Equal.
ARTICULATION,
Slurred, ✓
Hesitating, ✓
FACIAL EXPRESSION, pinched; haggard & frightened
SENSIBILITY, ✓
HEART, rapid; sounds are weak but clear.
LUNGS, moist rales over both sides: slight bronchitis

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, ✓

Records kept

Personal and Medical History of Christian Saether

1895

This patient was received here at the hands of Deputy-Sheriff P. J. Lundquist, attended by Aaron Lundquist, with following history. Patient is in poor condition. His occupation is "tramping". As to consanguinity or heredity, no knowledge. This is 1st attack; has not been in hospital. First symptoms of this attack manifested 10 or 12 years ago; gradually growing worse: he is given to tramping aimlessly. Disease seems increasing: not curable: no lucid intervals. He is neglected by his friends, and wanders about, exposed to want of food and shelter, and exposed to accident. Derangement now shown on all subjects & in all ways: is silent and demented. He is not disposed to injure others, nor suicidal; propensity not active. No filthy or destructive habits. As to previous peculiarities &c, habit &c unknown. He has had no severe disease or injury to head. He has not been restrained or confined. Cause of the disease is unknown. Has had no medical treatment. On Personal Examination, he appears silent and demented and spends his time "tramping"; but is said to have been all right, until the "tramping-mania" took possession of him.

Nov 18 On admission, was put on B3 G.H.R. Rpt. Complexion light: hair brown: eyes blue: condition of skin good: no marks, scars or bruises noted: is dirty and back is all red as though it had been burnt: is seemingly obstinate: would not stand on feet; had to be carried up stairs: will not take care of himself. T(a) 99.6 - Nov 19/95. Slept 8 hours, during night. Am. Pulse 58 R 18
" 19 T 99.6. Appetite poor: bowels not moved: was given Enema, this P.M., without any effect. No cough noticed. Is quiet: kept in bed; does not speak: makes no complaints. Nov 20/95. Am. P 56
" 20 R 17. T. 99.2. Appetite poor: bowels costive: Still in bed: has not spoken but a few words (which was this Am), asking for water. Was given Enema: bowels moved slightly. 8 P.M. P 52. T(a) 99.2.
" 21 Nov 21/95. 9 AM. Pulse 56. T 98.2 - Behavior quiet: bowels constipated: appetite improving some:
" 22 will not speak: remains in bed. Nov 22/95. Sleeps well. AM T 98.8. Appetite fair: bowels moved: behavior quiet: he seems to be improving some physically: will not speak to anyone. Up on ward
" 23 Nov 23/95. Am. Pulse 58. Behavior same as usual: seems improving some, every day: begins to
" 24 walk around a little: habits clean. Nov 24/95. Sleeps well. Am. Pulse 58. Appetite fairly
" 25 good: Still seems improving. Nov 25/95. Quiet; sits in one place, all day: does not speak: bowels
" 30 move regular. Nov 30/95. No change since last note. Appetite good: behavior as usual.
Dec 1/2 Pulse 58. Dec 1/95. Am. P 80. No noticeable changes, in any way. Dec 2/95. Wt 142 lbs. P 54
Summary: Appetite now good: bowels regular: behavior quiet: sitting still, most all day: never
" 11 speaks to any one: will get up & walk about, for a few minutes; occasionally coughs some,
" 31 and raises a good deal of phlegm. He sleeps well: habits clean. Dec 11/95. Receives extra diet.
1896 Dec 31/95. Appetite good: bowels regular: behavior quiet: generally sitting in one place, all day: never speaks:
Jan 1/15 habits clean. No change noticed, in mental condition. Jan 1/96. Wt 147 - lbs. P 70. Jan 15/96. No change
" 31/2 Jan 11/96. Transferred to B1. (on account of general change of wards): Jan 31/96 No change noticable.
Feb 1/26 Feby 1/96. Wt 149 lbs. Pulse 72. Feb 26/96. Today, when out walking, patient sat down & refused to walk further
" 29 was carried in. Feb 29/96. Appetite good: bowels regular. Behavior quiet: never speaking to anyone, except when
Mar 1 angry, when he will talk very rapidly, in his native language. Habits clean. No work. Mar 1/96 Wt 146 lbs. P 72
" 20 Mar 30/96. No change noticable. Has been very quiet. Habits clean, but untidy in dress. Does not go walking.
Apl 1/15 Apl 1/96. Wt 145 lbs. P 76. Apl 15/96. Coughs quite a little, after meal: discharge of sputa apparently as if lungs
" 30 were affected. Apl 30/96. No change noticeable in any way.

Personal and Medical History of Christian Saether.

1896-97

May 1/96 to Jan 29/97 Summary Nurses Notes by Dr. Phelps Wt. 156 lbs. Coughs some but appears fairly well. Behavior quite good usually tho at times is noisy. July 28th transferred to annex father stupid & demented. Stays in one position almost all of time. June 29 97. Transferred to Fergus Falls.

From Jobs 768 — Thomas Burgess — 42 1 3

1895 Feb. 28. Still kept in house: Struggles if taken out: Seldom speaks except to ask to go home or to Annex Mch 2 Wt. 162. 21 Promised to behave if allowed to go out: made no attempt to get away. Apr 2 Wt. 159th Apr 15 Behavior considerably improved: Goes walking regularly: Is allowed on Lake: Eats & sleeps on Ward 29 Does a little work, but very little: Is occasionally restless at night. Requires constant watching May 4 Wt. 166th 20 Left side of jaw swollen with toothache - Apr 1 Wt. 160th - bowels more regular - Annex better. Fairly tidy. July 1 Wt. 166 Still very reticent. Aug 1 Wt. 166th Does no work: Habits clean: Fairly tidy. Still eats off tray. Sept 1 Wt. 161 Oct. 162 Oct 31 Pugnacious, no one hurt Nov 4 Wt. 161 Still reticent Nov 19 Pugnacious. Threatening & abusive when detected stealing extra diet from other patients Dec 1 Wt Dec 15 Pugnacious. Jan 3 Wt. 164. 15 Filthy - wet bed. Jan 24 Requires very careful watching lest he elope. Attempts to walk away but comes back when spoken to: occasionally filthy - always untidy. Head hung down - glance of eye shifting - does not speak - acne of face severe.

Feb 1 - July 27/99 Wt. 161. Behavior stubborn & pugnacious: Is suicidal: Requires close watching Mch 8. Stubborn, refused breakfast & supper: Attempted to run away.

Aug 1900 June 31 1900. (Dr Chapple) Wt. 164th Little change during period: Usually very quiet: Seldom speaks: Is very dull: Is occasionally pugnacious: Eats off tray: Habits untidy Jan 31 does nothing. July 1/1900. Wt 153th Feby 1 Feby 1/1900. Wt 153th C76. May 17/1900. Has been melancholic: does not converse and May 17/18 has done no work: Habits quite tidy: goes out for exercise & has appeared fairly well - May 18. Recently, 23 has had Cough & Complains of sore lungs. Transferred to T.W. T 102 & P 104 R 29. May 23. Sputum Examined July 1 Tubercular bacilli found. July 1. Has been quite rapidly failing: Coughs & Expectorates a great deal 20 Temp. high as 103 5. Pulse & respiration rapid: Has had fair appetite. July 20. Continues to 27 fail, and Died at 5 30 P.M. (2 7 00)

Diagnosis: Acute pulmonary Tuberculosis.

Died

Personal and Medical History of Frank Burgis

Whole No. 4253

Residence, City & County Alms-House. –

Date Admission, 20th November 1895. –

Admitted by, Dr. Herzog Hour, 6.50 P.M.

How Sent, G. Wilbrick of P. Ramsey Coun

Sex, Male

Age, – 58 –

Civil Condition, Single

Children,

Age Youngest Child, —

Occupation, Lawyer

Degree Education, Good

Profession Religion, Episcopal

Habits, not intemperate. –

Nativity, Maryland (father's Maryland: mother's, Virginia)

Physicians Committing, C. J. Meade and A. Macdonald

Correspondents, none given in papers

No. for Year, 81.

Insane Relatives, cannot find out

Cause Exciting, not given

Cause Predisposing, not given

Form,

Accompanying Bodily Disorder, [illegible]

Suicidal Attack, [illegible]

Date of this Attack, [illegible]

Duration, [illegible]

No. of Attack, [illegible]

No. of Admission, [illegible]

Age First Attack, [illegible]

Time, [illegible]

Time in Hospital, [illegible] 4 mo. 15 d

Result, Died. General Paresis

The Commonwealth of Minnesota

F. C. Burgess

Nov 22/95

Exd'g Dr. Herzog Nov 22/95.

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, Illusive at times

REASONING POWER:

Ordinary Subjects, Confused

Own Mental State, Erroneous

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Yes

~~Depressed,~~

DELUSIONS:

Systematized or Not,

Special Subjects, None definite

Transitory or Not,

HALLUCINATIONS: —

ILLUSIONS:

CONVERSATION: Incoherent

Coherent or Incoherent, —

Voluble or Reticent, Voluble

GENERAL DESCRIPTIVE REMARKS:

Patient talks fairly well, but wanders from the subject & stumbles over his syllables. He says he is in better condition today, mentally, to resume the practice of his profession (law), than ever & fails to see the incongruity of his statement with the fact that he has been in the alms-house, since April. He denies syphilis, but admits gonorrhoea & alcoholism. Believes himself strong & able: fails to observe his own gross in-coordination & shows his exaltation by drawing long deep breaths during examination of lungs. –

Personal and Medical History of Frank Burgis

Petitioners Ex

Rochester Ins. Hospital
Ward "A. 4" July 18 1896

Dr. Kilbourne
Superintendent
Dear Sir.

Believing that I am in full bodily health and able to go out into the world once again, to earn a living. I request to give a discharge with transportation to St Paul - say on Tuesday or Wednesday of the coming week. By so doing you will oblige greatly

Yours very Respectfully
F. C. Burgess

MISSION, CONTINUED.

ACTERISTICS.

NUTRITION, somewhat impaired.

Face more immobile than the left

Promptness Movement, Slow: deviates slightly to right. –

Size, slightly dilated; both are irregular in shape.

Accommodation, Yes

...se, eyes shut, uncertain & hesitating.

...foot, impossible: standing, eyes shut, sways decidedly.

Tongue, Yes

General, Yes, on standing.

EXAM. URINE,

Seem good

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, Resp., Temp.,

Record kept

CRANIAL MEASUREMENTS,

HISTORICAL,

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

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

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Frank Burgis

Whole No.	4253	No. for Year,	81.
Residence,	City & County Alms-House. –	Insane Relatives,	cannot find out
Date Admission,	20th November 1895. –	Cause Exciting,	not given
Admitted by,	Dr Herzog Hour, 6.50 P.M.	Cause Predisposing,	not given
How Sent,	G. Wilbrick Jr of P. Ramsey County	Form,	
Sex,	Male	Accompanying Bodily Disorder,	none mentioned
Age,	– 58 –	Suicidal or Not,	– not –
Civil Condition,	single	Date of this Attack,	About 6 months ago
Children,		Duration,	about 6 months –
Age Youngest Child,	—	No. of Attack,	1st –
Occupation,	Lawyer.	No. of Admissions,	1st
Degree Education,	Good.	Age First Attack,	57+
Profession Religion,	Episcopal	Time of Leaving,	Apr. 8. 1900
Habits,	not intemperate. –	Time in Hospital,	4 yr. 4 mo. 15 d
Nativity,	Maryland: (father's Maryland: mother's, Virginia)	Result,	Died. General Paresis
Physicians Committing,	C. J. Meade and A. Macdonald		
Correspondents,	none given in papers		

Exd'g Dr. Herzog Nov 22/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:		EMOTIONAL STATE:	
Clear or Confused,	Confused	Normal, Calm,	
Quick or Sluggish,	Sluggish	Indifferent,	
MEMORY:		Exalted,	Yes
Past Events,	Poor.	Depressed,	
Recent Events,		DELUSIONS:	
Special Subjects,		Systematized or Not,	None definite
PERCEPTIVITY:		Special Subjects,	
Alert or Dull,	Dull	Transitory or Not,	
Correct or Illusive,	Illusive at times	HALLUCINATIONS:	—
REASONING POWER:		ILLUSIONS:	
Ordinary Subjects,	Confused	CONVERSATION:	Incoherent
Own Mental State,	Erroneous	Coherent or Incoherent,	—
Special Subjects,		Voluble or Reticent,	Voluble

GENERAL DESCRIPTIVE REMARKS:
Patient talks fairly well, but wanders from the subject & stumbles over his syllables. He says he is in better condition today, mentally, to resume the practice of his profession (law), than ever & fails to see the incongruity of his statement with the fact that he has been in the alms-house since April. He denies syphilis, but admits gonorrhoea & alcoholism. Believes himself strong & able: fails to observe his own gross in-coordination & shows his exaltation by drawing long deep breaths during examination of lungs. –

Personal and Medical History of Frank Burgis

...pital
...96

...believing
...full bodily health
...go out into the world
...gain, to earn a living
...quest to give a discharge
...with transportation to St Paul
– say on Tuesday or Wednesday of
the coming week. By so doing
you will oblige greatly
Yours very Respectfully
F. C. Burgess

...MISSION, CONTINUED.
...ACTERISTICS.

...BS. NUTRITION, somewhat impaired.
...f face more immobile than the left
Promptness Movement, slow: deviates slightly to right. –
Size, slightly dilated; both are irregular in shape.
Accommodation, Yes

...e, eyes shut, uncertain & hesitating.
...foot, impossible: standing, eyes shut, sways decidedly.
Tongue, Yes
General, Yes, on standing.

EXAM. URINE,

Seem 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, 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

Whole No. 4253

Residence, City & County Alms

Date Admission, 20th Novem

Admitted by, Dr. Herzog

How Sent, G. Wilbr

Sex,

Age, —

Civil Condition, fu

Children, —

Age Youngest Child, —

Occupation, Lawyer

Degree Education, Good

Profession Religion, Episcopal

Habits, not intemperate —

Nativity, Maryland (father's Maryland: mother's, bu ... General Paresis

Physicians Committing, C. J. Meade and A. Macdona

Correspondents, none given in papers

Ex'd by Dr. Herzog Nov 22/95.

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, Illusive at times

REASONING POWER:

Ordinary Subjects, Confused

Own Mental State, Erroneous

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Yes

~~Depressed,~~

DELUSIONS:

Systematized or Not,

Special Subjects, None definite

Transitory or Not,

HALLUCINATIONS: —

ILLUSIONS:

CONVERSATION: Incoherent

Coherent or Incoherent, —

Voluble or Reticent, Voluble

GENERAL DESCRIPTIVE REMARKS:

Patient talks fairly well, but wanders from the subject & stumbles over his syllables. He says he is in better condition today, mentally, to resume the practice of his profession (law), than ever & fails to see the incongruity of his statement with the fact that he has been in the alms-house since April. He denies syphilis, but admits gonorrhoea & alcoholism. Believes himself strong & able: fails to observe his own gross in-coordination & shows his exaltation by drawing long deep breaths during examination of lungs. —

Personal and Medical History of Frank Burgis

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ WEIGHT, 123½ lbs. NUTRITION, somewhat impaired.

WOUNDS OR ABNORMALITIES, see G. H. N. Rpt: right side of face more immobile than the left

TONGUE, Tremors, large & fine Coatings, — Promptness Movement, slow: deviates slightly to right. —

PUPILS, Equality, left somewhat larger — Size, slightly dilated; both are irregular in shape.

Response Light, sluggish Accommodation, Yes

SIGHT, somewhat impaired.

HEARING, " "

COORDINATION, Arms, Considerably impaired: finger to nose, eyes shut, uncertain & hesitating.

Legs, Considerably impaired: standing on foot, impossible: standing, eyes shut, sways decidedly.

TREMORS, Hands, quite marked Tongue, Yes

Facial Muscles, of lips, when speaking General, Yes, on standing.

REFLEXES, Patellar, 10 — equal — EXAM. URINE,

Other Clonus — ankle

ARTICULATION,

Slurred, Yes

Hesitating, Yes

FACIAL EXPRESSION,

Stolid: keeps eye-lids closed.

SENSIBILITY,

HEART,

slow: sounds sharp

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.,

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 *Frank Burgis*

1895

This patient was brought here by Deputy Sheriff F.S. Krayenbuhl with following history. Patient is in fair physical condition. No history of consanguinity; as to any heredity, cannot find out. This is 1st attack; symptoms manifested about 6 months ago, by delusions: he has not been in hospital. Disease seems increasing; not variable: no rational intervals. Derangement is now shown in that he imagines that people enter his room, at night, and fix electrical batteries about the walls and bed: sometimes they give concerts. Patient is not dissipated in any other, nor liberal: no filthy or destructive habits. No peculiarities were previously shown. There is no history of intemperance in self or parents: he has had no severe disease or head-injury: has not been restrained or confined. Cause of the disease, not stated. Has had nothing in the way of treatment. Is informed that he is inclined to be alone. Talks with eyes shut, as a rule: talks slowly and shows his wear.

Nov 20 On admission, was put on T.W. (G.H.R. Rpt. Complexion light: hair gray: eyes blue: condition of skin good: no marks, scars, or bruises noticed: is clean: behavior good). Is quiet, though he resisted quite strongly, while being bathed. Was then put to bed. Ate a fair supper. 8th P 80 R 20. Jn 99.6 Nov 21/95. Restless 4 hours & slept only 4 hours, last night. Patient expresses a desire to go home. Says "he is misused here". Is quite restless, this evening. Appetite good: is on regular & extra diet. Nov 22/95. Restless 2 hours, slept 6 hours, last night. Patient has been talking a great deal, today. Behavior has been good: habits very clean. Nov 23/95. Slept some, during the night. Labored under the delusion that his mattress was a net-work of electric wires, constructed for the purpose of electrocuting him. Was afraid to go to sleep. He has been very quiet all day. Does not wish to speak to any one: has been in a somewhat tremulous state the greater part of the day. Nov 24/95. Restless 3 hours, slept 5 hours, last night. Appetite good: bowels regular. Patient remains quiet. Nov 25/95. Slept 4 hours restless 4 hours, last night. Patient is quiet and inoffensive; sits in one place, the greater part of day. Eats quite heartily: speech somewhat rational, but certain ideas are quite delusive. Nov 26/95. Slept 5 hours, restless 3 hours, last night. Condition about same, down day to-day. Nov 27/95. Restless 3 hours, sleeping 5 hours. Required considerable urging before allowing bath to be given. Nov 28/95. Slept only 4 hours, restless 4 hours, last night: no apparent change in condition. Nov 29/95. Restless 2 hours, but slept 6 hours, last night. Patient is quiet, always, but says he is not contented: claims he is unjustly incarcerated. Nov 30/95. Restless 2 hours, but slept 6 hours. Appetite remains good; bowels regular: no change noticed otherwise. Dec 1/95. Quiet & seems to content himself more, of late.

Dec 2 Sleeps fairly well. Dec 2/95. Restless 3 hours. Slept 5 hours. Am. P 84 R 20 Jn 98.7 Pm P 78 R 19 Jn 99.2

Dec 3 Dec 3/95. Slept 5 hours, restless 2 hours, last night. Still holds delusions. Says "he is afraid to sleep in dormitory": "thinks other patients are conspiring against him". Dec 4/95. Restless 3 hours, but slept 5 hours, last night. Appetite remains good: bowels regular: habits clean. Has been somewhat restless all day. Dec 5/95. Restless & disturbed 7 hours & slept but one hour, during the night.

Summary: Behavior has been comparatively good, throughout the 2 weeks: was somewhat obstinate, at times, but it was found to be not much of an effort to reason with him. He will speak quite rationally for a certain length of time, while one is conversing with him, & then, changing the subject, his conversation goes to show that certain ideas are decidedly delusive. Has good appetite: bowels regular. (Has averaged about 4 hours sleep). Dec 10/95. Condition does not seem to change.

Personal and Medical History of *Frank Burgis*

1895

Dec 11/95. Wt (dressed) 118½ lbs. Dec 13/95. Has been resting & sleeping well the past few nights. Left cheek excessively swollen, today. Says it is caused by worms, which crawled in during night". Dec 15/95. Swelling gradually dis appearing.

Dec 22/95. Seems some brighter, of late: Converses quite rationally upon different subjects. Sleeps quite well, nights.

Dec 31/95. Appetite good: bowels regular. Patient seems much improved, mentally and physically. Sleeps well.

1896 Jan 2/96. Very quiet & well-behaved. Converses quite freely with a certain few, to whom he seems to have taken a liking. Judging from his conversation, he appears to have ridded himself of his delusions. Jan 10/96. Wt 123 lbs.

Jan 20/96. No change especially noticeable. Jan 23/96. Transferred to A[4]. (at 11 Am). Jan 31/96. Is very quiet, clean & well-behaved: reads, mostly all day: talks quite freely to some of his fellow-patients: also quite rationally. Appetite good: bowels regular: does not go walking: says "he cannot stand to walk very far".

Feb 1/96. Is sick a-bed; taken with a chill, this Am. Pulse 92 Resp 20 T 102[2/5] (taken at 8[30] Am). Refused food, all day, but took a glass of milk at dinner & supper. 5 Pm. Pulse 96 R 18 T 103[4/5]. His mind is wandering from one subject to another, without apparently comprehending. Where he is or what he is about. Feb 3/96. Seems much improved, this Am: ate his breakfast, but is weak & still a-bed. Pulse 78. R 18. T 99[2/5]. Wt 114 lbs.

Feb 4/96. Complains of pain in spinal cord. Given medicine during night. Appetite poor: bowels free. P 70. Resp. T 98[2/5]

Feb 5/96. R 18. Feb 6/96. Up part of the day. Patient shows delusions. Bowels moved freely. On medicine, 3 times a day.

Feb 8/96. Seems much improved, this Am, but still has delusions. Feb 9/96. Receives regular & extra diet: also on medicine, 3 times a day & after meals. Feb 11/96. Medicine discontinued. Feb 12/96. Appetite good: bowels regular. Physical health good. No special change noticed in mental condition. Mar 3/96. Wt 124 lbs. Resp. Mar 6/96. Had a delusion this eve: thought somebody was in bed with him. Mar 31/96. About the same, from month to month.

Apr 1/96. Wt 128 lbs. Pulse. Apr 3/96. Has been very quiet, during the month: reading nearly all the time. Appetite fair: bowels regular. Sleeps fairly well. Clean in habits. Physical appearance good. Goes out walking.

May 1/96. Wt 124 lbs. Pulse 90. May 31/96. Physical condition good: bowels regular: appetite good: (gets extra Diet): sleep poor: Has delusions, at night, imagines somebody is in his bed, trying to push him out of it.

June 1/96. Wt 124 lbs: Pulse 90. June 22/96. Sick at Stomach: Is in bed, all day.

June 23/96. In bed: Still vomiting. 7 Pm. Enema: Operative. Temp 99[4/5]. Resp 73.

June 24/96. Transferred to "Infirmary Ward".

July 3/96 to Aug 5/97. Summary Nurses Notes by Dr. Phelps. Received upon Infirmary from A[4]. Mr. rather demented at the able to talk fairly well upon ordinary subjects. objected to having his hair trimmed. Had failed somewhat. Aug 5 Transferred to B[3] having improved considerably. Aug 25 went to A[1]. Continued to be about same for some time after this. Had delusions that he was connected with an electric wire. Aug 28/97 was again sent to Infirmary having for the past month been refusing to eat, quite stupid & seemed to be failing. Lies here quietly in bed. Little change in patient during September. During October was taken up again having been kept in bed for 10 months. Seemed to have improved. Wt. was, however, only 101[lb].

Nov 1/97 Summary Continued by Dr. Herzog. Wt. 107. Appetite fair: has haemorrhoids: is easily excited & occasionally cross & irritable. Talks quite freely & intelligently on ordinary subjects. Has numerous delusions, mostly of persecution. Says parties are trying to collect a bill from him which he does not owe: Becomes excited & engages in heated arguments with some imaginary person. Speech is hesitating & slow. Occasionally flighty. Dec. 1 Wt. 110.

See Folio 3

Personal and Medical History of George W. Stewart Sr

LIBBEY, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4257.
Residence, Rochester, Minnesota.
Date Admission, 22nd November 1896
Admitted by, Dr. Herzog. Hour, 5:30 P.M.
How Sent, Thomas Fraser. Jail Olmsted County
Sex, - Male -
Age, - 82 -
Civil Condition, widower
Children, - 4 -
Age Youngest Child,
Occupation, Tailor
Degree Education, Common School
Profession Religion, not stated -
Habits, not Intemperate -
Nativity, Pennsylvania (that of Parents not given)
Physicians Committing, E. W. Cross and Christopher Graham
Correspondents, (Son) George Stewart Rochester, Minn.

No. for Year, 82.
Insane Relatives, none
Cause Exciting, Injury to head
Cause Predisposing, Old Age
Form,
Accompanying Bodily Disorder, Injury to head
Suicidal or Not, Suicidal & Hanging. Propensity active.
Date of this Attack, in February 1896.
Duration, 1 year and 9 months
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, - about 80 -
Time of Leaving, Oct. 19. 1896.
Time in Hospital, 11 mos. 27 da.
Result, Died - Senility

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exam. 10/16/96 R.M. Phelps.

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

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

GENERAL DESCRIPTIVE REMARKS: Is an old soldier - Said to have had stroke of apoplexy year ago last July. Mental state previously not known. Very feebleminded (or demented) with random delusions - Has been steadily in bed since coming - Occasionally noisy - Failing much now.

Personal and Medical History of George W. Stewart Sr

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken (too weak & feeble) WEIGHT, Not taken (too weak & feeble) NUTRITION, Poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, - Coatings, - Promptness Movement, Fair
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Yes. Tremulous Tongue, Tremulous.
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION, Somewhat blurred.
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, no noted murmurs. Sounds very weak - Can hardly catch them as he lies in bed.
LUNGS,
No notable trouble -
Arteries - no calcification noted. arterial impairment probably.
OPHTHALMOSCOPIC EXAM.,

TAKEN,

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

CRANIAL MEASUREMENTS, Not Taken
HISTORICAL, Said to have been dissipated -
LENGTH OF INVASION, Probably 1 or 2 yrs. ONSET GRADUAL OR SUDDEN, Probably sudden by apoplexy.
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of George W. Stewart Sr.

1895

This patient was brought here by Sheriff C.N. Stewart attended by Patient's Son, Geo. Stewart; with the following history. Patient is in poor physical condition. There is no history of consanguinity or heredity. This is 1st attack; symptoms manifested in February 1894, by delusions: thought he had a Gold mine. Disease seems increasing, variable; rational intervals latent at any regular period. Derangement now shown on the subject of money; imagines he has a mine: is irritable. Patient is disposed to injure others; has attempted suicide, by hanging; propensity now active; also of filthy & destructive habits. No peculiarities as noted previously known: There is no history of intemperance: has received an injury to head & there is supposed cause of the disease. He has not been restrained or confined. Has had no medical relief. There is dementia in the case.

Nov 22 On admission, was put on T.W. (G.H.N. Rpt. Complexion light: hair gray; eyes blue. Condition of skin good. Has hernia: left hand & foot paralyzed: is dirty: almost helpless: Cares in bed without any outside clothing, except overcoat). Was given bath & put to bed. P 84 R 22 T 99°

" 23 Nov 23/95. Restless 4 hours, Sleeping but 4 hours, last night. Am. Appetite fair: is a regular extra diet. Is fed by nurse. Pm. Has been quiet, all day.

" 24 Nov 24/95. Restless 6 hours, Sleeping but 2 hours. Visited by Son today. Patient very helpless. Has to be lifted out and into bed, whenever desiring to use vessel. Has been quiet, all day.

" 25 Nov 25/95. Restless 3 hours, Sleeping 9 hours. Pm. Bowels moved slightly.

" 26 He has been quite restless, the greater part of day. Nov 26/95. Slept only 4 hours, restless 14 hours, last night. Appetite remains good: bowels fairly regular. Patient has been quiet and easy, today.

" 27 Nov 27/95. Restless 3 hours, Sleeping 9 hours. Was given bath, this Am. Condition today, the same as since his Coming. Nov 28/95

" 28 Slept only 4 hours, restless 14 hours, last night. Patient requires

" 29 Considerable attention: has been, today, continually disarranging his bedding. Nov 29/95. Restless 14 hours, Sleeping only 4 hours, last night. Am. Bowels moved. He has been somewhat restless, today.

" 30 Nov 30/95. Restless 3 hours, Sleeping 9 hours. No change noticed this morning. Restless at times,

Dec 1 During the day. Dec 1/95. Restless 14 hours, Sleeping but 4 hours. Am. Bowels moved. Pm. Was visited

" 2 by Son. Dec 2/95. Slept some, during the night: was quite restless. Patient wishes to know what

" 3 Crimes he has committed, that he should be confined here. Dec 3/95. Restless 7 hours, Sleeping but one hour last night. 5 Am. Bowels moved. Pm. Has remained quiet & easy, nearly all day.

" 4 10.30 Pm. Given Sleeping dose: but little effect: was restless. Dec 4/95. Today 1 hour, restless 14 hours & slept only 3 hours, last night. Am. Bowels moved. Is quiet, this morning. Appetite good. Still on

" 5 regular extra diet. Dec 5/95. Slept 5 hours, restless 3 hours, during the night. Am. Was given bath.

" 6 Has lain quietly all day: Condition, otherwise about the same. Dec 6/95. Restless 9 hours & slept only 3 hours, last night. Am. Bowels moved freely: patient still requires considerable attention,

" 7 as he is almost entirely helpless: has been easy, all day. Dec 7/95. Restless 8 hours, Sleeping only 4 hours,

Summary: Patient's behavior has been good, during the 2 weeks; was only occasionally slightly noisy. He believes he is Confined here as punishment for some crime or misdeed of which he has been accused & is entirely innocent. Says "he is treated very kindly & that we will all be repaid for our doings". Although, apparently, he is somewhat of a "Simpleton" still he seems to possess a fair amount of rationality. Physically, he is very weak & feeble; also paralyzed in left side: this necessitates lifting him in & out of bed: he cannot stand alone. Appetite has been good, throughout. Bowels have been fairly regular: has averaged about 4 hours sleep, nightly, during the two weeks. —

Personal and Medical History of George W. Stewart Jr.

1895

Dec 5/95. Visited by son. Dec 9/95. Up, in roller-chair. Dec 11/95. Weight (undressed) 110 pds. Restless: sleeps poorly

" 12/19 Dec 12/95. Visited by son & wife: was up, in roller-chair. Dec 19/95. Sleeps 4 to 6 hours, nightly. No change noticed,

" 29/31 in his condition. Dec 29/95. Visited by son. Dec 31/95. Appetite good: bowels regular. Patient is got up, in

1896 roller-chair, quite often. He is very helpless. Lately has been troubled with sore right hip. Mentally, no change.

Jan 9 Jan 9/96. Though restless, yet sleeps fairly well, nightly. Talks quite freely, though seems childish. Is almost

" 10 helpless. Urine runs, involuntarily, in small quantities. Jan 10/96. Wt 126 pds. (has gained in flesh).

" 13/12 Jan 13/96. Up in roller-chair, this Pm. Jan 22/96 Lies quietly in bed: makes very few complaints. He has been troubled for some days with a sore & inflamed penis: same dressed &c daily. Otherwise, about same.

" 31 Jan 31/96. Sleeps fairly well. Appetite good: bowels regular. Penis dressed daily. General condition

Feb 7 shows no special change. Feb 7/96. On some nights, he sleeps poorly: no others, from 4 to 8 hours. Lies steadily in bed: is quite helpless: urine drips, almost continually. Penis quite sore & dressed

" 21 daily with iodoform. (was visited by son in afternoon of 2? inst). Feb 21/96. Has been sleeping better, of late (6 to 7 hours, nightly). Penis has been quite sore: & he complained of difficulty in urinating: meatus had been nearly closed by granulation tissue: was opened by physician: urine drips same as usual: penis now somewhat improved: otherwise, condition remains about the same.

" 29 Feb 29/96. Sleeps 5 to 7 hours, since last noted. Penis still sore & urine runs continually. Penis dressed daily, with iodoform. No change special noticeable in patient's condition, otherwise.

Mar 7 Mar 7/96. Sleeps about 6 or 7 hours, nightly. No change noticeable. Is irregular as to diet. Bowels seem regular. Penis still sore: treated daily. He complains of being kept here: has crying

" 8 spells occasionally. Wt (undressed) 119½ pds. Mar 8/96. Visited by son: did not recognize him.

" 11/14 Eyesight seems to be failing. Mar 11/96. Rested to sit up. Mar 14/96. Sleeps quite well, each night.

" 15 Penis treated as before: is improving. Otherwise his condition remains about same. Mar 15/96. Visited by

" 16/16 relatives. Mar 16/96. Was restless & constantly talking about home. Mar 20/96. Penis still sore. Complained he could not urinate: penis found to be closed. Same opened by passing sound. Was visited

" 23/22 by friends, today. March 23/96. Condition apparently the same. Mar 27/96. Talks to himself, a great

" 27 deal, about home. Mar 27/96. Penis still treated: is quite sore. Patient, of late, has been quite restless, at night & sleeping poorly: also quite restless during day. Worrying & always asking to be taken home". March 31/96 Is now sleeping a little better, at night. Penis still treated daily.

" 31 He is always calling for someone to take him home. Otherwise, condition remains about same.

Apl 2/7 (See nurses - Records attached 9/4). Apl 2/96. Wt 120 pds. Apl 7/96. Sleeps about 5 to 6 hours, nightly

(as the average) - Penis still requires treatment: does not seem to improve much. Patient is always

" 14 worrying about home & asking "be taken home". No change noticeable, mentally. Apl 14/95. No change

" 21 noted, in any way. Apl 21/96. Always about the same. Penis looking somewhat better: is

still treated. Patient is still quite restless, during day. Sleeps 5 to 6 hours, nightly, as a rule.

" 26 Apl 26/96. Still quite restless, at times. Discontented: continually calling for someone to take him home"

" 30 Apl 30/96. Sleeps fairly well. Penis still requires treatment: (Small sound passed. today. 1 inch)

May 7 (See nurses record on file 10/4). May 7/96. Patient in bed: habits fairly clean: (Sound passed in penis. 1½ inch

" 12 penis washed & dressed regularly. May 12/96. Penis washed & treated, as usual: meatus apparently closing up. Is slightly noisy

" 31 some nights. May 31/96. Remains in bed. Condition apparently the same: penis still sore. Seems no improvement in it. —

June 3/for June 3/96. Wt 117¼ lbs. Remains in bed: habits fairly clean: is noisy, at times. June 4/96. Sheet confirmed bed: no improvement noted in his condition. One or penis seems getting better. (Carried to 156) —

Personal and Medical History of H. E. Olson

LEGERT, PIGLAN & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4257

Residence, Albert Lea, Minn.

Date Admission, 25th November 1895.

Admitted by, Dr. Phelps Hour, 7 10 P.M.

How Sent, Heinan Blackmer. J. & P. Freeborn Co.

Sex, Male

Age, — 42 —

Civil Condition, married

Children, — five —

Age Youngest Child, —

Occupation, Carpenter

Degree Education, Common School

Profession Religion, not a church-member

Habits, Intemperate

Nativity, Sweden: (parents also born there) —

Physicians Committing, H. H. Wilcox and G. W. Barck

Correspondents, Mrs. H. E. Olson, Albert Lea, Minn.

No. for Year, 85.

Insane Relatives, none

Cause Exciting, alcoholism

Cause Predisposing, probably intemperance

Form,

Accompanying Bodily Disorder, none mentioned.

Suicidal or Not, not: but homicidally inclined

Date of this Attack, November 23d 1895.

Duration, — 2 days —

No. of Attack, 1st — —

No. of Admissions, 1st

Age First Attack, — 42 —

Time of Leaving, Jan. 7 96.

Time in Hospital, 1 mo. 13 da.

Result, Disc. Improved May 6 96.

Sedly Dr. Herzog Nov 26/95.

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, } Seems good

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, Coherent

Voluble or Reticent, voluble, fairly

GENERAL DESCRIPTIVE REMARKS:

Extreme difficulty in getting at mental state, as patient speaks no English. He answers questions readily & shows nothing wrong to the interpreter. He is quiet & well-behaved: clean & tidy: but was considerably frightened at being asked to bathe, last night. He admits having drank hard: says "had no grudge against anyone." says "was not out of his head, at any time". Remembers being taken to jail & acting strangely. — says "it was due to drink" —

Personal and Medical History of H. E. Olson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 133½ pds. NUTRITION, Fairly good.

WOUNDS OR ABNORMALITIES, slight haemorrhage into sclerotic of right eye.

TONGUE, Tremors, Considerable Coatings, fairly clean Promptness Movement, fairly

PUPILS, Equality, Yes Size, normal

Response Light, somewhat excessive Accommodation, somewhat excessive

SIGHT, Seems good

HEARING, Seems good

COORDINATION, Arms, slight impairment; finger to nose, eyes shut some uncertainty.

Legs, slight impairment; standing on foot, some difficulty: standing, eyes shut fairly good.

TREMORS, Hands, slight Tongue, Yes

Facial Muscles, No General, No

REFLEXES, Patellar, — O — some difficulty in getting muscles relaxed

~~Other~~ —

ARTICULATION,

Slurred, ✓

Hesitating, ✓

FACIAL EXPRESSION, somewhat unsteady & mobile.

SENSIBILITY, ✓

HEART, slight roughness, first sound at apex.

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.,

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 H. E. Olson

1895

This patient was received here at the hands of Deputy Sheriff E. H. Ellickson, attended by H. E. Ranson, with following history. Patient is in fair physical condition. As to consanguinity unknown; no insane relatives. He has not been in hospital before. This is the 1st attack; first symptoms manifested November 23rd, by deliriousness & irrationality; disease seems increasing: not variable: no rational intervals. Derangement now shown in that he talks about housebuilding; abuses the police & talks on various subjects: has threatened to kill his family; but is not suicidal: no filthy or destructive habits. Showed peculiarities of temper & and passion, only when drinking. Habits intemperate. Has had no severe disease or head-injury. He has been confined, only since 23rd, in lock-up, City prison. Cause of disease is alcoholism. Has had no medical treatment. No further particulars given.

Nov 25 On admission, was put on B2 (G. H. N. Rpt. Complexion light: hair brown: eyes blue. Condition of skin good: no marks, scars or bruises noticed: is dirty: behavior good). P 88 R 22 T(a) 99.2.

" 26 Nov 26/95. Slept 7 hours, restless 1 hour, last night. Am. Pulse 80 R 22 T(a) 98.8. Appetite good: bowels have moved: no cough noticed: behavior good: is quiet: speaks only Scandinavian: —

" 27 P.M. Pulse 88 R 22 T(a) 99. No complaints or injuries to report. Nov 27/95. Slept 7 hours, restless 1 hour, last night. Am. Pulse 84 R 20 T(a) 98.6: P.M. Pulse 84 R 22 T(a) 99: Out walking today

" 28 Nov 28/95. Restless 1 hour, slept 7 hours. Am. Pulse 80 R 20 T(a) 98.8: P.M. Pulse 84 R 20 T(a) —.

" 29 Nov 29/95. Slept 8 hours. Am. P 80. P.M. P 82. Behavior good: very quiet: rather timid: talks

" 30 no English: acts rationally. Nov 30/95. Restless 2 hours, but slept 6 hours: Am. P 80. P.M. P 84. Appetite good: bowels moved: he makes no complaints. No delusions or hallucinations noted.

Dec 1 Dec 1/95. Slept well, 8 hours, last night. A.M. P 80. P.M. P 80. Behavior good: does not do or say any-

" 2 -thing that appears irrational. Dec 2/95. Restless 1 hour, but slept 7 hours. Appetite good: bowels in good condition: talks rationally, apparently — (Nels Johnson Interpreter). Am. P 82 P.M. P 82.

" 9 Wt (today) 148 pds: (again of 14½ pds. since admission). Pulse 96. Dec 9/95. During this 2nd week, patient has been occasionally restless, at night, but usually sleeping 6 to 8 hours, on each. Pulse, taken daily, has been about normal. Behavior has been good: apparently quite intelligent: talks much with patients who can understand him. Works on ward: goes walking, every day: Makes no complaints as to physical health. Habits neat & clean. Frequently asks to go out to work. Summary: Patient, since admission, has been very quiet & well-behaved. Appears "puzzled" that he should be here: has been in good condition physically: mental condition apparently good: talks rationally, but only in the Scandinavian tongue. No delusions or

" 31 hallucinations have been noticeable. Dec 31/95. Has been sleeping & resting well, each night. Appetite good: bowels in good condition: Works with carpenter, every day. Has improved.

1896 Jan 2/6 Jany 2/96. Wt 148 pds. Pulse 96. Jany 6/96. Patient appears to be in good physical health. — Actions appear rational. Cannot understand him well, as he speaks only Scandinavian —

" 7 Jany 7/96. Allowed to go home this evening.

Discharged

Personal and Medical History of Griffith G. Roberts

From 224.

Apl 2/30 Apl 2/96. Wt 142 pds. Apl 30/96. Physical appearance fair. Appetite good: bowels regular: (Sleeps on B3). Habits fairly clean: but he is untidy in dress. Talks irrationally.

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr Phelps. Patient very senile & quite feeble & partic from that cause: July 24/96 taken with convulsions: Is upon sick ward & has had some rise of temp. at times: Has remained upon sick ward ever since July '96. During August was fairly quiet: In September was up & about a good deal. Jan. 27 had erysipelas temp. up to 105. but recovered quite well & during latter part of period has been able to be up & around. Aug 1/97 Wt. 122. Patient usually of fair behavior the quick tempered and rather untidy in habits. Was put to bed upon the Infirmary today - Temp. 99.6, has some diarrhea. Aug 8 Has been in bed, lying in a quiet, dull sort of way: Very untidy and at times rather restless. Aug 31 Has been about the same since last note. Sept 4 Wt. 106 lbs. Patient has been troubled some at times with diarrhea;

Sept 17 Visited by son: Temperature at times over 100 but usually from 99-100.

Oct 6 Wt. 106. Lies in a quiet, dull way in bed. Oct 21 Noted as failing some, has had some diarrhea at times. No especially prominent symptoms: eats well. Is at times restless, & always dull & stupid. Oct 31 Very weak today: Did not eat much: is growing weaker. Nov. 4 Still failing: Still has trouble with bowels. Nov. 15 Died at 5:15 A.M. Was visited by sons & daughter on 14th, had been failing quite rapidly.

Died.

Personal and Medical History of Fred. Harwell

LEBERT, PIGLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4258.
Residence, Tennessee US
Date Admission, 27th November 1895.
Admitted by, Dr. Herzog Hour, 7 P.M.
How Sent, G. Willrich J.of P. Ramsey County
Sex, Male
Age, — 30 —
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Harness-maker
Degree Education, — Fair —
Profession Religion, not stated
Habits, not known: probably intemperate.
Nativity, Tennessee: (parents also born there).
Physicians Committing, Chas. J. Meade and Talbot Jones.
Correspondents, none given in papers

No. for Year, 86.
Insane Relatives, Unknown
Cause Exciting, acute mania
Cause Predisposing, probably intemperance
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, Dont know.
Date of this Attack, a few days ago
Duration, — for last few days —
No. of Attack, not stated: (probably many)
No. of Admissions, 1st
Age First Attack, (?)
Time of Leaving, June 29. 1897
Time in Hospital, 1 year 7 mo. 2 da.
Result, Transferred to Fergus Falls

OK Pm

Exd. by Dr. Herzog, Nov 29/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

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

GENERAL DESCRIPTIVE REMARKS:
Very considerable dementia: untidy in clothing: does not keep them buttoned. Talks incoherently: memory very poor: Was in St Peter, for about 10 to 12 months. Admits hard-drinking: is apparently defective:

Personal and Medical History of Fred. Harwell

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 in WEIGHT, 115 pds. NUTRITION, Considerably impaired.
WOUNDS OR ABNORMALITIES, Coronal suture very marked frontal bones prominent: nose large; lower jaw small. narrow - high - arched palate. —
TONGUE, Tremors, fine & coarse - Coatings, yellowish, at base. Promptness Movement, slow.
PUPILS, Equality, Yes Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Seems good
HEARING, Seems good -
COORDINATION, Arms, slight impairment: finger to nose, eyes shut, fairly good: some uncertainty:
Legs, — do —: standing on foot, some difficulty: standing, eyes shut, sways slightly.
TREMORS, Hands, slight Tongue, Yes
Facial Muscles, No General, No
REFLEXES, Patellar, 7-8: equal
Other ✓
ARTICULATION,
Slurred, Yes
Hesitating, Yes
FACIAL EXPRESSION, Shifting & unsteady glance of eyes.
SENSIBILITY, ✓
HEART, somewhat rapid: impulse forcible: no murmurs:
LUNGS, some retraction of both supra & infra clavicular spaces: no dullness; sounds good.

TAKEN,

~~EXAM. URINE,~~
Treatment.
Laxatives & nux vomica in full doses.

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,

Records kept

Personal and Medical History of Fred Starwell

1895

This patient was received here at the hands of Deputy Sheriff F.W. Kinney, with following history. Patient is in fair physical condition. As to consanguinity or heredity nothing is known. Number of attack is not given. First symptoms of this attack were manifested for last few days. He answers questions at random, dances & sings: state of disease, not given: not tractable: no rational intervals. Derangement now shown in that he gives different names: accuses women: slurs his words: is exhilerated. He is not disposed to injure others. If suicidal not known: no filthy & destructive habits, so far as known, nor any peculiarities shown: As to habit, not known, nor if he has had any severe disease or head-injury. Supposed cause of the disease is Acute mania: he has had no medical treatment. On personal examination, clothes found neglected; eyes staring. —

Nov 27 On admission, was put on B² (G.H.H. Rpt. Complexion light: hair light: eyes blue: condition of skin good: no marks, scars or bruises noticed: is clean: behavior good: actions peculiar).

" 28 Pulse 96. R 26. T 99.6. Nov 28/95. Slept 5 hours, restless 3 hours, last night. Am P 92 R 24 T 99.4. Appetite fair: bowels moved by aid of medicine: behavior restless & noisy; incoherent in speech. no complaints or injuries to report but he has a slight cough. Nov 29/95. Slept only 3 hours, was restless 5 hours, last night. Am. Pulse 90 R 22 T 99: PM. Pulse 96. R 24 T 99.2. Behavior still noisy and

" 30 restless: continually walking the floor: appetite good. Nov 30/95. Slept 5 hours, restless 3 hours, last night. Am. Pulse 88. R 22 T 99: PM. Pulse 96 R 24 T 99.4. No change in behavior. Habit not tidy or clean. Dec 1/95. Restless 3 hours, sleeping 5 hours. Am. Pulse 88 R 20 T 99.2: PM. P 92 R 22 T 99.6.

Dec 1 Behavior the same, four days today. Bowels constipated: was given pills today, (every 2 hours). —

" 2 Dec 2/95. Restless 2 hours, but slept 6 hours. Am. Pulse 82. PM. Pulse 86. Behavior as before noted.

" 3 Talk is disconnected & unsteady. Goes out walking. (Wt today, 119 pds. P 76). Dec 3/95. Slept 5 hours, restless 3 hours, last night. Noisy & restless today: had some trouble with him this PM, and had to hold him a while. Dec 4/95. Slept 7 hours, restless 1 hour, last night. Transferred to B³ today.

" 11 Dec 11/95. During this 2nd week, patient has been occasionally restless at night, but usually sleeping well. Ups & about daily. Pulse, each morning, about normal. Appetite good: bowels more regular. Behavior rather restless. He talks very little: is incoherent: is slouchy in dress and appearance. (He vomited some during last night). Summary: Behavior has been fairly good, though he is inclined to be rather restless: walking about in hall: talking in a rambling & disconnected manner & shows delusions. "Thinks this is a place where unemployed men stop, until they get work".

" 31 Habits clean: is slouchy in dress & appearance. Does no work. Dec 31/95. Appetite good: bowels regular behavior rather restless: talks to himself: slouchy in dress & appearance. Idle & does no work.

1896

Jan 1/96 Jan 1/96. Wt 123 pds. Pulse 102. (has gained sound in flesh). Jan 4/96. Struck J.B. Gobble, blacking his eye.

" 15 Jan 15/96. Keeps about the same. Jan 17/96. Transferred to B¹ (on account of a general change of ward).

" 31 Jan 31/96. Inclined to be pugnacious, towards the other patient. Otherwise, condition about the same.

Feb 1 Feb 1/96. Wt 118 pds. Pulse 80. Mar 1/96. Wt 129 pds. P 78. April 1/96. Wt 130 pds. P 92. April 10/96. Behavior restless, walking around, a good deal: discontented: complains, because he cannot go home. Has delusions. Slouchy in habits:

Mar 1 does no work. April 17/96. No change noted. Still restless & discontented: complaining. At present, works in

April 10/96 dining-room. April 22/96. Very restless & noisy: talking constantly, but incoherently: habits dirty & slouchy.

" 22 April 27/96. Decided change in behavior, the last few days. Inclined to be pugnacious: will kick & strike

" 27 other patients, without any cause: has to be watched, constantly.

Personal and Medical History of Fred Starwell

May 30 to June 29/97 Summary Nurses Notes by Dr. Phelps Patient a chronic case: Is rather restless & slightly violent: works some: Is rather incoherent in talks: Feb 5/97 Transferred to Annex having become somewhat more quiet but was still rather troublesome at times. June 29th 97. Transfered to Fergus Falls.

1898 42-78 Thomas Branan From Folio 376.

July 1 Frequent quarrels during past two months: Assaulted Jno Smith & kicked him several times before nurses could interfere. July 22 Had quite a violent fight with Jno. Wright.

Aug 1. Wt. 119th. Sept 1 No change. Sept. 19 Extremely pugnacious - Oct 1 Wt. 121st Oct 19 Again extremely pugnacious

Jan 1/99 Wt. 123d. Since last note has been as usual. Frequent small fights, no severe injuries - occasionally slight flesh wounds & scratches. Jan 21 Struck by G. Wright over left eye - causing discoloration; just at time of rising whistle.

Feb July 31/99 - Feb 1. Has violent spells & gets extremely excited. Is dirty in habits: Kept in bay. Mch 20. Had maniacal spell: April 5 Is. April 19. Got into trouble with a patient & had face scratched. Apr 23 Attacked nurse while out working

Apr 25 Struck by patient cutting head. May 14 Struck on head with broom handle causing slight bruise. July 16 Cut on lip by another patient.

Aug 1. Jan 31/1900 Wt. 115th Nov 1 - Wt. 125. No change or improvement during period -

to 1900 Is very demented & silly in manner: at times noisy & pugnacious

Jan 31 Peculiar in actions: Kept in bay all the time. Has a good deal of trouble with other patients: Oct 18. Received cut over eye from Jno McDonough.

Feb 1 Wt 122#. P 78. May 3 Transferred to Annex. May 5. Transfered to C¹ (Was very noisy & violent.

May 3/13 at annex. May 31 Transferred to B¹ June 13 Tried to escape from crowd. July 20 Was vaccinated;

July 20/31 result good. July 31 Very little change in any way. Physical condition good. Patient is very vigorous and active. Is very demented & in a condition of chronic mania. Very irrational & incoherent. Constantly in action & getting into trouble with other patients. At times, is very violent. Habits slouchy and filthy. Eats from a tray and has to be kept in a straight-coat a good deal of the time. Is destructive

Aug 1 1901 Wt 117#. Nov 30 No change especially noticeable. Jan 31/1901. Condition stationary, during

Jan 31 period. Is noisy, incoherent, mischievous. Slouchy in habits: kept in straight-coat most of time, in the "Bay". Is very pugnacious, at times (Vomited by mother Oct 20)

July 1 Physical condition good. Is very muscular. July 1 124# May 1 126# Aug 1. 123# —

Oct 1 Oct 1. Up to the present, has been very stubborn, noisy, pugnacious & mischievous. Is kept in "Bay" in C¹. Today, complains of severe abdominal pain: unable to dress himself. T 100 4/5 P 96. Transferred to W. Given high enema & put on milk diet.

5/6 D. (5 PM) 104 6/5 Oct 5 - apparently much improved. Oct 8. Still some tympanites

12 stupes applied: Salts given. Oct 12 Still complaining of much pain: has

20 very little fever. Oct 20 Is failing somewhat: in constant pain: appetite poor.

29/29 Still continues to fail. Oct 29 Died at 11²⁵ ams (Peritonitis — (Dropsies)

Died

Personal and Medical History of John B. Gobble

LEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4260.
Residence, Kasson, Minn.
Date Admission, 30th November 1895.
Admitted by, D. Phelps Hour, 11.30 am
How Sent, Sivert Olson. Jof P. Dodge County
Sex, Male.
Age, about 60 (?) - 70.
Civil Condition, Married
Children, 4
Age Youngest Child, —
Occupation, Laborer
Degree Education, probably has been fair
Profession Religion, Unknown
Habits, Temperate, as far as known.
Nativity, Cant find out
Physicians Committing, C. O. Wright and C. L. Chambers.
Correspondents, Mrs T. S. Slingesland
Kasson. Minn

No. for Year, 88.
Insane Relatives, Cannot be ascertained.
Cause Exciting, Unknown
Cause Predisposing, previous attack & old age.
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Not
Date of this Attack, Novemb
Duration, — 4 D
No. of Attack, 3rd
No. of Admissions, 2nd here
Age First Attack, 54
Time of Leaving,
Time in Hospital,
Result,

Two Obstereperous Individuals Land in Limbo.

John Lillo, a Salem farmer, created a little excitement at the barber shop of Arnold Behring this morning. He flourished a razor, talked incoherently, and made various dire threats, till Mr. Behring, who is quite well acquainted with Lillo, called an officer and a dray and bundled him off to the lockup. Lillo has been drinking quite hard lately, and this, together with domestic troubles, has, it is feared, unbalanced his reason temporarily. His wife sometime ago secured a divorce and is at present living in the city.

An old man boarded the east bound passenger train today at Kasson, and soon began to show signs of insanity. He began to abuse the other passengers in the car, throw his money about and misbehave in general. When the train stopped here John Miller was called into service and the lunatic was taken to the city hall. Before leaving the train he attacked a young man who occupied one of the seats in the smoker, but did not injure him. The man was roughly dressed, but appeared to have considerable money about his person.

Exam by R.M. Phelps.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

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

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

GENERAL DESCRIPTIVE REMARKS: Rambling talk - truth & fiction. Been at Mt. Pleasant twice - A patient who has been through many attacks & not very well between times probably.

Personal and Medical History of John B. Gobble

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ WEIGHT, 128 pd NUTRITION, Fair.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, No. Promptness Movement, Fairly prompt.
PUPILS, Equality, Equal. Size, Normal.
Response Light, ? Accommodation,
SIGHT, ?
HEARING,
COORDINATION, Arms, Slight trouble only.
Legs,
TREMORS, Hands, Some, not very much Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Absent. EXAM. URINE,
Other
ARTICULATION, Good.
Slurred,
Hesitating,
FACIAL EXPRESSION,



SENSIBILITY,
HEART, Good.
LUNGS,
Arteries - Large & somewhat tortuous.

TAKEN,

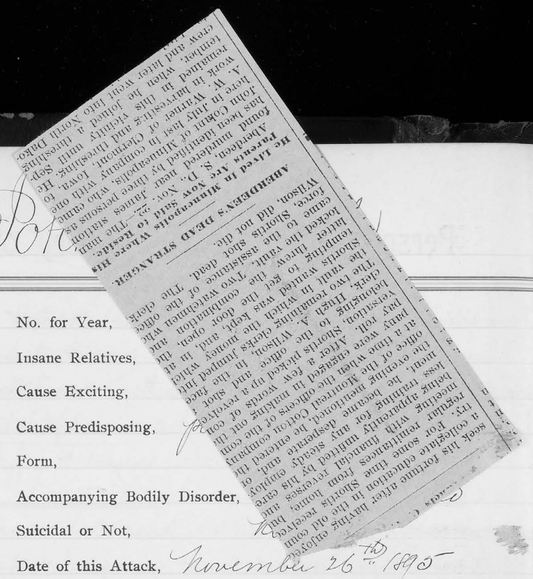
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy,"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

Personal and Medical History of Peter

LIBBEY, FICKAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4260.
Residence, Kasson. Minn.
Date Admission, 30th November 1895.
Admitted by, D. Phelps Hour, 11:30 am
How Sent, Sivert Olson. Jof P. Dodge County
Sex, Male.
Age, about 60 (?) - 70.
Civil Condition, Married
Children, 4
Age Youngest Child, —
Occupation, Laborer
Degree Education, probably Sachem fair
Profession Religion, Unknown
Habits, Temperate, as far as known.
Nativity, Can't find out
Physicians Committing, C. O. Wright and C. L. Chambers.
Correspondents, Mrs T. L. Steigestand Kasson. Minn

No. for Year,
Insane Relatives,
Cause Exciting,
Cause Predisposing,
Form,
Accompanying Bodily Disorder,
Suicidal or Not,
Date of this Attack, November 26th 1895
Duration, — 4 Days -
No. of Attack, 3d. probably more
No. of Admissions, 2nd here
Age First Attack, 52 +
Time of Leaving,
Time in Hospital,
Result,


ABSENCE'S DEAD STRANGER.

He Lived in Minneapolis, Where He Formerly Was Well Known.

Appendicitis Identified by Post Mortem Examination—Found Medical Students Had Cut Out Wrong Organ—Letters and Telegrams Received Too Late.

S. D. Warner of Minneapolis, who died at the Asylum for the Insane at Independence last June, was identified by post mortem examination by Dr. Wilson, who had performed the operation for appendicitis which resulted in the patient's death. Mr. Warner had been in poor health for some time and was operated on at the Asylum for the Insane at Independence last June. He died on the operating table. Dr. Wilson, who had performed the operation, found that the appendix was not diseased, but that the trouble was in the gall bladder. He then proceeded to remove the gall bladder, but the patient died before the operation was completed. Dr. Wilson did not know the deceased's name or address, but after the operation he wrote to the postmaster at Minneapolis, asking him to find out who the man was. The postmaster referred the letter to the police, and Detective Thompson was detailed to look up the matter. He found that Mr. Warner had been living at 1700 Fourth avenue south, and that he had a wife living at that address. Mrs. Warner was notified by telephone, and she came to Independence and identified the body. She had not been informed of the operation, and was greatly surprised when she learned that her husband had died from the effects of it. Mr. Warner was a traveling salesman for a Minneapolis firm, and was well known in that city. He was 52 years old and left no children. His fortune after his wife's death is said to be considerable, and he has a number of relatives living in the old country. Letters and telegrams were received from them after the funeral had taken place, but they arrived too late to be of any use. The body was buried in the Asylum cemetery.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exam by D. M. Phelps.

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

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

GENERAL DESCRIPTIVE REMARKS: Rambling talk - truth + fiction. Brm at Mt. Pleasant twice. A patient who has been through many attacks + not very well other times probably.

Personal and Medical History of John P. Gobble

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ WEIGHT, 128 pds NUTRITION, Fair.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, No. Promptness Movement, Fairly prompt.
PUPILS, Equality, Equal. Size, Normal.
Response Light, ? Accommodation,
SIGHT, ?
HEARING,
COORDINATION, Arms, Slight trouble only.
Legs,
TREMORS, Hands, Some, not my much Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Absent. EXAM. URINE,
Other
ARTICULATION, Good.
Slurred,
Hesitating,
FACIAL EXPRESSION,


4260

TAKEN,

SENSIBILITY,
HEART, Good.
LUNGS,
Arteries - Large + somewhat tortuous.

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 B. Gobble

1895

This patient was brought here by Deputy-Sheriff Joel Tucker, with following history. Patient is in fair physical condition. As to heredity, nothing can be ascertained. Habits temperate so far as known. Supposed cause of this attack is unknown: in form, it is acute. There is no accompanying bodily disorder. First symptoms of the disease, this time, were manifested Nov 30/95. This is not 1st attack (probably 3d or even more); he was in this (Rochester) hospital before from Dec 27/88 to Aug 23/90. Insanity now manifested in subject of religion. He is not disposed to injure, unless he gets mad at someone. Is not suicidal: not filthy or destructive in habits. As to any bodily disease, convulsions &c not known: has been under treatment only in Asylums. No further particulars are known. ——

Nov 30 On admission, was put on B3 (G.H.N. Kpt. Complexion light: hair gray: eyes blue: condition & skin good: index finger of right hand cut off, at first joint; scars on both legs, just above ankles & on thigh of right leg: is dirty, bald headed: behavior noisy, talkative & restless) ——

Note. Patient was here before, as stated above, (Dec 27/88 to Aug 23/90); went home then improved. On then coming, & for some time afterwards, was childish and excitable: had a very poor memory: wept frequently; was quite irascible; had delusions of wealth: was much demented: habits very dirty: Was kept in bed, for a time, on account of ulcers on leg. Subsequently, had an attack of Phlebitis of the Long Saphenous vein in left leg, which kept him confined to bed for some time. During March 1890, he improved very much, mentally; talked freely & coherently & worked some. His mind was evidently quite a little weakened, but showed no defined delusions. (His previous history stated that he had been in Hospital at Mt Pleasant, Iowa). —

Dec 1 Pulse 112 R 24 T 99.4. Dec 1/95. Was given sleeping dose; restless 2 hours but slept 6 hours, last night. Am. P 100 R 24 T 99. appetite good, but bowels constipated: was given salts 3 i: bowels then moved: no cough noticed: Behavior good on the whole, though restless & noisy, at times.

" 2 He shows delusions. PM. P 96 R 22 T 99.6. No complaints or injuries to report. Dec 2/95. Was again given sleeping dose, but slept only 1 hour: was restless 7 hours, last night. Am. Pulse 96 R 22 T 99. appetite good: bowels moved: behavior noisy & restless, today. PM. P 94 R 20 T 99 2/5. Weight, today,

" 3 130 pds. Pulse 84. Dec 3/95. Again given sleeping dose: slept but 3 hours; restless for 5 hours. Am. Pulse 84 R 22 T 98.8. Was noisy & troublesome, most of the day. Transfered to B3.

" 4 Dec 4/95. Restless 5 hours, slept only 4 hours, last night; Am. Pulse 80. T 98.9. Appetite good.

" 5 Behavior noisy & restless. Dec 5/95. Slept only 4 hours; restless 5 hours. Am. Pulse 90 T 98.6.

" 6 Bowels moved. Behavior same as usual. Dec 6/95. Restless 5 hours, sleeping only 4 hours, last night.

" 7 Am. Pulse 92. Bowels move regular, of late. Dec 7/95. Slept only 2 hours; was restless 7 hours, during

" 14 the night. Am. Pulse 96. Behavior restless & noisy; he talks incoherently. Dec 14/95. During this, the 2d week, Patient was restless & noisy at night, during first 4 nights, sleeping only 2 to 5 hours, each: the last 3 nights has been sleeping much better (about 7 hours, each). Pulse, taken each morning, has been near normal. appetite good: bowels regular: behavior. Early part of week was, as usual, restless & noisy: during latter part of week it has improved some, & he has not been so noisy, as before, & on the whole seems to be improving. Has received a couple of slight injuries from fellow-patients: (given a black-eye by Jno Hoole on night of 7th & a blow on nose by Wm Thompson on the 11th). Summary. Behavior, the greater part of

Personal and Medical History of John B. Gobble

1895

27th Refused Brk, Was put to bed. Tem 98. Pul 96 Resp 22. Light dinner 5 pm Tem 100.4 Pul 88. Resp. 20. ate light supper. Slept 7 hrs.

28th " Ate light Brkfst. Tem 99.6 Pul 82. Resp. 20

9 am Bowels moved fully. Talks rational 9 pm Tablet 10 am 10 pm Tablet.

Ate light dinner. Light supper Tem. 100.4 Pul 88. Resp 20

Said Bowels moved during night. Slept 7 hrs.

29th " No change noticed. Light Brk. Tem 99.4 Pul 88. Resp 22. Gave bath 11 30

On med 1 Tsp in water 3 times day before meals.

April 30th " J. B. Gobble

Still in bed, ate good Brk. Tem 99.6 Pul 80. R 20. Complains of lungs being sore. Has little or no cough. Bowels fairly regular. S 8 hrs.

Feb 1	" " pm	98.6	84	20	Slept 5 - R. 3.
" 14	" 27 am	98	96	22	Patient talks continuously. Speech incoherent.
" 15/29	" " pm	98.8	78	22	Slept 4 - R. 4.
	" 23 am	98.4	100	24	Noisy all day. Appetite good.
Mar 2					Bowels loose.
	" " pm	99	76	17	Slept 1 - R. 7.
	" 24 am	98.8	76	18	Noisy and restless all day.
Apl 1/16	" " pm	99	80	20	Slept 3 - R. 5.
" 12/13	" 25 am	98.4	84	20	Condition does not seem to change. Still restless and noisy.
" 23					
" 25					
	" " pm	98.6	76	20	Slept 3 - R. 5.
" 26/27	" 26 am	98.2	78	20	Has been fairly quiet during day.
" 30					
May 1	" " pm	98.7	72	22	Slept 2 - R. 6.
	" 27 am	98.4	80	20	Noisy and restless this forenoon.
13	" " 11 am				Transferred to B1.

Recorded by ..... Nurse.

apparently, some better, but in bed: 1 30 PM. Transferred to I.W. Was quite weak & was given bath & put to bed. May 9/96. Up, for a while, today. May 14/96. No change noticed. May 16/96. Visited by wife & daughter. May 24/96. Remains in bed: very quiet: talks very little: nothing unusual noticed in behavior or in physical condition: up, dressed & out, some days. May 31/96. Still remains in bed: apparently, has no ambition: is seemingly of a melancholy nature: rests & sleeps, quite well, at night.

carried to 360

Personal and Medical History of

1895

This patient was brought here by Deputy-Sheriff
Patient is in fair physical condition. As to heredity
so far as known. Supposed cause of this attack is
no accompanying bodily disorder. First symptoms
November 26/95. This is not 1st attack: probably 3d or even
Hospital before from Dec 27/88 to Aug 23/90. Insanity
He is not disposed to injure, unless he get mad at home
Destructive in habits. As to any bodily disease, convulsions
treatment only in Asylums. No further particulars are

Nov 30 On admission, was put on B3 (G.H.N. Rpt. Complexion light:
skin good: index finger of right hand cut off, at first joint;
ankles & thigh of right leg: is dirty: bald headed: behavior noisy

Note. Patient was here before, as stated above, (Dec 27/88 to Aug 23/9
On them coming, & for some time afterwards, was childish and excitable
kept frequently; was quite irascible; had delusions of wealth: was
dirty: Was kept in bed for a time, on account of ulcers on leg. Subsequently, had an attack
of Phlebitis of the Long Saphenous vein in left leg, which kept him confined to bed for some time.
During March 1890, he improved very much, mentally; talked freely & coherently & worked some
His mind was evidently quite a little weakened, but showed no defined delusions. (His
previous history stated that he had been in Hospital at Mt. Pleasant, Iowa).—

Dec 1 Pulse 112 R 24 T 99.4. Dec 1/95. Was given sleeping dose; restless 2 hours but slept 6 hours, last
night. Am. P 100 R 24 T 99. Appetite good, but bowels constipated: was given Salts ʒ i:
Bowels then moved: no cough noticed: Behavior good on the whole, though restless & noisy, at times.
" 2 He shows delusions. Pm. P 96. R 22 T 99.6. No complaints or injuries to report. Dec 2/95. Was again
given sleeping dose, but slept only 1 hour: was restless 7 hours, last night. Am. Pulse 96 R 22 T 99.
Appetite good: bowels moved: behavior noisy & restless, today. Pm. P 94 R 20 T 99 2/5. Weight today,
" 3 130 pds. Pulse 84. Dec 3/95. Again given sleeping dose: slept but 3 hours: restless for 5 hours.
Am. Pulse 84 R 22 T 98.8. Was noisy & troublesome, most of the day. Transfered to B3.
" 4 Dec 4/95. Restless 5 hours, slept only 4 hours; last night; Am. Pulse 80. T 98.9. Appetite good.
" 5 Behavior noisy & restless. Dec 5/95. Slept only 4 hours; restless 8 hours. Am. Pulse 90 T 98.6.
" 6 Bowels moved. Behavior same as usual. Dec 6/95. Restless 5 hours, sleeping only 4 hours, last night.
" 7 Am. Pulse 92. Bowels move regular, of late. Dec 7/95. Slept only 2 hours; was restless 7 hours, during
" 14 the night. Am. Pulse 76. Behavior restless & noisy; he talks incoherently. Dec 14/95. During this,
the 2d week, Patient was restless & noisy at night, during first 4 nights, sleeping only 2 to 5 hours, a
each: the last 3 nights has been sleeping much better (about 7 hours, at each). Pulse, taken each
morning, has been near nearly normal: appetite good: bowels regular: behavior, Early part of
week was, as usual, restless & noisy: during latter part of week it has improved some, &
he has not been so noisy, as before, & on the whole seems to be improving. Has received a couple
of slight injuries from fellow-patients: (given a black-eye by J Rhodes on night of 7th &
a blow on nose by Wm Thompson on the 11th). Summary. Behavior, the greater part of

Vol II p 1467 no 1940

Personal and Medical History of John B. Gobble

has been restless & noisy, although it has improved some in the last few days: He shows
various delusions & talks incoherently; habits filthy, occasionally, during the night & he is
ly in dress. Health seems quite good. Dec 31/95. Continues restless at night, sleeping very poorly,
rs): Is quite often given sleeping doses. Appetite good: bowels apparently regular: Is restless today,
s noisy: seems failing physically: talks incoherently & has delusions: Think he owns conside-
state &c: Has been dirty quite often during the month. Has been recently given hot baths (110°).
31 lbs. Pulse 81. Jany 1/96. Struck by Jos Harwell, causing a black eye. Has slept poorly

CLINICAL REPORT.

Patient's Name J B Gobble Case Number 2 Record Commences April 1-95

Weight 146 lbs. Has had a bowels being very lo
Appetite good Complains of
Tongue fair

Part of
- nuous
Jan 27/96
occasion
Feb 1/96
Feb 15/96
seems
rambl
March 2
regular
April 1/96
muchl
April 23/9
watched
of not
is now
Ate al
Has litt
132 lbs
Is m
behavio
May 2/96
appreci
bath &
daughte
or in th
no am

CASE RECORD.

Patient's Name J. B. Gobble Name Disease Name Physician H.H.H.

1896. Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Jan. 18 am	98.6	70	24	On regular and extra diet.	Appetite good. Bowels regular Somewhat noisy during day.
" " pm	98.4	72	20		Slept 4 - R. 2 - N. 1.
" 19 am	98.2	76	20		Very restless and somewhat noisy during day. Habits are untidy.
" " pm	98.4	74	20		Slept 4 - R. 3 - N. 1.
" 20 am	98.2	80	20		Very noisy today. Appetite very good. Bowels move - Frequently.
" " pm	98.4	64	18		Slept 3 - R. 4 - N. 1.
" 21 am	98.4	96	20		Noisy and restless all day.
" " pm	98.6	84	20		Slept 5 - R. 3.
" 22 am	98	96	22		Patient talks continuously. Speech incoherent.
" " pm	98.8	78	22		Slept 4 - R. 4.
" 23 am	98.4	100	24		Noisy all day. Appetite good. Bowels loose.
" " pm	99	76	17		Slept 1 - R. 7.
" 24 am	98.8	76	18		Noisy and restless all day.
" " pm	99	80	20		Slept 2 - R. 2.
" 25 am	98.4	84	20		Condition does not seem to change. Still restless and noisy.
" " pm	98.6	76	20		Slept 3 - R. 2.
" 26 am	98.2	78	20		Has been fairly quiet during day.
" " pm	98.7	72	22		Slept 2 - R. 6.
" 27 am	98.4	80	20		Noisy and restless this forenoon.
" " 11 am					Transferred to B.1.

Recorded by Nurse.

nal and Medical History of John B. Gobble

Vol II p 1148 No 1948

Nov 30 — Ore
Skin
ankles
Note
On the
left leg

...portion of
...legs, just above
...noisy, talkative & restless) —
...ver 27/88 to Augs 3/90); went home then improved.
...was childish and excitable: had very poor memory:
...irascible; had delusions of wealth: was much demented: habits very
dirty: Was confined to bed for a time, on account of ulcers on leg. Subsequently, had an attack
of Phlebitis of the Long Saphenous vein in left leg, which kept him confined to bed for some time.
During March 1890 he improved very much mentally, talked freely & coherently & worked some.
His mind was evidently quite a little weakened, but showed no defined delusions. (His
previous history stated that he had been in Hospital at Mt. Pleasant, Iowa). —

Dec 1 Pulse 112 R 24 T 99.4. Dec 1/95. Was given Sleeping dose; restless 2 hours but slept 6 hours, last night. Am. P 100 R 24 T 99. Appetite good, but bowels Constipated: was given Salts ℥ 1: bowels then moved: no cough noticed: Behavior good on the whole, though restless & noisy, at times.
" 2 He shows delusions. Am. P 96 R 22 T 99.6 No complaints or injuries to report. Dec 2/95. Was again given sleeping dose, but slept only 1 hour: was restless 7 hours, last night. Am. Pulse 96 R 22 T 99. Appetite good: bowels moved. Behavior noisy & restless, today. Pm. P 94 R 20 T 99 2/5. Weight today,
" 3 130 pds. Pulse 84. Dec 3/95. Again given Sleeping dose: slept but 3 hours; restless for 5 hours. Am. Pulse 84 R 22 T 98.8. Was noisy & troublesome, most of the day. Transfered to 13th.
" 4 Dec 4/95. Restless 5 hours. Slept only 4 hours, last night. Am. Pulse 80. T 98.9. Appetite good.
" 5 Behavior noisy & restless. Dec 5/95. Slept only 4 hours; restless 5 hours. Am. Pulse 90 T 98.6.
" 6 Bowels moved. Behavior same as usual. Dec 6/95. Restless 5 hours, sleeping only 4 hours, last night.
" 7 Am. Pulse 92. Bowels move regular, of late. Dec 7/95. Slept only 2 hours; was restless 7 hours, during
" 14 the night. Am. Pulse 76. Behavior restless & noisy; he talks incoherently. Dec 14/95. During this, the 2nd week, Patient was restless & noisy at night, during first 4 nights, sleeping only 2 to 5 hours, each: the last 3 nights has been sleeping much better (about 7 hours, each). Pulse, taken each morning, has been near normal: appetite good: bowels regular: behavior. Early part of week was, as usual, restless & noisy: During latter part of week it has improved some, & he has not been so noisy, as before, & on the whole seems to be improving. Has received a couple of slight injuries from fellow patients: (given a black-eye by Hicks on night of 7th & a blow on nose by Wm. Thompson on the 11th). Summary. Behavior, the greater part of

...s been restless & noisy, although it has improved some in the last few days: He shows
...ious delusions & talks incoherently: habits filthy, occasionally, during the night & he is
..., in dress. Health seems quite good - Dec 31/95. Continues restless at night, sleeping very poorly,
...ttless today,
...ns Conside-
...baths (110°).
...& Sleeps poorly
...: Debilitated,
...ruary, 10 am
...sive ideas.
...ntinuously.
...very, Senate
...lth Conti-
...Emphysema &c.
...stless & noisy
...brooding
...ptes. —
...ime to all.
...pervery poorly.
...Some what
...Lot stock -
...is good: bowels
...nighters -
...21/96. Feels
...as before.
...if not
...Complains
...behavior:
...96. R 22
...being Exc.
...dressed)
...to speak of:
...ig regular.
...R 22.
...bowels move:
...rem: given
...to Lymphe &
...behavior.
...ently, has

no ambition: is seemingly of a melancholy nature: rests & sleeps, quite well, at night.

carried fd 360

233/4960.

CASE RECORD.

Patient's Name J. B. Gobble. Name Disease ..... Name Physician H.S.H.

1896. Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Jan. 12 - 10:30 am				On regular and extra diet.	Received upon ward from B 3. in emaciated condition. Has given bath and put to bed.
" " - 12 m				Ate good dinner	Talks incoherently and has
" " - 5 pm	98.6	70	20		many delusive ideas.
" " - 6 pm				" " Supper	Has been very restless during day. Bowels moved twice Slept 2 - R. 3.
" 13 - am	98.4	72	22		Has been very restless and somewhat noisy and destructive during day. Appetite good.
" " - 4 pm	99.2	74	24		Bowels moved 9:30 p. 10:30 p. & 2:00 am. Slept 2 - R. 5 - N. 1.
" 14 - am	98.2	76	20		Very restless and noisy all day. Coughed some.
" " - 4 pm	99.2	80	20		Slept 3 - R. 5.
" 15 - am	98.2	78	24		Appetite very good. Bowels free and active. Behavior is good, aside from the fact that he talks continuously.
" " - 4 pm	100	66	22		Slept 7 - R. 1.
" 16 - am	98.2	78	20		Take Bath.
" " - 4 pm	98.2	68	24		Visited by friends. Has been restless and noisy greater part of day. Slept 2 - R. 5 - N. 1.
" 17 - am	98.2	68	20		Appetite very good. bowels
" " - 4 pm	98.6	60	18		free, Noisy most of day.
" " 8 pm				Hyo. Hyoscine gr 1/150	Slept 3 - R 3 - N. 2

Recorded by Infirmary. Nurse.

Personal and Medical History of John B. Gobble

1895

This [illegible] ...itory.
Pat[illegible] ...uperate
So f[illegible] ...here is
no [illegible] ...ested
Nor[illegible] ...
Hosp[illegible] ...ligion.
He is [illegible] ...or
Dest[illegible] ...
treat[illegible]
Nov 30 On [illegible] ...
Skin[illegible] ...ve
ankle[illegible]
No[illegible] ...ved.
On the [illegible] ...uzy:
Wept[illegible] ...bey
dirty [illegible] ...ck
of [illegible] ...ine.
Dur[illegible] ...ne
His [illegible] ...is
Nev[illegible]
Dec 1 Puls[illegible] ...last
nigh[illegible] ...1:
bowe[illegible] ...ies.
" 2 He [illegible] ...gam
given [illegible] ...94.
appe[illegible] ...oday.
" 3 130 [illegible] ...3.
Am [illegible] ...3.
" 4 Dec [illegible] ...ood.
" 5 Beha[illegible] ...98.6.
" 6 Bowe[illegible] ...night.
" 7 Am [illegible] ...ring
" 14 the [illegible] ...is,
the [illegible] ...urs, on
each: [illegible] ...ech
morn[illegible] ...of

- Vol 11 p148 No 1948 -

week was, as usual, restless & noisy: During latter part of week it has improved some, & he has not been so noisy, as before, & on the whole seems to be improving. Has received a couple of slight injuries from fellow-patients: (given a black-eye by J Rhodes on night of 7th & a blow on nose by Wm Thompson on the 11th). Summary. Behavior, the greater part of

Personal and Medical History of John B. Gobble

1895

the time, has been restless & noisy, although it has improved some in the last few days: He shows many & various delusions & talks incoherently: habits filthy, occasionally, during the night & he is
Dec 31 rather slouchy in dress. Health seems quite good. Dec 31/95. Continues restless at night, sleeping very poorly, (from 1 to 5 hours): Is quite often given sleeping doses. Appetite good: bowels apparently regular: Is restless by day, also & at times noisy: seems failing physically: talks incoherently & has delusions: "thinks he owns considerable Real Estate &c": Has been dirty quite often, during the month. Has been recently given hot baths (110°).
1896
Jan 1/4 Jan 1/96. Wt 131 pds. Pulse 81. Jan 4/96. Struck by Fred Harwell, causing a black eye. Still sleeps poorly.
" 6 Jan 6/96. Night-nurse reports that, while getting into bed, patient struck his head against ventilator,
" 12 causing a slight scalp-wound. Jan 12/96. Seems becoming worse. Was transferred to Infirmary, 10.30 am. Is emaciated. Given bath & put to bed. P.M. Has been very restless: talks incoherently & has many delusive ideas.
" 15 Jan 15/96. Appetite very good: bowels free & active: behavior good, though, at times, restless & talking continuously.
" 16 Sleeps fairly well, some nights: very poorly on others. Jan 16/96. Visited by friends. Restless & noisy, greater
" 22 part of day. Jan 22/96. Restless & noisy, each night & sleeps very poorly. Restless & noisy by day: talks conti-
" 26 -nuously: speech incoherent. Jan 26/96. No change in conduct, behavior or general condition. Very noisy &c.
" 27/31 Jan 27/96. Transferred to B1. Jan 31/96. Appetite fairly good: bowels regular. Patient is restless, & noisy occasionally: habits filthy & destructive. Has delusions: "thinks he is very wealthy": very provoking to other patients & quite often gets in trouble. Otherwise, no change, from above general notes. —
Feb 1/14 Feb 1/96. Wt 131 pds. Pulse 112. Feb 14/96. Has been nightly restless, sleeping very poorly: on some nights, none at all.
" 15/24/29 Feb 15/96. Visited by friends. Feb 24/96. Visited by wife. Feb 29/96. Still restless at night & sleeps very poorly. Seems to have improved some, of late: is quieter during day & also at night. Eats well. Talk is somewhat rambling. He still has delusions: "thinking he is a very wealthy landowner & also of Bank Stock" —
Mar 2/28 March 2/96. Wt 137 pds. P 82. Mar 28/96. On some nights, has been restless & sleeping poorly: Appetite good: bowels regular: habits clean, but is very untidy & troublesome about his dress. Was visited by his two daughters —
Apl 1/10/11 Apl 1/96. Wt 148 pds. P 80. Apl 10/96. Complains of bowels being very loose: given medicine. Apl 11/96. Feels
" 12/13 much better. Apl 12/96. Left wrist inflamed & swollen: same treated by poultice. Apl 13/96. Wrist treated as before.
" 23 Apl 23/96. Behavior very restless & troublesome: slightly destructive, at times. When out walking, if not
" 25 watched, will fill his pockets with all kinds of trash. Habits dirty: has to eat on hall. Apl 25/96. Complains of not feeling well: says "caught cold", but does not cough. There is a decided change in behavior:
" 26/27 is now very quiet. Apl 26/96. Refused supper. Apl 27/96. Refused breakfast. Was put to bed. T 98. P 96. R 22
" 30 Ate a light dinner. T 100.4 P 88 R 20. Took light supper. Apl 30/96. Still in bed. Complains of lungs being sore:
May 1 has little or no cough. Bowels fairly regular. (see attached nurses-notes). May 1/96. Wt (undressed) 132 lbs. P 84: has been in bed, for over a week: Complains of lungs being sore: no cough to speak of: Is on medicine (1 Tsp. 3 times a day, before meals): appetite poor: gets extra: bowels fairly regular. behavior very good since in bed: talks quite rational: Habits clean: 5.00 Pm Tem 99.6 P 76 R 22.
" 2/4 May 2/96. Apparently the same. T 99.2 P 76 R 18. May 4/96. Has been eating fairly well: bowels more: apparently, some better, but in bed: 1.30 Pm. Transferred to T.W. Was quite weak & run down: given
" 9/15/16 bath & put to bed. May 9/96. Up, for a while, today. May 15/96. No change noticed. May 16/96. Visited by wife &
" 24 daughter. May 24/96. Remains in bed: very quiet: talks very little: nothing unusual noticed in behavior
" 31 or in physical condition: up, dressed & out, some days. May 31/96. Still remains in bed: apparently, has no ambition: is seemingly of a melancholy nature: rests & sleeps, quite well, at night.

carried to 360

Personal and Medical History of Wels D. Johnson #2

LEBERT, PICKLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4263.
Residence, Steele County, Minnesota.
Date Admission, 30th November 1895.
Admitted by, Dr. Herzog. Hour, 6 45/4 P.M.
How Sent, W. B. Chadwick, J of P. Steele County.
Sex, Male.
Age, — 20 —
Civil Condition, single
Children, none
Age Youngest Child, —
Occupation, Farmer
Degree Education, partly educated at Common School
Profession Religion, not a church member
Habits, not very good
Nativity, Minnesota; (parents born in Norway).
Physicians Committing, J. P. Johnson and E. E. Bigelow.
Correspondents, — none given in papers —

No. for Year, 91.
Insane Relatives, an aunt & and an uncle were insane father intemperate but not of late years.
Cause Exciting, masturbation & brooding over imaginary trouble
Cause Predisposing, heredity.
Form,
Accompanying Bodily Disorder, had his feet frozen —
Suicidal or Not, — not —
Date of this Attack, August 1895
Duration, over 3 months
No. of Attack, 2nd (one in June 1894) —
No. of Admissions, 1st
Age First Attack, 18 past
Time of Leaving, Feb. 24th '96.
Time in Hospital, 2 mo. 25 da.
Result, Improved Disc. Aug. 12 '96.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

Exam by Dr R Phelps 12/2/95

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

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

GENERAL DESCRIPTIVE REMARKS: Young man — Has drank considerably — Says a Phrenologist came along 18 months before & his mind got mixed up — Is feeble-minded.

Personal and Medical History of Wels D. Johnson #2

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 1/2 WEIGHT, 147 pds. NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, No. Coatings, Promptness Movement,
PUPILS, Equality, Equal. Size, Dilated.
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 5 EXAM. URINE,
Other
ARTICULATION, Good.
Slurred,
Hesitating,
FACIAL EXPRESSION,
Nothing especially noteworthy
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, C.(h) 22 1/4 (v.m) 16 1/2 N.oc.a. 14 1/2 Aut.p.d. 7.5 Bin.d. 4.5 Fach. 5.
HISTORICAL, Lung fever 3 yrs. ago.
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, D. Lung fever. Mother's sister insane once.
Father or Pat. Relations, L. Healthy
Brothers or Sisters,

Personal and Medical History of Nels. D. Johnson #2

1895

This patient was received here at the hands of Sheriff J.Z. Barnard, with following history. Patient is in fair physical condition. There is no consanguinity: but some of heredity, as he had an aunt and an uncle, who were insane for a time. This is not 1st attack: seemingly 2nd; he had one in June 1894, lasting about four months; was not sent to hospital; no treatment but apparently recovered. First symptoms of this attack were manifested in August 1895: disease appears to be increasing, but variable & with rational intervals, but there have tendency to be irregular. Derangement now shown in that he labors under the delusion that people are conspiring to arrest him & send him to jail for things that he never did & he runs away from home to get rid of them. Patient is not disposed to injure others, nor suicidal, nor of filthy & destructive habits. No peculiarities ward previously shown. Habits has been intemperate, in the past, but not of late years. Patient had Pneumonia, 3 years ago: no head injury. He has not been restrained or confined. Supposed cause of the disease is brooding over imaginary trouble & he has had the habit of masturbation. He had no medical treatment. On personal Examination, he acknowledges that he has had habit of masturbation & he was out all night, travelling afoot thro' the country, believing parties were after him to arrest him. His feet were poorly clad & he frog his feet. On admission, was put on T.W. (G.A.R. Rpt. Complexion dark: hair black;
Nov 30 eyebrows: Condition of Skin good: no marks, scars or bruises noticed: is dirty: behavior good: feet slightly swollen & blistered, from effect of freezing). Was received on ward in a quiet & apparently rational state of mind. Was given bath: ate a hearty Supper: toes dressed and
Dec 1 patient put to bed. 8 Pm. Pulse 72. R 24 T 98°. Dec 1/95. Restless 3 hours, but slept 5 hours, last night. 8 Am. Pulse 74. R 24. T 99.2. Pm. Pulse 72. R 24 T 98.5. Appetite is good. Patient lies quietly in bed: is ready to talk and laugh, at all times. Asks to get up & dress.
" 2 Dec 2/95. Restless 3 hours, slept 5 hours. 8 Am. Pulse 68. R 21. T 98.4. Appetite good. 3 Pm. Was got up, dressed, & transferred to 13. Is on regular & extra diet. Is improving.
" 3 Dec 3/95. Slept 6 hours, restless 2 hours, last night. Am. P 88. R 24. T 98.6. Pm. Pulse 92
" 4 R 24 T 99. Behavior good: toes are doing nicely. Dec 4/95. Restless 1 hour, but slept 7 hours, last night. Behavior quiet. Toes dressed with Iodoform & Boracic acid & bandaged separately.
" 5 Dec 5/95. Restless 2 hours, but slept 6 hours. Am: P 80. Pm. P 84. About same, from day to day.
" 6 Dec 6/95. Slept 6 hours, restless 2 hours. Pulse, morning & evening, about normal. Toes dressed, as
" 7 before, & are doing nicely. Patient out walking, to day. Dec 7/95. Restless 2 hours, but slept 6 hours. Behavior good: he talks rationally: no delusions or hallucinations are noticeable. —
" 14 Dec 14/95. During this, the 2nd week, patient has been, occasionally, quite restless, at night, and sleeping poorly; lately, however he has been sleeping much better, about 7 hours, nightly. Pulse, when taken, has been about normal. Appetite good: bowels in good condition. Talks quite well, but in a rather simple, foolish way. Behaves quietly; becomes despondent, at times, because he can't go home. No delusions or hallucinations have been noticed. Toes dressed regularly & are doing very nicely. Summary: Patient has been quiet & very well-behaved during past 2 weeks. Disposition good, but has been slightly despondent from being confined there. Is
" 31 quite simple & childish in his conversation. Physical Condition Good. Dec 31/95. Though somewhat restless, at night, yet he has been sleeping quite well, especially of late. Toes dressed

Personal and Medical History of Nels D. Johnson #2

1896

Dec 31 1895 (cont'd) very 2 days & are doing nicely. Appetite good: bowels in good condition. He seems contented here.
Jan 1/96 Jan 1/96. Wt 160 lbs. (has gained 13 pounds in flesh, since coming). Pulse 72. Jan 1/96. Is entirely
" 20 well, now. Jan 20/96. Patient Converses rationally & well: no delusions or hallucinations noticeable.
" 21 Can discern nothing, out of the ordinary, about him - no anything wrong with him: Jan 21/96. Transferred
" 31 to 3: (on account of general change of wards). Jan 31/96. Patient doing well. Sleeps well: Works on ward & in dining-room. Goes walking, every day. Pleasant & agreeable. Talks well & rationally.
Feb 1 Feb 1/96. Wt 173 lbs. (has made a further gain in flesh: Physical Condition is much improved, now).
" 7 Pulse 80. Feb 7/96. Transferred to 3. Is now helping to take care of the "Centre": Sweeping &
" 23 Feb 23/96. Has worked steadily & industriously in the "Centre", since last noted & is very neat & particular about his work & takes an interest in keeping the place tidy. Spends the greater part of his time, when not at working, in the "Open Ward" (#3). Is pleasant & at all times cheerful. Has improved very much & quite quickly. Talks quite freely, and rationally: no delusions or hallucinations noticed, yet he is somewhat simple in his manner & actions. Habits have been neat & clean. Has also been given a "limited pass".
" 24 Feb 24/96. Was visited by his father to day & allowed to go home with him, on trial.

Discharged

Personal and Medical History of John G. Peterson

LAGERT, FIDLAR & CAMBERS, DAVENPORT, IOWA.

Whole No. 4264.
Residence, Town May, Minnesota
Date Admission, 2nd December 1895.
Admitted by, Dr. Phelps Hour, 7 PM
How Sent, E. G. Butts, Jo P. Washington County
Sex, - Male -
Age, - 26 -
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, limited; reads & writes.
Profession Religion, not a church - member
Habits, not intemperate.
Nativity, Sweden; (parents also born there).
Physicians Committing, C. B. Marshall and E. O. B. Neligh
Correspondents, none given in papers

No. for Year, 92.
Insane Relatives, none, so far as known
Cause Exciting, not given
Cause Predisposing, not stated
Form, Pubescent Insanity
Accompanying Bodily Disorder, Epilepsy (?)
Suicidal or Not, - Not -
Date of this Attack, a year ago
Duration, - a year -
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 25 -
Time of Leaving, Nov. 26. 1899
Time in Hospital, 3 yr. 11 m. 24 d.
Result, Died. Tuberculosis Pulmonalis.

Exd. by D. Herzog Dec 4/95.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, confused
Quick or Sluggish, sluggish
MEMORY:
Past Events, } fairly good, but not as to
Recent Events, } details -
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, seems correct
REASONING POWER:
Ordinary Subjects, Slow
Own Mental State,
Special Subjects,

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

GENERAL DESCRIPTIVE REMARKS:
Patient seems of a low mental grade. Is sluggish in all his movements; head hung down. Keeps hands in pockets. Is stupid & by the condition of his body seems to have always been so.

Personal and Medical History of John G. Peterson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ WEIGHT, 148 pds. NUTRITION, seems somewhat impaired.
WOUNDS OR ABNORMALITIES, sub-maxillary glands enlarged: seem tubercular: had head lice & body lice: body covered with crusts and scratch marks
TONGUE, Tremors, slight Coatings, clean Promptness Movement, slow
PUPILS, Equality, yes Size, normal
Response Light, sluggish Accommodation, sluggish
SIGHT, seems good
HEARING, seems good
COORDINATION, Arms, good: finger to nose, eyes shut, good.
Legs, good: standing on foot, good: standing, eyes shut, good.
TREMORS, Hands, some Tongue, slight
Facial Muscles, no General, no
REFLEXES, Patellar, 9 - equal
Other —
ARTICULATION,
Slurred,
Hesitating, Yes
FACIAL EXPRESSION,
Depressed
SENSIBILITY,
HEART, action seems good, but circulation is poor
LUNGS,
slight signs of consolidation in right apex -
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,

EXAM. URINE,

TAKEN,

Record kept

Personal and Medical History of John G. Peterson.

1895

This patient was received here at the hands of Mr. Earle, a Sheriff's deputy, with the following history. Patient is in fair physical condition. No consanguinity; no insane relatives, so far as known. This is 1st attack: first symptoms manifested a year ago; was forgetful, when told to do any thing would hide. The disease seems stationary, but variable. De-rangement now shown in his being absent-minded: does opposite thing to what he is told. Cannot depend on him for anything. He is not suicidal: No filthy or destructive habits. He is of a retired disposition: likes to be alone. There is no history of intemperance in self, or parents. Patient had lung-fever 5 years ago: had one epileptic fit: (what was supposed to be from the history of case). He has not been restrained or confined. Supposed cause of the disease, not stated. On personal examination, he has a weak circulation; looks dull, appears absent-minded; melancholy: history of masturbation.

Dec 2 On admission, was put in B3 (G. H. N. Rpt. Complexion light; hair light: eyes blue: no marks, scars or bruises noticed. Is dirty: behavior good). Pulse 96. R 24. T 99.8. Dec 3/95. Restless 3 hours, but slept 5 hours, last night. Am. Pulse 112 R 18. T 99.6. Appetite good: bowels moved: no cough noticed: is quiet: talks little: no delusions or hallucinations noticed: he makes no
" 4 Complaints. Dec 4/95. Slept 9 hours, restless 1 hour, last night. Am. Pulses 100 R 18 T 99.2.
" 5 PM. Pulse 96. R 20. T 99.6. Is quiet, but stubborn: got washing today. Dec 5/95. Restless 2 hours, but slept 6 hours. Am. Pulse 90. R 20. T 99. : PM. Pulse 96 R 20 T 99.2 Patient is very dirty: has both body & head lice: gave him bath & boiled his underclothing.
" 6 Dec 6/95. Slept 7 hours, restless 1 hour. Am. Pulse 80 R 20 T 99 : PM. Pulse 76 R 20. T 99.2.
" 7 Patient is dull & stubborn. Dec 7/95. Restless 2 hours, sleeping 8 hours. No changes in conduct
" 8 or behavior: appetite good: bowels in good condition. Dec 8/95. Slept quite well. Am. Pso. PM. Pss. talks little: no delusions or hallucinations noticed. Goes out on the grounds every day. —
" 9 Dec 9/95. Slept 8 hours, last night. Pulse about normal: behavior simple & stupid: habits not very neat.
" 16 Dec 16/95. During this, the 2nd week, patient has been resting & sleeping well, as a rule 7 to 8 hours, nightly. Appetite has been good: bowels regular: pulse when taken, somewhat above normal. He has been confused, dull & stupid, generally: talks very little: remains in same position, most of the day: makes no complaints: habits not very neat & tidy: goes out on ground, every day.

Summary. Since admission he has been quiet: dull, stupid & confused: stubborn, at times. Physical condition fairly good, though skin is not in a very healthy condition: muscles fairly large & well-formed: mental faculties are confused & "muddled". No delusions or
" 31 hallucinations have been noticed. Dec 31/95. Sleeps well (about 8 hours), every night. Otherwise,
1896 Jan 1/96 is about as lastly described. Jan 1/96. Wt 143 pds. Pulse 76. Jan 12/96. Patient still dull & stupid. Talks little: no delusions or hallucinations noticeable: quite stubborn, at times. Goes nothing.
" 21/96 Jan 21/96. Transferred to B3. Jan 31/96. Keeps about the same. Appetite good: bowels regular,
Feb 1/96 Feb 4/96. Wt 149 pds. Pulse 70. Feb 18/96. Is on medicine, 3 times a day. Feb 29/96. Patient dull & stupid
Mar 1/96 Eats & sleeps well. Bowels in good condition, generally. Talks little & in a dull confused way. Mar 2/96. Wt 137 pds. 150.
" 31 (has lost in flesh, without apparent cause). Mar 31/96. Patient appears the same, every day. Is on medicine 3 times
Apl 1/96 daily. No delusions or hallucinations noticed. Apl 1/96. Wt 137 pds. 190. Apl 30/96. Medicine discontinued.
/30 Condition remains the same, day after day. Very stubborn, most of the time. Out on grounds, daily. .

Personal and Medical History of John G. Peterson

1896-97

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. Patient's condition seems chronic, remaining about the same month after month. Is dull & stupid. Apparently in good health. At times has worked some. Is usually sluggish & indolent. Received massage treatment during latter part of '97. In June 97 is noted as being more able to talk but change is not very great.

Aug 1/97 to Feb 1/98 Summary Nurses Notes by Dr. Herzog. Wt. 136½. Pulse 84. Extremely obstinate — does exactly opposite of anything one wishes him to do. Never agrees in conversation: Considerably demented, untidy in personal appearance; appetite poor; on extra diet; occasionally perspiration remained about same up to October 31st. gained a trifle in weight: appetite improved. Still ill-behaved at table: still irritable. Nov 4 Wt. 141 lbs. Pulse 78 - Dec 1 Rather more troublesome & exasperating. Takes pieces of food from the table & throws them about ward: Appetite not so good as formerly - Jan 1/98 Wt. 139. Appetite still poor: occasionally violent Feb 1/98 Wt. 141 lbs: Appetite still poor: does a little work on ward: March 1 Wt. 140. About the same mentally - May 1. Wt. 144½ - Rather more untidy in dress but not filthy: does a little work about ward. June 2 Wt. 144 lbs. June 21 Trans. to B3. Rather more uneasy and his table manners are such as to disgust other patients. July 1 Wt. 137 - Rather more restless and uneasy: talks to himself. Aug 1 Remains demented, at times noisy: Conversation incoherent: Stands about with head down, untidy in appearance. Sept. 1 Wt. 134. Oct 1. Wt. 137. Strikes defenseless & helpless patients. Nov 4 Remains the same: inclined to be rather more rough. While out doors for some months past has had a habit of striking the ground hard with his foot, as if killing something - Will give no reason for so doing. Nov 25 Has always gone out walking until today when he complained of feeling badly & remained in. Dec 2 135th Pulse 98. Jan 3/97 Wt. 132. Pulse 108. Mental condition about the same but physically has been failing slightly - Jan 31/97 Heart rapid, weak & irregular. Apex beat nipple line fourth interspace - first mitral sound dull and weak: Apex of left lung dull marked bronchial breathing. Has a slight cough.

Feb 1 July 31/97. (Dr. Lomans) Wt. 133th Is inclined to be restless at times. Has habit of grinding his teeth. Feb. 15 Complained of pain in chest coughs a great deal: Put on treatment. May 28. Refused to go out of doors: July 31 Physical condition seems fair, has a good appetite: No mental change Aug - Nov. 7/97 Dr. Chapple Wt. 129 lbs Oct. 31. Trans. to Infirmary: Coughs & expectorates: Seems to be failing: Habits very untidy: Very incoherent & demented. Sputum examined disclosing a large number of Tubercle bacilli. Patient becoming emaciated.
Nov. 26 Died at 4 PM. Cause of death Tuberculosis Pulmonalis.

Died

Personal and Medical History of Lewis Norman

LIBERT, FISLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4265.
Residence, St. Paul, Minnesota
Date Admission, 3rd December 1895.
Admitted by, Dr. Phelps Hour, 7 P.M.
How Sent, G. Willrich, Jo P. Ramsey County
Sex, - Male -
Age, 35 years
Civil Condition, married
Children, - 3 -
Age Youngest Child, —
Occupation, Plasterer
Degree Education, limited; can read & write.
Profession Religion, Catholic
Habits, not intemperate
Nativity, Minnesota: (father's Canada: mother's, Ireland).
Physicians Committing, John C. Nelson and C. Eugene Riggs.
Correspondents, none given in papers.

No. for Year, 93.
Insane Relatives, mother insane, 2 years before death.
Cause Exciting, not stated
Cause Predisposing, Heredity
Form, "Paranoia" -
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, not: but homicidally inclined.
Date of this Attack, 16 years ago
Duration, - 16 years -
No. of Attack, 1st
No. of Admissions, 1st
Age First Attack, about 19 years
Time of Leaving, Feb. 19th '96.
Time in Hospital, 2 mo. 16 da.
Result, Improved Disc. Aug. 12 '96

Exd by Dr. Herzog Dec 4/95.

EXAMINATION ON ADMISSION
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, seems correct
REASONING POWER:
Ordinary Subjects, Good
Own Mental State, believes himself well.
Special Subjects,

EMOTIONAL STATE:
~~Normal, Calm,~~
Indifferent, and slightly depressed
~~Exalted,~~
Depressed, slightly
DELUSIONS:
Systematized or Not, systematized
Special Subjects, of persecution & jealousy
Transitory or Not,
HALLUCINATIONS: of hearing: indistinct history
ILLUSIONS: —
CONVERSATION:
Coherent or Incoherent, coherent
Voluble or Reticent, fairly voluble.

GENERAL DESCRIPTIVE REMARKS:
Patient has been a lather & plasterer: has made fairly good wages: says "people often attempted to prevent him from obtaining contracts by saying things derogatory to him: "had overheard such conversations by passers-by, on the street". Had suspicions of fidelity of his wife: had trouble with her, just before coming here. Seemed to base his belief in the fact that an employé of his brother gave her money (7c) & also on the way that two women, boarding with him, looked at him, that night. Believed his boarders were detectives shadowing him. Said "that, at times, thoughts came into his mind that he was to be a great man" but put these from him. Thought that possibly that might be why he was sent here.

Personal and Medical History of Lewis Norman

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 151 pds NUTRITION, somewhat anaemic; otherwise fairly well nourished.
WOUNDS OR ABNORMALITIES, see "G.H.U. Rpt": circulation poor: hand & cold: lower jaw prominent.
TONGUE, Tremors, slight Coatings, middle furred: edges clean Promptness Movement, normal
PUPILS, Equality, yes Size, normal
Response Light, Excessive Accommodation, Excessive
SIGHT, Good
HEARING, - Do -
COORDINATION, Arms, fairly good: finger to nose, eyes shut, slight uncertainty.
Legs, good: standing on foot. good: standing, eyes shut, good.
TREMORS, Hands, slight Tongue, slight
Facial Muscles, of lips, when talking General, no
REFLEXES, Patellar, 8-9: equal ~~EXAM. URINE,~~
Other —
ARTICULATION, Treatment directed towards slight digestive disturbance.
Slurred,
Hesitating, slightly
FACIAL EXPRESSION, ✓
SENSIBILITY, ✓
HEART, somewhat irregular: suspicion of mitral insufficiency: other sounds sharp.
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.,
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,
see history -

Personal and Medical History of *Louis Norman*

1895

This patient was brought here by Deputy-Sheriff F.L. Krayenbuhl with following history. Patient is in fair physical condition. No consanguinity: mother was insane, 2 years before death: this is 1st attack: symptoms manifested 16 years ago, in odd spells; finally, delusions of persecution began to develop. Disease appears to be increasing & there is monomania: Derangement now shown by jealousy. He is not suicidal: is disposed to injure others: is not dangerous, but needs watching: no filthy or destructive habits. There is no history of intemperance in self or parents: has not been subject to any severe disease & nor had any head injury: has not been restrained or confined. Supposed cause of the disease is not given: has had no medical treatment.

Dec 3 On admission, was put on 13 G.H.N. Rpt. Complexion dark: hair black: eyes gray: condition of skin good: some scars on ball of right foot: little finger on right hand crooked: behavior good: talks rationally). Pulse 90. R 20. Tp 98 F. Dec 4/95. Restless 3 hours, but slept 5 hours, last night. AM. P 70 R 20. Tp 98 F. Appetite good: no cough noticed: Behavior good: quiet: talks rationally: no delusions or hallucinations noticed. Makes no complaints. Dec 5/95. Slept 6 hours, restless 2 hours, last night. Am. Pulse 68 R 18 Tp 98 F. PM. Pulse 76 R 18 Tp 98.6 Eats well: behavior good: talks rationally:

" 6 Goes out walking. Dec 6/95. Slept 8 hours last night. AM. P 72 R 20. Tp 98 F. PM. P 78 R 20 Tp 98.6.

" 7 No change in any way. Dec 7/95. Restless 3 hours, but slept 5 hours. Behaves well: appetite good: bowels in good condition. Is on medicine, 3 times a day. Dec 8/95. Slept 7 hours, restless 1 hour. AM. Pulse 78.

" 9 PM. Pulse 84. Goes out walking: habits neat & clean: otherwise, no change. Dec 9/95. Slept 8 hours:

" 10 Am. " 80 PM. Pulse 80. Behavior as usual. Dec 10/95. Restless 1 hour. Slept 7 hours. He appears Contented: makes no complaints: no delusions or hallucinations noticeable. Is a little slow in speech.

" 17 Dec 17/95. During this, the 2nd week, Patient has been sleeping well, about 8 hours, nightly. Up and about, by day, clean tidy & of good personal habits. Appetite good: bowels in good condition. Behavior quiet. Talks rationally, but is a little slow in speech (probably from habit). Pulse has been about normal. Plays games & reads much of the day. Writes many letters: goes out walking. *Summary*: Behavior, during the period, has been good: not appearing restless or uneasy but he has been Contented & Cheerful: Converses quite well: plays games & reads &c. Physical Condition good: Skin healthy: muscles large & well-formed. No delusions or hallucinations noticeable. He talks and acts rationally. — —

" 31 Dec 31/95. Has been sleeping well, 7 to 8 hours, since last noted. Otherwise condition remains about the same.

1896 Jan 2/96 Jan 2/96 Wt 157 lbs. Pulse 64. Jan 15/96. about the same, from day to day. Plays games &c
" 21 writes numerous letters: Goes out walking. Cranky, at times. Jan 21/96. Transferred to B3,
" 31 (on account of general change of wards). Jan 31/96. Makes no complaints: talks rationally: no
Febr delusions or hallucinations noticable. Seems wishes to go home. Febr 6/96 Wt 159 lbs. Pulse 60
" 7 Visited by wife & child. Febr 7/96. Patient attempted an Escape, while out walking: was caught by Nurses (H. Smith & W. McNamara): he took a club & threatened to strike them. He generally
" 15 quiet & reserved, though, at times, cranky & stubborn. Habits neat & clean. Febr 15/96. Condition keeps
" 19 about the same. Is becoming very anxious to go home. Febr 19/96. Visited by sister & taken home by her

Discharged

Sheet No 3.

COMBINED CLINICAL NOTES and GRAPHIC CHART.

Case No 4086 Date of Admission, day ____ Month June 1896.

Name of Patient Chas Norman. Result ____

Diagnosis ____ Physician's Name C.S.E.

Day of Month.	Hour	T.	P.	R.	Nourishment.	Medicine.	Urine.	Stools.	Number Hours Sleep, Baths, Mental Condition, Pain, Cough, Expectoration and other Symptoms.
24	8.	99	80	24	Good Brkf		6.00		Patient very restless 1.00
					" dinner		11.30		sick to stomach vomited up dinner. Is inclined to be pugnacious at times S 2 hs.
	5.	100	86	24	" supper		5.00	5.00	
25	8.	97	88	30	" brkfst		7.30		Appears about the same to day. S.N. part of the night. Was given a bath. S 2 hs
					" dinner		1.00	1.00	
	5.	98	80	18	" supper		8.00		
26	8.	98	76	24	" brkfst		5.00		Very restless all day. Patient running out of room every little while. Vomited at 8.30 & 11.30 Says that he never felt better. S 4 hs
					" dinner		12.30	12.30	
	5.	97	90	26	" supper		7.00		
27	8.	97	90	24	" brkfst		6.00		Somewhat better to day. S.N. for two hs during night vomited at 9.00 Was given bath at the 2 1/2 hs. S 3 hs.
					" dinner		11.30		
	5.	99	80	28	" supper		7.00	7.00	
28	8.	98	86	18	" brkfst		7.30		Patient does not seem to improve much. Talks most of time. Wants water about every five minutes to have no feeling S 3 hs
					" dinner		12.00	12.00	
	5.	99	90	20	" supper		7.30		
29	8.	99	90	24	" brkfst		5.00	5.00	Very restless all day out of bed over little while and tearing his bed to pieces. Inclined to be pugnacious S 2 hs.
					" dinner		11.		
	5.	101	100	24	" supper		9.00		
							8.30		
30	8.	99	100	28	" brkfst		7.00		Appears to be no change. Vomited at 10.30 pm
					" dinner		12.00		
	5.	100	78	19	" supper		8.00		

S 2 hs.

DIRECTIONS

Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.

ABBREVIATIONS

U.--Urinated.
B. M.--Bowels moved.
Med.--Medicine given.
gtts.--Drops.
M.--Minims.
O.--Pint.
oz.--Ounce.
dr.--Drachm.
Qt.--Quart.
Tc.--Teacupful.
Tsp.--Teaspoonful.
S. 5hs.-Slept 5 hours.

PRESCRIPTIONS

Can be marked by capitals A. B. C. etc., and referred to thus:- dr.ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.

	Day	Day	Day	Day	Day	Day	Day
Hour							
Temp.							
106							
Pulse 105							
190 104							
180 103							
170 102							
160 101							
150 100							
140 98.8							
130 98							
120 97							
110 96							
Resp. 100							
60 90							
55 80							
50 72							
45 60							
40 50							
35 40							
30 30							
25							
Sleep 18							
9 15							
8 10							
7							
6							
5							
4							
3							
2							
1							
0							

Sheet No 1

58 COMBINED CLINICAL NOTES and GRAPHIC CHART.

Case No ..... Date of Admission, day ..... Month June 189 6

Name of Patient Chas. Mount Result .....

Diagnosis ..... Physician's Name C. B.

Day of Month.	Hour	T.	P.	R.	Nourishment.	Medicine.	Urine.	Stools.	Number Hours Sleep, Baths, Mental Condition, Pain, Cough, Expectoration and other Symptoms.
									3.30
18	1.45 pm	99	90	24	On regular diet				1 pm. Receives from Dr. Appears somewhat excited. Talks very irrationally. Gave bath and was put to bed. Quite restless
	5.30 pm	99	92	20	Good Supper				and talkative during afternoon. 5.30 pm. Seemed to lose power of speech for few minutes. S. 6 hrs
	8.	99.8	88.	24.	Good Brk		6.30	6.30	Very restless and troublesome.
19.					" dinner		12.00		out of bed ever little while.
	5.	99.8	72	19.	" supper fed.		8.00		Talks very irrationally. Thinks that he married S 3 hrs.
	8.	99.7	90.	24.	Good Brk.		7.30	7.30	Very restless to day. Hard work
20.					" dinner.		12.00		to keep clothes on patient out
	5	98.9	84	24.	" supper.		8.30	2.00	of bed ever little while.
									S 3 hrs.
	8.	98.8	80	20.	" brkfst.		6.00		Patient very restless all day.
21					" dinner.		12.00	12.00	Talk most all time and very
	5.	100	76.	18.	" supper		7.30		irrationally. Had a fit at 1.45 P
									bruised nose slightly S 4 hs
	8.	99.	78	18.	" brkfst		7.30		Very restless all day. Habits
22.					Par dinner		1.00	1.00	bad. Has delusions. Still
	5	100	90.	20.	" supper.		8.00		very talkative and incoherent
									in speech. S. 3 hs.
	8.	100.	90.	24.	Good brkfst.		6.00		
23.					" dinner.		1.30	1.30	Very restless all day.
	5.	103	100.	32.	" supper.		8.00		
									S. 4 hs.

DIRECTIONS

Chart is made to cover seven days. If necessary nurse can make one day's notes cover space of two days.

ABBREVIATIONS

U.--Urinated.
B. M.--Bowels moved.
Med.--Medicine given.
gtts.--Drops.
M.--Minims.
O.--Pint.
oz.--Ounce.
dr.--Drachm.
Qt.--Quart.
Tc.--Teacupful.
Tsp.--Teaspoonful.
S. hs.-Slept 5 hours.

PRESCRIPTIONS

Can be marked by capitals A. B. C. etc., and referred to thus:- dr.ii, A. 2 P. M., would mean, two drachms of prescription marked A. was given at 2 P. M.

	Hour	Day	Day	Day	Day	Day	Day	Day
	Temp.							
	106							
	Pulse 105							
	190 104							
	180 103							
	170 102							
	160 101							
	150 100							
	140 98.8							
	130 98							
	120 97							
	110 96							
Resp.	100							
	90							
55	80							
	70							
50	60							
45	50							
40	40							
35	30							
30	20							
25								
Sleep. 18	10							
9 15								
8 10								
7								
6								
5								
4								
3								
2								
1								
0								

E

Below, written by C. Mount 6/15-96

Says he has been boss 20 years
" a respectable
age — cured himself —
Quit too "

I was born Fernly Sheffield
Eng. — I was Educated
collector at Yeovil of Great S
canvasser spell the last
10 years but. Teacher
Col Inn I have spelled
I.O.O.F. my memory.
Was from Merge
meagre

My C. Mount
6/15-96

Below written by C. Mount 6/18-96

Says he had babies 20 years ago — cured himself — "a respectable girl too"

I was born Fernly Sheffield Eng. — I was a collector & canvasser 10 years but I have lost my memory, I do. 7 May from measles

my C Mount 6/18-96

Personal and Medical History of Charles Mount

Room 51c.

1896
May 8 May 8/96. Physical health appears quite good: he talks rationally: habits clean: Transferred to 13ᶻ -
" 9 while out walking, attempted to escape twice, by trying to run away from crowd: was brought back
" 10 by nurse. May 9/96. While out in forenoon, again tried to escape: resisted being brought back & struck
" 15 at nurse, with cane. May 10/96. Attempted to escape twice, today: nearly running away again, by
" 30 trying to drop in basement, under Cᵗᵉ E. & wait until crowd went by. May 15/96. No change especially
June 1/96 noticeable in patients Condition, mentally or physically. May 30/96. Physical condition & behavior
somewhat improved. Works some on ward. June 1/96. Wt 146 lbs. P 84. June 10/96. Appears to be
" 17 failing, both mentally & physically. Appetite poor: bowels irregular: talk & acts foolishly.
" 18 June 17/96. Patient had a light convulsion, lasting about 5 minutes: remained in bed, most
part of day: ate no dinner or supper. June 18/96. Transferred to "Infirmary Ward",
at 1.30 Pm. appeared somewhat excited: talks very irrationally. Given bath & put to bed.
" 19 Quite restless & talkative during afternoon. 5.30 Pm. seemed to lose power of speech, for a
few minutes. (See attached memorandum). June 19/96. Slept 6 hours, last night.
" 21 Very restless & troublesome: out of bed, every little while: talks very irrationally. Thinks
" 23 that he married. June 21/96. Behavior about same: very restless: out of bed frequently:
" 26 Had a fit at 1.15. bruised nose slightly. June 23/96. Restless, talkative & noisy.
" 29 Delusions. June 26/96. No special change. Inclined to be pugnacious. Vomited a few times,
" 30 plate. Says "that he never felt better". June 29/96. Restless, out of bed & teasing his bed
to pieces: inclined to be pugnacious. Still vomits at times. June 30/96. No change noticed.
July 1/96 to Dec 31/96 Summary Nurses Notes by Dr Phelps. In bed quite steadily, with considerable rise of temperature at times. During July 96. Is too particular to be up & about. During August patient seemed to have failed a little. Has somewhat of a bedsore which accounts for the variable temperatures. In September rather irritable & pugnacious, slightly up at times: Quite demented altho appearance of intelligence keeps up. In October during early part of month patient complained of an injury to his hip. Oct. 2nd noted by nurses that he cannot move it readily: He did not account at this time for the injury but told later of a fall by which the hip was evidently fractured & about a week later the helplessness became more apparent as the hip was injured again: During the remaining time was kept steadily in bed on quiet ward. Trouble with leg does not seem to disturb him much.
Dec. 31/96 Died at the end of a series of convulsions, which occurred every five minutes for about three quarters of an hour, at the end of which time he died. The day before appeared to be getting along as well as usual.

~~Discharged.~~
Died

Personal and Medical History of Olavus C. Langseth

LEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4268

Residence, Red Wing, Minn

Date Admission, 6th December 1895.

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

How Sent, Axel Haller, Jo P. Goodhue County

Sex, Male

Age, — 45 —

Civil Condition, married

Children, — 5 —

Age Youngest Child, —

Occupation, Furrier

Degree Education, Common School.

Profession Religion, not a church member

Habits, has been an habitual drunkard for years —

Nativity, Norway; (parents also born there).

Physicians Committing, N Juell and Geo. E. Willner

Correspondents, Mrs O. C. Langseth
Red Wing — Minn

No. for Year, 96.

Insane Relatives, a younger brother was insane, caused by excessive drinking.

Cause Exciting, Intemperance (liquor)

Cause Predisposing, heredity (?) + intemperate habits

Form,

Accompanying Bodily Disorder, see history —

Suicidal or Not, not; but threatens others —

Date of this Attack, Some 2 years ago —

Duration, — about 2 years —

No. of Attack, 1st —

No. of Admissions, 1st (here)

Age First Attack, about 43 —

Time of Leaving, Sept. 8. 1896

Time in Hospital, 9 mo. 2 da.

Result, Discharged. Feb. 3'97. Improved

Exd by Dr. Herzog. Dec 9/95.

Mrs. O. C. Langseth moved to 332 - N. 10th St. La Crosse Wis
Apl 4/96

MENTAL ACTIVITY:

Clear or Confused, Conf

Quick or Sluggish, quick

MEMORY:

Past Events, Seem

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Correct in the main

REASONING POWER:

Ordinary Subjects, fairly good

Own Mental State, Does not appreciate Condition

Special Subjects,

DELUSIONS:

Systematized or Not, systematized

Special Subjects, of "Grandeur"

Transitory or Not, seem fixed.

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, fairly coherent

Voluble or Reticent, voluble

GENERAL DESCRIPTIVE REMARKS:

Patient speaks clearly & plausibly: tells improbable tales of an insecticide of which he is the discoverer, but tells them always in the same fashion. He has made an insecticide & brought samples in his valise. Tells of property which he owns alleged to be worth $12,000 & which he describes closely, but at the same time he was unable to support his family. Denies drink, but his appearance, on admission, showed it. The first night, he was incoherent, but has since improved & seems paranoiac in his apparent lack of Dementia & Delusions of importance, but there are no ideas of persecution. Was, for a short time, as a patient, in Yankton S. Dak.

Personal and Medical History of Olavus C. Langseth

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ WEIGHT, 162½ pds. NUTRITION, somewhat anaemic

WOUNDS OR ABNORMALITIES, lip cut & bruised —

TONGUE, Tremors, Coarse & fine Coatings, pale, white coating over base Promptness Movement, fairly prompt

PUPILS, Equality, Yes Size, normal (left pupil irregular in outline)

Response Light, somewhat sluggish Accommodation, somewhat sluggish

SIGHT, somewhat presbyopic

HEARING, Good

COORDINATION, Arms, slight impairment: finger to nose, eyes shut, slight impairment

Legs, slight impairment: standing on foot, some difficulty: standing, eyes shut, sways some

TREMORS, Hands, Yes Tongue, Yes

Facial Muscles, slight General, No

REFLEXES, Patellar, 8 - 9 - equal.

Other slight ankle clonus

ARTICULATION,

Slurred,

Hesitating, "Sing - Song"

FACIAL EXPRESSION,

somewhat stolid

SENSIBILITY,

✓

HEART,

sounds somewhat muffled

LUNGS,

slight bronchitis

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, Mother died — 64 —

Father or Pat. Relations, Father died — 67 —

Brothers or Sisters, 2 living, healthy: 2 living healthy: one brother died of phthisis: one died: unknown: one sister died, infancy: one died, diphtheria.

Personal and Medical History of *Olavus C. Langseth*

1895

This patient was received here at the hands of Deputy Sheriff Carl A. Johnson, with following history. Patient is in fair physical condition. No history of Consanguinity: a younger brother was insane; caused by excessive drinking. This is 1st attack. He says that he was in the Asylum at Yankton, S. D. as nurse for another man in 1894. For the last 2 years his mind has been deranged, at times: disease seems increasing: variable & with rational intervals: is irrational at irregular intervals. Derangement now shown in that he has delusions & hallucinations, in acts & words. He has been heard to threaten injury to Others; is not suicidal: No filthy & destructive habits. Patient is obstinate & egotistic; his mind turns to religious subjects. The patient has been an habitual drunkard for years: his parents not to addicted. He has had 3 attacks of unconsciousness; of what nature, cannot be ascertained. He has not been restrained or confined. Supposed cause of the disease is intemperance (liquor): he has had no medical relief. On personal examination, it is found he is suffering from acute mania, with tremors; probably from drinking.

Dec 6 On admission, was put on Ward's G.S.H.N. Rpt. Complexion light: hair black: Eyes brown: Condition of skin good: no marks, scars or bruises noticed: is dirty: middle finger on right hand crooked: behaves self (good). Pulse 96. R 22. Tm 99.6. Dec 7/95. Restless 8 hours & slept only 2 hours, last night. Am Pgs R 20. T(e) 99.4. Appetite good: bowels been in good condition. Behavior good, though he is somewhat restless & talkative: talks much all about himself: No cough noticed. Is on medicine: pill every hour, 12 to 8 Pm: FW. Pulse 90 R 20 T(e) 99.4. Dec 8/95 Restless 4 hours, but slept 7 hours, last night. Am. Pulse 88 R 20. T(e) 99. Appetite good: behaves well, but talks much. Ointment applied to sore lips. " 9 Dec 9/95. Slept 8 hours, restless 2 hours. Talks about his "insecticide" much. Still uses ointment for lips. " 10 Dec 10/95. Restless 4 hours, sleeping only 4 hours, last night. Am. P 72 Pm P 70. Still talks much: was out walking today. " 11 Dec 11/95. Restless 2 hours sleeping 8 hours, last night. Eat well: bowels in good " 12 Condition: behavior good. Dec 12/95. Slept 6 hours, restless 2 hours. Am. Pm. P 96. Talks much " 13 about himself & his accomplishments & also of his "insecticide". Dec 13/95. Slept well (8 hours), last night. Am. P 80. Pm. P 92. Behavior good: talks & sings much of the day. Seems contented. " 20 Dec 20/95. During this the 2nd week, patient has been resting quite well, sleeping 6 to 8 hours, nightly, though still somewhat restless. Has been up & about daily, clean in body & of good personal habits. Pulse taken twice daily, has been about normal. Appetite quite good: bowels in good condition. Is still very talkative; talking much about himself & his "insecticide", his family &c. & apparently well contented & cheerful. Has made no complaints until within last few days, when he has been complaining of cold & soreness, all over body: is on medicine & throat sprayed every hours. Writes a few letters: Goes out walking, every day. Summary: Patient, as stated, has been talkative & quite cheerful: singing much of the time, for his own amusement & that of other patients. Is apparently in good condition physically: muscles large, well formed & active & he is in fairly good flesh. Has talked much of his "insecticide" the first few days, but less, of late: no other marked delusions. " 31 Talks much about himself & his business. Talks quite rationally. Dec 24/95. Restless 4 hours, sleeping but " 25 2 hours, last night. Dec 25/95. Restless most of past few nights, yet has slept fairly well, on the whole. " 26/27 Dec 26/95. Transferred to C. Dec 27/95. Does not feel very well, today: "Sick at his stomach": appetite " 29 & sleep poor. Is on medicine for his cold. Dec 29/95. Feels better now. Also feels much better and more " 31 cheerful. Dec 31/95. About as usual, though appetite still poor & he receives Hot Beef.

Personal and Medical History of *Olavus C. Langseth*

1896

Jan 4 Jan 4/96. Wt 161½ lbs. P 96. Jan 6/96. Is not very well, of late: growing despondent, morose & melancholy. " 14 Has no appetite & does not sleep well. Jan 14/96. Seems failing rapidly for last few days. Does not eat much. Is restless & uneasy: grows more melancholy every day: breath very bad. Transferred to IW, today. at 11 Am: is somewhat run-down & with a severe cold: given bath & put to bed. Complains of pain " 15 in his stomach. Jan 15/96. Coughed some, during night. Restless & slept poorly. Bowels moved & feels " 16 much better this Am. Talks quite freely. Jan 16/96. Slept fairly well: feels much better now. Eats fairly well. " 19 Jan 19/96. During last few days, he has been complaining of headache, constipation & but now feels better. Is very restless this morning & perspiring freely. Is given sponge bath. 5:30 Pm 2 tumbles supper. Sleeps fairly " 22 well. Jan 22/96. Appetite not good. Has sore throat. Hurts him to swallow. Feels dizzy when sitting up. Large pleuritic effusion on left side. 5 Pm. Was tapped & about very clear yellow fluid were removed. " 25/27 Jan 25/96. Is feeling better. Complains of various things: cold feet, toothache &c &c. Jan 27/96. 8 Pm. His " 28 patient became very wild & almost unmanageable: "thought he was going to die": talked incoherently: had to be held. "Spell" subsided about 9 Pm. Jan 28/96. Passed a hard night: complains of pain in left side " 29 very restless, at times: had several slight "coughing spells": slept none: passed urine frequently, bowels moved. 8 Am. was taken with a second "spell" which lasted until 11 Am. Given chloral, very noisy: was held in bed. 5:30 Pm. Tapped left side & removed 1 qt. clear yellow fluid: rested easily, greater part of night. Slept 7 hours " 31 Jan 29/96. Seems much better: very quiet, during day: talks quite rationally: complains of soreness, Feb 3 over entire body. Appetite good: bowels regular. Jan 31/96. Sleeps poorly & restless at night. Yet he seems considerably improved. (See attached read). Feb 3/96. Has been quite restless, the past few days, but " 4 not noisy or troublesome. Wishes to get up. Talks irrationally on some subject: sleeps poorly: has had a pain " 5 in left side. Feb 4/96. Very restless. Mental condition seems growing worse. Worrying about family, today. Feb 5/96. Probably worse, mentally. Says "he is very tired, from lying in bed". 12 Pm. Up in chair " 6/7 9 Pm. Vomited. Feb 6/96. Restless & quite talkative, all day. Speech somewhat incoherent. Feb 7/96. Appears much worse, but does not feel so well this morning. 2 Pm. Given sponge bath. 2:30 Pm. Up in chair, ate a hearty " 10 Feb 8/96. Has been sleeping 4 hours at each of last 3 nights: feeling better, but still rather weak. Talks somewhat more rationally. Has vomited some. Complains of pain in left side. 1:30 Pm. Up in rolled chair: behaved " 11 well. Feb 11/96 Very restless & unmanageable this morning. Still has pain in left side. 3 Pm. Left side tapped & 1 pt. pleuritic " 12 fluid removed. Feb 12/96. Much worse today: talks incoherently: vomits some regularly. Wt (undressed) 143 lbs. " 14 (Has lost some in flesh). Feb 14/96 Very quiet & well behaved. Reads & writes a great deal. Up in chair each P.M. " 18 Feb 18/96 Sleeping very poorly at night. Is quite restless & very talkative, this morning. Very excited at times. Feb 19/96. Much more " 19/20 quiet, today, but quite irrational in speech. Feb 21/96. Slept only 4 hours, last night. Very prosey & restless " 21 at times, during the day. Has been worrying about family, today. Appetite has been good: bowels regular. " 24 Feb 24/96. Has been restless & raving: talking continually, crying, at times. Was moved to "Front Bay". " 25/26 Feb 25/96. Quiet, all day. Feb 26/96. Quite restless during night, slept only 2 hours. Spent greater part of " 27 day in writing nonsensical letters. Slept from 3:00 to 8:00. Feb 27/96 Slept very poorly. Quite talkative " 29 this morning: writing most of day: appears no better, mentally. Feb 29/96. Talking a great deal, today, although not noisy: speech somewhat incoherent: wishes to get up, but does not seem strong. Appetite keeps good: bowels regular.

(Carried to Transfer Book A page 247)

Personal and Medical History of Charles Hahn.

LEIGHT, PIDLAR & CHAMBERS, DAVENPORT, IOWA.

X This is probably Hahn - brother Joseph O'Connell who (as stated in letter) was at the Rochester State Hospital from July 23/89 to Dec 9/89. (Letter not in Hahn's file at the Hospital) Vol IV P 135 No 7115

Whole No.	4269
Residence,	Minnesota State Prison, Stillwater
Date Admission,	10th December 1895.
Admitted by,	Dr. Phelps. Hour, 2.00 PM
How Sent,	E. G. Butts. Jof P. Washington County
Sex,	Male.
Age,	26 -
Civil Condition,	single.
Children,	
Age Youngest Child,	
Occupation,	Labarer
Degree Education,	limited: can read & write.
Profession Religion,	not a church member
Habits,	has been of "roving" habits
Nativity,	Iowa: (that of parents not known).
Physicians Committing,	W. H. Pratt and A. J. Merrill
Correspondents,	(Brother) A. B. Hahn, North Prairie Wisconsin Town Box 104 -
	(Address on letter attached to Papers) (Letter rec'd by Mr Wolfer, Warden 11th Dec)

No. for Year,	97.
Insane Relatives,	a cousin & a brother have been temporarily insane
Cause Exciting,	not known: probably confinement
Cause Predisposing,	heredity.
Form,	
Accompanying Bodily Disorder,	some weakness.
Suicidal or Not,	not: but propensity active (?)
Date of this Attack,	3 months ago
Duration,	3 months
No. of Attack,	1st
No. of Admissions,	1st
Age First Attack,	- 26 -
Time of Leaving,	
Time in Hospital,	
Result,	

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:	EMOTIONAL STATE:
Clear or Confused,	Normal, Calm,
Quick or Sluggish,	Indifferent,
MEMORY:	Exalted,
Past Events,	Depressed,
Recent Events,	DELUSIONS:
Special Subjects,	Systematized or Not,
PERCEPTIVITY:	Special Subjects,
Alert or Dull,	Transitory or Not,
Correct or Illusive,	HALLUCINATIONS: of voices -
REASONING POWER:	ILLUSIONS:
Ordinary Subjects,	CONVERSATION:
Own Mental State,	Coherent or Incoherent,
Special Subjects,	Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS: Is rather dull & depressed -

Personal and Medical History of Charles Hahn.

BROWN, TREAT & CO. ST. PAUL.

EXAMINATION ON ADMISSION CONTINUED

Henry Wolfer, Warden.
F. H. Leman, Deputy.
E. A. O'Brien, Clerk.
H. E. Benner, Steward.

WARDEN'S OFFICE
MINNESOTA STATE PRISON,
Stillwater, Minn., Dec. 9th, 1895. 189

Hon. A. F. Kilbourne,

Supt. Hospital for the Insane,

Rochester, Minn.

Dear Doctor:-

The prisoner Charles Hahn, sent you to-day, is committed as you will notice under the reformatory plan. He has now served over twenty-one months and under the laws and the rules governing the parole system is eligible for release on parole or discharge at any time. Should he improve enough to make it safe to release him, you will please notify me on or about the first of the month, and I will bring the matter before the Board of Managers and secure an order from them for his discharge.

His people live at Prairie du Chien, Wisconsin. I enclose you herewith a letter recently received from his brother, which gives something of his family history.

Very Truly Yours,

Henry Wolfer
Warden.

X attached to Commitment papers

By

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

Personal and Medical History of Charles Hahn.

LEBERT, PICKAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4269

Residence, Minnesota Stat

Date Admission, 10th Dec

Admitted by, Dr. Phelp

How Sent, E. G. Butts

Sex, Male.

Age, 26

Civil Condition, single

Children,

Age Youngest Child,

Occupation, Labor

Degree Education, limited

Profession Religion, not a ch

Habits, has been of

Nativity, Iowa: (that of

Physicians Committing, W. T

Correspondents, (brother) A. B. Hah

(address on letter attacked to Pap

(letter rec'd to Mr. Hwolfer, warden

x This is probably half-brother Joseph O'Connell who (as stated in brother's letter) was at this Rochester State Hospital from July 23/89 to Dec 9/89. See Vol IV P 135 No 7/115

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 REM

Personal and Medical History of Charles Hahn.

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, not taken NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement, Prompt.

PUPILS, Equality, Equal. Size, Normal.

Response Light, Accommodation,

SIGHT, Good.

HEARING, "

COORDINATION, Arms, Good

Legs, "

TREMORS, Hands, None Tongue,

Facial Muscles, " General,

REFLEXES, Patellar, 8-9 Equal. EXAM. URINE,

Other

ARTICULATION,

Slurred, ✓

Hesitating,

FACIAL EXPRESSION,

Dull, depressed.

SENSIBILITY,

HEART,

Not my clear.

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,") Denies any.

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Charles Hahn.

1895

This patient was brought here by a Deputy, with the following history of case. Patient is in fair physical condition. No history of consanguinity, but some of heredity; a cousin and a brother have been temporarily insane. This is 1st attack; symptoms manifested 3 months ago, by refusing to talk. Disease seems stationary; not variable; no rational intervals; patient will not speak to any one. Derangement now shown, by refusing to speak or obey, when he is spoken to. He is disposed to injure others: has not attempted suicide; propensity now active(?) No disposition to filthy habits. Previously, was morose: as to any history of intemperance, not known: has not been subject to any severe disease, nor had any head injury. The supposed cause of disease is not known. He has been treated by nutritious diet & exercise.

Note. Patient is accompanied here by a letter from Warden of State Prison (see letter attached); also by copies of "finding" of the Grand Jury; "prisoner's plea" and the "Judgment of the Court", in the case, (stating that prisoner was committed under the "Reformatory Act" &c) and a copy of "Clerk's Certificate". Attached to these papers is a letter from prisoner's brother, giving details of prisoner's history, his wanderings &c &c. (Both of these letters from Warden - 12/1/95)

Dec 10 On admission, was put on B3. (G.H.N. Rpt. Complexion dark: hair black: eyes brown: condition of skin good. Some scars on forehead: is clean: behavior contrary & stubborn: is very stupid).

" 11 Pulse 80. R 19. T 99. Dec 11/95: Apparently, slept well, (Shows), last night. Am. P 80. R 20. T 99.2. Appetite good: bowels moved: no complaints noticed: behavior quiet & stupid: is slow in responding to questions.

" 12 Says "he's all right", and "wants to go home". Takes medicine: makes no complaints. Dec 13/95: Slept well, last night. Am. Pulse 80. T 100 2/5. Appetite good: bowels regular: behavior good, at present: talk is

" 13 fairly rational, but he never speaks, unless spoken to: inclined to be stubborn & contrary. Dec 13/95. Slept well, again, last night. Am. Pulse 76: refuses to have temperature taken. Otherwise, about as

" 14 yesterday. Dec 14/95. Am. Pulse 78: has a careless & indifferent way about him: does not speak, unless spoken to. Dec 15/95. Restless 2 hours, but slept 7 hours, last night. Am. P 86. Behavior same as

" 15 usual. Dec 16/95. Slept 7 hours, restless 2 hours. Am. Pulse 80. No special change noticeable.

" 16 Dec 17/95. Slept 8 hours, last night. Am. Pulse 76. Behavior rather restless; walking about on hall:

" 17 at times, talking to himself very loud. Dec 24/95. During this, the 2nd week, little or no change is

" 24 noticeable. He has been resting & sleeping well, each night. Pulse has ranged somewhat above normal (78 - 90): appetite has been good: bowels regular: conduct & behavior about as usual: seems restless & uneasy. Summary: Behavior, on the whole, fairly good: but restless, and walking about on hall. Unnoticeable: hardly ever speaks to any one, but will answer questions. Has an indifferent & careless way about him & inclined to be contrary & stubborn. Habits neat & clean.

Dec 31 Dec 31/95. Appetite good: bowels regular. Does no work. Condition, otherwise about as reported above.

Jan 1 Jan 1/96. Wt 152 lbs. Pulse 64. Jan 18/96. No change especially noticeable in patient's condition.

" 2/31 Jan 21/96. Transferred to B1. (on account of a general change of wards). Jan 31/96. No change noted. Behavior quiet: lounges around on benches. most of the day; slouching in dress: Does not work:

Feby 1 hardly ever speaks to any one. Appetite good: bowels regular. Feb 1/96. Wt 159 lbs. Pulse 64.

" 29 Feb 29/96. Behavior quiet: hardly speaking to any one, but will answer questions. Lies around on floor & benches.

Mar 29/96 Wake some on hall. Mar 1/96. Wt 161 lbs. P 76. Transferred to B3. Mar 29/96. Generally, very quiet: but is tricky & cranky: frequently tries to escape, while out walking & has to be watched very closely. Eats poorly, at times,

Personal and Medical History of Charles Hahn.

1896 cont'd

Mar 29 and, again, he will eat quite well, for a day or two. Bowels seem good condition and he sleeps well.

Apl 29 April 5/96. Wt 160 lbs. Pulse 80. April 17/96. No change especially noticeable. Habits very dirty.

" 30 Apl 19/96. Was transferred to B1, today. Apl 30/96. Appetite good: bowels regular. Behavior very mean: lookout of nurses sight, will spit on floor. Apparently stupid & silly in actions. Talks but little: habits filthy & dirty: no work.

May 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. May 1/96 Wt. 168. Rather restless & inclined to be violent. Answers questions only in monosyllables. Has to be watched or he tries to escape. Has been kept upon violent ward. Continues about the same up to date: During July '97 Trans. to Annex. Seems more quiet & demented. Aug 31/97 185 lbs.

Oct 15/97 Visited by friends: Oct 31/97 Quite stupid & sluggish in manner & does not seem to notice what is going on about him. Does no work. Nov. 21/97 Visited by friends.

Nov 1/97 Visited by Deputy Warden State Prison. Jan 27 By relatives. Jan 31/99 No change in any special way during period. Feb 1 - July 31/99 Wt. 216 lbs. Imeq. Symptoms of eczema on arms.

July 31 Sleeps well: untidy in habits: Quiet. Sits in one place with eyes closed days

to 1900 after day. Aug 1 - Jan 31 1900 Dr. Chapple. Aug 1. Wt. 210. No apparent change during

Jan 31 period has been very stupid & inactive. Never speaks but seems to notice

Feby 1 anything about him. Expectorates over clothing & furniture. Seldom

July 20/99 moves without aid of nurse. Feby 1/1900. Wt 197 lbs. Pyr. March - Tem'ys temperature shows

July 31 variations to 101 1/10. July 20/ - vaccinated: result negative. July 31. No change noted, during period.

Aug 1 1901 Physical condition seems quite good. Is extremely inactive: untidy, slouchy & filthy: never speaks and has

Jan 31 to be pushed about. Aug 1. Wt 172 1/2 lbs. Sep 10. Transferred to D. Sep 13. To D 2.

Feby 2 Is thoroughly demented: inactive; filthy patient: has to be pushed about: assists to

May 1902 meals & to dress: never speaks & notices anything about him. Feby 2. Wt 177 lbs

July 31 Wt 179 lbs: Aug. 1897 lbs. Nov. 199 lbs - Jany 31/02. Until recently, has been extremely inactive:

lying on floor or bench: eyes closed: neither speaking, nor apparently taking notice of anything.

Habits very untidy: Usually necessary to pull him off his seat & urge him to meals. Was

taken out recently by Attendant Long to shovel coal: appears a little brighter at present.

Aug 1 1902 Health very good. - Aug 1. 202 lbs. Jany 31/03. Has been working most of year, in

Jany 31 Frigue - Loves as Coal heaver. Quiet & indifferent. Will occasionally

answer questions, but seems very demented.

Personal and Medical History of David Johnson

LEIGHT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4272.
Residence, St Paul. Minnesota
Date Admission, 17th December 1895.
Admitted by, Dr. Kilbourne Hour, 12.30 P.M.
How Sent, G. Millrich Jof P. Ramsey County
Sex, Male.
Age, - 38 -
Civil Condition, married
Children, four
Age Youngest Child,
Occupation, Farrier
Degree Education, Fair.
Profession Religion, Lutheran
Habits, Intemperate
Nativity, Sweden (parents also born there)
Physicians Committing, Arthur Sweeney & C. A. Wheaton
Correspondents, none given in papers

No. for Year, 100.
Insane Relatives, not known
Cause Exciting, Alcohol (?)
Cause Predisposing, previous attack
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Not: but assaults others.
Date of this Attack, a Year ago
Duration, - a year -
No. of Attack, 2nd (one, 5 years ago).
No. of Admissions, 1st
Age First Attack, - about 33 -
Time of Leaving, Mar. 21st 96.
Time in Hospital, 3 mo. 4 da.
Result, Improved. Died, Aug. 12 96.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exam. 12/20/96 Rm Phelps.

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

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

GENERAL DESCRIPTIVE REMARKS: Appears intelligent - Says has a little trouble - Denies any ideas of persecution - Worried because could not please all the employés under him. Tells a quite clear story - Got run down & worried & went to Europe - His wife was induced to go after him & passed him on the way - Drinking denied - Says people used to think he was a heavy drinker but he really drinks very little.

Personal and Medical History of Daniel Johnson

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ WEIGHT, 139 pds NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, No. Promptness Movement, Prompt
PUPILS, Equality, Equal. Size, Normal.
Response Light, Respond - Accommodation,
SIGHT, Good.
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, None, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 5 Equal. EXAM. URINE,
Other
ARTICULATION, Good.
Slurred,
Hesitating,
FACIAL EXPRESSION,
Fair.
SENSIBILITY,
HEART,
LUNGS,

TAKEN,

Arteries Rather hard & sclerosed
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,") Denies any -
Mother or Mat. Relations, Died at his birth.
Father or Pat. Relations, L. Healthy 78
Brothers or Sisters,

Personal and Medical History of Daniel Johnson.

1895

This patient was received here at the hands of Deputy Sheriff Kinney, with following history. Patient in good physical condition. No history of consanguinity: as to any heredity, not known. This is not 1st attack: seems to be the 2nd; he had one 9 years ago; duration one year. First symptoms of this attack manifested a year ago; he began to have delusions of persecution. Disease appears to be increasing; variable with rational intervals: at times, he appears rational; but, at others, he becomes much excited. Derangement now shown, in that he believes his former employers have done him an injustice, for which he demands satisfaction and revenge: he assaulted me of his former Employers. Has not attempted suicide; frequently not active; no filthy or destructive habits. Patient has always been irritable & easily excited. Has doubts as to his baptism and citizenship. He drinks at times, when delusions are prominent. Has not been subject to any severe disease &c; no head-injury: has not been restrained or confined. Cause of the disease unknown: (alcohol?). He has had no medical relief. On Examination he has a rather excited appearance; talks with great Earnestness & reasons well, from false premises. —

Dec 17 On admission, was put on B2 (G.H.N. Rpt. Complexion dark: hair dark-gray; eyes brown; condition of skin good: 3 scars under left arm: is clean: behavior good). Pulse 80. R 20 T 99.

" 18 Dec 18/95. Slept 6 hours, restless 2 hours, last night. Am. Pulse 86. R 20 T 98.4. Appetite good: bowels seem normal: no cough noticed. behavior good; is quiet: talks rationally: makes no complaints.

" 19 Pm. Pulse 76. R 18 T 99. Dec 19/95. Slept 8 hours, restless 2 hours. Am. Pulse 72. R 20 T 98.4. behavior good: he is very quiet & slightly despondent: Pm. P 76 R 20 T 98.8. Asks on grounds, 8 Day.

" 20 Dec 20/95. Restless 1 hour, but slept 7 hours. Am. P 72 R 20 T 98. Pm. Pulse 76 R 20 T 99. —

" 21 Still quiet: talks rationally & well: no delusions or hallucinations noticeable. Dec 21/95. Slept well.

" 22 Am. Pulse 80: Pm. Pulse 78. Appetite good: bowels in good condition: he makes no complaint: Dec 22/95. Restless 1 hour, but slept 7 hours. Am. P 76. Pm. P 80. Is rather despondent. He read much of the day.

" 23 Dec 23/95. Restless 2 hours, Sleeping 6 hours. Am. P 72. Pm. P 84: talks well & rationally: Goes at walking daily. Dec 24/95. Slept quite well, last night. Pulse about normal: no special change to note.

" 31 Dec 31/95. During this, the 2nd week, he has been sleeping usually 7 to 8 hours, nightly. Pulse, when taken, has ranged about normal (80-72). Eats very well: bowels seem normal. Is quiet & contented: talks rationally: no delusions or hallucinations noted: worked some on ward: reads much: plays games: Summary: Patient was quite restless, when brought on ward, as was manifested by his constant walking up & down the ward: has since become more content, of late: reads; plays games, talks rationally; Mental Condition seems quite good: no delusions or hallucinations have been noted. Physical Condition is good. —

1896

Jan 2/96 Jan 2/96. Wt 141 lbs. P 80. —

" 14 Jan 14/96. Has been sleeping well, each night. Now works regularly in Tailor-Shop.

" 31 Jan 31/96. Has continued about as formerly described above. Transferred to B3 today (on account of a general change of wards.)

Feb 1/96 Feb 1/96. Always quiet & well-behaved: appetite good: bowels in good condition. Sleeps well, at night: Reads & plays card, while on ward. talks well & rationally: no delusions or hallucinations noticeable: Works, daily, in the Tailor Shop.

Feby 29/96. Wt 144 lbs. P 72.

March 1/96 Feby 29/96. No special change. Very quiet: no delusions or hallucinations noticed. Works industriously in Tailor Shop. Talks rationally. Is anxious at times to go home.

" 18 March 18/96. Wt 160 lbs. P 80 (Has gained considerably in flesh, since coming here). Mar 18/96. Became stubborn & dirty, while in Tailor Shop & could not return to ward. Had to be taken up there by Nurses Allen & McCormack.

" 20 Mar 20/96. Keeps about same, generally, as above noted.

" 31 Mar 31/96. Visited by Brother in Law, who was allowed to take patient home on trial. —

Discharged

Personal and Medical History of John B. Gobble

from 336.

1896

June 3 June 3/96. Wt 117½ lbs. Patient remains in bed: habits clean: is very quiet: appetite very poor: physical condition apparently same. June 6/96. Still in bed: has no desire to get up, when asked does so. June 13/96. Slightly worse, some night & talking incessantly. Is seemingly very forgetful: does not remember things from two previous.

" 6/13 June 14/96. Up, dressed & out, daily, for 2 or 3 hours, whenever weather permits. June 15/96. Abstracted: Goes out on grounds, some days. Sleeps well, at night. June 23/96. Remains in bed: apparently no improvement: Complains of feeling very weak. June 30/96. Still in bed: no change apparent.

" 14/23 July 1/96 to Aug 1/97 Summary Nurses Notes by Dr. Phelps. Patient up on ward during July sitting in an apparently stupid, melancholy way the greater part of the time. In August transferred to B3 but was unable on account of weakness to keep about with the others & was sent back to Infirmary where he has been ever since, in bed all of time: apparently very weak & depressed: This is his condition at end of period

" 30 Aug 1/97 to Jan 31/99 Summary Nurses Notes by Dr. Herzog. Aug 1 Wt. 100 lbs without clothing. Aug 31 During month remained quietly in bed - sleeping well: appetite fair: bowels inclined to be constipated: Is listless & ambitionless. Sept 1 Wt. 105 lbs Appetite improving: occasionally talks to himself: still listless: remains in bed up to Sept 15 when he got up in afternoon. 17th up in morning & remained all day. Complains that he ought not to be up - but stays up. Does not care to go out walking. Oct 1 Wt. 111½ with clothing. Converses much more freely & fairly intelligently: somewhat depressed & melancholy. Complains of feeling weak. Nov 1 Appetite good: some improvement physically but still much emaciated: Wt. 115½. Dec. 1 Wt. 120. Jan 1/98 Wt. 123. Slight improvement physically & not so depressed mentally. Feb 1 Wt. 124½. March 1 127 lbs Still up & about. Demented & slightly melancholy. March 14 Trans. to A. Apr 1/98 Wt. 123. Habit clean & neat: bowels occasionally constipated but generally regular. Sleeps well. Retires immediately after tea. Aug 1 Wt. 118 lbs. Sept 3 Wt. 115 lbs Oct. 15 Wt. 114 lbs Slightly more demented with failing physical health but never refers to his delusions, while talking with others but mutters to himself & occasionally is profane but never very noisy. Is clean & neat. Nov 1 Wt. 113 lbs. Dec. 1 116 lbs Jan 3/99. 117 lbs Jan. 31/99 Is at last note, - is reserved talks & mutters to himself and occasionally strikes himself.

Feb 1 - July 31/99. (Dr Wamous) Patient quite intelligent: Converses quite freely: habits cleanly: appetite good. Changes little from month to month

Aug 1 - to - May 1 Aug 1 - July 31/1900 Aug 28 Visited by daughter. Oct 1. Physical condition good: Works in dining room: Jan 1. Wt. 117 lbs. Wt. 114½ lbs. May 5 Visited by daughters. July 31 Vaccinated successfully. No further change mentally or physically.

July 31 1900 Aug 30. Is neat & clean: Is on extra diet: Wt 116 lbs. P 80. Assists in dining-room.

Nov 1 Dec 30. Condition remains about same, all the time.

1901 Jan 31 No change to report, in any way. Feby. Wt 115 lbs. P 66. May 31 - Well-behaved: Habits neat & clean: Talks to self: does some work in dining-room. July 31 - Is somewhat emaciated & losing in weight - Mental condition shows no special change - Wt 121 lbs. Jany 31/02 Patient accordingly quiet & depressed: looks quite emaciated, though not failing at present. Works some. Usually sits in dull melancholy, in one particular place, day after day. Jany 31/03. 115 lbs. Is dull, quiet, depressed: Is active, during the whole period. —

May 31 July 31 Nov 1 1901 Jan 31 May 31 July 31 Aug 1 1902 Jany 31 1903 Jan 31

Personal and Medical History of O. T. Johnson

LEBERT, PIDCAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4273.
Residence, Vasa, Goodhue Co. Minn
Date Admission, 18th December 1895.
Admitted by, Dr. H. H. Herzog Hour, 6 45 P.M.
How Sent, Axel Haller. J of P. Goodhue County.
Sex, Male.
Age, — 48 —
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Salesman
Degree Education, Common School.
Profession Religion, Yes: Lutheran Church.
Habits, not stated: father was intemperate
Nativity, Sweden: (parents also born there).
Physicians Committing, J. V. Anderson and A. W. Jones
Correspondents, Miss Maggie Johnson (sister)
& L. D. Boynton Red Wing Minn

No. for Year, 101.
Insane Relatives, Father committed suicide.
Cause Exciting, not known
Cause Predisposing, previous attk & probably heredity
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or Not, not: as to propensity, not known.
Date of this Attack, about 3 weeks ago
Duration, — about 3 weeks —
No. of Attack, 2nd (one in June 1895)
No. of Admissions, 1st here (was at "Fergus Falls")
Age First Attack, 47+
Time of Leaving, Aug. 29. 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,

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,

GENERAL DESCRIPTIVE REMARKS: Started with La Grippe 2 yrs. ago. in bed 1 week. Became more nervous afterward. Patient makes fair appearance at present tho' is a trifle dull.

Personal and Medical History of O. T. Johnson

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ WEIGHT, 173 pds. NUTRITION, Seems good.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, None. Promptness Movement, Prompt.
PUPILS, Equality, Equal. Size, Somewhat small.
Response Light, Yes. Accommodation,
SIGHT, Good — used glasses for 2 yrs.
HEARING, Good.
COORDINATION, Arms,
Legs,
TREMORS, Hands, None. Tongue, None.
Facial Muscles, General,
REFLEXES, Patellar, Equal — EXAM. URINE,
Other
ARTICULATION, Good.
Slurred,
Hesitating,
FACIAL EXPRESSION,
Fair.
SENSIBILITY,
Arteries soft + natural.
HEART,
LUNGS,



TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, ✓ Irregular,
APPETITE, Good, ✓ Medium, Poor,
SLEEP, Good, ✓ at times 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, D. Lung trouble. His half brother's son at Fergus falls.
Father or Pat. Relations, D. Suicided.
Brothers or Sisters,

Personal and Medical History of O. T. Johnson.

1895

This patient was received here at the hands of Sheriff's L. A. Johnson, with following history: Patient is in fair physical condition. Parents not related: Possibly there is some heredity, as father committed suicide: was intemperate. This seems to be the 2nd attack: he had one about June 1895, lasting 9 weeks; was sent to Fergus Falls Hospital; discharged as well: First symptoms of this attack manifested about 3 weeks ago: has become taciturn + refuses food at times. Disease appears to be increasing. Derangement now shown, in that he suspects that there is something wrong with his food. Patient is not dispos'd to injure others: has not attempted suicide, but as to propensity, do not know: no filthy or destructive habits. No peculiarities were previously shown. There is no history of any severe disease or head-injury. Has been confined, as above stated, and treated in hospital at Fergus Falls: also in St Paul Hospital. Do not know cause of disease. On Personal Examination, he is nervous + non-communicative

Dec 18 On admission, was put on B3½ (G.H.N.Rpt. Complexion light: hair black: eyes blue: Condition of skin good: no marks scars or bruises noticed: is clean: behavior good. Pulse 92 R 22 To 99.4.

" 19 Dec 19/95. Restless 1 hour, but slept 7 hours last night. Appetite good: bowels in good condition: behavior good: talk rationally: no cough noticed. Dec 20/95 slept 7 hours, restless 1 hour. Am. Pulse 70 R 20 To 98⅖: PM. Pulse 84 R 18. To 99. Quiet: appears contented: makes no complaints.

" 21 Was out walking today. Dec 21/95. Slept 8 hours. Am. Pulse 76 R 20 To 98.4: PM. P 84 R 20 To 98.8. Talks rationally: no delusions or hallucinations noted. Is on medicine, 3 times a day.

" 22 Dec 22/95. Restless 1 hour, but slept 7 hours. Eats well: bowels in good condition: out on grounds every day. Am. P 80. PM. P 88. Dec 23/95. Slept 7 hours, restless 1 hour. AM. P 80. PM. P 76: behavior good: is still on medicine. Dec 24/95. Slept 8 hours. AM. P 80. PM. P 82. Makes no

" 25 Complaints: goes walking every day. Dec 25/95. Slept 8 hours. Pulse about normal. Talks well + rationally: no delusions: no delusions or hallucinations noticeable. Dec 31/95. Since last noted, patient has been resting + sleeping well (8 hours) each night. Pulse, taken daily, has ranged

" 31 72 - 80 - Appetite has been good: bowels regular: behavior has been good: personal habits are neat + clean: Quiet + orderly, tho, at times, inclined to be cranky: no delusions or hallucinations

1896 Jany 1 have been noticed. Works some on ward + goes walking. Has been on medicine. Jan 1/96. Slept 8 hours, last night. Am. Pulse 70. Is about as usual. Summary: Patient's behavior has been good, since coming on ward. He has worked some: cheerful + contented: He seems in about the same

" 4/96 condition, as when he entered. Jan 4/96. Transferred to C2 E. Jan 16/96. Continued quiet + well-behaved, neat + a good worker: No other delusion is noticeable except the one of persecution by Off - fellows

" 21 because he will not join them: no hallucinations noted. Talks rationally, at times. Jan 21/96. He

" 31 was transferred to C3 E today: (on account of a general change of wards). Jan 31/96. No change specially noticeable. Quiet: orderly: works on ward. Goes walking. Neat + clean.

Feb 1/96 Feb 6/96. Wt 174 lbs. Pulse 74. Feb 29/96. Patient's condition is good: appetite good: bowels regular.

Mar 1/29 Works on ward: goes walking. Rational: neat + tidy: sleeps well. March 5/96. Wt 177 lbs. Pulse 74

" 30 Mar 30/96. Physical condition good: no change noticeable in mental condition since coming on ward. Talks rationally: no delusions manifest: no hallucinations noted: makes no complaints. A good + willing worker: very pleasant + agreeable.

" 31 March 31/96. Allowed to go home today, alone.

Personal and Medical History of O. T. Johnson.

1896

Apl 23 April 23/96. Word was received that patient was not doing well, and today he was sent for. The brother-in-law reported to Mr. Howe (who went for patient) that patient could not sleep at night, and had not eaten anything for a week or so: would not work any but would only lie about as flour etc. Patient was returned this evening + put back on B3. Wt 172 lbs. Apl 25/96 Slept 8 hours.

" 24 Ate fairly well today. Is very quiet. Talks some + quite rationally. Apl 25/96. Ate scarcely anything today. Sleeps

" 25 well, at night. Apl 26/96. Refused all nourishment today. Apl 27/96 ate nothing, all day. Apl 28/96 ate nothing

" 30 3/97 all day. Is very stubborn: has to be forced to go to table, to go walking + to do anything at all. Apl 30/96. Is about

May 1/96 To Aug 1/96 noticed. Still very stubborn. Ate nothing, yesterday + today. Refused medicine also.

Summary Notes by Dr. Phelps - During May '96 was becoming rather obstinate + refused to eat: Fed with tube several times during month. During latter part of march was a little better: up on ward some. In June quiet, stubborn + melancholy: During latter part of year became more obstinate: Oct 26 Transferred to Infirmary as he complained of various neurasthenic symptoms: pain in head chiefly: No rise of temperature noted: Was on Infirmary from Jan. to May inclusive Lay quietly in bed greater part of time, rather sullen. Complained at times of trouble with his head but in general no prominent symptoms were noted: Was kept in bed because more easily cared for + fed while there.

Aug 1/97 Continued by Dr Herzog 165#. Patient irritable. At times will not answer questions but at others will reply in a short irritated fashion: Sits quietly by himself making mysterious marks + drawings which are unintelligible + which he never destroys but considers to be of value - Oct 2 Wt. 165#. Had difficulty with A Drew, received

Jan 98 black eye. Nov 2 slightly more communicative, otherwise the same. Wt. 168½. Sept 1 Wt. 170# Jan 1 98 172# Feb 17½ 20 March 175½# Still reserved, uncommunicative, short + crabbed in his answers, does not associate with other patients nor with nurses. not quite so irritable but still very unsociable - Apr 1 177# May 1st 182# June 2 183#. July 2 184½# Aug 1 189# Sept 186#. Oct 190#. Nov. 194½ Dec 1. 193#

Jan 99 Jan 3 '99. 196½ There has been at no time any marked change in her mental condition since the last note except that along with the increase in weight he has become a trifle less obstinate + a trifle more communicative. He does not draw so much as at time of last note nor does he fill his pockets with papers + other articles as formerly. Previous to this time on several occasions it was necessary on several occasions to remove from his pockets an accumulation of various articles + as he desires very much to keep them on one occasion a large package was sent to his sister. Feb July 31 '99 Dr. Wanous. Does no work. Is stubborn scribbles a good deal on newspapers etc. March 16 Visited by friend. Is inclined to be exclusive + will have nothing to do with other patients

Aug 1/99 Aug 30 1900 - Aug 1 '99 Wt. 201½# Is quiet + spends time reading + writing Oct 31. Refused to go down to see friend who visited him: but interviewed him on May Dec 30 Visited by brother. May 8. Trans. to Annex: July 20 Vaccinated - no result. Aug 1 1900 Wt. 192# Eats + sleeps well: Continues to write Aug 30 Transferred to Hastings Asylum.

Personal and Medical History of John T. Davis

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4276.
Residence, St. Paul, Minnesota.
Date Admission, 21st December 1895.
Admitted by, Dr. Herzog — Hour, 6 45 P.M.
How Sent, G. Willrich, J of P. Ramsey County.
Sex, = Male =
Age, = 58 =
Civil Condition, widowed
Children, one
Age Youngest Child, —
Occupation, Laborer: Machinist's helper.
Degree Education, fair
Profession Religion, Episcopalian
Habits, not stated:
Nativity, Ireland: (parents also born there)
Physicians Committing, Arthur Sweeney & A.B. Aucker.
Correspondents, Wm Davis (brother) Edina Mills
Personal effects in charge of same. Hen. Co. Minn.

No. for Year, 104.
Insane Relatives, mother & father, distant relatives. no hereditary history known of —
Cause Exciting, heavy financial losses & loss of family by death.
Cause Predisposing, not stated
Form,
Accompanying Bodily Disorder, flat-foot
Suicidal or Not, suicidal propensity active.
Date of this Attack, not known
Duration, not known
No. of Attack, 1st. —
No. of Admissions, 1st here (was in C&C Hospital)
Age First Attack, (?) -
Time of Leaving, June 12. 1899
Time in Hospital, 3 yr. 5 m. 22 d.
Result, Discharged June 12 '99 Improved.
(Disc. Under "Peterson Law".

EXAMINATION ON ADMISSION

Exam. by R.M. Phelps.

MENTAL CHARACTERISTICS.

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

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,

GENERAL DESCRIPTIVE REMARKS: Circulation not good - numbness in left hand - Left foot worst. They put his feet in cast & then made him wear some very painful shoes. This at City & County Hospital. He thinks he was very gloomy but not insane. Only talked suicide in a reckless way. No family - Lost wife & 3 children in Nevada.

Personal and Medical History of John T. Davis

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in WEIGHT, 154 pds - NUTRITION, Fair
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, No. Promptness Movement, Good.
PUPILS, Equality, Equal. Size, Small.
Response Light, Accommodation,
SIGHT, Failing.
HEARING, Somewhat impaired.
COORDINATION, Arms, Some impairment
Legs, " Says feet cause swaying
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred, ✓
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, No noted murmurs - Perhaps slightly hypertrophied - Apex beat very strong
LUNGS, Probably good.

TAKEN,

OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, ✓ Careless,
BOWELS, Normal, ✓ Some constipation Constipated, Irregular,
APPETITE, Good, ✓ Medium, Poor,
SLEEP, Good, Fair. Poor, Irregular,
PULSE, Resp., Temp.,
CRANIAL MEASUREMENTS,
HISTORICAL,
LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Denies any.
Mother or Mat. Relations, D old age 85
Father or Pat. Relations, D accident.
Brothers or Sisters,

Personal and Medical History of John T. Davis

1895

This patient was received here at the hands of Deputy Sheriff M. N. Goss, attended by Mr Conlin, with following history. Patient is in fair physical condition. His mother & father were distant relatives, but no hereditary history known of. This is 1st attack: has been at City & County hospital, St Paul, since Febry 14/95: results of treatment negative. Do not know when first symptoms of attack were manifested. Disease seems to be increasing; not variable: no rational intervals. — Derangement now shown by pronounced depression, with a suicidal tendency & propensity is active. Is not disposed to injure others. No filthy or destructive habits. No previous peculiarities shown so far as known. No history of intemperance in self or parents, nor of any severe disease or head-injury. Cause of the disease, he says, is financial losses & loss of family by death. (There also comes with patient a "Social history sheet" from C & C Hospital, stating, among other things, that cause of admission there was "flat-foot"; was under Dr Arthur Sweeney's care there).

Dec 21 On admission, was put on B2 (G. H. N. Rpt. Complexion light: hair gray: eyes blue: condition of skin clean: no marks scars or bruises noticed: behavior good): Pulse 88. R 22. T(a) 99.4.

" 22 Dec 22/95. Slept only 4 hours, was restless 4 hours, last night. Am. Pulse 90 R 20 T(a) 98.8: appetite good: bowels seem in good condition: behavior good: is quiet: no cough noticed: talks rationally

" 23 and well. Pm. Pulse 88 R 22 T(a) 99.2. Complains of feet feeling sore & painful. Dec 23/95. Restless 3 hours, but slept 5 hours, last night. Am. Pulse 88. R 20. T(a) 98.6. Appetite good:

" 24 behavior good: Pm. Pulse 92. R 20. T(a) 99. Dec 24/95. Slept 7 hours: was restless 1 hour. Am. Pulse 88 R 20 T(a) 98.8. Quiet & well-behaved: no delusions or hallucinations noticeable.

" 25 Goes out walking. Pm. Pulse 96. R 20. T(a) 99.2. Dec 25/95. Restless 1 hour, slept 7 hours

" 26 Am. P 80. Pm. P 84. Eats well: talks rationally: still complains of pain in feet. Dec 26/95. Slept 6 hours, restless 2 hours. Pulse about normal: he goes out walking, but feet being sore hinders

" 27 him walking much. Dec 27/95. Restless an hour, but slept 7 hours. Am. P 80. Appetite good &

" 28 bowels in good condition. Otherwise, about as usual. Dec 28/95. Slept quite well. Pulse about normal.

" 31 Complains of feeling dull & indisposed. Dec 31/95. Has been resting & sleeping quite well. Walks about

1896 ward: talks rationally: is quiet & contented. Goes out walking, but is quite weak in legs & suffers pain.

Jany 1 and, on that account, does not go out much. Jany 1/96. Slept 8 hours, quite restfully, last night.

" 4 Am P 74. Jan 4/96. Has been sleeping 7 to 8 hours, nightly. Condition is about the same: Does not seem to be much improved. He talks rationally. Summary: Patient's conduct is very good: He is neat & tidy: Quiet. Talks rationally: no delusions or hallucinations noticed. Takes some exercise, but not much as his feet are sore & very tender, so he can't walk much.

" 15 Appetite fair: bowels regular: he appears contented here. Jan 15/96. Has been sleeping well,

" 21 since last noted. Otherwise, condition remains about the same. Jan 21/96. Transferred to B3;

" 31 (on account of a general change of wards): Jan 31/96. Sleeps well: bowels regular: appetite good: still complains of feet being sore & lame, yet he goes out walking occasionally. Talks rationally

Feb 4/29 no delusions or hallucinations noticeable: Feb 4/96. Wt 157 pds. Pulse 84. Feb 29/96. Patient is always quiet and well-behaved. Generally quite cheerful. Goes out walking every day. Complains of feet paining,

Mar 2/31 after walking a short distance. Mar 2/96. Wt 158 pds. Pulse 80. Mar 31/96. Appetite good: bowels in good condition. Still complains, as above, of feet paining. No delusions or hallucinations noticed. Talks well and

Apl 2/30 rationally always. Apl 2/96. Wt 161 pds. P 76. April 9/96. Transferred to A1. Apl 30/96. No special change.

Personal and Medical History of John T. Davis

1896 Cont'd

Apl 30 Eats & sleeps well. Talks freely: no delusions noticed: still complains of sore feet, when out walking.

May 1/96 Summary Nurses Notes by Dr Phelps. May 1/96 Wt. 160 lbs. Behavior quiet & rational in every

to way. The only peculiarity being that he seems somewhat of a hypochondriac in

Aug 9/97 regard to his physical condition. In Nov. '96 commenced to work at the store & has been there ever since: Wt continues from 163 to 165 lbs: Physical condition

Aug 1/97 good. Is quiet & rational. Continued by Dr Herzog Aug 1st 97 Converses quite rationally but slightly demented & feebleminded. Wt. 153#. Complains a great deal of rheumatism 21 Trans. to A3.

Nov 2 Habits neat & clean; in fairly good physical condition: Works in storeroom: On parole - No change.

Jan 31/98 Still complains occasionally of rheumatism: still works in storeroom: No change. Mch 1 Wt. 152

Sept 1 as usual. Sept. 1/98 Wt. 145 lbs. Oct 1 146½#. Jan 1/99 140½#. loss of weight due to no particular illness. Patient does not work in storeroom but does a trifle about hall. Is inclined to be argumentative & is a little feebleminded but shows no definite delusions. Frequently complains of not being well & does have a slight constipation with an occasional attack of indigestion. Frequently sends for free samples of medicines & answers many advertisements. Feb 1 to June 1/99 Wt. 141. Quiet & well-behaved: Bowels regular: appetite good: April 11. Complains of being sick. Says is failing fast. Thinks doctors do not understand his case: May 1. Appears rational in every way: Physical condition good: Answers all newspaper "ads" & devotes most of time to correspondence: Has parole.

June 14. Discharged under Peterson Law.

Discharged

Personal and Medical History of John Freeman

LIBBEY, TICLAS & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4277.
Residence, St Paul, Minnesota
Date Admission, 25th December 1895.
Admitted by, Dr Herzog — Hour, 6 45 P.M.
How Sent, G Willrich, Jail Ramsey County
Sex, Male
Age, 42
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, Machinist & Blacksmith
Degree Education, Fair
Profession Religion, Lutheran
Habits, Intemperate
Nativity, Sweden: (Parents also born there)
Physicians Committing, Arthur Sweeny & A. B. Aucker
Correspondents, Hannah Freeman, wife
Lars Olsen, West Union, Carver Co. Minn.
Gus. Dahlquist (Bro-in-law) } 608 Fork Street. St Paul
608 Fork Street.

No. for Year, 105.
Insane Relatives, Not known
Cause Exciting, not stated
Cause Predisposing, not given
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or Not, Suicidal & also homicidal
Date of this Attack, Oct 31/95; attempted suicide
Duration, abt 2 months C.)
No. of Attack, 1st; (thought 4th)
No. of Admissions, 1st here (was in C & C hospital)
Age First Attack, 42 C.)
Time of Leaving, May 17 96.
Time in Hospital, 4 mo. 21 da.
Result, Rec. Died July 30 96.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exam. by Dr. Phelps 12/6/95

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

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

GENERAL DESCRIPTIVE REMARKS: Was worrying - became nervous - Got so could not sleep. Since last spring - Wife gone to her parents - Child boy was scalded & died - He had idea always that boy did not die a natural death - Was in Hospital with fever - was crazy. He dont think he is crazy now.

Personal and Medical History of John Freeman

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7in WEIGHT, 167½ lbs NUTRITION, Good.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, None. Promptness Movement, Fairly Rs.
PUPILS, Equality, Equal. Size, Quite small.
Response Light, Sluggishly. Accommodation,
SIGHT, Says good - Shimmering at times.
HEARING, Good.
COORDINATION, Arms, Slightly impaired.
Legs,
TREMORS, Hands, Some tremors. Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 7-8 Equal.
Other
ARTICULATION, Fairly good.
Slurred,
Hesitating,
FACIAL EXPRESSION,
Depressed only.
SENSIBILITY,

EXAM. URINE,

TAKEN,

HEART, No murmurs - Size normal.
LUNGS, Seem good.
Arteries seem good.

OPHTHALMOSCOPIC EXAM.,

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

CRANIAL MEASUREMENTS,
HISTORICAL, For 2 yrs. has had headache - mostly in Winter
LENGTH OF INVASION, 2 yrs. ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Denies any.
Mother or Mat. Relations, Living in Illinois
Father or Pat. Relations, 4 2 yrs. ago - Old Country.
Brothers or Sisters,

Personal and Medical History of John Freeman

1895

This patient was received here at the hands of Deputy Sheriff M. N. Goss, attended by Dr. Conlin, with following history. Patient is in fair physical condition. No history of insanity or heredity known of. This is thought to be the 1st attack. Re attempted suicide Oct 31/95 & has been in C & C hospital, St. Paul, since Nov 1st 1895. The disease seems stationary; there has been a gradual improvement, but, by no means, Complete recovery. Derangement now manifested by ideas of persecution in part of wife and brother-in-law. Patient attempted to kill his family last October, and also attempted suicide by cutting throat & methinks propensity now active. No filthy or destructive habits. As to any previous peculiarities, not stated. Patient has drank whiskey & was drunk when attempted suicide. As to any disease &c or head injury, not known. Cause of the disease not given. (Has been under Dr. Arthur Sweeney's care and there now comes with patient a "Social History Sheet" from said hospital, stating, among other things, cause of admission to be "Stab-wound of throat" had been inviting).

Dec 1 On admission, was put on B 2 (G. N. R. Rpt. Complexion light: hair gray: eyes blue: condition of skin good: scars on throat: is clean: behavior good). Pulse 80. R 20. Tm 98°. Dec 22/95. Slept 5 hours, restless 3 hours, last night. Ann. Pulse 80. R 20. Tm 98°. Appetite good, but bowels Costive; no cough noticed: behavior good: quiet: talks well & rationally: wound on neck dressed: looks
" 23 well: Ann. Pulse 76. R 22. Tm 98.8. Dec 23/95. Slept 7 hours, restless, how, last night. Ann. P 80 R 20. Tm 98. Appetite good: bowels still Costive: wound dressed with iodoform gauze. Dressing & " 24 is doing nicely. Behavior is quiet. Dec 24/95. Slept well: Ann. Pulse 80 R 20 Tm 98.6. 5:30 P.M. gave him seidlitz powder: bowels moved freely. Dec 25/95. Has continued to rest & sleep well, at night. Pulse, taken twice daily, about normal. He makes no complaints: appears cheerful & contented.
" 28 Wound dressed daily & is doing nicely. He goes out on grounds daily. Behavior good & quiet.
" 31 Dec 31/95. Has been somewhat restless, the past few nights, but sleeping 5 & 6 hours, each. He is cheerful, plays cards & behaves. Talks rationally: takes exercise. Behavior well. Throat still dressed daily.

1896
Jany 1 Jany 1/96. Awake 2 hours, but slept 6 hours. Ann. Pulse 74. Jany 2/95. Is again sleeping much better; about 8 hours, nightly. Quiet: Eats well. Throat still dressed daily. Summary: Patient is doing nicely: is, of late, more cheerful & contented. Appetite good: bowels regular. He makes no complaints.
" 10 Throat is improving: still dressed every day, with iodoform gauze. He talks rationally: no delusions or hallucinations noticeable: is neat & tidy in dress. Jany 10/96. Wound doing well: is dressed daily.
" 15/21 Jan 15/96. Had some trouble with patient Stafford this morning: nothing serious. Jan 21/96. Was
" 24 transferred to B 3 (on account of general change of wards). Jan 24/96. Complained of head-
" 30 ache & sore throat: given powders. Jan 30/96. Wound dressed every day: it still discharges
" 31 some matter; yet is healing slowly. Jan 31/96. No change to note especially: he talks rationally & Feb 4 well: no delusions or hallucinations noticed. Feb 4/96. Ht 174 ps. Pb 62. Neck dressed, every
" 15 day & is doing quite well. Feb 15/96. Patient seems rational in every way: no delusions or hallucinations noticed. Quiet, cheerful & apparently contented. Habit neat & clean.
" 20/29 Feb 20/96. Neck is entirely healed. Feby 29/96. Attends. Complains of costiveness: given medicine.
Mar 3/5 Otherwise, condition about as above described. Mar 5/96. Ht 177 ps. Pb Mar 5/96. Transferred to A!
" 31 Mar 31/96. Patient seems well, both mentally & physically: talks freely & sensibly. Attends patients' card-parties & takes part in the games. Always pleasant & cheerful. Makes no complaints. Talks about going home.
Apl 30 Helps willingly with work on ward. April 30/96. No change noticeable in patient's condition.

Personal and Medical History of John Freeman

1896

May 1 May 1/96. Ht 183 ps. Pulse 80 (Patient has made Considerable gain in flesh, since coming here).
" 8 May 8/96. About as last generally reported. Talks freely & sensibly: Makes no Complaints.
" 12 May 12/96. Was allowed to go home this morning.

Discharged

1898 H 7 9 John Casey From Folio 380

May 25 Fought with patient Ed Smith: would not go walking very much during month, staying on Infirmary while crowd were out. June 1 159 lbs. June 30 158 Conversations during month. July 16 Fought with Ed. Smith on 9th & 13th. July 17 While out eloped. July 22 Rethi at 7:30 P.M. July 29 Did no work during month.
Aug 1 158 lbs. Aug. 17 to 26 Complains very much of rheumatism & rheumatic pains in legs. 6th Fought with Baker Young: 21st with Arch Anderson 26th struck in face & neck with chair by patient Ed. Smith - bruise on head & nose bled freely. Casey attempted to strike Smith with chair. Aug 28 Fought with Smith - pointed by Nurse Grady. Casey transferred to B 3. Sept. 1 Wt. 151 lbs. Sept 2 Fought with patient Dg. Grant - slight bruise over eye. Sept. 3 & 10th Fought with Dg. Grant - 29 with F. Dickinson. Oct 1 Wt. 150 lbs. 10 & 25 Fought D. Grant - 27th Attacked Grant with chair - Nov 1 Wt. 153 lbs. Has been leading Ble. Hall about yard & caring for him: if other patients get in way of Hall Casey attacks them. Nov 5 Fought F. Wilkins & later A. Petrie. 27 Fought Bn. Meeks, attempted to fight W. Mather. 29 Fought W. Mather. Dec. 15-16-18 Fought with Dg. Grant. 24 do - scratched him considerably - Was visited by his Brother. In view of fact that he has been at home on Parole on different occasions on trial & has not caused any serious trouble, was allowed to return home with his brother.

Discharged

Personal and Medical History of Thomas Branan

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4278.
Residence, St. Paul. Minn
Date Admission, 24th December 1895. –
Admitted by, S. Phelps Hour, 6 45 P.M.
How Sent, G. Willrich, Jo P. Ramsey County.
Sex, – Male –
Age, – 30 –
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, Laborer
Degree Education, none: dont read or write.
Profession Religion, Yes: Roman Catholic.
Habits, not intemperate –
Nativity, Ireland, County Seigo (: parents born in Ireland, also)
Physicians Committing, John B. Darling and J. A. Quinn.
Correspondents, none given in papers

No. for Year, 106.
Insane Relatives, None
Cause Exciting, not known
Cause Predisposing, probably Epilepsy?
Form,
Accompanying Bodily Disorder, had so-called falling-sickness
Suicidal or Not, not
Date of this Attack, 2 weeks since
Duration, – 2 weeks –
No. of Attack, 1st —
No. of Admissions, 1st (was in City Hosp. 4 or 5 days)
Age First Attack, – 30 –
Time of Leaving, October 29 – 1901.
Time in Hospital, 5 Yrs 10 mos 5 Ds
Result, Died: Dysentery (peritonitis) history.

EXAMINATION ON ADMISSION

Exam. by R.M. Phelps. 1/6/96.

MENTAL CHARACTERISTICS.

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

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

GENERAL DESCRIPTIVE REMARKS: Noisy – incoherent somewhat – Not exactly like acute mania, yet unruly, excitable & ideas – tumbles about. History not very complete. Examination not very complete.

Thos. Branan note
Brother says was epileptic from early childhood to about 25. Jul 25/96

...mas Branan

...ON, CONTINUED.

...RISTICS.

NUTRITION, Slightly impaired

Promptness Movement,

..., Normal.

...commodation,

SIGHT, Probably good – ... dashot.

HEARING,

COORDINATION, Arms, Legs, } Probably good Cant test very well –

TREMORS, Hands, no notable tremors. 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 Thomas Bra[illegible]

LEBERT, FISCAN & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4278

Residence, St. Paul. Minn

Date Admission, 24th December 1895. –

Admitted by, S. Phelps Hour, 6.45 P.M.

How Sent, G. Willrich, Jot P. Ramsey County.

Sex, – Male –

Age, – 30 –

Civil Condition, married

Children, one

Age Youngest Child, —

Occupation, Laborer

Degree Education, None: dont read or write

Profession Religion, Yes: Roman Catholic.

Habits, not intemperate –

Nativity, Ireland, County Sligo (: Parents born in Ireland, also)

Physicians Committing, John B. Darling and J. A. Quinn.

Correspondents, none given in papers

No. for Year, 106.

Insane Relatives, None

Cause Exciting, not Known

Cause Predisposing, probably Epilep[illegible]

Form,

Accompanying Bodily Disorder, had so-called falling-[illegible]

Suicidal or Not, not

Date of this Attack, 2 weeks since

Duration, – 2 weeks –

No. of Attack, 1st —

No. of Admissions, 1st (was in City Hosp. 4 or 5 days)

Age First Attack, – 30 –

Time of Leaving, October 29 – 1901.

Time in Hospital, 5 Yrs 10 mos 5 Ds

Result, Died: Dysentery (peritonitis) history.

EXAMINATION ON ADMISSION

Exam. by R.M. Phelps. 1/6/96.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS: Noisy – incoherent somewhat – Not exactly like acute mania, yet unruly, excitable & ideas – tumbles about. History not very complete. Examination not very complete.

[illegible]rsonal and Medical History of Thomas Bracar

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2½ WEIGHT, 119 pos. NUTRITION, Slightly impaired

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Equal – Size, Normal –

Response Light, Accommodation,

SIGHT, Probably good – one eye bloodshot.

HEARING,

COORDINATION, Arms, Legs, } Probably good Cant test very well –

TREMORS, Hands, no notable tremors. 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 *Thomas Branan*

1895

This patient was received here at the hands of Deputy Sheriffs, M. N. Goss, with following history: Patient is in fair physical condition. There is no history of consanguinity or heredity. This is said to be 1st attack, and he has been in City Hospital, for 4 or 5 days: result of treatment unknown. First symptoms of this attack were manifested two weeks since: praying all the time. Disease seems stationary: not variable: no rational intervals: no changes. Derangement now shown by religious fervor: "thinks he sees the Virgin, God, &c": Patient is not disposed to injure others, nor suicidal, nor of any filthy or destructive habits. When young, had so-called falling-sickness: probably Epilepsy. There is no history of intemperance in Selfor family. He has probably had some head-injury, as there is a depression over left frontal region. Not confined, except for past 5 days. Don't know cause of the disease: has had no medical relief. On personal examination, this depression of frontal is observed: he is also incessantly talking on religious subjects. ——— ——

Dec 24 On admission, was put on B3 (G. H. N. Rpt. Complexion light: hair brown: eyes blue: Condition of skin good. some scars on forehead & left ankle: is clean: behavior good). Pulse 100 R 24 T 98 1/5 100° Dec 24/95 Was restless 9 hours & slept only 1 hour: was noisy part of the night. Aft. P 96 " 24 " 99 6/5: appetite fair; bowels seem free. No cough noticed: is noisy & restless today: "talks of being hung". Ev. Pulse 84 R 24

" 26 T 98 1/5 100°. No complaints or injuries to report. Dec 26/95. Was restless all night: noisy 5 hours: Am P 90 R 22 T 98 99. Behavior noisy & restless: praying much: still "thinks he is going to be hung". Ev. " 96 " 24 " 99°. Dec 27/95. Restless 4 hours & slept only 4 hours. Aft. P 90. Ev. P 96. Eats fairly well.

" 28 Again noisy & restless today. Goes out walking daily. Dec 28/95. Slept 6 hours, restless 2 hours. - Am. P 96. Pm. P 100. Noisy, most all day: praying & crying: still "thinks he is going to be hung".

" 29 Dec 29/95. Slept only 3 hours; was restless 5 hours: very noisy, part of night. Is noisy nearly all day: appetite poor. Dec 30/95. Asleep 3 hours, restless 9 hours. Is noisy & restless: talking nearly all the time: Eats but poorly: has delusions. Dec 31/95. Slept but 2 hours: was restless 6 hours.

1896 Jany 1 Am. P 88. Pm. P 92. Quite noisy all day: appetite poor: no improvement noted. Jan 1/96. Slept 3 hours, was restless 9 hours. Am. P 92. Pm. P 90. Noisy: very talkative & has various delusions.

" 7 Jany 7/96. Since last noted, patient has been restless & noisy, at night. Is from 4 to 5 hours & has been sleeping only 3 to 4 hours, at each. Pulse taken daily, has ranged from 78 to 88. Appetite has been poor & he is given B diet: has been noisy, restless & talkative, by day: — shows delusions & hallucinations. Goes out walking. **Summary:** No improvement noticed in patients Condition, Either mentally or physically: has all along, been restless, noisy and talkative: praying & crying most of the day. Still holds to his delusions and thinks

" 18 that he is to be hung". Is neat & clean in appearance. Jan 18/96. Restless & Sometimes noisy at night, yet seems to sleep fairly well, on the whole. Eats well: bowels in good condition. Is quite often noisy, during day, also: Continually praying. Still holds to his delusions.

" 19 Jan 19/96. Transferred to B 3: Jan 21/96. Transferred to B 2 (on account of General change of Ward).

" 31 Jan 31/96. Restless, the greater part of each night, & sleeps very poorly. Very noisy & also pugnacious, by day: talks to himself: says he is talking to the Deity: Is very stubborn and contrary: habits clean.

Feby 1 Feb 1/96. Wt 143½ lbs: Pulse 86. Feb 5/96. When at walking today, fell over in the road, refusing to proceed further: would not speak to any one: had to be carried up stairs.

" 9 Feb 9/96. Struck by 6 W. sp. on the

" 18 right eye, causing a discoloration of same. Feb 14/96. Restless at night & sleeping poorly the last few nights.

Personal and Medical History of *Thomas Branan*

1896

Feb 23 Feb 23/96. Tried to run away, while out walking, but was overtaken: he refused to walk & had to be carried back to ward. Feb 24/96. Of late, occasionally restless at night & sleeping poorly. Quite noisy at times, & also stubborn.

" 29 Talks incoherently. Works a little on ward: habits clean, but slouchy in dress: March 2/96. Wt 149½ lbs. Pulse 78.

Mar 2 March 13/96. Occasionally restless at night & sleeping poorly. March 16/96. Growing more noisy of late & stubborn; of late, has

" 12/16 acquired a habit that he must go & touch certain objects with his hands & if prevented from doing, will struggle;

" 23 and, if out for exercise, will lie down & has to be carried in. Mar 23/96. Has considerable trouble today, with patients when out walking: he wanted to walk by himself, on account of the coat & through the mud: when trying to have him follow the

" 26 crowd, he would fight against it. March 26/96. When out walking this Pm. Conduct & behavior about as usual: had to be led. Is very noisy: constantly talking. Habits untidy. Appetite good: bowels are regular. —

Apl 1 Apl 1/96. Wt 131 lbs. P 76. Behavior unchanged. Still has habit of touching certain objects & is very troublesome.

" 17 Apl 17/96. Dr. Phelps notes. Has hallucinations "of hearing". Hears his wife calling for help, at night: hears his chains rattling - Delusions "of persecution". Has mystical ideas. Touches & moves articles of furniture: walks in certain places with the idea to free my wife & child all over the United States." Apl 26/96. Behavior is unchanged. Still holds delusions as to wife & child & talks constantly on that subject. Very troublesome & has to be led, when out walking. Apl 27/96. While out this Am, was kicked in small of back by A. Fant. Was made slightly lame. Apl 30/96. No change to note.

May 1/96 to Aug 1/96 Summary Nurses Notes by Dr. Phelps. Patient has a great many notes concerning his condition as he is rather restless, noisy & pugnacious: behavior continued same throughout period & there are numerous notes concerning troublesome & violent spells. Has been kept on violent ward & does not become any better as time goes on. Continued by Dr Kenyon Aug 1/97 Wt. 119. Is demented, noisy, pugnacious, troublesome & untidy: has delusions of grandeur - Imagines that he is God & possesses supreme power - At times cannot be kept quiet: jumps up & down heavily on floor & shouts & sings. Also has delusions of persecution: is kept in bed during day taking his meals from a tray.

Aug 3rd Attempted to elope - 14 Extremely noisy & pugnacious: Attacked nurse Latty, no injuries - Sept 1 Wt. 123 lbs.

Sept 3 Fought G. Hoffman - 5th A fait. 7th Extremely noisy & destructive, became violent & struck at nurses: is active & powerful. Held on floor by nurses Swerson & Grady. Brannans face scratched - Accident unavoidable as he struggled furiously & it would be impossible to hold him any place but on floor. 7th & 8th fought patient O. Strandberg - 14th Attacked night nurse Latty - Latty assisted by Nurse Grady. Patient struggled violently - 16th Fought Mr. Brannan. Struck him with spoon - cutting left cheek.

Nov 1 Wt. 122 lbs. 17 Fought. R.W. Hague - Face much scratched - 27 Was kicked by patient Wright. Dec 1 Wt. 124 7th Attacked nurse Pagenhart. Held by nurses Pagenhart & Grady. Patient fought viciously. 29 Attacked Nurse L. Allen

Jan 98 tore off collar & tie - held by nurses Allen & Sutton - Jan 3 98 Wt. 124 7th Attacked patient O. Strandberg - 16 Attacked O. Strandberg - 18th Threatened to kill Phelps the barber - Very unruly at meal times - Throws food & dishes at patients. Drawn to C: 20 Violent & pugnacious - 22 Attacked Nurse Marum - Held on bench - 24 do. Feb 1 Wt. 124. Not quite so noisy nor so violent on this ward as he is watched more closely & occasionally struck by other patients.

March 1 Wt 125 lbs. 16 Rather more violent of late - Attacked other patients. 18th Attacked L. Saunders & knocked him down, face a little scratched. 25 Fought S. Johnson, face scratched - April Wt. 123. April 24 Has had numerous small fights during month not much injury. Attacked Nurse Sheldon today, fought viciously - May 1 - Wt. 126th. Still kept in bed - Sleeps fairly well. Appetite good: Continually pugnacious, noisy, untidy in dress & habits - June 1 Wt. 119th July 1 118th.

See folio 337

Personal and Medical History of John Casey #1

LEBERT, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4279.
Residence, Oakland: Minn
Date Admission, 27th December 1895 -
Admitted by, Dr. C. B. Eby. Hour, 6 45 P.M.
How Sent, Herman Blackmer. JofP. Freeborn County.
Sex, Male.
Age, 24 years
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Farmer
Degree Education, slightly educated
Profession Religion, Catholic -
Habits, not intemperate -
Nativity, Minnesota: (parents born in Ireland): -
Physicians Committing, F. A. Blackmer and A. C. Weilzer
Correspondents, none given in papers

No. for Year, 107.
Insane Relatives, none
Cause Exciting, Epilepsy
Cause Predisposing, previous attacks & epilepsy
Form,
Accompanying Bodily Disorder, Epilepsy for 11 years
Suicidal or Not, - not -
Date of this Attack, over 2 years ago
Duration, - over 2 years -
No. of Attack, not 1st (others occurred 11 years ago)
No. of Admissions, 2nd
Age First Attack, about 13.
Time of Leaving, Dec. 24. 1898
Time in Hospital, 2 y. 11 m. 27 d
Result, Discharged May 3. '99 Improved

EXAMINATION ON ADMISSION

Exam. Rm. Phelps. 1/18/96

MENTAL CHARACTERISTICS.

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

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

GENERAL DESCRIPTIVE REMARKS: First fit age of 13 - No aura Feels the fit coming for an instant then falls.

Personal and Medical History of John Casey #1

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ WEIGHT, 153 pds. NUTRITION, Good.
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Equal. Size, Normal.
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Some. Tongue,
Facial Muscles, General,
REFLEXES, Patellar, EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Palpitates
Beat loud & strong.
Hypertrophy.
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 Casey #1.

1895

This patient was received here at the hands of Deputy Sheriff John Murane, with following history. Patient is in good physical condition. No history of consanguinity or heredity. He has had many such attacks: the earliest occurring 11 years ago; duration has been constant. He has been at this (Rochester) Hospital; first, improvement: afterwards, of no effect. First symptoms of this attack were manifested over 2 years ago; since then, he has been growing worse: disease appears to be increasing, but there are rational intervals, but not at regular periods. Derangement now shown in results of Epilepsy. Patient is not disposed to injure others nor suicidal: destroys clothing at night. No history of intemperance in parents or self. He has had Epilepsy for 11 years. Has not been restrained or confined (except in Hospital). Epilepsy is supposed to be the cause of the disease. Was treated early with bromides + with good effect at first. The condition of his mind is just the result of Epilepsy, and there is nothing more to be said. NOTE Patient was here before, from Jan 27/93 to Apl 29/93. For some time after coming, fits very frequent, both by day + by night: was put on bromides, when these convulsions eased up, and during last 3 weeks of February, he rested apparently well, at night, and no fits, during that period, were reported at night (except one). He talked fairly freely + coherently: had no fits, by day, for some time. Became an active + willing worker. During March, no fits were reported though he was quiet, dull + sluggish. During April, fits were infrequent and he was much improved. Was taken home, by his father, on trial. (See Vol 20: page 393: No 32445).

Note

Dec 27 On admission, was put on B³ (G.H.N.Rpt. Complexion dark: hair black: eyes blue: condition of skin
" 28 good: no marks, scars or bruises noticed: is dirty: behavior good). P 76. R 20. T 98 Dec 27/95. Slept 5 hours, last night: was restless 3 hours. Had 3 fits, during the night. AM. Pulse 80 R 18 T 99 4/5. Appetite good: bowels seem in good condition: no cough noticed. Behavior good: he is quiet. Talks fairly well: no delusions or hallucinations noticed. PM. Pulse 76. R 18. T 98. No complaints or injuries
" 29 to report. Dec 29/95. Restless, but slept 6 hours: had 2 fits during night. AM. Pulse 84. R 20 T 99.
" 30 Dec 30/95. Was awake 6 hours + slept only 2 hours: 5 nocturnal fits reported. Eats well: is very quiet.
" 31 Had a Convulsion this AM: fell + struck his head. Dec 31/95. Restless 1 hour, but slept 7 hours:
1896 AM. Pulse 88 R 22 T 100: 4 convulsions reported during night. Appetite good: patient is in a very
Jany 1 stupid condition - Jan 1/96. Slept 6 hours: 2 hours restless: PM. Pulse 94. R 20. T 100.2. He had
" 2 10 convulsions during night found, during the day. Seems rational. Jan 2/96. Restless 2 hours, but slept 6 hours. Had 8 Convulsions, during night. AM. Pulse 88. R 18 T 99 6. Bowels are
" 3 regular: patient is very dull + stupid: no improvement noticed in his condition. Jan 3/96. Slept 8 hours. had 8 convulsions during the night. AM. P 86. P M. P 80 & rational: no delusions noted:
" 4 Patient takes bromides. Jany 4/96. Restless 1 hour, slept 7 hours: had 3 nocturnal Convulsions:
" 5 AM. P 78. Appetite very good: he is quiet + orderly. Jan 5/96. Not very active, but takes some
" 6 exercise. He very stupid: slow in speech. Sleeps quite well. Pulse 76. Jany 6/96. P 74. He is
" 7 quite rational: no delusions noted. Is on medicine. Jany 7/96. Pulse 84. Sleeps well: no
" 8 improvement otherwise noted. Jany 8/96. No special change. Pulse 86. Jany 9/96. Very quiet,
" 10 stupid + dull. Jany 10/96. Has been sleeping quite well, of late. Pulse 74. Bowels regular.

Summary: Patient has shown some improvement in that he does not now have so many fits. Is still on medicine. Is not so dull + stupid + talks better. No illusions noticed. Appetite good: Goes out walking
" 31 Jany 31/96. No special change. He sleeps well, at night, altho' he is still subject to these fits. Since 11th inst: 8 nocturnal Convulsions and 24, by day, have been reported. Is on medicine, 3 times a day.

Personal and Medical History of John Casey #1

1896 Cont'd

Jan 31 Appetite good: bowels in good condition: makes no special complaints: works some on ward. No change in his condition noted, from day to day. (Was transferred to B³ (on 1st inst), on account of general change of wards.)
Febry 1 Febry 1/96. Wt 154 lbs. Pulse 100. Feb 19/96. Patient is very nervous: is apparently getting worse. Intervals between
" 29 fits are longer, but patient has grown more stupid + dull. Febry 29/96. 14 fits by day and 4 fits by night reported for the month. Behavior good: he appears contented. Works on ward some. Is on medicine (bromides) 3 times a day.
March 1 March 1/96. Wt 152 lbs. Pulse 96. March 29/96. Apparently improving, of late. + has been taken out some. Spells are
" 31 less frequent + not as severe, as before. March 31/96. 11 fits by day and 11 by night noted for month. Otherwise, condition remains about the same - April 1/96. Wt 153 lbs. P 88. April 30/96. 4 fits by day and 15
April 2 by night, reported for the month. Patient has been doing quite well, of late. Spells are less frequent. Has been so for
" 30 he has brightened up considerable, of late. Works on ward. Out on grounds daily: habits neat + clean. Appetite good: bowels in good condition. Sleeps well during night.

May 96 Summary Nurses Notes by Dr. Phelps. Patient has very frequent fits. At times six or more
to in a day. Altho his mind is quite dull, yet it seems to work, tho sluggishly, with fair accuracy for a man having so many convulsions:
Aug 97 No change mentally or physically during period.

8/4/97 Summary Nurses Notes by Dr. Herzog. Wt. 153 lbs. An Epileptic patient, slightly demented, irritable pugnacious + troublesome; threatening - Takes Bromide mixture: appetite good. Not allowed to do any work - Confined in bay. 16 convulsions since 1st. 12th to 28th 45 convulsions most of them at night. Heart's action irritable, At times irregular - Shortness of breath during night. 5 drops digitalis 3 times a day. Sept 2 Wt. 157. Sept 14 Refused dinner - Complained of headache - Bruise on shoulder, caused by fall in Convulsion. Sept 22 Quarrelled with patient Earl Asp. Received slight cut on lip. Sept 26 Fell in convulsion striking head on stair - slight cut. digitalis discontinued 30th 54 Convulsions during month: Convulsions more severe.
Oct 1 Wt. 159. Oct 3 Had convulsion while coming in from walk, claims that patient Earl Asp kicked him. In the evening patient Jas. Ilea while taking off bed spreads, struck Casey with elbow. Casey struck Ilea, nurse interfered. Casey claimed that he gave Ilea plenty of room - Patient Simpson said he did not. Casey called Simpson a liar; Simpson struck Casey Nurses Emerson + Grady interfered - + Asst. Kaphansman took Casey's part. Oct 4 Exchanged blows with Jas. Ilea - parted by Nurse Brown - Face scratched by Mr. Rose - Oct 26 Noisy + obstinate - 31st 44 Convulsions during month - Nov 3 Still troublesome + Quarrelling with patients - Struck Baker young - On 25th refused Bromide. Dec. 12 Struck T.J. Lawton in face - 22 Struck Earl Asp - claims Asp struck him first. Jan 7/98 Wt. 150. Had convulsion - fell, striking floor, bruising back of head - Jan 28 95 Convulsions during month - most of them at night. Behavior fairly good this month for him - Eats in dining room. Feb 2 Wt. 149. Feb 9 Assisted Pm Buck to open screen in window + escape - Feb 15 Fell in convulsion striking head heavily against wall.
Feb 28 110 Convulsions during month - heart's irritable + labored - uses much tobacco - Mch 2 Wt. 150. Mch 15 Fought with patient L. Larson, claims Larson struck him first. Mch. 31 115 Convulsions during month. Apr. 2 Wt. 156
Apr 21 Fought with patient O'D'Abeldmont. 120 Convulsions during month. May 2 Complained of feeling very badly says his eyesight is failing - Temp. 100° P. 120 Rr. Heart weak + irregular. No distinct murmurs but all sounds weak area of cardiac dullness increased + apex beat 6th interspace left of nipple line - May 3 Up + dressed.

Page 37 v.

Personal and Medical History of Nils Elstad

LAGERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4280.
Residence, Leon, Goodhue Co. Minnesota
Date Admission, 30th December 1895
Admitted by, D. Linton - Phelps Hour, 2 P.M.
How Sent, Axel Haller, Jo. P. Goodhue County.
Sex, Male
Age, - 26 -
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common School
Profession Religion, Lutheran
Habits, not intemperate
Nativity, Leon, Goodhue Co. Minnesota (Parents born in Norway):
Physicians Committing, B. Jaehnig and J. V. Anderson.
Correspondents, Father's address M. L. Elstad, Sogn. Goodhue Co. (Sister) Mrs Anna Fitzsimmons Red Wing

No. for Year, 108.
Insane Relatives, an aunt was a little peculiar (stated in previous commitment)
Cause Exciting, not known
Cause Predisposing, previous attack: heredity possibly.
Form,
Accompanying Bodily Disorder, Is somewhat thin -
Suicidal or Not, not: but inclined to injure others. -
Date of this Attack, about a year ago
Duration, - about a year.
No. of Attack, 2nd —
No. of Admissions, 2nd —
Age First Attack, about 20.
Time of Leaving, Apr. 14' 96.
Time in Hospital, 3 mo. 15 da.
Result, Improved Disc. Aug 12' 96.

EXAMINATION ON ADMISSION

Exam. by R. M. Phelps - 1/6/96.

MENTAL CHARACTERISTICS.

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

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

GENERAL DESCRIPTIVE REMARKS: "Got some spells" was violent. Threw things out of house. Mentally very sluggish & slow - Hard to get any information - Evidently defective. Almost imbecile in manner.

Personal and Medical History of Nils Elstad

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 2 in WEIGHT, 177 lbs NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Normal - Promptness Movement,
PUPILS, Equality, Equal. Size, Normal -
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms, Seems good
Legs,
TREMORS, Hands, None notable. Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Eq. 5-6. EXAM. URINE,
Other
ARTICULATION,
Slurred,
Hesitating,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Palpitates - Strong now. Dont know if it is always so.
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 Nils Elstad

1895

This patient was received here, at the hands of Sheriff P. J. Lunquist, with following history. Patient is in somewhat thin condition. There is no history of consanguinity, but probably some of heredity, as it was stated in his previous commitment papers that an aunt was a little peculiar. This is the 2nd attack; one occurring 3 years ago, lasting about a year: was sent to Rochester ⊗: temporarily improved under treatment: first symptoms of this attack were manifested about a year ago; abused his parents. The disease seems increasing, but variable & with rational intervals: he becomes violent, by spells. Derangement now shown in that he thinks everybody is against him; has religious delusions. He is disposed to injure others, but not suicidal. Habits somewhat filthy & he is destructive of clothing. There is no history of intemperance in self or parents, nor of any severe disease &c or head-injury. He has not been restrained or confined (except as above hospital). Cause of the disease not known. He has had no medical treatment, this time. Patient admits, when questioned about his violence, that he cannot control himself: he is depressed: not bright. Note. As stated, patient was here before, from Apl 26/92 to April 11/93. For some days after their coming, was quite restless & also emotional, almost crying, at times. Complained of trouble in passing his water &c, but no marked retention noticed. (His father, about that time, stated, in a letter, that first symptoms of disease were noticed in 1888 & 1889, when he was constantly talking to himself, & these symptoms were aggravated by an attack of "La Grippe" in 1891: "fancied he saw devils", and then was considered to be dangerous.) Later, he began to improve, though still much inclined to be reticent: worked in kitchen: physical condition also improved. During the remainder of his then stay here, this improvement kept up - was quiet & well-behaved; very industrious; wrote some letters home: bodily health also much better. Was taken home by father -

Note ⊗ Vol 19 p129 No 3006

Dec 30 On admission, was put on B2 (G.H.N. Rpt. Complexion light: hair dark: eyes blue: condition of skin good: no marks scars or bruises noticed: is dirty: has a small tumor on right shoulder: behavior is good). Pulse 94. R 22. T(r) 99.4. Dec 31/95. Restless 3 hours, but slept 5 hours, last night. AM. Pulse 96. R 20. T(r) 99.2. Appetite good: bowels seem regular: (they moved twice); no cough noticed: Behavior good: is very quiet: no delusions or hallucinations are noticeable: PM. Pulse 90. R 20. T(r) 99.4.

1896 Jany 1 No complaints or injuries to report. Jany 1/96. Slept 8 hours, last night. AM. " 80 " 19 " 99.

" 2 Appetite good: continues quiet: converses freely & talks rationally: no delusions noticed: Jan 2/96. Slept 7 hours; restless 1 hour. AM. Pulse 76. R 24. T(r) 98.6. He is neat & tidy: works on ward: goes walking.

" 3 Jan 3/96. Slept 6 hours: restless 2 hours: AM. Pulse 76 R 20 T(r) 98.6. No change in condition.

" 4 Jan 4/96. Restless 1 hour, but slept 7 hours. AM " 78. Quiet: talks rationally: no delusions

" 5 noticed: works on ward. Jan 5/96. Slept 8 hours, last night. AM. P 78: Is about the same, today.

" 6 Appetite good: bowels regular. Jan 6/96. Restless 4 hours & slept but 4 hours, last night. AM. P 80.

" 13 He talks freely: works on ward; goes walking. Jan 13/96. During this, the 2nd week, patient has continued to rest & sleep well, about 7 hours, each night. Pulse, each morning, about normal. Is very quiet but talks freely: says "he has spells; when he is destructive". No delusions noticed. But he acts rather foolishly, at times, laughing & talking to himself. Summary. Patient has improved, physically, since coming on ward, but no mental improvement noted. Eats very well. Is a trifle restless, at times. Says "that he is subject to violent spells" but have seen no indications of any such since coming on ward. Is neat & clean in appearance. Talks quite rationally, but not very much. Memory is poor. He seems contented: makes no complaints.

Personal and Medical History of Nils Elstad

1896

Jan 20 Jan 20/96. Has been sleeping well, 8 hours, each night: Otherwise, condition remains about the same.

" 21/30 Jan 21/96. Transferred to B3 (on account of a general change of wards). Jan 30/96. Was overheard talking of eloping by opening screen, this evening. He was searched, but nothing suspicious found on him.

" 31 Jan 31/96. Appetite good: bowels regular. Behavior good: Goes out walking, frequently. Works on ward every day: talks little, but quite rationally. No delusions or hallucinations noticeable. He sleeps well.

Feb 4/8 Feb 4/96. Wt 176 pds. Pulse 95. Feb 8/96. Quiet: seems cheerful & contented: works on ward: habits

" 22 neat & clean. Transferred to C3. Feb 22/96. Patient attempted to run away today: was caught

" 29 & brought back by Att. Feb 29/96. A quiet, orderly patient. Habits clean: physical condition good.

Mar 1/3 Mentally, no special change. Mar 1/96. Wt 178 pds. Pulse 80. Mar 3/96. Patient is not so well as

" 6 usual. More restless & does not sleep very well. Appetite very good. Mar 6/96. Transferred to B3 E.

" 24 Mar 24/96. Is on medicine, 3 times a day. Is quiet: habits neat & clean: makes no complaints

Apl 2 as to physical condition. Appetite poor: (is on extra diet). Apl 2/96. Wt 183 pds. Pulse 78. -

" 10/14 Apl 10/96. Seems some better of late. Apl 14/96. Went home with father, on trial.

Discharged

Personal and Medical History of Fred. J. Taylor

LEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4284.
Residence, St. Paul. Minnesota
Date Admission, 31st December 1895
Admitted by, Dr. Herzog Hour, 6 45 P.M.
How Sent, G. Willrich, J.P. Ramsey County
Sex, Male
Age, — 40 —
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Carpenter
Degree Education, Common School
Profession Religion, Methodist
Habits, not Intemperate —
Nativity New Hampshire: (parents also born there). —
Physicians Committing, Park Ritchie and F. P. Canac-Marquis
Correspondents, none given in papers

No. for Year, 112.
Insane Relatives, one brother died Insane (Norman Taylor here)
Cause Exciting, Epilepsy
Cause Predisposing, Epilepsy & probably heredity.
Form, —
Accompanying Bodily Disorder, Epilepsy for 20 years
Suicidal or Not, not.
Date of this Attack, Epileptic for 20 years: progressive
Duration, about 20 years.
No. of Attack, many, probably
No. of Admissions, 1st
Age First Attack, — at about 20 —
Time of Leaving, Oct. 16. 1896
Time in Hospital, 9 mo. 16 da.
Result, Rec. Disc. Oct. 16. 1896.

Exam. by R.M. Phelps 7/6/96.

EXAMINATION ON ADMISSION
MENTAL CHARACTERISTICS.

7

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

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

GENERAL DESCRIPTIVE REMARKS: Denies any aura. Had 3 fits soon after coming in & was after them like a paretic of later stages. Is now gradually clearing up.

Personal and Medical History of Fred. J. Taylor

EXAMINATION ON ADMISSION, CONTINUED.
PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in WEIGHT, 145 3/4 lbs. NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Painted - scarred Promptness Movement, Sluggish.
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT, Good. One black eye - one blood shot.
HEARING,
COORDINATION, Arms, Considerable of paresis now.
Legs,
TREMORS, Hands, Some coarse - trembling. Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 8 Equal. EXAM. URINE,
Other
ARTICULATION,
Slurred, Paretic.
Hesitating,
FACIAL EXPRESSION,
Paretic - blank.
SENSIBILITY,
HEART,
Rather strong & palpitating.
LUNGS,
Arteries rather large & hard.

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, Since 14 in ONSET GRADUAL OR SUDDEN,
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Died
Father or Pat. Relations, Dead.
Brothers or Sisters,

Personal and Medical History of Fred. J. Taylor

1895

This patient was received here at the hands of Deputy-Sheriff M. N. Goss, attended by E. J. Storst, with following history. Patient is in fair physical condition. There is no history of any consanguinity, but there seems to be some of heredity; one brother died insane here (Norman Taylor): He has probably had many similar attacks (Epilepsy): duration temporary: not before in an hospital. Patient has been an epileptic for 20 years: progressive: disease appears to be increasing: variable, with rational intervals, after epileptic seizure. He is now slightly demented, with some delusions. He is not disposed to injure others, nor suicidal; propensity not active: no filthy or destructive habits. Before accession of the disease no peculiarities &c were noticed. There is no history of intemperance in self or parents. He has not been restrained or confined. Supposed cause of the disease is Epilepsy: has had the usual drug-treatment. On personal Examination, he is found to be rational between attacks, but these are becoming more frequent & dementia more pronounced.

Dec 31 1896 Jany 1 On admission was put on B2 (G. H. N. Rpt. Complexion dark: hair black: eyes brown: condition of skin good: scars on right hand: is clean: has a black eye: behavior good). Jan 1/96. Restless 3 hours, but slept 5 hours, last night. Am. Pulse 80. R 18. T(o) 99.4. Appetite good: bowels have moved: no cough noticed: behavior very good: is quiet; talks rationally: no delusions or hallucinations

" 2 noted. No complaints or injuries to report. Jany 2/96. Slept 7 hours, restless 1 hour, last night. Am. Pulse 82 R 20 T(o) 99. Appetite fair: very quiet & seems contented: talks rationally: works some.

" 3 Jan 3/96. Slept 8 hours. Am. Pulse 72. R 22. T(o) 98.8. Patient had 3 convulsions, during the day;

" 4 fell and struck on his face, causing a discolored eye. Jan 4/96. Slept 7 hours, last night: Am. P 74 R 18 T(o) 99. Patient is very dull, today; does not know scarcely anything: does not eat anything.

" 5 Jan 5/96. Awake 2 hours, but slept 6 hours. Am. Pulse 84. Seems improving, today: is not so stupid:

" 6 Eats well: is on medicine. Jan 6/96. Slept 8 hours. Am. Pulse 80. Is still improving slowly: Eye

" 7 looks very bad: patient is beginning to walk about more & talks rationally. Jan 7/96. Slept well, (8 hours), last night. Am. P 78. Improving today, also: is much brighter & more cheerful: rational.

" 14 Jan 14/96. During this, the 2nd week, patient has been sleeping well (8 hours) nightly. Pulse, each day, about normal. Appetite good: bowels regular: behaves well: habits neat & tidy: Rational in his talk: no delusions or hallucinations noted: Goes out walking: seems much improved. Is on medicine: works some, on ward. (was visited by brother, on 13th). Says he feels very well, both physically & mentally. Summary: Patient has improved, since coming on ward: has had no convulsions, since the 3rd: at which time, he became very bad: & then showed hallucinations & delusions. Was very unsteady on his feet; did not eat very much, but since the 5th has been improving every day.

" 20 At present, has no delusions & is physically in good condition. Jan 20/96. Continues to rest and

" 21 sleep well, each night: (6 to 8 hours). Jan 21/96. Transferred to B3: (map of general change of wards).

" 31 Jan 31/96. Appetite good: bowels in good condition: behavior good: works on ward some. Goes out walking. Has received some visits from friends and relatives. Appears doing well: no fits reported, of late. Makes no complaints: seems cheerful & contented. Is on medicine 3 times a day. He sleeps well.

Feby 4/19/25 Feb 4/96. Wt 158 pds. Pulse 100. Feb 19/96. Is on medicine, 3 times a day. (bromide). Feb 25/96. Visited by brother.

" 29 Feb 29/96. No complaints. Works on ward much: seems perfectly rational. Has had but one "spell" since he came here. Behavior very good. Takes much interest in hall & the surroundings, in general: habits clean.

Mar 2/31 March 2/96. Wt 159 pds. Pulse 90. March 31/96. No change since last note. Seems contented here

Personal and Medical History of Fred. J. Taylor

1896

Apl 2/18 April 2/96. Wt 158 pds. Pulse 90. Apl 18/96. Patient has had no "spells" since Jany 3d: Is perfectly rational

" 23 in all ways. Physical condition good: works on ward considerable. Apl 23/96. Had 3 "spells" this P.M., at intervals of about an hour. "Spells" lasting about 10 minutes. Complains of headache & sickness at stomach.

" 24 Slept some, after recovering from last "spell". Apl 24/96. Still complains of headache & sickness at stomach:

" 25/26 vomited some. Apl 25/96. Feels much better, today. Apl 26/96. Transferred to C3. Apl 30/96. Had 3 fits, today. Is rather dull & stupid.

May 1/96 to Oct 6/96 Summary Nurses Notes by Dr. Phelps. May 6 had three convulsions & became very stupid & even rather paretic; by the 8th, however, had recovered from this. In June no convulsions noted. July 28 had 2 convulsions, became stupid & dull: had been working in carpenter shop: No convulsions in August. Went out camping. Oct. 16 was discharged. Was getting along quite well & convulsions troubled him very little.

Discharged.

Personal and Medical History of John H. Cheever

LEBERT, PIOLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No. 4285

Residence, St. Paul, Minnesota

Date Admission, 31st December 1895.

Admitted by, Dr. Herzog Hour, 6th P.M.

How Sent, G. Willrich, J.P. Ramsey County

Sex, Male

Age, 30

Civil Condition, Married

Children, —

Age Youngest Child, —

Occupation, Physician

Degree Education, Common School (+ collegiate).

Profession Religion, Catholic

Habits, Very intemperate

Nativity, St. Paul: (father's U.S.: mother's, Canada).

Physicians Committing, Wm Davis and C. Eugene Riggs.

Correspondents, wife (?)

No. for Year, 113

Insane Relatives, history of intemperance

Cause Exciting, Drink

Cause Predisposing, Intemperance & possibly heredity

Form,

Accompanying Bodily Disorder, weakness

Suicidal or Not, not —

Date of this Attack, Coming on for some time

Duration, some time

No. of Attack, many (as an Inebriate) —

No. of Admissions, 3rd (here twice before).

Age First Attack, (?)

Time of Leaving, Oct. 16. 1896.

Time in Hospital, 9 mo. 16 da.

Result, Recovered. Disc. Oct. 16. 1896.

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

Exdly Dr. Herzog Jany 2/96.

MENTAL ACTIVITY:

Clear or Confused, Fairly clear.

Quick or Sluggish, Fairly quick

MEMORY:

Past Events, Good

Recent Events, Good except during past 2 or 3 weeks

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Fairly alert

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, Good

Own Mental State, Good

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Is somewhat somnolent, but mind is fairly clear: suggestions of paresis. On admission, was in a grossly paretic condition: extreme incoordination: could scarcely speak: much improved since —

EMOTIONAL STATE:

Normal, Calm, Yes

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects, No

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS: No

CONVERSATION:

Coherent or Incoherent, Coherent

Voluble or Reticent, slightly reticent.

Personal and Medical History of John H. Cheever

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 2 in WEIGHT, 164½ lbs. NUTRITION, Considerably impaired: lips cracked: anaemic: body covered with scratch marks.

WOUNDS OR ABNORMALITIES, See "G.H.N. Kpt": little finger of right hand contracted. —

TONGUE, Tremors, fibrillary & coarse Coatings, yellow in centre Promptness Movement, somewhat slow.

PUPILS, Equality, Yes Size, Normal

Response Light, Normal Accommodation, Normal

SIGHT, seems good

HEARING, " "

COORDINATION, Arms, slightly impaired: finger to nose, eyes shut, fairly good

Legs, slightly impaired: standing on foot, fairly good: standing, eyes shut, sways somewhat

TREMORS, Hands, Considerable Tongue, Some

Facial Muscles, No General, on standing:

REFLEXES, Patellar, 9 = equal. EXAM. URINE,

Other —

ARTICULATION,

Slurred, somewhat

Hesitating, slightly

FACIAL EXPRESSION,

SENSIBILITY,

HEART, mitral insufficiency

pulse small: irregular

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.,

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 John N. Cheever.

1895

This patient was received here, at the hands of Deputy Sheriff W. H. Goss, attended by E. J. Horst, with following History of Case. Patient is in poor physical condition. No history of consanguinity, but some of hereditY (see note below). He has had many attacks, as an Inebriate; was committed to this (Rochester) Hospital, June 19/94, and May 5/95. This attack has probably been coming on for some time, and the disease appears to be increasing: a case of alcoholic insanity. Derangement now shown by his having various Delusions & hallucinations. Is disposed to injure others, not known. Is not suicidal. Is disposed to filthy & destructive habits, with periodical excitement. Cause of the disease
Note. is drink & has had treatment common to inebriates. Note. As above stated, patient has been here twice before: 1st admission, from June 10/94 to July 3/94; (See Volume 22 Page 165 to 375) and on 2nd admission, from May 4/95 to Aug 5/95: (See " 22 " 331 " 4085). On each occasion, he was committed as an Inebriate and, at each examination, he showed slight dementia. There was also a history of long & continued intemperance; also, hereditary history; Grand fathers on both sides, also his father having been Inebriates &c. Was somewhat troubled with Cough; probably result of excessive cigarette Smoking). Patient was indolent and lazy; much given to finding fault, without any cause. Went home on a visit, but on account of his strong drink-habits, was returned here. He is now Committed to the "Insane Department" of this hospital.

Dec 31 1895 On admission, was put on T.W. (G.H.N.Hpt. Complexion light: hair dark: eyes blue: Condition of skin poor: little finger on left hand deformed; scars on chin & abdomen: is dirty: skin covered with pimples and lice: behavior good. Patient is very weak). Jany 1/96. Rested fairly well, last night. Am. Pulse 74 & 8. very quiet, all day, with exception of occasional coughing: Kept most of afternoon: Appetite very good: is on
Jany 1 regular & extra diet: bowels slightly loose. Jany 2/96. Slept 6 hours, restless 2 hours, last night. Am. T 99.6.
" 2 very quiet today & slept greater part of afternoon. 6 P.M. Given doses of Horse-Caffeine. Jany 3/96. Restless 2
" 3 hours, but slept 6 hours. Appetite good: bowels regular: no complaints: Condition improving daily.
" 4 Jan 4/96. Slept about as usual, last night: no particular change noticed: On medicine, 3 times a day.
" 5 Jany 5/96. Restless 3 hours, sleeping but 5 hours, last night. Temperature has been ranging somewhat
" 6 high. (100 2/5 this Am). 10:30 am. Sent in roller-chair. Jany 6/96. Restless 1 hour, Slept 7 hours.
" 7 Condition apparently the same. Jan 7/96. Slept 8 hours, last night. Sent in roller-chair,
" 8 daily. Appetite good: bowels regular: Says "he feels much improved". Jan 8/96. Restless 1 hour, but slept 7 hours, last night. Temperature still keeps high: Patient is very quiet & pleasant: read a
" 9 great deal. Jany 9/96. Restless 2 hours, but slept 7 hours. T.M. T. 99.6. Seems gaining flesh rapidly.
" 10 Jany 10/96. Restless 2 hours, Slept 6 hours, last night. Appetite very good: bowels regular. Patient is up,
" 11 in roller-chair daily: Weight today, 170 1/2 pds: a gain of 6 pounds, seems coming. Jany 11/96. Restless
" 12 3 hours, but slept 7 hours. Up & dress this Am. Says "he feels better each day". Jany 12/96. Restless 2 hours, but slept 6 hours last night. Pulse somewhat accelerated & Temperature still ranges high. Complains of slight headache & has a cold in the head. On medicine. Appetite still very good & bowels regular.
" 13 Jany 13/96. Restless 2 hours, sleeping 6 hours. Am. Pulse 90. T. 100.4. Has a dry cough; otherwise
" 14 feels quite well. Jan 14/96. Restless 4 hours, Slept only 4 hours, last night. Coughed considerable during the night. Am. Appetite very good: bowels regular. Still coughs. Transferred to 6 2.
(See attached nurse's record). Summary: Patient's behavior, throughout the two weeks, has been good: Was quiet, yet talked quite freely, at times. Physically, was quite weak and run-down,

Personal and Medical History of John N. Cheever.

1896

when received: body dirty & covered with pimples and lice. He gained flesh & strength, quite rapidly, from the start: (up to 10th day, had gained 6 pounds). Appetite very good, throughout: bowels regular & he has slept quite well. On 12th day, he had a cold in the head, and also a cough which still continues. On night of admission, mind was greatly confused & "muddled", but,

CASE RECORD.

Patient's Name John N. Cheever. Name Disease ____ Name Physician N.H.H.

1896 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Jan. 10- am	99.6	80	17	On regular and extra diet.	Appetite very good. Bowels regular. Up in roller chair Daily. Weight 170 1/2 lbs (Dec. 31st, 164 1/2)
" " pm.	99.4	80	16		Slept 5- R. 3.
" 11- am	100.4	100	16		Up and dressed. Says he feels better each day.
" " pm.	99.4	96	18		Slept 6- R. 2.
" 12- am	100.6	90	18	Medicine - 1 tab. Every 4 hrs.	Complains of slight headache. Has cold in Head.
" " 10:30 am				Gave medicine	Appetite still very good. Bowels regular.
" " 11 "				" "	
" " 11:30				" "	
" " 12 "				" "	
" " 12:30 "				" "	
" " 5 pm	99	84	16		Slept 6- R. 2.
" 13- am	100.4	90	16	On medicine 3 times a day.	Has dry cough. Otherwise feeling quite well. Slept 4- R. 4. Coughed considerable during night.
" 14- am		90			Appetite very good. Bowels regular. Still coughs. Transferred to C 2.
" " 11 am					

Recorded by ____ Nurse.

1896 ... Jan 10/96 ... Coughing ... note - No complaints ... coughing not so bad as ... improving physically ... 183 1/2 pds. Pulse 90. ... in the night as ... During sub- ... d - many liberties

Per

1895

...history;
...bled with
...azy; much
...of his strong drink-
...ent" of this hospital.
...k: eyes blue: condition of
...s dirty: skin covered with pimples
...ed fairly well, last night. Am. Bte. 99.8.
... mast of afternoon: Appetite very good: is a
... 6 hours, restless 2 hours, last night. Am. T 99.6.
... Given dose of bromo-Caffeine. Jany 3/96. Restless 2
... regular: no complaints: Condition improving daily.
... particular change noticed: On medicine, 3 times a day.
... hours, last night. Temperature has been ranging somewhat
... up in roller-chair. Jany 6/96. Restless 1 hour, slept 7 hours.
... ine. Jan 7/96. Slept 8 hours, last night. Is up in roller-chair,
... regular. Says "he feels much improved" - Jan 8/96 Restless 1 hour,
... slept 7 hours, last night. Temperature still keeps high: Patient is very quiet & pleasant: read a
great deal. Jany 9/96. Restless 2 hours, but slept 7 hours. Am. T. 99.6. Seems gaining flesh rapidly.
Jany 10/96. Restless 2 hours, slept 6 hours, last night. Appetite very good: bowels regular. Patient is up,
in roller-chair daily: Weight today, 170½ pds: a gain of 6 pounds, since coming. Jany 11/96. Restless
3 hours, but slept 7 hours. Up & dress this Am. Says "he feels better each day." Jany 12/96. Restless 2 hours, but
slept 6 hours last night - Pulse somewhat accelerated & Temperature still ranges high. Complains
of slight headache & has a cold in the head. On medicine. Appetite still very good & bowels regular.
Jany 13/96. Restless 2 hours, sleeping 6 hours. Am. Pulse 90. T. 100.4. Has a dry cough; otherwise
feels quite well. Jan 14/96. Restless 4 hours, slept only 4 hours, last night. Coughed considerable,
during the night. Am. appetite very good: bowels regular. Still coughs. Transferred to 6z.
(See attached nurse's record). Summary: Patient's behavior, throughout the two weeks, has been
good: Was quiet, yet talked quite freely, at times. Physically, was quite weak and run-down,

Personal and Medical History of John N. Cheever.

1895

when received: body dirty & covered with pimples and lice. He gained flesh & strength, quite rapidly, from the start: (up to 10th day, had gained 6 pounds). Appetite very good, throughout: bowels regular & he has slept quite well. On 12th day, he had a cold in the head, and also a cough which still continues. On night of admission, mind was greatly confused & "muddled", but, throughout the 2 weeks. (Cont.): he has a very ... Jan 12/96. He ... red to 6z (ask ... trace of albumen. ... ; cannot sleep ... some, bites not ... 96. Patient troubled ... 13/96. "Coughing ... parade". No complaints ... coughing, not so bad as ... Improving physically. ... 183½ pds. Pulse 90. ... in the night as ... During rub- ... ed many liberties

3/1389/4285.

CASE RECORD.

Patient's Name John N. Cheever Name Disease ... Name Physician H.S.H.N

1896 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Jan 1- am	99.8	84	22	On regulars and extra diet.	Very quiet all day, with exception of occasional coughing. Slept most of afternoon. Appetite very good. Bowels slightly loose. Slept 6- R 7.
" - 5 pm	99	78	18		
" 2- am	99.6	78	18		Very quiet today. Slept greater part of afternoon.
" - 5 pm	99.4	78	18		
" - 6 pm				Doer Bromo Caffeine	Slept 6- R 8.
" 3- am	100	84	22		Appetite good. Bowels regular. No complaints.
" - 5 pm	99	60	16		Condition improving daily. Slept 6- R 8.
" 4- am	99.9	78	18	On medicine 3 times a day.	No particular change noticed today.
" - 5 pm	99	66	17		Slept 5- R 3.
" 5- am	100.2	88	18		
" - 10.30 am					Up in roller chair.
" - 5 pm	99.8	78	16		Slept 7- R 1.
" 6- am	99.6	78	17		Condition apparently the same.
" - 5 pm	99.8	78	17		Slept 8 hrs.
" 7- am	98.6	78	19		Up in roller chair daily. Appetite good. Bowels regular. Says he feels much improved.
" - 5 pm	99.4	78	18		Slept 7- R 1.
" 8- am	99.5	76	18		Very quiet and pleasant. Reads a great deal.
" - 5 pm	99.4	66	16		Slept 5- R 3.
" 9- am	99.8	84	19		Has given bath.
" - 5 pm	99.4	80	18		Seems to be gaining flesh rapidly. Slept 6- R 2.

Recorded by Sup[erintendent] Nurse.

Personal and Medical History of John N. Cheever.

1895

Note ⊕

Dec 21

1896

Jan 1

" 2

" 3

" 4

" 5

" 6

" 7

" 8

" 9

" 10

" 11

" 12

" 13

" 14

E. J.
sanguinity,
to & this
uetime,
thum
ls not
disease
been here
3755)
4085).
showed
tary history;
bled with
; much
tary drink-
hospital.
dition of
with pimples
Am. Bk I 998.
y good: is a
Am. I 996.
96. Restless 2
ning daily.
times a day.
ig Dormotat
ept 7 hours.
olles-chair,
tless 1 hour.
t: read a
Hemiplegia.
tient is up,
1/96. Restless
rs 2 hours, but
Complains
& bowels regular.
Jan 13/96. Restless 2 hours, sleeping 6 hours - Am. Pulse 90. [illegible] ough; otherwise
feels quite well. Jan 14/96. Restless 2 hours, slept only 4 hours, last night. Coughed considerable
during the night. Am. Appetite very good: bowels regular. Still coughs. Transferred to C 2.
(See attached nurses-record) Summary: Patients behavior, throughout the two weeks, has been
good: was quiet, yet talked quite freely, at times. Physically, was quite weak and run-down,

Personal and Medical History of John N. Cheever.

1896

when received: body dirty & covered with pimples and lice. He gained flesh & strength, quite rapidly, from the start: (up to 10th day, had gained 6 pounds). Appetite very good, throughout: bowels regular & he has slept quite well. On 12th day, he had a cold in the head, and also a cough which still continues. On night of admission, mind was greatly confused & "muddled", but, on following morning, seemed quite clear. Speech rational & continued so, throughout the 2 weeks.

Jan 17 Jan 17/96. Patient does not appear to improve much, since coming on this ward (C 2): he has a very
" 20 bad cough & has difficulty in his breathing: troubled with asthma: appetite fair: Jan 20/96. No
" 21 improvement noticed: cough appears to be growing worse. Jan 21/96. Transferred to C 3 (on account
" 25 of a general change of wards). Urine examined by Dr. H. & found to contain trace of albumen
" 28 with hyaline & granular casts". Jan 28/96. Patient still coughing very violently: cannot sleep
" 31 well, nights. Jan 31/96. Seems improved some, in the last few days: still coughs some, bites not
Feb 1/12 sweat: appetite fair (See extra Diet). Get medicine. Feb 1/96. Ut 99 p.m. P 88. Feb 4/96. Patient troubled
" 15 with violent "spells" of Coughing: also troubled with asthma. Get medicine, 3 times a day. Feb 11/96. Coughing
" 29 "spells" not so troublesome: he sleeps better, nights. Appetite good: bowels regular: has a "parole". No complaints
Mar 1/3 except the asthma & coughing "spells". Feb 29/96. Feeling very well, of late. Asthma & coughing not so bad as
Apl 1/3 previously. Appetite very good: no complaints. March 96. Ut 102 p.m. P 100. Mar 5/96. Improving physically.
" 15 Does not cough. Eats & sleeps well. No complaints: has a "parole". April 1/96. Ut 103½ p.m. Pulse 90.
" 30 Apl 11/96. Has had very bad "coughing spells" of late: is obliged to get up several times in the night on
May 1/4 account of his cough. Get medicine. Apl 30/96. Has improved much of late.
to 5 Summary Nurses Notes by Dr. Phelps. Transferred to A on May 11. During subsequent portion of his stay here was given parole & allowed many liberties.
Oct 16/96 Was discharged Oct. 16 '96.

Discharged.

Personal and Medical History of

LEBLET, FIDLAR & CHAMBERS, DAVENPORT, IOWA.

Whole No.

Residence,

Date Admission,

Admitted by, Hour,

How Sent,

Sex,

Age,

Civil Condition,

Children,

Age Youngest Child,

Occupation,

Degree Education,

Profession Religion,

Habits,

Nativity,

Physicians Committing,

Correspondents,

No. for Year,

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form,

Accompanying Bodily Disorder,

Suicidal or Not,

Date of this Attack,

Duration,

No. of Attack,

No. of Admissions,

Age First Attack,

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of

EXAMINATION ON ADMISSION, CONTINUED.

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT,

HEARING,

COORDINATION, Arms,

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar, EXAM. URINE,

Other

ARTICULATION,

Slurred,

Hesitating,

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

LUNGS,

TAKEN,

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 Croffredi

From 304

1896

Feb 15/16 Feb 15/96. Has been very restless & sleeping poorly, the past few nights. Feb 16/96. Slept only 1 hour; was restless 8 hours. Feb 29/96. Since last noted, has been restless at night, but sleeping 4 to 5 hours, in each. Appetite good: bowels regular. Restless & at times quite noisy & angry at the other patients: habits dirty. Walk rather unsteady: he cannot converse in English. (Number of days dirty, at this ward, 3).

Mar 2 Mar 2/96. Wt 154 pds. Pulse 88. (some capsules were sent up to him, but he refused to take them).

" 14 Mar 14/96. Had 7 convulsions, during the night. Could not get up, this morning; refused breakfast. Tried to give him milk, but would not swallow. 8 Am. Pulse 84 T 99 R 22: 5.30 Pm. Pulse 86 T 99.6

" 15 R 22. Refused to partake of any food, all day. Mar 15/96. very noisy, during night. Would not stay in bed: had to be moved from room out on hall, so night-nurse could watch him more closely. He kept destroying his clothing & would also steal others & tear them up. Is up, onward: this morning: had to be dressed by force. Did not sleep any, during night. Ate a hearty breakfast. was inclined to be pugnacious, striking several of the patients - Was struck by K Moxley, scratching his face. Mar 16/96. Slept only 2 hours: restless & noisy 7 hours, last night. Very troublesome

" 16 during day: will not keep clothing on: also very noisy. March 18/96. Seems improved some.

" 18 but so noisy: keeps his clothing on & in fair shape. March 28/96. No special change. Still very

" 28 noisy & troublesome, at times: constantly pulls & tears his clothes. (was 3 Days Dirty during month).

Apl 1/6 April 1/96. Wt 153 pds. Pulse 84. Apl 6/96. appetite good: behavior more troublesome; Constantly undressing himself: requires very close watching. Apl 7/96. Slept only 5 hours, last night.

" 7 Condition apparently the same, this morning. Has been very restless & troublesome, all day.

" 8 March 8/96. Restless & troublesome, all night: Slept not. 5 Am to 3.45 Am, he had 6 convulsions. 6 Am. Is in bed, in apparently unconscious condition. 8 Am. Temp 107. - Pulse 128. Resp. 36: (Pulse very weak & hard to find). Patient has had Convulsive movements, all morning, discharging sputa: mouth moving constantly: 9 Am. Is apparently getting weaker. 9.30 Am. perspiring freely & rapidly failing. 10.45 Am. Died

= Died =

CASE RECORD.

Patient's Name M. Croffredi Name Disease Name Physician H.H.N.

1896 Date.	Temp.	Pulse	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Feb. 7. am				Regular and Extra diet	Appetite very good Bowels move quite frequently. Behavior quite good today. Slept 4 - R. 4
" 8					Condition seems unchanged today.
" " 2 pm					Patient struck E.G. Roberts a severe blow on the chest.
" 9. 10 am					Slept 2 - R. 6. Seems cross and irritable this morning. Tripped John Roeder, as he was passing, causing him to fall and strike his head on floor.
" 11.30 "					Transferred to 3.

Recorded by Nurse.

Personal and Medical History of Michael Croffredi

From 304

1896
Feb 15/16 Feb 15/96. Has been very restless & sleeping poorly, the past few nights. Feb 16/96. Slept only 1 hour; was restless
" 29 8 hours. Feb 29/96. Since last noted, has been restless at night, but sleeping 4 to 5 hours on each ap-
-pe ... rity.
Mar 2 Ma ...).
" 14 Ma ... fast.
tru ... T 99.6
" 15 R ... Wrt
sta ... lorely.
he ... is
mo ... as
inc ... tching
" 16 his ... me
" 18 dur ... me.
" 28 hot ... ery
nois ... mouth).
Apl 1/6 Apr ... tantly
" 7 mu ... ight
Cou ... ry.
" 8 Ma ... 6
Cou ... 7.-
Pul ... —
Mo ... ls.
app ... ed

31/301/4247.

CASE RECORD.

Patient's Name M. Cioffredi Name Disease Name Physician H.H.H.

1896 Date.	Temp.	Pulse.	Resp.	Medicine and Food.	Giving Baths, Enemata, Action Bowels, Kidneys, Skin and Other Symptoms.
Feb. 1-am	98.8	80	20	On regular and extra diet.	Appetite good. Bowels regular. Becomes very noisy at times. Requires considerable watching. Habits somewhat dirty.
" " 9.30					Mitts taken off.
" " 10.00					Was given bath.
" " 5 pm	100	84	20		Slept 5 - R. 1 - N. 2.
" 2-am	98.8	86	24		
" " pm	100.2	92	26		Behavior has been fairly good today. Slept 5 - R. 3.
" 3-am	98.8	100	26		Appetite good. Bowels very loose today.
" " pm	100.4	96	28		Was very filthy this afternoon. Was given bath. Somewhat noisy toward night. Slept 8 hrs.
" 4-am	99.2	92	28		
" " pm	100	84	28		Fairly quiet all day. Bowels still loose. Slept 7 - R. 1.
" 5-am	99.8	92	26		Appetite good. Bowels moved this morning. Faeces somewhat hardened.
" " pm.	99	90	26		Behavior fairly good. Slept 7 - R. 1.
" 6-am	98.4	96	24		Was given bath.
" " 10 am					Up and dressed. Has behaved fairly well while up. Slept 2 - R. 6.

Recorded by Infirmary Nurse.